

Why patients go to private health care facilities? Perspectives from Qassim, Saudi Arabia

Amel A Sulaiman (1), Unaib Rabbani (2), Sultan Alshaya (3), Marwan Alyahya (4), Saleh A Al-Gabbany (5), Chandra S Kalevaru (6), Saulat Jahan (7), Raed A Aljubeilan (8), Ahmed A AlMeman (9), Bader A AlAhajji (10)

(1) Head Faculty Development Unit, Family Medicine Academy, Qassim Health Cluster, Buraidah, Saudi Arabia

(2) Senior Registrar, Family Medicine Academy, Qassim Health Cluster, Buraidah, Saudi Arabia

(3) President, Qassim Health Cluster, Buraidah, Saudi Arabia

(4) Vice President for Academic and Training Affairs, Qassim Health Cluster, Buraidah, Saudi Arabia

(5) Program Director, Saudi Board Family Medicine, Arar, Northern Border Province, Saudi Arabia

(6) Trainer, Family Medicine Academy, Qassim Health Cluster, Buraidah, Saudi Arabia

(7) Head Research and Innovation Unit, Family Medicine Academy, Qassim Health Cluster, Buraidah, Saudi Arabia

(8) Consultant Neuroradiologist, King Fahad Specialist Hospital, Buraidah, Saudi Arabia

(9) Associate Professor, Faculty of Medicine, Qassim University, Buraidah, Saudi Arabia;

(10) Director Quality Management, AlAsyah Hospital, AlAsyah, Qassim, Saudi Arabia;

Corresponding Author:

Amel A Sulaiman

Family Medicine Academy, Qassim Health Cluster,
Saudi Arabia

Email: amel.limarb@gmail.com

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Abstract

Saudi government provides free health care to the population, however still a large number of people visit private health care facilities. This study aimed to measure patients' satisfaction with and reasons for visiting private health care facilities in Qassim, Saudi Arabia. A cross-sectional survey was conducted among patients who visited private health facilities in the month of August and September 2019. Data was collected through an online questionnaire with variables on various aspects of care and services and reasons for choosing the facilities. The data was analyzed using SPSS version 21. A total of 1220 respondents participated in this study. The mean score of the overall patients' satisfaction was 3.08 (± 1.29). About 525 (43.1%) of respondents were satisfied. About 78.1% of respondents were satisfied with the private health facilities' working hours. Highly satisfied domains were; working hours, the respect and help from the staff. The patients' age, educational level, nationality, residence, monthly

income and occupation were associated with the overall satisfaction in a private health facility ($p < 0.05$). The main reasons for choosing the private health facilities were delayed appointment in governmental hospitals and less waiting time in private hospitals. Service redesign is required to improve appointment management systems and patients' satisfaction in public sector health facilities.

Key words: Satisfaction; Private health facility; quality in healthcare; Qassim; Saudi Arabia

Introduction

In health care, patient satisfaction is an important evaluation means to determine the quality of services (1). In recent years, the concept has assumed much greater significance, particularly in market-based health systems. It also represents a complex mixture of the patient's health needs, the expectations they have for the type and quality of care, and the care finally received (2).

Customer satisfaction is a feeling of pleasure or disappointment resulting from comparing product/service's perceived performance with his or her expectations (3). Patients' satisfaction is a critical issue for healthcare providers. A number of studies have been conducted concerning the investigation and measurement of patients' satisfaction with health services (4-8) as well as exploring the factors that affect it (9,10).

There has been a rapid growth of population during the last few decades in Saudi Arabia along with changes in the life style and disease patterns. Saudi government provides free health care services to the population. Ministry of Health (MoH) is the main provider of health care services through a large network of Primary Health Care (PHC) centers and hospitals across the country (11). MoH strives to continuously improve the quality of services and patient satisfaction. For this purpose, an ongoing survey program is conducted by the Saudi Ministry of Health to assess the patients' satisfaction level for medical services (12). Despite these, the private sector has been expanding continuously in Saudi Arabia. In 2005, the private sector constituted about 21% of beds in the Kingdom(13) which has increased to about 25% in 2020 (14). Private funding for health care is expected to increase from 25.8% in 2016 to about 28% in 2025 (15).

