

## Outpatients' Satisfaction and Their Loyalty towards Public Rural Clinic

Mas'udah Asmui

### ABSTRACT

Satisfaction is one of the paramount importance for health care providers (Tam, 2007) and a prime importance to quantify the competency of any health system worldwide (Sajid & Baig, 2007). This study is to investigate the satisfaction and loyalty among outpatients who received treatments in rural area clinic, Jengka Public Health Clinic, Pahang. It is also to find out the effectiveness of the health care services provided by the public rural clinic to their rural outpatients who were not highly educated and earning a low family income (less than RM2000 per month). With fewer complaints from the outpatients unlike urban outpatients, it is important to determine the satisfaction among older, married women, workers outpatients and their loyalty towards the clinic. As a result, the married women outpatients agreed and strongly agreed with the medical care satisfaction they received while the older outpatients felt uncertain and satisfied with the treatment. Nevertheless, majority of the outpatients will return to the clinic for future treatment since the medical treatment fee was low.

**Keywords:** *older outpatient, married women outpatient, student, public rural clinic*

### Introduction

Healthcare is a high involvement service as it concerns a person's health and well-being (Elleuch, 2008). This is because healthcare existed as the center for patients care delivery and is the organizational hub of healthcare provider network (Baalbaki, Ahmed, Pashtenko & Makarem, 2008). In this latter capacity the modern healthcare must now compete in an ever-expanding role as the provider of patient care, a more competitive healthcare environment, as well as a leader of the much larger comprehensive managed care system (Baalbaki *et al.*, 2008).

In Malaysia, healthcare services are demanded to enhance their services especially in the rural areas. They are demanded to serve quickly with the latest technology similar to what be served for urban outpatients. Not many studies conducted finding out the satisfaction of outpatients and inpatients who seek treatment in rural area since the attention is given more to urban. According to Pompey (2008), even though society is more technologically savvy and communication has expanded globally, access to healthcare still remains insufficient and inadequate healthcare coverage continues, especially in rural populations.

Ali Jadoo, Wan Puteh, Ahmed and Jawdat (2012) compared between the levels of satisfaction with area of residency, urban respondents were more satisfied (64.0%) than rural area (28.2%). The researchers further stated Sharifa Ezat *et al.* (2008) found that rural community was more satisfied with Pasyandu (rural health services by the community) services in Sumatera compared to its urbanites.

Jengka Public Health Clinic is one of the public clinics available and popular for Jengka residents to get health treatment. According to Senior Assistant Medical Officer at the clinic, the number of patients who visit the clinic is approximately between 150 to 200 persons per day. This clinic provides healthcare services to outpatients who lived in Jengka. Outpatient care describes medical care or treatment that does not require an overnight stay in a hospital or medical facility (Santiago, 2009).

Older and married women who received outpatient treatments are the respondents selected in this study. Apart from that, their satisfaction and loyalty towards the public clinic is also being studied. The findings of the study may be used to study or improve the existing systems at the clinic so to meet outpatients' satisfaction. By determining the outpatients' satisfaction, the officers in charge may be asked to acknowledge the problems of certain variables. Moreover, these actions could help the Jengka residents to gain better health service.

### Literature Review

#### Outpatients' Satisfaction

According to Vukmir (2006) patient satisfaction is defined as to occur when the patient's "own expectations for treatment and care are met or exceeds." On one hand, patient satisfaction could be identified as the appraisal of the extent to which care provided meets patient's expectations (Badri, Attia & Ustadi, 2009; Bernna, 1995).

Furthermore, satisfaction refers to an insider perspective, where there is an evaluation of the outcome, assessing what is expected and what is actually received (Badri, Attia & Ustadi, 2009; Liljander & Strandvik, 1994). In short, satisfaction is an emotional response (Badri, Attia & Ustadi, 2009; Zineldin, 2006).

Many researches that had been conducted in Malaysia show that high level of customers' satisfaction was ranged at 70% to 80%, like a study in an outpatient clinic in Dungun Hospital (1994), Health Clinic (Klinik Kesihatan Ibu dan Anak) Muar, Johore (1995) and in Bachok, Kelantan (1993) found that customers' satisfaction above 70% (Haliza, Rizal & Raja Jamaluddin, 2003). Haliza *et al.* (2003) further stated people still reported complaints about their dissatisfaction towards healthcare services in this country.

## Older Outpatients

There is a greater tendency of research studies to focus on old age patients (Ali Jadoo *et al.*, 2012; Watson, Marshal & Fosbunder, 1999). It seems to be based on the presumption that old people are the major recipients of health care services.

