

The Study of Public Satisfaction with the Quality of Medical Care at Outpatient Organizations

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Abstract: A special place in the strengthening and preservation of health of the Republic of Kazakhstan belongs to the health care system whose main task today is to increase the accessibility, quality and efficiency of medical care, especially Primary Health Care (PHC). Two main strategic health document adopted in 2009: Code of the Republic of Kazakhstan “On people’s health and the health care system” and the concept of the creation of the Unified National Health RK system which involve the conduct of national measures to improve public health with a focus on disease prevention and the establishment of joint and several liability of the state and the health of citizens.

INTRODUCTION

Primary health care^[1-6] the basic, accessible and free (in most countries) type of medical care, carrying out: the treatment of the most common diseases and injuries, poisonings and other urgent states; prevention of major medical disorders; health education of the population; other activities related to the provision of health assistance to citizens in the community.

Improving primary health care is one of the main directions in the development of public health. The program “Salamatty Kazakhstan” made the transition to a patient-oriented model of primary health care, when activated preventive work with the population in schools and health centers, implemented and continue to be implemented screening system^[7].

It was conducted a sociological study of public opinion that is a fundamental part of the health care delivery system in order to identify the factors contributing to increasing the availability and quality of medical care in the outpatient clinics providing outpatient care population of Almaty and Almaty region^[8].

Special questionnaire was developed for this study which was approved by the local ethics committee at “KazNMU them S.D. Asfendiyarov”.

For a comparative analysis of public satisfaction with the quality of outpatient care we were attached survey of population polyclinic No. 7 of Almaty city and No. 17, district clinics and Zhambyl Sarkand regions. In data lists attached people were taken medical organizations which was followed by a study of households (door-bypass). They were surveyed all adult household members 18 years and older^[9,10].

Home improvement a person or group of people, a common household and having as a rule, the relationships, living in a housing unit (in an apartment or a private home).

The survey involved only respondents who wish to participate in the study. The conditions under which the survey was conducted were the same for all respondents. The survey was conducted in respondent's homes individually.

When collecting the materials and the formation of groups of respondents complied with the principles of sampling randomness, its qualitative and quantitative representativeness^[11].

MATERIALS AND METHODS

The survey was anonymous: Each household and the respondent was assigned a certain number. In the upper left corner of the profiles exhibited household number in the upper right corner the respondent's four-digit number in ascending order, starting with 0001. When survey respondents who are attached to:

- City Polyclinic No. 7 of Almaty, respondent number by lot 0001-1000
- City Polyclinic No. 17 of Almaty city from 1001-2000
- District hospital of Zhambyl District, Almaty area- from 2001-3000
- District clinic Sarkand district of Almaty region, from 3001-4000

Number of households each interviewer was assigned by yourself, starting with 1 for each object. Pre serial numbers of respondents were distributed among the interviewers^[12].

For example, the interviewer A-from 0001-0250, the interviewer B-with 0251 for 0500, an interviewer in with 0501 on 0750, the interviewer D-0751 to 1000.

Interviewer welcomed the respondent and read out the introductory part of the questionnaire for review of the respondent for the purpose and objectives of the survey and then moved on to the main part of the questionnaire. If the respondent was willing to be interviewed, the interviewer start computing question and all possible answers by offering the respondent to choose the most suitable for the respondent answer. Each questionnaire is only one answer unless otherwise had to be selected is provided (for example, to select more than one answer). The questionnaire filled interviewer with the respondent's words^[13].

RESULTS AND DISCUSSION

Results of the study: In a comparative analysis of the uptake rate in outpatient organizations it found no large

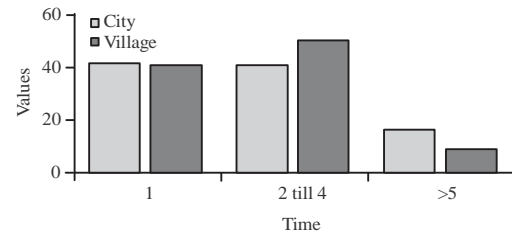


Fig. 1: Frequency public negotiability in outpatient organizations (%)

differences in the uptake of multiplicity residents of towns and villages. We have found that the total number of respondents 41.21% of the respondents appealed to the clinic (dispensary) 1 time per year, from 2-4 times per year to 42.05% of urban and 50.25% of rural residents and >4 once a year has been accessed 16.94% of respondents in the city and 8.43% in the village (Fig. 1).

