

Patients' perception and satisfaction with health care professionals at primary care facilities in Trinidad and Tobago

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This paper endeavours to identify the background characteristics of health centre users in Trinidad and Tobago and their perceptions of the efficiency of the services provided. Multistage sampling was employed to select 1451 users. Data were obtained during structured interviews on regular clinic days. Of the people using the health centres, 80.4% were unemployed and 75.9% were women. People aged over 60 accounted for 25.4% of the sample. Users included a disproportionately high number of persons from the lower socioeconomic categories. The proportions of persons of different ethnic and religious groups closely reflected those in the country's general population. Approximately 74% of the interviewees were satisfied with the performance of the doctors in the health centres. For nurses the satisfaction rating was about 10% higher. The greatest needs for improvement were perceived to be in pharmacists' and doctors' services, with particular reference to waiting times.

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In Trinidad and Tobago, primary care services are provided by 101 health centres funded by the state. In 1994 the health services were decentralized to create five regional health authorities. Since then there has been a shift in emphasis towards the provision of primary care of high quality, including preventive services. A substantial improvement in the delivery of primary care is required, together with increased community participation.

Clearly, feedback from patients is vital if deficiencies are to be identified and improvements achieved. In many developing countries, primary care services are fully financed by the state, and the people who use them are mostly the poor, elderly, uneducated and unemployed. These people have the greatest difficulty in evaluating what is provided because, as a rule, they have no basis for comparison. Consumers make judgements about quality by assessing factors they can appraise, such as courtesy, responsiveness, attentiveness and perceived competence.

Information and opinions were sought from people using health centre services concerning usage, efficiency, and ways of improving the running of the

facilities. Data were obtained in a survey of 1451 users throughout Trinidad and Tobago. A significant proportion of the participants were illiterate, so self-administered questionnaires were not appropriate, and trained personnel therefore conducted interviews on regular clinic days. The research instrument consisted of sections on:

- personal details, e.g. age, sex, education, ethnicity, occupation and religion;
- assessment of doctors;
- assessment of nurses;
- assessment of pharmacists.

A sample of health centres was selected to represent the major areas in each county. A sample of adult patients was chosen from each of the selected centres, its size reflecting the population in the area concerned. These patients were selected in hypertension, diabetes, heart disease and antenatal clinics. Arrangements were made in advance with the administrators, and questions were put to the patients as they awaited their consultations.

Personal details

In this matter, 8.6% of the interviewees were in full-time employment; 11.0% were in part-time employment and 80.4% were unemployed.

Of the respondents, 24.1% were male and 75.9% were female.

The proportions of respondents aged under 20, 21–30, 31–40, 41–50, 51–60 and over 60 years were 9.5%, 18.9%, 17.2%, 15.3%, 13.7%, and 25.4% respectively.

Through an open-ended question the occupational status of the main wage-earner in the family of

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each interviewee was determined: 0.6% were classified as professionals, 5.4% as middle professionals, 13.2% as having lower non-manual jobs, 16.4% as skilled manual workers, 15.6% as unskilled manual workers, and 48.8% as "other". The latter category included retired persons, housewives, unemployed people and individuals whose occupational status was not known.

Some primary education was claimed by 31.8% of the respondents, and 24.1% said they had completed their primary education; 10.7% had received some secondary education and 21.8% had completed their secondary education; 1.4% had undergone some university education and 0.4% had completed a university education; 9.8% were categorized as "other" with regard to education.

Regarding ethnicity, 40.8% were African, 40.8% were Indian, 0.3% were Oriental, 15.6% were of mixed background and 2.5% had other ethnic backgrounds.

Assessment of doctors

Courtesy and consideration

Satisfaction with the courtesy and consideration shown by doctors was expressed by 75% of the interviewees. The level of satisfaction increased with the age of the patients (Table 1).

Skills and competence

Satisfaction with the medical skills and competence of the doctors was expressed by 74% of the respondents. The percentage of satisfied patients decreased with increasing level of educational attainment but increased with increasing age.

Opportunities for seeing specialists

In this matter, 30% were dissatisfied and 40% were satisfied; 30% were undecided. A slightly higher degree of satisfaction was expressed by males (44%) than by females (38%).

Doctors' willingness to listen to patients' explanations of problems

The level of satisfaction in this connection was 75% for males and 71% for females.

Doctors' advice

Satisfaction with the advice given was expressed by 73.1% of the respondents; 13.7% were dissatisfied. The degree of satisfaction fell as the educational level rose from "some primary" to "completed secondary" (Table 2).