The category of *elderly* is comprised of several age cohorts and is defined as the chronological age of 65 years old to 74 years old as the young old, individuals 75 to 84 years old as the older old, and individuals 85 years and over as the old (Doyle, 2011; Adelman, Green, & Ory, 2000; Orimo *et al.*, 2006; Roter & Hall, 2002; Shadden, 1988). The older outpatients who are respondents for this study were 65 years old and above.

Older outpatients are often cared for according to their level of seriousness of sicknesses. As older outpatients, they are likely to suffer acute diseases such as high blood pressure, heart attack, kidney problems and diabetes whereby thorough care must be given to them. However, the needs of older outpatients and their families are not always adequately addressed (Hickman, Newton, Halcomb, Chang & Davidson, 2007) because older outpatients often cared for largely towards procedurally based acute care (Hickman *et al.*, 2011). Therefore, older outpatients and their families must be patient with the healthcare procedures designed for their goodness.

Since this older outpatients lived in rural area, difficulties in providing adequate care also arises as physical and social environments are not appropriately designed to meet the specific needs of this group of people (Hickman *et al.*, 2011; Landefeld, Palmer, Kresevic, Fortinsky, & Kowal, 1995; Pudelek, 2002). Providing physical and social environments such as strategic location and enough medical equipment as well as good facilities may meet the older outpatients' needs.

## Married Women Outpatients

The quality and quantity of healthcare obtained by women has increasingly become a topic of interest (Borba, 2009; Clancy & Massion, 1992). They, like older outpatients also need thorough care since they are the majority among the outpatients and inpatients who get health treatment in any healthcare institutions. As outpatients, they normally get healthcare services such as family planning, pregnancy and childrearing as well as other types of women healthcare. Women are main contributor to the level of their family healthcare as they cared much for their families' health.

In rural area women's experiences with system barriers include complexity of the medical system and a lack of personal contact with the medical system (Broba, 2009). These are added deterrents for lower income women who may be uncomfortable negotiating their way through the medical system (Broba, 2009; Strauss, 1970). They tended to heal and prevent their illness through traditional treatment or self-treatment due to shyness to be open, for them their illnesses are confidential. They are also worried about further treatments which need a large sum of fund and they are among the lower income families. Sometimes, they are also more likely to have physical complaints disregarded and their requests for services denied (Broba, 2009; Brown, 1998). This situation may be experienced by women who lived in urban area.

Women's positive and negative experiences with healthcare professional are transmitted through the social network and healthcare seeking behavior is greatly influenced by social interaction with friends, family, and acquaintances (Broba, 2009; Friedson, 1970). Positive experiences will lead women outpatients return to get healthcare treatments. This will develop loyalty towards healthcare institutions.

## Outpatients' Loyalty

Failure to pay attention to influential attributes in choice intention may result in customer's negative evaluation, and may lead to unfavorable word-of-mouth (Qian & Kai, 2008). Word-of-mouth happen when patients gather information about the health care and normally their perceptions towards the health care are based on what they have heard (Baalbaki *et al.*, 2008). If the information dissatisfies them, they tend not to get services from the health care.

Generally, patients hope that an effective medicine, short waiting time, and fast treatment can be provided by public healthcare organizations (Mohamad, 2002). Otherwise, they have to get health treatment from private organizations which offer higher medical fee rather than by the public ones. Satisfied patients are more likely to remain loyal to the healthcare that served them better and this brings a good outcome to the healthcare (Tam, 2007).

## Methodology

Descriptive design is chosen in designing the research. A descriptive research is defined by Salkind (2006) as the characteristic of an existing phenomenon or situation and provides a broad picture of the phenomenon studied.

This study employed the quantitative method of data collection and analysis. Data is collected from outpatients who received health treatment at the *Jengka* Public Health Clinic using questionnaire instrument. Based on this information it has been decided to take 150 patients as the minimum number of outpatients visiting the clinic per day. Therefore, the total number of population is 750 per week accounting for 150 patients per day for five days. According to Krejcie and Morgan (1970) a sample size for 750 respondents is equivalent to 254. Therefore, the sample size for this study is 254.

Judgment sampling is used. The judgment sampling involves the choice of subjects who are most advantageously placed or in the best position to provide the information required (Sekaran, 2006). The questionnaires are personally distributed to any convenient patients who visited the clinic. In order to make the respondents felt convenient, the researcher and assistants ticked or encircled the statements on the patients' behalf based on their agreement. Within a week from Monday to Friday, the researcher and assistants managed to collect 214 questionnaires. The survey questionnaire is used for the process of collecting data in this study. The items in this questionnaire are adapted from previous research conducted by Mohamad Hanaffi (2005) and Habib (2003).