There is need of information about why people choose private health facilities despite free public health services to improve the system in the public sector. Literature on patient satisfaction is scarce in Saudi Arabia. There have been some small scale studies in Saudi Arabia which either compared satisfaction in public and private health care facilities(16,17) or either of these two (18-20). A study from Taif, which compared public and private facilities reported higher satisfaction in the private sector compared to public sector hospital (16). An-other open online survey which compared satisfaction with gynecological and obstetric services in Saudi Arabia found similar results of higher satisfaction in the private sector compared to public sector hospitals (21). A study in Najran included participants from three private facilities and found that overall satisfaction score was 3.9 out of 5 (20). Most of these studies were limited in scope to a single private facility or small sample size. Additionally, as part of Vision 2030, the Saudi government has plans to improve and expand health care through public private partnerships (15). This also calls for evidence about patients' satisfaction in the private sector as well. We therefor conducted this study in private health institutions in Qassim region to measure the population satisfaction with, and reasons for choosing the private health care sector.

Materials and Methods

Study design, setting and population

This cross-sectional study was carried out between 9th September and 12th October 2019 in Qassim Region, Saudi Arabia. Qassim is located in central part of Saudi Arabia with an estimated population of 1.5 million in 2020. There are 19 hospitals under MoH, one hospital under other governmental sector and four private hospitals. Number of MoH PHCs is 156 while there are 119 private polyclinics providing health care services under different specialties in the region (14). The target population was patients who visited outpatient or emergency departments of private health facilities during the last month from the date of data collection.

Sample Size:

Sample size was calculated using Epi Info Stat calculator. The previous studies from Saudi Arabia have reported satisfaction on varying scales and in different domains. We assumed an overall satisfaction rate of 50% for calculation of sample size for our study. At 95% confidence level, 4% margin of error and a design effect of 2.0, the required sample size was 1200. Assuming a response rate of 60% we needed to invite at least 2000 participants to achieve required sample.

Sampling procedure

Convenience sampling was applied for selection of facilities and participants. Three private hospitals and fifty poly-clinics were approached for participant recruitment. After explaining the purpose of study and getting approval of administration, participants' contact numbers were obtained from the participating facilities. A total of 2,074 participants were invited to participate and the link of the questionnaire was sent on their WhatsApp number.

Data collection procedure and instrument

Data was collected online using Google forms. Link of the questionnaire was sent on the participants' mobile number. After initial invitation, a reminder message was sent after one week from the first invitation. A semi-structured questionnaire was developed after review of the literature on the concept of patient satisfaction (1,12,17,18,22-24). The questionnaire contained 20 items divided into three sections. Questions in the first section collected information about patients' age, gender, nationality, educational level, monthly income, and health insurance. The second section collected information about the patients' satisfaction with the private health facilities. This section covered four dimensions which include: accessibility to the private health facility (two items), health facility (three items), waiting time (two items) and health care staff (five items). An additional two questions assessed overall satisfaction and likelihood of recommending the facility to others. The third section included an open-ended question about the reasons for the utilization of a private health facility. The assessment of patients' satisfaction was measured using a five-point Likert scale (strongly agree, agree, neutral, disagree, and strongly disagree), where strongly agree was given a score of 5 and strongly disagree was given a score of 1.

The questionnaire was translated into Arabic by bilingual experts and then back translated to assess the validity. A pilot study was done before starting the data collection to assess the understandability and accuracy of translation. Analyses were carried out using Statistical Package for Social Sciences (SPSS) version 21.0. Frequencies and proportions of responses were calculated. Mean score out of five was calculated along with the standard deviation for each of the satisfaction items. To compare overall satisfaction across various socio-demographic variables, Mann Whitney-U, and Kruskal-Wallis tests were used as the distribution of response variable was skewed. We also conducted ordinal logistic regression to control for confounding of independent variables on each other. A P-value of less than 0.05 was considered statistically significant. Responses in the open-ended questions were coded and then presented as frequency and percentages.

Results

Out of 2,074 individuals invited, a total of 1,220 participants responded to this online survey giving a response rate of 58.8%. Characteristics of the study population are summarized in Table 1. A total of 1,220 patients responded to the questionnaire. Of them 943 (77%) were male. The age category 26 to 45 years comprised 76% of the respondents, whereas only two percent were more than 60 years. The majority of respondents were Saudi (95%). Nearly three quarters (71%) were government employees. Sixty percent of patients had a total monthly income between 5,000 and 15,000 Saudi Riyals. Most of the respondents did not have health insurance (85%).

The type of facilities utilized by respondents included private hospitals 38% (457), polyclinics 29% (357), dental clinics 28% (335) and eye clinics 6% (71). Departments visited and condition for which visit was made are presented in a supplementary table.