The majority of respondents attached to the outpatient organizations in the community: 83.59% 88.87% urban and rural residents, in the workplace were attached 14.2 and 8.25% of urban-rural respondents. For private medical organization secured 1.45% of the respondents and 1.2% with the use of the right of free choice (Fig. 2).

The main reasons for the decision to attach to a specific outpatient medical organizations were as follows: the majority of participants in the study indicated the proximity to home (67.89% in the city, 45% in rural areas), followed by respondents in rural areas noted a good GP (22.63%) while for urban respondents this figure was in the third place (7.8%).

For urban residents in second place in importance was the territorial proximity to work (9.15%), the availability of highly qualified four specialists (4.48%), the rest of the respondents chose the outpatient organization because of the convenient schedule of work (2.78%), the high reputation of polyclinics (2.42%), a wide range of health services (2.06%).

Only 8.99% of respondents when choosing a rural outpatient organization has value of the presence of highly qualified professionals, a wide range of medical services 6.77%, the territorial proximity to work 5.56% as well as a convenient work schedule, high reputation clinics 4.8 and 3.84%, respectively^[14].

In some of the respondents living in the city (2.51%) and rural areas (3.18%) had choice (Fig. 3).

In the study of public satisfaction with the operation mode of outpatient organizations which are attached to the respondents, it was found that in general, the population is satisfied with the work mode polyclinics (outpatient)^[15].

As shown in Fig. 4 and 5, the reception local doctor satisfied with 59.19% of urban and 86.52% in rural areas.

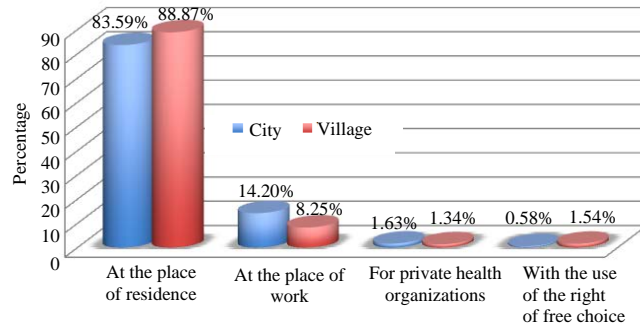


Fig. 2: Data for the attachment of the population to the outpatient organizations (%)

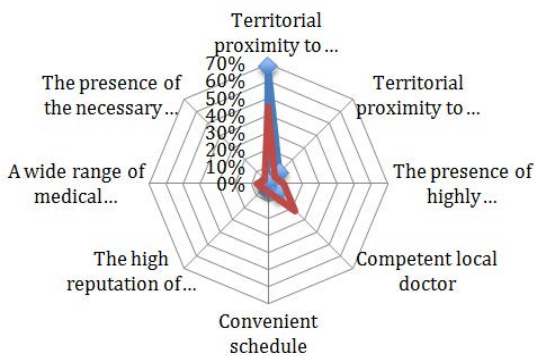


Fig. 3: The main reasons for attachment to a particular medical institution (%)

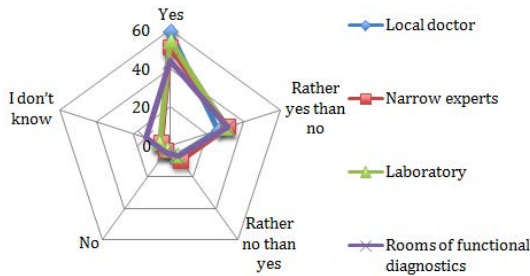


Fig. 4: Satisfaction with urban respondents mode of operation outpatient organizations (%)