In order to conduct data analysis, the SPSS version 20.0 for Windows is used. The data is analyzed to show the crosstab and descriptive statistics.

## Findings

This section reports the findings of the study. The findings are obtained from analyzing the research questions. The response rate for this study was 214 (84.3%) out of 254 questionnaires distributed to outpatients who seek health treatment at *Jengka* Public Health Clinic, *Pahang*.

Table 1.1

**Research Question 1: Were the older outpatients satisfied with the medical care they received?**

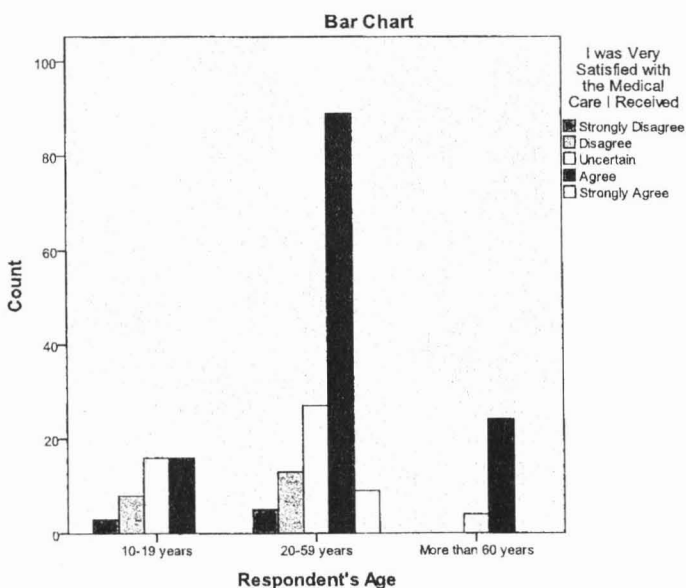
*Crosstab for the Older Outpatients Satisfied with the Medical Care They Received (n=214)*

|                  |                    | I was Very Satisfied with the Medical Care I Received |          |           |       |                | Total |
|------------------|--------------------|---|----------|-----------|-------|----------------|-------|
|                  |                    | Strongly Disagree                                     | Disagree | Uncertain | Agree | Strongly Agree |       |
| Respondent's Age | 10-19 years        | 3   | 8        | 16        | 16    | 0              | 43    |
|                  | 20-59 years        | 5   | 13       | 27        | 89    | 9              | 143   |
|                  | More than 60 years | 0   | 0        | 4         | 24    | 0              | 28    |
| Total            |                    | 8   | 21       | 47        | 129   | 9              | 214   |

**Chi-Square Tests**

|                              | Value               | df | Asymp. Sig. (2-sided) |
|------------------------------|---------------------|----|-----------------------|
| Pearson Chi-Square           | 25.768 <sup>a</sup> | 8  | .001                  |
| Likelihood Ratio             | 30.992              | 8  | .000                  |
| Linear-by-Linear Association | 16.648              | 1  | .000                  |
| N of Valid Cases             | 214                 |    |                       |

a. 6 cells (40.0%) have expected count less than 5. The minimum expected count is 1.05.



From the crosstab and bar chart analysis it was apparent that majority (24 respondents) of the older outpatients agreed with the healthcare services given to them while 4 of the respondents uncertain with their satisfactions,  $X^2(8, N = 214) = 25.768, p < .05$ .

Table 1.2

**Research Question 2: Were married women outpatients satisfied with the medical care they received at theJengka Public Health Clinic, Pahang?**

*Crosstab for Married Women Outpatients Satisfied with the Medical Care They Received (n=214)*

Count

| I was Very Satisfied with the Medical Care I Received |                     |        | Respondent's Marital Status |         |        | Total |
|---|---------------------|--------|-----------------------------|---------|--------|-------|
|   |                     |        | Single                      | Married | Others |       |
| Strongly Disagree                                     | Respondent's Gender | Female | 8                           |         |        | 8     |
|   | Total               |        | 8                           |         |        | 8     |
| Disagree  | Respondent's Gender | Male   | 0                           | 2       |        | 2     |
|   |                     | Female | 11                          | 8       |        | 19    |
|   | Total               |        | 11                          | 10      |        | 21    |
| Uncertain   | Respondent's Gender | Male   | 13                          | 5       | 2      | 20    |
|   |                     | Female | 18                          | 6       | 3      | 27    |
|   | Total               |        | 31                          | 11      | 5      | 47    |
| Agree   | Respondent's Gender | Male   | 15                          | 33      | 2      | 50    |
|   |                     | Female | 24                          | 55      | 0      | 79    |
|   | Total               |        | 39                          | 88      | 2      | 129   |
| Strongly Agree  | Respondent's Gender | Male   | 0                           | 3       |        | 3     |
|   |                     | Female | 3                           | 3       |        | 6     |
|   | Total               |        | 3                           | 6       |        | 9     |