Patients' satisfaction with private health facilities

The mean score of the overall patients' satisfaction was 3.08 (± 1.29) out of 5. About 525 of patients were satisfied (43%), 298 were neutral (25%) and 395 were dissatisfied with the private health facility (32%).

Table 2 shows the percentages distribution for each of the items on the patients' satisfaction questionnaire. A large percentage of respondents agreed that the working hours of the health facility were suitable (78%) and that the private health facility is accessible (64%). Less waiting time was reported by 52% of respondents. Fifty-three percent of the patients agreed that the private health facilities provided rapid health care services.

The private health facility staff were found to be respectful by 72% and had excellent communication by 64% of patients. The doctor-patient interaction was good; nearly two thirds of the patients agreed that the doctors ensured that the patients understood the instructions (62%) and the doctors involved the patients in their management plan (55%). About (49%) of the patients would recommend this private health facility to others.

Relationships between the patients' overall satisfaction and socio-demographic characteristics are presented in Table 3. It was found that patients' age, educational level, nationality, occupation, and income significantly predicted patient satisfaction in the private health facility (p -value < 0.05). No statistical relationship was detected between patients' gender, health insurance and satisfaction.

Reasons for visiting private health facilities

The patients were asked to identify their reasons for visiting the private health facility and the responses are shown in Figure 1. The most commonly reported reason for seeking health care in the private health facility was the long time to receive an appointment in governmental hospitals (29%), followed by good and rapid services in the private health facility (19%).

Table 1: Socio-demographic characteristics of the study population, Qassim, KSA 2019.

Characteristics	Frequency n(%)
Sex	
Male	943 (77.3)
Female	277 (22.7)
Age group (years)	
18-25	81 (6.6)
26-35	464 (38.0)
36-45	460 (37.7)
46-55	158 (13.0)
56-60	34 (2.8)
> 60	23 (1.9)
Nationality	
Saudi	1163 (95.3)
Non-Saudi	57 (4.7)
Education	
<Secondary school	20 (1.6)
Secondary school	146 (12.0)
Diploma	320 (26.2)
Bachelor	574 (47.1)
Postgraduate	160 (13.1)
Occupation (n=1218)	
Government employee	862 (70.7)
Private employee	124 (10.2)
Freelancer	62 (5.1)
Student	44 (3.6)
Others	126 (10.3)
Patients' Resident	
Buraydah	581 (47.6)
Unizah	167 (13.7)
Alrass	129 (10.6)
Almudnaib	61 (5.0)
Albukauryaha	61 (5.0)
Aglatalsugoor	59 (4.8)
Albadayha	59 (4.8)
Alasyiah	45 (3.7)
Alnabhaniah	30 (2.5)
Aoun Aljawa	20 (1.6)
Algwarah	8 (0.7)
Total monthly income	
<5000 SR	222 (18.2)
5000-10,000 SR	342 (28.0)
11,000-15,000 SR	394 (32.3)
>15,000 SR	262 (21.5)
Health insurance	
Yes	180 (14.8)
No	1040 (85.2)

Table 2: Patients' satisfaction with private health facilities in Qassim, KSA 2019