Waiting time after arrival at health centre

The average waiting time was 2 hours 40 minutes, the range being from under 1 hour to 6 hours; 41% of the patients were satisfied and 48% were dissatisfied with

Table 1. Degree of satisfaction with courtesy and consideration shown by doctors

Degree of satisfaction	Ages of patients (years)						Average
	<20	21-30	31-40	41-50	51-60	>60	
Satisfied (%)	69.4	63.6	72.7	75.0	79.7	86.5	75.0
Undecided (%)	15.8	14.0	12.7	14.1	11.2	5.9	11.6
Dissatisfied (%)	15.8	22.5	14.6	10.9	9.1	7.6	13.4
% of total	9.5	18.9	17.2	15.3	13.7	25.4	100.0

Table 2. Degree of satisfaction with doctors' advice

Degree of satisfaction	Educational levels of patients					Average
	Some primary	Completed primary	Some secondary	Completed secondary	Other	
Satisfied (%)	77.7	75.2	74.8	64.4	71.8	73.1
Undecided (%)	11.7	11.0	10.6	18.4	14.5	13.2
Dissatisfied (%)	10.6	13.8	14.6	17.2	13.7	13.7
% of total	31.8	24.1	10.7	21.8	11.6	100.0

Table 3. Degree of satisfaction with waiting time

Degree of satisfaction	Ages of patients (years)						Average
	<20	21-30	31-40	41-50	51-60	>60	
Satisfied (%)	23.9	28.2	47.1	43.9	44.7	52.7	41.4
Undecided (%)	11.5	11.3	8.8	14.8	10.6	10.2	11.0
Dissatisfied (%)	64.6	60.5	44.1	41.3	44.7	37.1	47.5
% of total	9.5	18.9	17.2	15.3	13.7	25.4	100.0

this situation. The degree of satisfaction increased greatly with increasing age (Table 3).

Duration of examination

The average time spent by doctors on examining patients was three minutes, but 74% of patients said they were examined only occasionally or never; 41% were satisfied with this situation and 47% were dissatisfied.

Assessment of nurses

Courtesy and consideration

In this matter, 84% of the interviewees were satisfied and 10% were dissatisfied; 75% of the latter were aged under 41 years. The degree of satisfaction ranged from 73% among people aged under 20 to 93% among those aged over 60 years. Ethnicity had no influence on the degree of satisfaction. As educational attainment increased, however, the percentage of satisfied patients declined. People in the professional categories showed lower levels of satisfaction than those in the manual categories and the unemployed.

Skills and competence

Satisfaction with the nurses' skill and competence was expressed by 87% of the participants; more than 95% of elderly people said they were satisfied in this respect.

Nurses' willingness to listen to patients' explanations of problems

Satisfaction with this matter was reported by 85% of the respondents; again the degree of satisfaction increased with the age of the patients, ranging from 76% among people aged under 20 to 92% for those aged over 60 years. Educational level had no influence on the degree of satisfaction.

Nurses' advice

Satisfaction with the advice given by nurses was expressed by 84% of the interviewees. Of the people who said they were dissatisfied, 60% were under 41 years of age.

Waiting time after arrival at health centre

Satisfaction was expressed in this matter by 73% of the respondents. However, the degree of satisfaction ranged from 53% among persons aged under 20 to 87% for people aged over 60 years. The satisfaction level decreased with increasing educational attainment.

Assessment of pharmacists

Skills and competence

The skills and competence of the pharmacists satisfied 69% of the respondents.

Pharmacists' willingness to provide help

This aspect of the pharmacists' work satisfied 70%; the degree of satisfaction fell from 77% among persons who had received some primary education to 60% among those who had completed their secondary education.

Pharmacists' advice on medication

Satisfaction on this matter was reported by 79% of the participants.

Drug supply

The drug supply at the health centres was considered poor by 45% of all participants and by 40% of those aged over 60 years.

Waiting time for prescriptions

The average time that patients had to wait for their prescription forms to be completed by pharmacists in

health centres was 1 hour 50 minutes, the range being from under 1 hour to 6 hours. Whereas 36.5% of patients who had to wait for under an hour said they were satisfied, only 9.4% of those who had waited for 4–6 hours were satisfied.

Discussion

It is important to be aware of the limitations of surveys of the kind outlined above. Expressed opinions may not reflect the true feelings of patients. Furthermore, confusion may arise even when opinions are expressed honestly; for instance, long waiting times may induce patients to regard doctors as discourteous or lacking in skill. Indeed, waiting time was used in a similar study as a means of judging doctors' skill and knowledge (1).

Our investigation showed that 74.2% of patients were satisfied with the skill and competence of the doctors. The average duration of an examination by a doctor was three minutes, and the average waiting time before examination was 2 hours 40 minutes; this contrasts with the waiting time of 30 minutes reported in a primary care setting in a more developed country (2). Our finding is a true reflection of the imbalance in the doctor/patient ratio in public health institutions in developing countries.

Although the doctors did not spend much time with patients, the general rating given to them was high: over 70% of the respondents were satisfied with the service given, with the doctors' willingness to listen to explanations of problems, and with their courtesy and consideration.

Satisfaction and positive perception increased with the age of the patients. A similar finding by other researchers was attributed to the increased likelihood of older people being unemployed and of low educational and economic status (3).

The present study also indicates a higher level of satisfaction with nurses than with the other health professionals considered. On average, nurses had satisfaction ratings for skill and competence, willingness to listen, courtesy and consideration, and advice which were about 10% higher than those attributed to doctors. It is possible that the long waiting periods preceding consultations and the short consultation times contributed to the lower satisfaction rate for doctors. Similar factors could explain why pharmacists won lower satisfaction rates than nurses.

