

Satisfaction of SABA Services (Iranian Women Health): A Cross Sectional Study the West of Iran

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Abstract: Satisfaction indicates customers' reaction to features of products and services offered by an organization and have been known as a criterion to measure efficiency of health care organizations and customers' satisfaction with services. The present study also aims to investigate women satisfaction with SABA health care services in west of Iran. In this cross-sectional study, conducted in Hamadan county, the West of Iran, a total of 800 women who used Iranian women health project (SABA services) aged 30-60 years old were randomly selected to participate voluntarily in the study. Participants filled out a self-administered questionnaire. Data were analyzed by SPSS Version 21 using t-test, ANOVA and Pearson correlation statistical tests at 95% significant level. The mean age of respondents was 42.45 years [SD: 8.02]. Total score of satisfaction was 26.37 (SD = 5.44) which suggested that 75.3% of participants gained the given maximum score to satisfaction. Pearson correlation test showed not statistically meaningful association between age and satisfaction ($p = 0.181$, $r = -0.048$). In addition, we found that significant relationship between education level, marital status and insurance with satisfaction. The results suggested high satisfaction of women living west of Iran with SABA services, especially satisfaction with physicians and other health care staff behavior. However, the least satisfaction was reported with follow up in later visits.

Key words: Satisfaction, women health, customers, satisfaction, physicians

INTRODUCTION

In a competitive environment, where organizations rival each other to get more customers, customers' satisfaction is the key to be superior and organizational success, since it brings interests and customers loyalty to organization (Kassim and Asiah, 2010). A large number of organizations look for ways to get the advantages of competition and distinguish their products from others through offering qualitative services (Udo *et al.*, 2010). In this regard, it is essential to measure and manage service quality by health care organizations. Providing proper information about customers' content comprehension on service quality could help the organizations to identify fields and dimensions which influence the advantages of organizational competition; on the other hand, it prevents loss of resources (Kassim and Asiah, 2010) and has been

known as a criterion to measure efficiency of health care organizations and customers' satisfaction with services (Archana and Subha, 2012). Satisfaction indicates customers' reaction to features of products and services offered by an organization. It could be understood that customers' satisfaction is a major criterion to determine the quality of presented services and it is known as a source to competitive advantages (Yoon *et al.*, 2010). Focusing of patients' satisfaction stems from its positive influence on their behavior. As an example, it encourages them to use health care services regularly furthermore, satisfying patients through responding to patients' needs and expectations causes pleasant feelings among them and improve their mental health; in addition, assuring and improving health care quality has been increasingly considered important in various countries (Kersnik, 2000). In its investigations over 15 years, WHO reported that

patients' satisfaction with health care services in Canada was 85.7% in 2007 (Allin *et al.*, 2010). Patients' satisfaction shows the proper services offered and is known as a significant sign to quality of health care services. Patients' reactions to health care services have always been precious and creditable to managers, health care personnel and patients. Almost all health care services are improved during recent years to offer better services to patients. Evaluating the services offered to patients directly influences improving health care services so that patients could receive better and faster health care services through expressing their opinions on services. Nowadays, it is believed that patients should be familiar with services and play roles in their treatments. It would be hard to improve high quality health care services without patients' help (Kassim and Asiah, 2010). Quality of service delivery has widely been investigated through recent years and in this regard, satisfaction is defined as a dimension to evaluate quality. Patients compare the services with standards and decide. Results indicating satisfaction could be precious since they could interpret some facts such as considering needs, group decision making, contact patients and evaluating the services, that could not be observed in other studies (Fung and Cohen, 1998). Eight criteria have developed in studies on satisfaction how to communicate and face technical quality, availability and ease, expenses, physical environment and presence, frequent care, results and consequences. Following the tips from health care staff was directly related to patients' satisfaction and plays an important role in their decision making (Auslander *et al.*, 1997). Also, health care services will be successful if they attract people participation through people's satisfaction with services. To create a successful organization to offer services, it is essential to know and analyze the effective factors to dissatisfaction with services. If the organization or the health care system could not satisfy its clients, it gradually loses its public acceptance and will not be able to offer services (Andaleeb, 1998). In other hand, several studies suggested epidemiological studies to investigate the current conditions as one of the most fundamental steps to develop interventions (Jalilian *et al.*, 2015; Alavijeh *et al.*, 2015). The present study also aims to investigate women satisfaction with Iranian women health project (in Persian called: SABA) in west of Iran.

MATERIALS AND METHODS

It is a cross sectional study among 800 women who used SABA services in the west of Iran (including Ravansar and Asad-Abad as pilots to introduce the service to western part of Iran) in spring 2016. In order to

gather the required samples, health care centers in Ravansar city (in Kermanshah province) and Asad-Abad (in Hamadan province) were clustered and participants' profiles were chosen randomly probable to proportion to size. Then interviewers visited the participants at their homes and the required information was gathered. Participants were informed about the goals of study, information confidentiality and implementations. Participants included women at ages 30-60 having submitted profiles in SABA service system. Participants announced their agreement to participate in the study. This research has been approved by the institutional review board at the Kermanshah University of medical sciences (KUMS.REC.1394.449).

