



## Client satisfaction at the sub centre level in two blocks of Darjeeling district, West Bengal, India.

<sup>1</sup>Dr.Nilanjana Ghosh, <sup>2</sup>Dr.Indranil Chakrabarti, <sup>3</sup>Dr.Romy Biswas,  
<sup>4</sup>Dr. Manasi Chakaraborty

<sup>1</sup>Demonstrator, Department of Community Medicine, North Bengal Medical College

<sup>2</sup>Assistant Professor, Department of Pathology, North Bengal Medical College

<sup>3</sup>Associate Professor, Department of Community Medicine, North Bengal Medical College

<sup>4</sup>Professor Department of Community Medicine, M.G.M Medical College, Kishanganj

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### ABSTRACT:-

**Background:** Health of a nation lies in the hands of its people. Satisfaction of clients are determine optimum service utilization by them which in turn determine effective health outcome and desirable health indicators. ANMs operate from sub centres, which are the most peripheral health outposts, catering rural population 5000 in plains and 3000 in hilly and tribal areas. Their accountability, accessibility, availability and sensitiveness to felt needs of community ensure client satisfaction among the beneficiaries attending the sub centre for availing various services.

**Objective:** To assess client satisfaction among beneficiaries regarding various aspects of services provided to them at sub centre level and determine any difference due to their geographical variation.

**Materials and Methods:** From two randomly selected blocks of Darjeeling district, one in hilly areas and other in plains, 120 beneficiaries were selected and studied for one year. Predesigned, pretested schedule adapted from CSQ8 Questionnaire was used and exit interview method was applied. Satisfaction of clients in different components was assessed using 5 point Likert's scale and mean scores were compared.

**Results:** Among 120 beneficiaries, 80 were from Sukna and 40 from Khoribariblock. Majority were Hindus, females, illiterates and resided more than 5kms. away from their catering subcentres. Though satisfied with few components they were dissatisfied regarding the emergency services available. Significant difference in satisfaction regarding availability at subcentre was observed between two blocks.

**Conclusion:** Satisfaction regarding various components in both blocks varied. Significant difference was noted regarding ANM availability at subcentre between the two geographically varying blocks. However, a larger study is needed.

**Keywords:** clients, sub centre, satisfaction, geographical variation

### I. INTRODUCTION

Frontiers of health encompass preventive, promotive, curative and rehabilitative care. It lies in the hands of its people. Thus the extensive primary health care system was established country wide, with an intention to reach each one through the agency of health workforce, as India was a signatory in Alma Ata Conference on HEALTH FOR ALL in 2000 A.D. <sup>1</sup>The most peripheral health outposts of the public health care delivery system are the subcentres which cater 5000 population in plains and 3000 in hilly and tribal areas. Auxiliary Nurse Midwives (ANMs), the key health field level functionaries, operate from the subcentres and deliver preventive, promotive and curative services to the beneficiaries, acting as the interface between needs and services. Their availability, accessibility, acceptability and sensitivity to the felt needs of community go a long way in determining service utilization by beneficiaries. <sup>2</sup>

Standards being main drivers of quality, client satisfaction among beneficiaries regarding various aspects of services provided are of utmost concern and importance. The ANMs operating from subcentres and community are very vulnerable unless driven, owned and firmly embedded by each other. Appropriate utilization of these essential client centred, need based, demand driven services largely depends on awareness,

\*Corresponding Author: <sup>1</sup>Dr.Nilanjana Ghosh

<sup>1</sup>Demonstrator, Department of Community Medicine, North Bengal Medical College

involvement, motivation and attitude of beneficiaries towards them.<sup>3</sup> Moreover, illiteracy, ignorance, lack of awareness, age old customs, fixed firm false beliefs, deep rooted faith in traditional healers and lack of credibility of public health facilities and other related areas of their dissatisfaction are some other burning issues which need to be addressed.