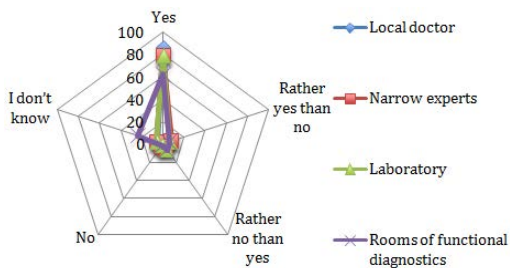


Fig. 5: Satisfaction with rural respondents mode of operation outpatient organizations (%)

26.37 urban respondents and rural 6.10% said that the GP mode suits them rather than not. The opposite option chosen 6.45 and 1.42% of urban villagers. And only 1.41% respondents satisfied with the mode of operation of the local doctor.

Modes of operation specialists satisfied with 50.85% of urban dwellers and 79.01% rural. On the whole, satisfied with the (more likely than not) 31.39 and 7.82%, respectively.

Variant of answer “rather no than yes,” picked 9.38% of the respondents in the city and 4.72% in the village. And not satisfied with the reception time specialists 2.59% of the respondents. 79.64% of respondents are satisfied with the countryside operation outpatient laboratory organization to which they are attached, in the city, this percentage was 50.85%. Modes of operation of functional diagnostics cabinet met 44.12% of urban and 62.68% of rural respondents^[16].

Most of the study participants including 86.81% of urban and 78.76% of rural residents have not experienced any problems when making an appointment to see a doctor in person you contact the registry. Part respondents 66.13% in urban and 74.67% in rural areas had no problems with making an appointment by phone to the doctor and 22.95% of the respondents participating in the study did not use this type of service.

More than half of the respondents do not use the internet when making an appointment to see a doctor (50% in urban areas and 79.37% in rural areas). At the same time, in the city of 45.48% of the respondents to easily make an appointment with the doctor, using the Internet capabilities in the village this percentage was 17.64%. The data presented in Fig. 6 and 7.

The study showed 35.79% of urban and 29.37% of rural respondents said they expected to see a doctor in the queue up to 10 min, most of the respondents (47.95% in urban and 37.74% in rural areas) reported that the waiting time physician was 30 min. About 8.49% 13.38% urban and rural respondents sometimes had to wait for a >30 min and only 3.37% of respondents said they expected the reception 1 h in accordance with Fig. 8.

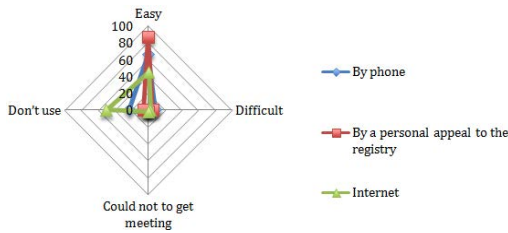


Fig. 6: Satisfaction with urban respondents procedure records to the doctor (%)

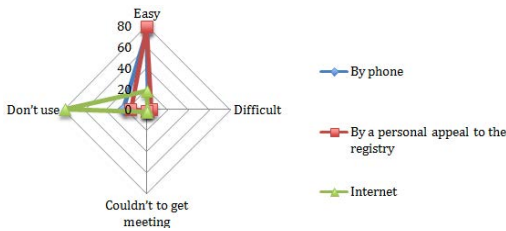


Fig. 7: Satisfaction with rural respondents procedure records to the doctor (%)

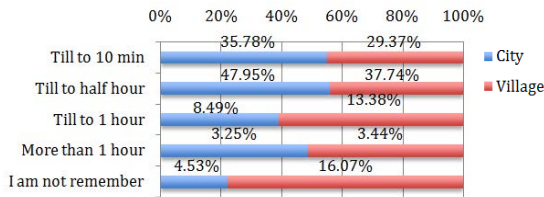


Fig. 8: Waiting time to see a doctor (%)

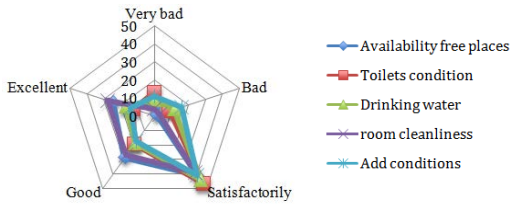


Fig. 9: Satisfaction with urban respondents outpatient conditions for the organization to which they are attached while waiting to see a doctor (%)

Terms waiting to see a doctor, respondents generally rated satisfactory while in rural areas the majority of study participants evaluated the wait condition is good and excellent (Fig. 9 and 10).