Chi-Square Tests

| I was Very Satisfied with the Medical Care I Received |                                    | Value                              | df                 | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |      |
|---|------------------------------------|------------------------------------|--------------------|-----------------------|----------------------|----------------------|------|
| dimension0  | Strongly Disagree                  | Pearson Chi-Square                 | . <sup>a</sup>     |                       |                      |                      |      |
|   |                                    | N of Valid Cases                   | 8                  |                       |                      |                      |      |
|   | Disagree                           | Pearson Chi-Square                 | 2.432 <sup>b</sup> | 1                     | .119                 | .214                 | .214 |
|   |                                    | Continuity Correction <sup>c</sup> | .664               | 1                     | .415                 |                      |      |
|   |                                    | Likelihood Ratio                   | 3.201              | 1                     | .074                 |                      |      |
|   |                                    | Fisher's Exact Test                |                    |                       |                      |                      |      |
|   |                                    | Linear-by-Linear Association       | 2.316              | 1                     | .128                 |                      |      |
|   |                                    | N of Valid Cases                   | 21                 |                       |                      |                      |      |
|   | Uncertain                          | Pearson Chi-Square                 | .056 <sup>d</sup>  | 2                     | .972                 |                      |      |
|   |                                    | Likelihood Ratio                   | .056               | 2                     | .972                 |                      |      |
|   |                                    | Linear-by-Linear Association       | .001               | 1                     | .978                 |                      |      |
|   |                                    | N of Valid Cases                   | 47                 |                       |                      |                      |      |
|   | Agree                              | Pearson Chi-Square                 | 3.220 <sup>e</sup> | 2                     | .200                 |                      |      |
|   |                                    | Likelihood Ratio                   | 3.852              | 2                     | .146                 |                      |      |
| Linear-by-Linear Association                          |                                    | .247                               | 1                  | .619                  |                      |                      |      |
| N of Valid Cases                                      |                                    | 129                                |                    |                       |                      |                      |      |
| Strongly Agree  | Pearson Chi-Square                 | 2.250 <sup>f</sup>                 | 1                  | .134                  | .464                 | .238                 |      |
|   | Continuity Correction <sup>c</sup> | .563                               | 1                  | .453                  |                      |                      |      |
|   | Likelihood Ratio                   | 3.139                              | 1                  | .076                  |                      |                      |      |
|   | Fisher's Exact Test                |                                    |                    |                       |                      |                      |      |
|   | Linear-by-Linear Association       | 2.000                              | 1                  | .157                  |                      |                      |      |
|   | N of Valid Cases                   | 9                                  |                    |                       |                      |                      |      |

a. No statistics are computed because Respondent's Gender and Respondent's Marital Status are constants.

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .95.

c. Computed only for a 2x2 table

d. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 2.13.

e. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .78.

f. 4 cells (100.0%) have expected count less than 5. The minimum expected count is 1.00.

Table 1.2 indicates the satisfaction among married women who received healthcare treatment in the public clinic. 55 and 3 of 72 married women (respondents) agreed and strongly agreed with the healthcare services provided by the public clinic. This indicates almost majority of them satisfied with the services provided by the public clinic,  $X^2(2, N = 129) = 3.220, p < .05$  and  $X^2(1, N = 9) = 2.250, p < .05$ .

Table 1.3

**Research Question3: Will the outpatients return to the Jengka Public Health Clinic, Pahang?***Descriptive statistics for the outpatients return to the Jengka Public Health Clinic, Pahang(n=214)***Descriptive Statistics**

|  | N   | Minimum | Maximum | Mean   | Std. Deviation |
|--|-----|---------|---------|--------|----------------|
| If There were Other Clinics, I would Still Go to This Clinic | 214 | 1.00    | 5.00    | 3.3364 | 1.26672        |
| Valid N (listwise)   | 214 |         |         |        |                |

The results of Table 1.4 reveal that the outpatients would still go to the public clinic if there were other clinics around *Jengka* ( $M = 3.3364$ ,  $SD = 1.26672$ ).

