

Clients' Satisfaction Of
Health Services
At UNRWA Clinics in
Bethlehem & Arroub Camp



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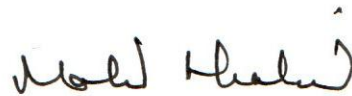
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ABSTRACT

Clients' satisfaction is a complex phenomena, attributed to different variables which influence what patients expect from their health-care providers, and it is based on individual perception. It however highlights and addresses the quality of medical services.

This study was conducted at Bethlehem City and Arroub camp involving two UNRWA medical centers to asses refugees clients' satisfaction, having in mind that no study had been conducting before to evaluate UNRWA's medical services, trying to highlight satisfaction aspects of services, neutralize dissatisfaction aspects and draw recommendations for policy decision makers, to hopefully improve services .

To evaluate clients' satisfaction, the researcher used a descriptive, comparative study, utilizing local and international studies to come up with an applicable satisfaction assessing questionnaire used in a face to face interview with the study's target population.

A systemic sample of 200 clients (100 clients from each center) participated in this study, with interview held with every fifth client. Data analysis was done using Statistical Package for Social Sciences (SPSS).

The study showed that the elderly were most satisfied with total services. Females were also more satisfied than males. High-educated clients were the least satisfied and those who had no medical insurance showed unremarkable differences(0.1%) with those who had medical insurance. Overall Khamashta's clients were more satisfied than Arroub's. Meanwhile statistical significance was found at the level of subcategories of services.

Crowded center and shortages of some services, drugs and staff were major complains which affected clients' satisfaction.

CHAPTER I

INTRODUCTION

Client's satisfaction is an elusive phenomenon widely sought after and written about in a multitude of settings. The literature identifies different variables and concepts that apply to patients' satisfaction. Variables related to patients' satisfaction usually highlight and address the quality of medical services, where patients' perceptions are now considered an important gauge of quality (Messner, 1991), helping to choose between alternative methods of providing health care (Fitzpatrick 1991). Also staff's skills and communication "poor treatment is poor communication" can affect clients' feelings related to treatment. "What we really need is state-of-the-art technology combined with state-of-the-heart ", (Messner 1991).

Clients' satisfaction is an increasingly complex phenomena, with different variables influencing what patients expect from their healthcare providers at a known time (Heymann, 1991). The secret is to do something unexpected and leave people with unexpected feeling of joy (Willingham, 1992). Satisfaction occurs when an individual's needs and services are compatible and discrepancy between expectations and reality is minimised (Ward, Price 1991).

A satisfied client will recommend centres' services to friends and family. While a "satisfied client may express that satisfaction to four or five people, a dissatisfied one on the other hand will complain to twenty or more (Press, Ganey, & Malone, 1991). Also, satisfied patients are more likely to co-operate with treatment (Fitzpatrick 1991). Variables have varying impact on clients' satisfaction based on individual's expectations (perceptions) for the services and the value or importance of that factor to the individual.

This study was conducted at Bethlehem and Hebron districts (UNRWA Southern area), trying to study satisfaction related variables with refugees in the Arroub camp in Hebron and in Khamashta health centre in Bethlehem city using

a questionnaire aiming at coming up with recommendations for UNRWA decision makers, providing a scientific base for their health policy and management.

Justification of the study and significance of the problem:

Modern health management and administration are focusing on client's satisfaction because it reflects quality of service. It positively affects cost containment, increases clients attendance and promotes better service out-comes, basing their policy on "do not be internally focused. Learn what's important to customers and clients". (Richard & Moran 1993).

The investigator became interested in studying patients' satisfaction phenomena in order to help UNRWA assess primary health care services since it reflects the quality of services and in the mean-time supports decision-makers with information for their future plans. The researcher interest was heightened by:

- 1) Complaints highlighted by clients, often heard by the researcher during visits to the clinics.
- 2) Discussions with an ambitious new chief of field health program, who encouraged such study, hoping to have a scientific assessment which, will help his team in future planning.