Data collection instruments: The required data was collected using a two-part self report survey: Part 1: It was developed to investigate background and demographic information. There were 6 items on age (year), education (elementary school, guidance school, high school, college degrees), marital status (single, married, widow, divorced), economical status (very poor, poor, average, good, very good), having health care insurance (yes, no) and having specific disease (yes, no). Part 2: it included items to investigate satisfaction with SABA services. Satisfaction questionnaire was developed to gain the goals of the present study by the researcher. It included 7 items using a 5 item Likert scale to response (totally dissatisfied, dissatisfied, somewhat satisfied, satisfied, totally satisfied), e.g., satisfaction with guidance to receive services provided in the program. Considering 4-5 scores for each item, items could get 7-35 scores where the higher the score, the more the satisfaction with SABA services. Evaluation and validity (including content and face validity) of the developed questionnaire were confirmed by experts in the field. Also, to check the reliability of the questionnaire, 30 participants were asked to fill out the questionnaire and Cronbach alpha test showed reliability of 0.91.

Finally, the gathered data were put in SPSS Version 21 and t-test, ANOVA and Pearson correlation coefficient were used to analyze the data.

RESULTS AND DISCUSSION

Participants' ages ranged from 30- 60 years (mean age 42.45 ± 8.02). Regarding the educational status: 65.3 percent (n = 522) had in under diploma, 11.1% (n = 89) diploma, 5.5% (n = 44) were academic and 18% (n = 145) were unanswered. About 5.4% (43/800) participants were

Table 1: Mean and SD of satisfaction questionnaire

Satisfaction items	Mean	SD
Required guidance while receiving services in the program	3.75	0.89
Explain about the aims of the program by health care staff	3.83	0.86
Proper behavior of physicians and other staff	3.86	0.86
Detailed examinations and patience from physicians and other staff	3.70	0.94
Proper response to clients	3.75	0.91
Experienced and skillful physicians and staff	3.80	0.88
Proper follow up in next visits	3.63	0.92

Table 2: Association between background variable and satisfaction

Variables	Mean	SD	p value
Education al level			
Under diploma	26.77	5.16	0.001
Diploma	24.59	7.56	
Academic	23.19	6.93	
Marital status			
Single	23.32	7.61	0.001
Married	26.81	4.94	
Divorced/widow	23.00	7.64	
Economic status			
Very good/Good	26.26	6.03	0.791
Middle	26.32	4.95	
Bad/very bad	26.61	5.89	
Insurance			
Yes	26.60	26.60	5.14
No	21.78	8.67	0.001
Special disease			
Yes	25.93	6.54	0.338
No	26.45	5.21	

single, 87.5% (700/800) were married, 6.5% (52/800) were widow and 0.6% (5/800) was unanswered. In addition, 23.8 (191/800) of participants were reported had very good or good economic status. Furthermore, 14.9% (119/800) of participants were reported had chronic illness. Also, 94.4% (755/800) of respondents had health insurance.

Table 1 shows the results of mean and standard deviation of satisfaction questionnaire. Total score of satisfaction was 26.37 (SD = 5.44) which suggested that 75.3% of participants gained the given maximum score to satisfaction.

Table 2 shows the relationship between satisfaction and background variables. Based on the results, there was a statistically meaningful relationship educational level, marital status, had health insurance and satisfaction. In addition, results of Pearson correlation test showed not statistically meaningful association between age and satisfaction ($p = 0.181$, $r = -0.048$).

The present study aimed to investigate the satisfaction with SABA service (Iranian women health). To the knowledge of the researcher, no studies ever investigated the topic in Iran; therefore the results from the present study were compared to results from other studies on health care services. Results from the present study suggested 75.3% of satisfaction among clients. In their study in Shahrekord, Iran, Alidoosti et al. showed 56.4% of satisfaction with family physician program among villagers, though those with lower knowledge on

the program showed higher satisfaction (Alidoosti *et al.*, 2011). Also, Baker (1996) reported similar results. Some studies showed higher rates of satisfaction with health care services in Iran in comparison to other countries. It could result from the honor to physicians and health care staff and patients less expectations or lack of information about their rights. Therefore, the high rate of satisfaction might result from lack of knowledge which suggests the necessity to develop interventions to increase knowledge on the field.

Also, the results suggested the highest satisfaction with physicians and health care staff behavior. It is worth noting that satisfaction is relative to behavior of health care staff, proper diagnose of disease and physician's guidance. Physicians and health care staff's polite response to clients encourage them to follow their treatments and encourage them to suggest the health care service to others (Liang *et al.*, 2002). The least satisfaction score was related to proper follow up in later visits to the service provider. In a study on patient's satisfaction with Family Physician program in Slovenia, half of the participants reported their high satisfaction with the services, however they rated waiting time to receive the service the least which corresponded to the results from the present study (Gutkin and Director, 2008).

Furthermore, there was a meaningful relationship found between education and satisfaction rate as the higher the education level the lower their satisfaction which matched other studies (Zahiri and Taheri, 2010). Education and expectations, also, were directly related and since educated people were more informed, they showed more expectations.

Another finding of the study referred to the relationship among marital status, having health care insurance and satisfaction with SABA services which corresponded to results from previous studies (Zafarghandi *et al.*, 2000). However, Raeissi *et al.* (2012) reported no meaningful relationship between marital status and their satisfaction with family physician program. It could be inferred that married people are encouraged more to get health care insurance and pay attention to their health. Also, having health insurance could decrease worries about medical expenses and receive services which results in higher levels of satisfaction with services.

Since, it is the first study on satisfaction with SABA service in Iran, it could be considered as the most important strength of the present study. Therefore, the results from the present study could improve the evaluations and service quality of SABA program in Iran.

CONCLUSION

Results from the present study suggested high satisfaction of women living west of Iran with SABA services, especially satisfaction with physicians and other health care staff behavior. However, the least satisfaction was reported with follow up in later visits. Therefore, it seems essential to consider the issue while offering SABA services.

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