Better health care decisions can be made by the beneficiaries only if they find the essential primary health care services designed for them accessible, affordable and available. Thus assessing satisfaction of the people for whom the entire public health care delivery system is made, the clients is of paramount importance. Even globally American Medical Association has also duly recognized health status and patient satisfaction as key areas of patient care. In Mali and Ecuador community health workers play a pivotal role in client satisfaction and thus utilization of services.<sup>4</sup>

It is well known that for effective health outcome and desirable health indicators optimum service utilization by the beneficiaries is an essential prerequisite.<sup>5</sup> Clients in health sector are either patients who come solely for curative purpose or beneficiaries who avail preventive and promotive and curative services. Beneficiaries comprise of under five children who come for routine immunization, adolescents who receive school health services, antenatal and postnatal women for receiving antenatal and postnatal care along with services provided during their deliveries, eligible couples to seek advice on various family planning methods, other women for availing various services in relation to MCH and family welfare activities and other men and womenfolk who come for treatment of minor ailments.

Rural and hilly terrains are perceived to be neglected and there is also dearth of literature on this issue in the area. Thus in the aforesaid context the present study was conducted to assess client satisfaction among beneficiaries regarding various aspects of services provided to them at subcentre level in two blocks of Darjeeling district and also to determine any significant difference due to geographical variation of two blocks.

## **II. MATERIAL AND METHODS**

Darjeeling district has 12 blocks among which 8 are in hilly areas and 4 are in plains. A descriptive, cross-sectional study was conducted from May 2012 to April 2012 in two randomly selected blocks of Darjeeling district, West Bengal namely Sukna (situated in hilly difficult terrains, having 24 subcentres) and Kharibari (in plains, consisting of 11 subcentres).

### **Selection of clients:**

*The term 'clients/ beneficiaries/respondents' have been used interchangeably in the study.* They include antenatal women, eligible couples, adolescents, children and other people who utilize the services of the sub centre. For children and others who could not opine for themselves the response of their mother or caregiver was taken on their behalf.

Applying multistage random sampling technique, 30% subcentres were selected from each of the two blocks under study. Thus 8 subcentres from Sukna and 4 from Khoribari were selected. It was intended to include 10 beneficiaries on clinic days from each selected subcentre. Thus 10 consecutive beneficiaries attending the subcentre for availing various services on clinic days were selected for the study after obtaining their informed consent. Thus 120 was the final study subjects among whom 80 beneficiaries were from Sukna block and 40 from Khoribari block.

- Inclusion criteria : All the beneficiaries who were permanent residents of the area
- Exclusion criteria: Unwilling to participate in the study.

Selected beneficiaries were briefed about nature and purpose of study. Their informed consent was obtained. Anonymity and confidentiality of information was ensured. Ethical approval was also obtained from institutional ethics committee of North Bengal Medical College and necessary permission was sought from district health authorities. A predesigned, pretested schedule was used for relevant data collection. Exit-Interview technique was applied on the study subjects at their catering sub-centre.

Satisfaction of the clients regarding various aspects of services provided to them at sub-centre level was assessed as follows:

### **Assessment of satisfaction:**

Satisfaction was assessed using a modified questionnaire adapted from Client Satisfaction Questionnaire 8 (CSQ8), which is commonly used to assess satisfaction of clients in health sector in and outside the country<sup>6</sup>. The questionnaire after modification was translated, back translated then validated and pretested before final application. The questionnaire had 8 components each with one single item. The components were range of services provided, quality of services provided, emergency facilities available, duration of waiting time spent before availing the service, availability of ANMs at subcentre, behaviour of ANMs, community involvement of ANMs and recommending others to the subcentre. It reported a single score measuring a single

dimension of overall satisfaction. Thus for each component minimum response was 1 and maximum response 5. Each respondent gave a score/response for the single item in each component. Satisfaction for each component was assessed using a 5 point Likert's scales where 1 - very dissatisfied, 2- dissatisfied, 3- neither satisfied nor dissatisfied, 4- satisfied, 5- very satisfied<sup>12</sup>. Accordingly the level of satisfaction was categorized and compared. Collected data was analyzed and presented using the principles of descriptive statistics and student's t test was applied to compare the mean score of satisfaction between the two studied blocks.

### III. RESULTS

120 respondents, 80 from Sukna the hilly block and 40 from Khoribari block in plains were the final study subjects. There was no non-responder.

#### **Background characteristics of the study subjects:**

Majority of respondents in both blocks (53.4%) were Hindus. 72.5%, 46.7% and 28.3% of total beneficiaries in both blocks were females, belonged to general caste and were illiterates respectively. In both the blocks and individually in rough difficult terrains of Sukna, 52% and 46% beneficiaries resided more than 5 kms. away from their catering sub-centres respectively.