Our survey has highlighted certain areas that should be subjected to scrutiny by health care administrators, and has demonstrated that, notwithstanding the limitations of the system, user satisfaction with health care professionals remains high in Trinidad and Tobago. ■

Résumé

Trinité-et-Tobago : comment les patients perçoivent et jugent les professionnels de la santé

A Trinité-et-Tobago, les patients ont l'habitude d'attendre des heures avant d'être reçus par un médecin qui, la plupart du temps, ne les examine même pas, d'où la mauvaise image des services de santé. On a considérablement amélioré les soins de santé primaires en privilégiant la participation communautaire. Toutefois, pour poursuivre dans cette voie, il était essentiel de continuer connaître les réactions des patients. On a donc procédé à un sondage à plusieurs degrés pour sélectionner dans le pays 1500 usagers des centres de santé. Des entretiens structurés ont été organisés les jours de consultation pour obtenir les informations nécessaires. Les personnes interrogées ont été invitées à évaluer les médecins, le personnel infirmier et les pharmaciens sous plusieurs angles : accueil, politesse, compétences, conseils, écoute et durée d'attente. Les résultats ont fait apparaître un pourcentage élevé de chômeurs (80,4%), de personnes âgées — retraités compris — (25,4%), et de femmes (75,9%) parmi les usagers des centres de santé. De manière générale, les usagers étaient satisfaits des services de santé. Mais si

74% étaient contents des prestations des médecins, 48,0% estimaient la durée moyenne d'attente (2h 40) trop longue. Le sentiment de satisfaction augmente avec l'âge : les personnes âgées jugent en effet plus favorablement les services de santé. Quelque 85% des patients étaient satisfaits des infirmier(ère)s, toutes catégories confondues, le sentiment de satisfaction augmentant, là encore, avec l'âge. Les pharmaciens, toutes catégories confondues, donnaient satisfaction dans 72,7% des cas, mais ce pourcentage baissait lorsque l'on demandait aux participants de se prononcer sur l'approvisionnement en médicaments et sur le temps qu'il fallait aux centres de santé pour traiter les ordonnances. Cette étude a permis de mettre en lumière les carences des services de santé. Selon les usagers, il faut avant tout améliorer les prestations des pharmaciens et des médecins et, notamment, réduire les longues périodes d'attente. Toutefois, malgré les contraintes et les limites du système, les usagers sont très satisfaits des services de santé à Trinité-et-Tobago.

Resumen

Evaluación de la actuación de los profesionales sanitarios por parte de los pacientes en los servicios de atención primaria de Trinidad y Tabago

En Trinidad y Tabago los pacientes tenían que esperar largas horas antes de ser atendidos por el médico, y la mayoría de las veces no eran examinados clínicamente, lo que redundaba en perjuicio de la percepción de los servicios de salud por parte de los usuarios. La insistencia en la participación de la comunidad ha conducido a mejoras sustanciales en la atención primaria. Sin embargo, para profundizar en esas mejoras es esencial obtener constantemente retroinformación de los pacientes. Con ese fin, se realizó un muestreo multifásico para seleccionar 1500 centros de salud en todo el país. Se obtuvieron datos mediante entrevistas estructuradas, realizadas en días ordinarios de consulta. Se pidió a los entrevistados que evaluaran a los médicos, enfermeras y farmacéuticos en relación con la amabilidad y consideración demostradas, sus aptitudes y competencia, el asesoramiento proporcionado, su capacidad para escuchar y el tiempo de espera de los pacientes. Los resultados mostraron que entre los usuarios de los centros de salud había un elevado porcentaje de desempleados (80,4%), personas de edad (25,4%), incluidos pensionistas, y mujeres (75,9%). En general los entrevistados estaban satisfechos con los servicios. Aproximadamente un 74% estaban satisfechos con el

trabajo de los médicos, pero un 48,0% consideraban insatisfactorio el tiempo promedio de espera (2 horas y 40 minutos). El grado de satisfacción aumentaba con la edad. La población de edad, por tanto, tenía una opinión más favorable de los profesionales sanitarios. El 85% de los pacientes estaban satisfechos con la atención dispensada por las enfermeras, cualquiera que fuese su categoría; también en este caso, el porcentaje de satisfacción aumentaba con la edad. En lo tocante a los farmacéuticos, la satisfacción era del 72,7% para todas las categorías, porcentaje que disminuía cuando se pedía a los participantes que evaluaran el suministro de medicamentos y el tiempo de espera necesario para obtener las recetas en los centros de salud. El estudio ha permitido poner de relieve las deficiencias de que adolecen los servicios asistenciales. Según los usuarios, donde más hacía falta introducir mejoras era en los servicios prestados por los farmacéuticos y los médicos, en particular para reducir los largos intervalos de espera. No obstante, pese a las restricciones y las limitaciones del sistema, la satisfacción de los usuarios con los profesionales sanitarios sigue siendo elevada en Trinidad y Tabago.

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