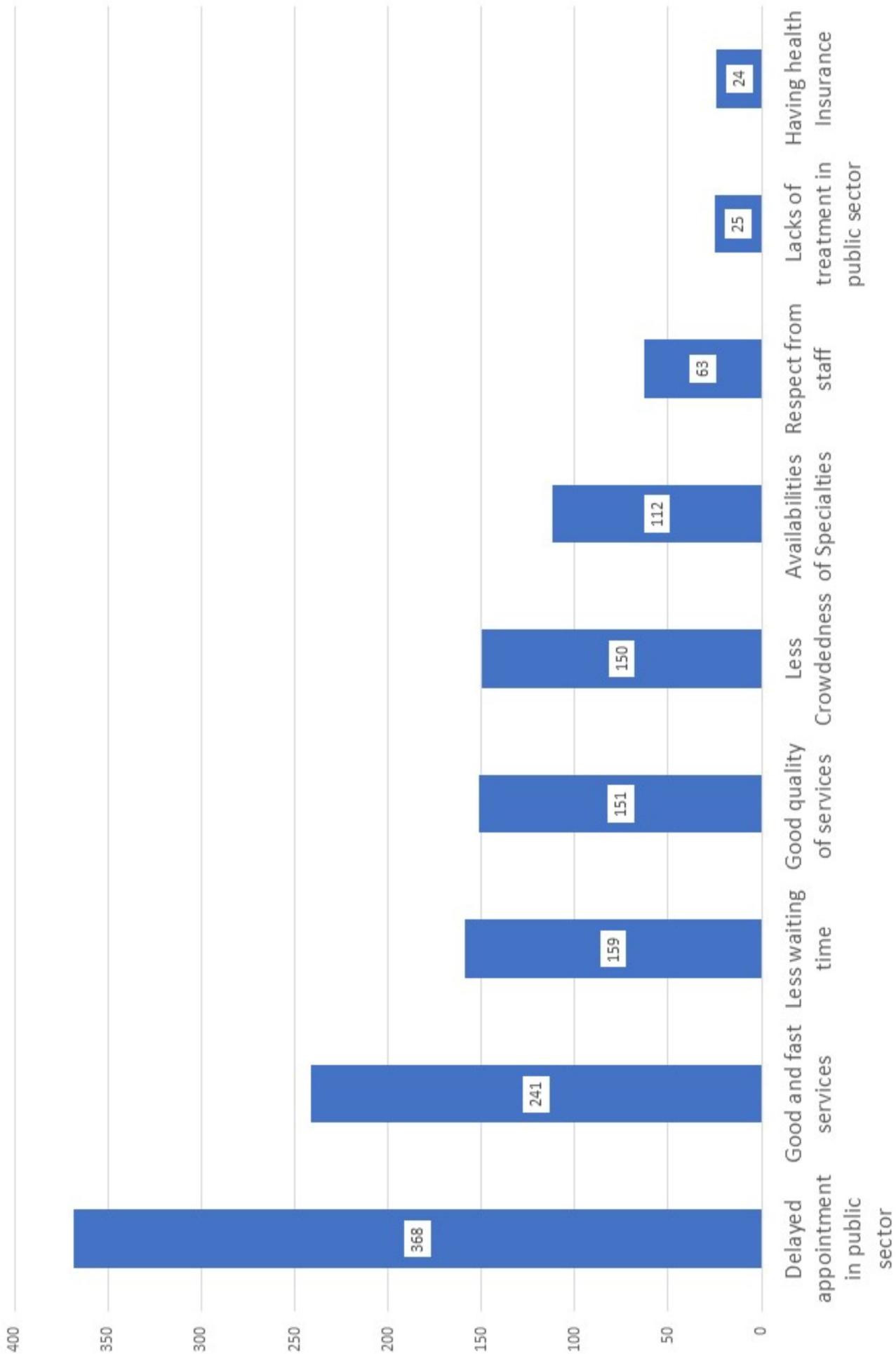
Dimension	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total	Mean (\pm SD)
	5	4	3	2	1		
	n (%)	n (%)	n (%)	n (%)	n (%)	N	
Accessibility:							
Easy accessibility	302 (24.9)	477 (39.3)	79 (6.5)	215 (17.7)	142 (11.7)	1215	3.4 (\pm 1.34)
Suitable working hours	379 (31.4)	563 (46.7)	63 (5.2)	139 (11.5)	62 (5.1)	1206	3.9 (\pm 1.12)
Health Facility:							
I feel comfortable in the waiting room.	248 (20.4)	430 (35.4)	71 (5.8)	307 (25.3)	159 (13.1)	1215	3.2 (\pm 1.57)
Less crowd	177 (14.6)	399 (32.8)	102 (8.4)	334 (27.5)	204 (16.8)	1216	3.0 (\pm 1.36)
Uses the latest technology.	177 (14.6)	373 (30.7)	300 (24.7)	237 (19.5)	128 (10.5)	1215	3.2 (\pm 1.21)
Waiting time:							
Less waiting time.	207 (17.0)	428 (35.2)	89 (7.3)	290 (23.9)	201 (16.5)	1215	3.1 (\pm 1.38)
Facility provides rapid health services.	206 (16.9)	435 (35.7)	114 (9.4)	292(24.0)	170 (14.0)	1217	3.2 (\pm 1.34)
Health providers and staff:							
Give respect and provide help	317 (26.1)	561 (46.1)	90 (7.4)	155(12.7)	94 (7.7)	1217	3.7 (\pm 1.20)
Effective communication between clients and health staff	246 (20.2)	535 (43.9)	123 (10.1)	209 (17.2)	105 (8.6)	1218	3.5 (\pm 1.23)
Doctors make sure that I understand instructions.	235 (19.3)	522(42.9)	101 (8.3)	226 (18.6)	132 (10.9)	1216	3.4 (\pm 1.28)
Facility has professional doctors.	188 (15.5)	378 (31.2)	299 (24.7)	198 (16.4)	148 (12.2)	1211	3.2 (\pm 1.24)
Doctor involve me in management plan	211 (17.4)	458 (37.7)	136 (11.2)	282 (23.3)	127 (10.5)	1214	3.2 (\pm 1.28)
General Satisfaction							
Overall satisfaction	176(14.4)	349(28.6)	298(24.5)	190(15.6)	205(16.8)	1218	3.1 (\pm 1.29)
I will recommend this facility to others	200 (16.5)	397 (32.8)	224 (18.5)	207 (17.1)	182(15.0)	1210	3.2 (\pm 1.31)