**Discussion and Conclusion**

This study has determined the level of satisfaction regarding healthcare services provided by *Jengka* Public Health Clinic. All respondents (older and married women) perceived the public clinic's services equally. Findings from the quantitative data generated varied results.

In discussing the results concerning older outpatients' satisfaction, the majority of the older outpatients satisfied with the healthcare services provided to them during their time getting treatment in the public clinic. In fact, meeting patients' needs and creating healthcare standards are imperative for high quality care (Badri, Attia, & Ustadi, 2009; Ramachandran & Cram, 2005) by ignoring their age. The needs of older outpatients are equally addressed even though they are having acute diseases and lived in rural area. Other factors impacting on the care of the older person in healthcare institutions include work environments, nurses' attitudes and lack of nursing expertise in the acute care of older patients (Hickman *et al.*, 2011; Pudelek, 2002; Reuben, 2000) had been managed efficiently by the public clinic. The public clinic took serious attention by providing good interpersonal communication and technical aspect among its staff including physicians and nurses. The existing literature (Asplund *et al.*, 2000; Clarke, Hanson, & Ross, 2003; Courtney, Tong, & Walsh, 2000; Reed & Clarke, 1999) suggests that the care provided to older people in the acute care setting is often not commensurate with their needs (Hickman *et al.*, 2011). However, the findings of this study described the mismatch.

As in previous studies (Ali Jadoo *et al.*, 2012; Bashir, Shahzad, Khilji & Bashir, 2011), showed that older patients tended to have higher satisfaction scores in all areas of our questionnaire (Ali Jadoo *et al.*, 2012; Jaipaul & Rosenthal, 2003). The older age group (70.6%) was more satisfied than the younger age group (35.1%) (Ali Jadoo *et al.*, 2012).

This study also demonstrated that the majority of married women satisfied with the healthcare services provided by the public clinic. This indicated rural married women initiated to disclose and share with physicians and medical staff as long as their sicknesses can be healed and prevented. They realized the importance of keeping themselves and their families in good condition of health. The government had managed to awaken these women the needs to have basic medical knowledge.

On one hand, these results are in line with the findings of a study conducted by Ali Jadoo *et al.* (2012) in Istanbul City, Turkey. The study was to find out patients' satisfaction towards national health insurance (including access to care and continuity of care), and found that the female respondents were more satisfied (67.5%) compared to male respondents, while married respondents were more satisfied (62.9%) than singles (43.5%) and the low educated group (68.6%) was more satisfied than the high educated group (40.7%). Findings from a health system satisfaction survey that carried out by Turkish statistical institute in 2005 also showed that 55.2% of the respondents were satisfied with the health care services.

In discussing the results of loyalty of the outpatients, the outpatients (respondents) would still go to the public clinic even though in small number. This is because the services provided are in low treatment fee as well

as enough and efficiently offered by the clinic since it is a public clinic. Older and married women are among the respondents who are satisfied and fully-utilized services provided by public clinic. It also indicates that public clinic offered low fee but did not provide low quality of services but had provide good services especially to older outpatients who were highly sensitive of emotion.

Besides that, older and married women have plenty time to wait and get healthcare treatment together with their patience that contribute to their satisfaction and loyalty. Besides that, they are also less demanding compared to younger and single outpatients. The definitive review of patient satisfaction is an investigation performed by Trout who analyzed 16 studies to define significant methodological variability and several dominant factors associated with satisfaction including providing patient information, interpersonal factors and perceived waiting times (Vukmir, 2006; Trout *et al.*, 2000). According to Elleuch (2008) satisfaction is a key factor to attracting customers and ensuring their loyalty. Moreover, satisfaction is one of the paramount importance for health care providers (Tam, 2007) and a prime importance to quantify the competency of any health system worldwide (Sajid & Baig, 2007). Tam (2007) also added that asking the consumers (patients) about their satisfaction for services provided is becoming an essential and valuable tool for the optimum evaluation of healthcare providers. This would develop loyalty among them.

## Recommendations

Based on the findings of this study, several recommendations and suggestions are proposed:

1. For future research, similar study should be conducted at other rural areas to get more information about outpatients' satisfaction.
2. The scope of this study should be expanded by conducting this study at other private clinics at rural areas order to compare the differences.
3. Other than that, it is also suggested that the factors of satisfaction to be investigated in future studies.

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MAS'UDAH ASMUI, Universiti Teknologi MARA Pahang. [mas\\_as@pahang.uitm.edu.my](mailto:mas_as@pahang.uitm.edu.my)