According to the survey, 78.04% of urban and 84.84% of rural residents are generally appreciated that when calling a doctor, the necessary assistance was provided in time. The 13.72% of respondents in the city said that home care has not been provided and had to contact the medical organization on their own, in the village, this percentage was 5.77, 6.52 and 8.24% of

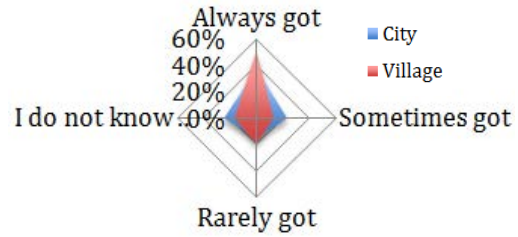


Fig. 10: Satisfaction with rural respondents outpatient conditions for the organization to which they are attached while waiting to see a doctor (%)

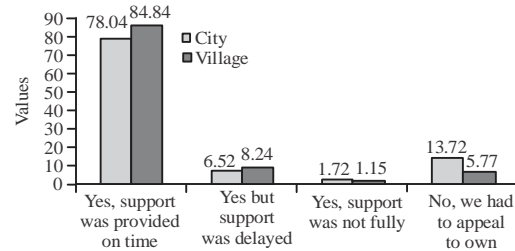


Fig. 11: The timeliness and usefulness of medical care consultation at home (%)

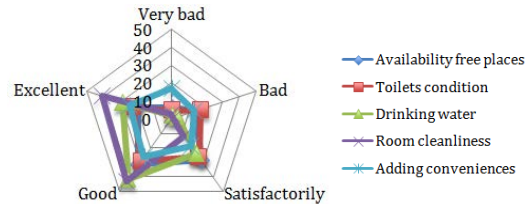


Fig. 12: Features obtaining preferential drugs at the pharmacy upon discharge their physician clinics (%)

urban respondents in rural areas felt that assistance was delayed and 1.72 and 1.15%, respectively, indicated that no assistance was provided in full. These are shown in Fig. 11.

As a result, the survey revealed that the majority of respondents (38% of the urban population and 51% -rural) always received preferential drugs that they subscribed to the doctor; sometimes receive preferential drugs according is sledovaniya 23,25% of urban and 13.27% of rural residents, rarely received preferential medicine 14.18 and 18.74%, respectively. At the same time, 25% of urban and 16.87% of rural respondents said they did not know that you can get free medicines (Fig. 12).

Analysis of the replies related to the desire to change the clinic (dispensary) showed that more than half of the respondents do not want to change the out-patient department, 2.47% of the respondents indicated that seek only to private medical organizations, 1.38 and 2.29% of

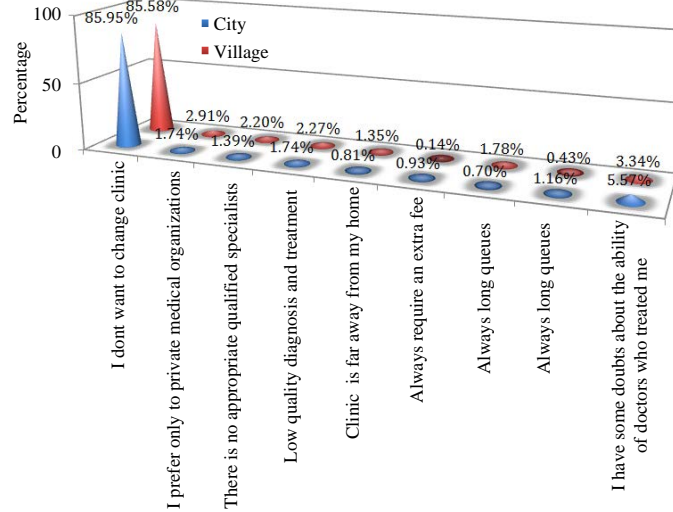


Fig. 13: Reasons for respondent's desire to change the clinic (dispensary) (%)