Table 3: Patients' demographic characteristics and their association with the overall satisfaction with the private health facilities in Qassim, KSA 2019 (n=1218).

Variables	Total	Satisfied	Neutral	Dissatisfied	p-value*
	n (%)	n (%)	n (%)	n (%)	
Age group (years)					
18-25	80 (6.6)	25 (31.3)	22 (27.5)	33 (41.2)	<0.057
26-35	463 (38)	184 (39.7)	124 (26.8)	155 (33.5)	
36-45	460 (37.8)	215 (46.7)	104 (22.6)	141(30.7)	
46-55	158 (13)	75 (47.5)	34 (21.5)	49 (31)	
56-60	34 (2.8)	13 (38.2)	9 (26.5)	12 (35.3)	
> 60	23 (1.8)	13 (56.5)	5 (21.7)	5 (21.7)	
Gender					
Male	941 (77.3)	405 (43)	230 (24.4)	306 (32.5)	0.911
Female	277(22.7)	120 (43.3)	68 (24.5)	89 (32.1)	
Nationality					
Saudi	1161 (95.3)	486 (41.9)	290 (25)	385 (33.1)	< 0.001
Non-Saudi	57 (4.7)	39 (68.5)	8 (14)	10 (17.5)	
Educational level					
< Secondary school	19 (1.6)	7 (36.8)	4 (21.1)	8 (42.1)	< 0.001
Secondary school	146 (12)	51 (34.9)	28 (19.2)	67 (45.9)	
Diploma	320 (26.2)	159 (49.7)	83 (25.9)	78 (24.4)	
Bachelor	574 (47.1)	228 (39.7)	150 (26.1)	196 (34.2)	
Post-graduation	159 (13.1)	79 (49.7)	33 (20.8)	47 (29.5)	
Occupation					
Governmental employee	862 (70.8)	403 (46.7)	212 (24.6)	247 (28.7)	<0.001
Private employee	124(10.2)	49 (39.6)	22 (17.7)	53 (42.7)	
Free worker	62 (5.1)	23 (37.1)	18 (29)	21 (33.9)	
Student	44 (3.6)	18 (40.9)	8 (18.2)	18 (40.9)	
Others	126 (10.3)	32 (25.4)	38 (30.2)	56 (44.4)	
Total monthly income					
<5000 SR	221 (18.1)	69 (31.2)	53 (24)	99 (44.8)	<0.001
5000-10,000 SR	342 (28.1)	140 (40.9)	91 (26.6)	111 (32.5)	
11,000-15,000 SR	393 (32.3)	180 (45.8)	99 (25.2)	114 (29)	
>15,000 SR	262 (21.5)	136 (51.9)	55 (21)	71 (27.1)	
Health insurance					
Yes	179 (14.7)	85 (47.5)	33 (18.4)	61 (34.1)	0.587
No	1039 (85.3)	440 (42.3)	265 (25.5)	334 (32.1)	

*Mann Whitney-U or Kruskal-Wallis p-value

Figure 1: Reasons identified by patients about utilization of the private health facilities Qassim, KSA (n=1293)



Discussion

This survey was an attempt to assess the level of patients' satisfaction with the various aspects of health care in the private health facilities at Qassim region of Saudi Arabia. Patient satisfaction is a multi-dimensional concept, which is not only influenced by physician-related factors but also aspects of the patient's experience with the health facility.