**Table 1** shows satisfaction of respondents on the 8 components in relation to the various aspects of services provided to them from their catering subcentres. The 5 point Likert's scale has been presented in 3 categories as D = Dissatisfied (Very Dissatisfied and Dissatisfied); NDNS = neither satisfied nor dissatisfied and S = (Satisfied and Very Satisfied) 57.5% of total respondents and also in each block were satisfied with range of services / facilities provided to them. Moreover, majority of ANMs in each block were satisfied regarding waiting time spent, availability of ANMs at subcentre, behaviour of ANMs and regarding recommending others to the subcentre. Most of the respondents of both blocks were neither satisfied nor dissatisfied with quality of services provided to them and regarding community involvement of ANMs. Majority of respondents in each block were dissatisfied with available emergency services.

The mean score of satisfaction in 7 components among the beneficiaries of both plain and hilly terrains were found to be not significantly different. However regarding satisfaction with availability of ANMs at subcentre, the mean score of satisfaction was observed to be significantly different among beneficiaries residing in plains and those in hilly areas (**Table 2**).

### IV. DISCUSSION

Adequate service utilization leads to effective health outcomes and thus various studies both inside and outside the country, have been conducted on client satisfaction in health care settings.

Berman concluded that if community health workers are part of community they become more acceptable and thus overall service coverage was enhanced. Moreover the accessibility of workers increases and equity of services are also ensured. Drachman Oak Brook of USA, studied that physicians and nursing staff had greatest impact on patient satisfaction than other levels of health personnel<sup>7</sup>. Present study revealed that though majority of beneficiaries were satisfied with availability, behavior of ANMs and regarding recommending others to the subcentre, they were neither satisfied nor dissatisfied regarding involvement of ANMs in community. Moreover significant difference in satisfaction on availability of ANMs was noted depending on the geographical variation of the two blocks.

A study on utilization of health care facilities by at risk children in India found that in 37% cases prolonged waiting time, in 12.03% cases unpleasant behavior of hospital staff, in 16% cases non availability of drugs, in 35% cases inconvenient timings and in 14% cases unsatisfactory treatment were reasons for not availing health services.<sup>8</sup> Present study also concluded similarly where respondents were neither satisfied nor dissatisfied with quality of services provided.

In another study, access to health facility was studied and in-patients were mostly dissatisfied with staff shortage and outpatients with the distance they had to commute to avail the services. Even in present study respondents of hilly areas had to commute great distances to avail their designated services.<sup>9</sup>

In West Bengal, according to a study, health workers visited 11% mothers within one month of delivery, advised for institutional delivery in 66% cases and were available in 86% cases and 95% had friendly attitude though inconvenient timings was reported by 10.7% mothers and 40.7% mothers complained of long waiting time before availing the services.<sup>10</sup> Present study similarly revealed majority of beneficiaries in both blocks to be satisfied with behaviour of ANMs and duration of waiting time spent before service utilization. However due to geographical variation of the blocks, satisfaction regarding availability of ANMs varied significantly.

Another study on client satisfaction found humane factors like behaviour, understanding of community health workers to be more related to concepts of satisfaction than physical factors similar to the present study where majority of beneficiaries were satisfied with behavior of ANMs<sup>11</sup>.

A study in West Bengal found that among 43.2% beneficiaries who utilized the services, only 10.3% were satisfied with curative services provided.<sup>10</sup> The present study also found that though majority of beneficiaries were satisfied with range of services provided they were neither satisfied nor dissatisfied with the extent and quality of services provided.

Enormity, single handedness of study limited the number of study subjects and the intention to interview them in their natural settings.

## V. CONCLUSION

The present study concludes that satisfaction among beneficiaries regarding various components varied. Dissatisfaction prevailed in area relating to emergency services in both blocks irrespective of their geographical location. However satisfaction regarding availability of ANMs varied significantly among beneficiaries residing in hilly areas and those in plains. Thus addressing these issues with appropriate recruitment and retention strategies may help in future. A larger study with a more representative sample is recommended for grater insight into the issue.

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