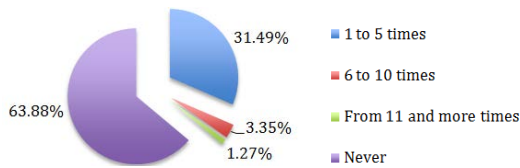


Fig. 14: The frequency of uptake in the non-state outpatient medical organizations (%)

urban rural respondents said in outpatient organization to which they are attached, there is no corresponding qualified specialists. On average, 2.07% of the participants noted the poor quality of diagnosis and treatment and 0.44% the need for an additional payment. Long queues are causing shifts polyclinics (outpatient) 0.70-1.78% of urban and rural residents. At the time as doubts about the ability of doctors who treat the population is at 0.70% of the urban and 1.78% of rural respondents (Fig. 13).

Studying the frequency of uptake in the non-state outpatient health organizations revealed that the majority of respondents had never applied to private health organizations (56.88% in urban and 67.89% in rural areas), from 1-5 times accessed 39.04% of urban and 27.17% of rural residents, from 6-10 developed an average of 3.35% of respondents and by 11 times and more-1.27% (Fig. 14).

As shown in Fig. 15, for the majority of the inhabitants participating in the study, 36.36% in the city, 33.26% in rural areas, cause treatment to private medical organizations were long queues to doctors in the public health center. 18.48 and 20.79 of the urban population of Agriculture noted the lack of qualified professionals in the clinic. The 19.47% of rural respondents said they could afford to apply to non-governmental medical

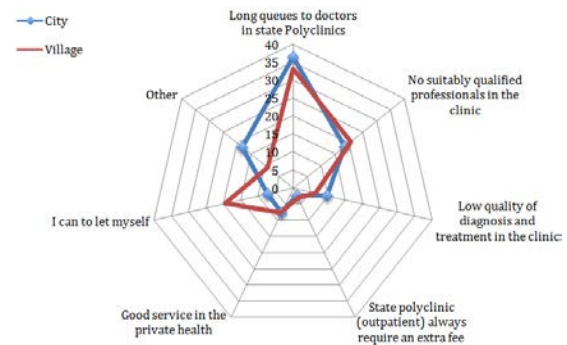


Fig. 15: Reasons for treatment to non-governmental health organizations (%)

organizations in the city, this percentage was 7.33%. Poor quality of diagnosis and treatment in the clinic led to apply to private medical organizations 9.68 and 6.56% urban rural respondents. The 2.35 and 6.56% urban and rural residents noted the poor quality of diagnosis and treatment in the clinic, good service in the private health care facility has a value of 7.62% for urban and 7.66% of rural respondents^[17].

As a result of sociological research, we can conclude that the whole population of the city of Almaty and Almaty region satisfied with the quality provided by outpatient care. Most of the respondents appealed to the outpatient organizations at least 1 times in the last 12 months, indicating that kontirovanii population with medical institutions of primary care. The average frequency of uptake of the population is from 1-4 times per year^[18].

In the study of the causes of the population attachment to a particular outpatient organizations, we

found that it is connected with the territorial proximity to home (53.25% of respondents) and the presence of a good GP (17.29%) with more respondents betray the countryside it is a good value when choosing a GP clinic (dispensary). At the same time it is necessary to further study the issue concerning the public awareness of the right of free choice of medical organization to which they are attached^[19-23].

CONCLUSION

Modes of operation outpatient organization satisfied the majority of respondents, the percentage is higher in than in rural areas. Terms waiting to see a doctor, most urban respondents rated as satisfactory while for rural respondents standby conditions are good and excellent. According to the provision of care at home, respondents said that the assistance was provided in time but it turned out to be 8.35% of the total number of respondents who care at home has not been provided and they had to apply to the medical organization on their own. According to the survey 85.72% of respondents have no desire to change outpatient organization to which they are attached which once again confirms the overall satisfaction with the medical care provided in the outpatient level, urban and rural population.

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