The study was also important to Palestine especially when: -

- *) There are shortages in studies related to such phenomena in Palestine and especially related to UNRWA settings.
- *) The poor Palestinian economic situation (World Bank Report 1993) and the non-stable continually decreasing UNRWA Budget (UNRWA annual report 1998). This can negatively affect quality of services and patient's satisfaction level (Berwick, Blanton,&Ropssner 1990).

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*) High number of clients can negatively affect staff services and clients satisfaction level through long waiting time, absence of privacy and limited time for patients' treatment.

*) Centres lack needed equipment, have shortages in drugs and other services, which also affect the quality of services and clients' satisfaction level.

All these causes and the wish to have satisfied clients who do not change their place of treatment were good motives to study this phenomenon, trying to achieve better services and to neutralise negative effects.

Goal of the study:

The main goal for this study was to identify clients' satisfiers and dissatisfiers related to health services and draw recommendations for decision-makers trying to have better health services.

Research questions:

In this study, the researcher examined clients' satisfaction in-order to answer the following questions: -

*) What are the service aspects where clients' showed their satisfaction or dissatisfaction?

*) Which variables can affect clients' satisfaction level?

*) Is clients' satisfaction different at these two centres, especially because Khamashta has a much higher number of registered refugees (more than 41000) where as Arroub has about 10000 refugees clients?

*) Do demographic and other personal variables, differently affect satisfaction at both centres?



Assumptions:

The following were the assumptions of the study:

- *) Questionnaire used to measure patients' satisfaction yields reliable and valid answers.
- *) Response rate will be high.
- *) No obstacles will be faced related to permission to conduct the study.
- *) Health centres' staff will positively co-operate with the researcher.
- *) Recommendations will have merit to be implemented by policy decision-makers.

Limitations:

The following were the expected limitations of this study:-

- *) Patients' refusal to participate, or feel uncomfortable during the interview.
- *) Staff may have different communication style than the usual with clients at the time of study.
- *) Unexpected Israeli closure to study area, resulting in inability to visit centres and collecting data at the planned time.
- *) The results can not be generalised for all UNRWA medical centres.
- *) Validity and reliability of results are questionable since the tool has not been extensively tested.

Definition of terms/variables:

The following are the conceptual and operational definitions of the important terms used in this study.

Study's findings were:

The age group (36-50 years) in Arroub centre represented 31% of clients. They were the least satisfied. This might be related to the fact that the majority of them were the next of kin (attendants) and there was no paediatrician. Attendants were 33.5%. This supports the need to have a paediatrician. Less educated clients were the least satisfied. There were unremarkable satisfaction differences between those who had and those who did not have medical insurance.

Clients' comments and recommendations, mentioned before, deserve to be taken into account in health planning.

Recommendations:

Policy-makers have a unique opportunity to investigate clients' satisfaction of services in UNRWA centers. Further exploration of such study will contribute to the expansion of knowledge of management theories and practice. Replication of this study using a larger number of clients, using UNRWA health centers in the WB and GS, living under extreme stress may be beneficial. Another group of refugees' clients in neighbouring countries, who might have different needs, would result in a unique outcome and material for comparison. Managers' managers and/or decision-makers may conduct research to identify satisfiers and dissatisfiers among clients' in order to find out the best method for increasing satisfiers and neutralising dissatisfiers. Findings have to draw attention of managers that clients' satisfaction is a management's reflection.

Summary:

This chapter presented discussion, interpretation, clients' comments and recommendations of study's results in UNRWA's Khamashta and Arroub centres. Overall, the study showed that age group (36-50 years) who were 33.5% of clients, were the least satisfied in Arroub centre, which may be explained by the fact that the majority of them came to treat their children, while the center has no paediatrician. Males were also less satisfied than females. Overall Arroub's clients were less satisfied. High-educated clients were the least satisfied and those who did not have medical insurance were most satisfied. Meanwhile, at the level of subcategories, there were statistical significant relationships. Study agreed with some other studies but it contradicted others.