In this survey, the overall satisfaction of patients with their private health facilities was 43%. This is much lower than reported in a multi-country survey in Eastern Mediterranean Region (EMRO), which reported 100% of the diabetic patients in private sector were satisfied in Saudi Arabia (25). Ministry of Health, KSA has a regular program for examining the patient experience at public sector facilities. In the third quarter of 2019, overall satisfaction in the Qassim region was 71.4% which is much higher than the private sector in our study (12). Our results are comparable to the studies done in Tehran (45%) and Addis Ababa, Ethiopia (47.9%) (26,27), but lower than some earlier studies from Nigeria (83%) and (66.8%) (28,29). On a scale of five the mean overall satisfaction score was 3.1 (± 1.29) in our study which is comparable to a recent study in Riyadh private health care organizations 3.14 (± 1.24) (30). Studies about satisfaction in private health care facilities from Hail and Najran have reported slightly higher satisfaction on a scale of 5 i.e. 3.6 and 3.9 respectively compared to our study (18,20). These differences in the satisfaction scores can be attributed to differences in type of facilities included, tools used for assessment of satisfaction and population characteristics across the studies.

In our study, the highest satisfaction of the respondents was with working hours (3.9/5) followed by attitude of staff (3.7/5). This is different as compared to studies from Hail and Najran regions of Saudi Arabia where staff were rated highest while the convenience (working hours) were least rated among all dimensions (18,20). In our study, satisfaction with staff behavior was about 72% which is comparable to MoH facilities 73.8% (12). However, only 55% in our study participants were satisfied with physicians involving patients in management plan compared to 72% in public sector health facilities. Furthermore, satisfaction with explanation by the doctors was lower in our study 63% compared to 73% - 77% in a public sector hospital (12).

We found that the proportion of satisfied participants was highest in older age groups compared to young age groups. This finding is consistent with a study from Hail (18), while other studies from outside have reported no association of age with satisfaction (31,32). We found that non-Saudis were more satisfied than Saudi participants. This could be due to fact that expectations of expatriates may be lower than locals as most of the expatriates are from other developing countries where quality of health care is poor. Another study from Jeddah, KSA did not find a significant difference in satisfaction levels of Saudis and non-Saudi participants (33). In our study there was no significant difference in the satisfaction of those who are insured and those who are not insured. This finding is

consistent with a study conducted in Riyadh, where no difference in satisfaction was observed with respect to insurance status of participants (30). This indicates that the satisfaction with services lies within therapeutic and non-therapeutic aspects of care delivery.

The main reasons for choosing the private health facilities reported by our study population included; long appointment time in governmental hospitals and good and rapid services in private facility. This finding is different than an earlier study from Riyadh, where the main reasons for selecting private outpatient clinics were cleanliness, location and staff courtesy followed by availability of modern equipment, less waiting time and appropriate working hours (17). Other investigators have reported that good doctors, previous experience and a familiar doctor in the facility were main reasons for selecting a private facility (34,35). This finding of our study could indicate that rating of staff is comparable between public and private hospitals, however working hours and waiting time are more favorable in the private sector. This calls for Ministry of Health to re-design the service delivery in the region in terms of working hours such as extended hour services, evening clinics and improve appointment management systems to reduce waiting times.

This study is one of its kind in the country to assess the satisfaction with and reasons for choosing private health facilities. We included a large representative sample from Qassim region which is indicated by proportionate representation of participants from all districts of Qassim region. However, there are some limitations which need to be considered while interpreting the results of this study. First, data was collected through an online questionnaire which could eliminate patients of older ages who might have very limited access to technology. We assume that this limitation would have minimal effects on validity of our results as age distribution in our sample is almost similar to the general population composition. Second, participants in our study were limited to only those who visited emergency or outpatients departments in the private health facility. Thus, the results may not be generalizable to patients using inpatient services at private health facilities. Third, data was collected using self-administered questionnaire, which may affect the validity of the respondents. This, however is a minimal limitation given the high literacy rate in the Kingdom and in our sampled population. Furthermore, a validated translation of questionnaire was used for data collection. Finally, any comparison with other studies should be interpreted cautiously as the type of facilities, disease conditions and nature of disease could vary and affect the patients' satisfaction.

Conclusions

Patients reported reasonable satisfaction with private health facilities in Qassim. The highest satisfaction was with the working hours and the respect and help that they found from the staff. Patients' socio-demographic characteristics like age, nationality, educational status, income and occupation were associated with their overall satisfaction. The long waiting time for appointments in governmental

private health facilities. This calls for redesigning of public health care facilities in terms of working hours and managing appointments. Further studies with a larger sample size and a more representative sample of facilities and patients should be conducted to be able to get more valid and generalizable results of patient satisfaction in private health care facilities in the country.

Abbreviations:

EMRO: Eastern Mediterranean Region Office.

KSA: Kingdom of Saudi Arabia.

MoH: Ministry of Health.

PHC: Primary Health Care.

SPSS: Statistical Package for Social Sciences

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