

## Determinants of Satisfaction Among Primary Health Care Providers and Users in Tirana, Albania

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### SATISFACTION OF HEALTHCARE PROVIDERS AND PROVIDERS WITH DIFFERENT ASPECTS OF PRIMARY HEALTHCARE

In general, the satisfaction of healthcare users and providers working in Primary Health Care (PHC) Services is essential to the quality of services provided by primary healthcare (1-4). Scientific research shows **identifying** the factors that relate to users' and providers' satisfaction and **modifying** these factors could serve as a starting point to boost satisfaction and improve the quality of healthcare services for this level of the healthcare system (1, 5, 6).

### BACKGROUND

Primary healthcare marks the first point of contact between individuals (patients, users, or customers) and the healthcare system (7). According to WHO, renewing and implementing primary healthcare service acts as a foundation stone in achieving a sustainable healthcare service for universal healthcare coverage and achieving the Sustainable Development Goals (SDG) relating to health and healthcare safety (8). Primary healthcare is also critically important in making health systems more flexible to crises, more proactive in detecting early signs of epidemics, and more prepared to act in advance in response to a growing demand for services (8).

For primary healthcare to achieve its goal, it should be that services that are offered here must enjoy high quality. There's an organic link between primary healthcare achieving goal and the quality of care provided on this level (7).

Besides many elements which indicate the quality of care provided by primary healthcare, it seems that patients' and health care providers' satisfaction get along with the relevant factors that determine their satisfaction, and plays a vital role towards the quality of services provided by primary healthcare (1-4).

To shed light on these little-studied aspects in Albania, a study was undertaken in three Primary Health Centres of Tirana Municipality, with the main goal of discovering and providing evidence based in support of appropriate policy and decision-making and interventions for the improvement of primary healthcare in our country.



## METHODS

The analysis shown in this summary is based on data collected by the study conducted in three health centres which were randomly selected among other health centers and speciality health centers in the Municipality of Tirana in November 2020.

More specifically, among all specialty health centers in the Municipality of Tirana, one of them was selected randomly (Speciality Healthcare Centre No. 1); among all health centers in the Municipality of Tirana, one of them was selected randomly (Healthcare Centre No. 8) and among all health centers in rural areas in the Municipality of Tirana, one of them was selected randomly (Farkë Healthcare Centre). In each of the healthcare institutions included in the study, 100 users of these PHC centres were interviewed. On the other hand, the entire providers of the selected centres were invited to participate in the study. In total, the study saw the participation of 305 users of primary health care and 102 primary health care providers.

The average age of primary healthcare users involved in the study was 53.3 years, of which 56.4% were women and 47.2% suffered from at least one chronic disease. The average age of the healthcare providers that agreed to participate in the study was 42 years, of which 93.1% were women. Their average experience in the job was 16.9 years. 65.7% were nurses, 10.8% were specialty doctors, 15.7% were family doctors, and 7.8% were general practitioners.

The data were obtained by applying two standardized instruments that measure the level of satisfaction among healthcare providers with regards to different aspects of their work on this level (Dartmouth-Hitchcock Medical Center instrument) [9] and the level of satisfaction of primary healthcare users with regards to different aspects of this system (EUROPEP instrument) [10], including: doctor-patient relation, medical care, the level of information and support within the primary healthcare services, the follow-up and cooperation on this level, access to the service provided by the primary healthcare, etc.

The providers' questionnaire also included several general socio-demographic questions such as age, gender, place of residence, profession, longevity of professional work in general and especially at the current workplace, and the participation in different scientific and training activities.

## RESULTS

### Findings on the level of satisfaction for users of PHC services

Në vijim paraqiten gjetjet kryesore lidhur me nivelin e kënaqësisë dhe faktorët përcaktues të tij midis përdoruesit e kujdesit shëndetësor parësor:

- The following are the main findings on the level of satisfaction and determining factors among primary healthcare users:



- Almost half of all users (42%-52%) declare that they were very satisfied with all PHC domains under study: the doctor-patient relations, organisation of healthcare services and primary healthcare in general.
- On the other hand, 1-2 patients out of 10 (10.8%-16.8%) are unsatisfied or very unsatisfied with different aspects of primary healthcare.
- Men were more satisfied than women with each domain of primary healthcare (the doctor-patient relations, organisation of healthcare services and primary healthcare in general), although the differences were small (around 5-6% percentage points) in favor of men (see figure 1 in the Annex).
- Members from Roma/Egyptian communities were slightly more unsatisfied than members of Albanian ethnicity with doctor-patient relations (40% vs 50.7%), organisation of healthcare services (33.3% vs 51.2%) and with the primary healthcare services in general (30.0% vs 50.9%) (See fig. 1 in the Annex).
- Generally, married people were more satisfied with the services provided by primary healthcare as opposed to unmarried ones (See figure 1 in the Annex).
- Correlation with education is not linear. In general, less retired people and unemployed were more satisfied with all three domains under examination as opposed to the respective percentage of employed people (See figure 1 in the Annex).
- There's a strong decline in the percentage of people who are satisfied with all three domains of the study as their financial situation and state of health deteriorates. For instance, 56.7% of users whose financial status is good or very good are happy with primary healthcare in general, but only 51.1% of those on average incomes and only 20% of those in a bad financial situation have confirmed this (See figure 1 in the Annex).
- The percentage of those who are satisfied is lower among users who are affected by chronic diseases compared to those who didn't declare the presence of a chronic disease; an increase in the number of chronic diseases was associated with a decline of satisfaction (with doctor-patient relation, organization of health care services, and the services received in the primary healthcare in general (See figure 2 in the Annex).
- The unfavorable financial situation and health conditions, as well as the growing number of chronic diseases significantly increase the likelihood of users being unsatisfied with the primary healthcare by 3.53, 5.48 and 3.02 ( $P < 0.05$ ).
- Also, women and users belonging to the Roma community are more likely to be unsatisfied with the services provided by the primary healthcare service.

### FINDINGS ON THE LEVEL OF SATISFACTION FOR PHC PROVIDERS

The following are the main findings on the level of satisfaction and determining factors among primary healthcare workers:

- The most satisfying aspects of work among primary healthcare providers were: respect shown by their colleagues (78.2%), providers' morale and their positive approach toward work (73.2%), the fact that it was easy to ask others on the way providers how to care for the patient (71%), notification of good work done by providers' from colleagues and/or supervisors (61.9%), whereas, as far as other aspects are concerned, around half of the providers declare they were satisfied or very satisfied (See fig. 3 in the Annex).
- A high percentage of providers (61%) are unsatisfied with the current salary, stress at work (38%) and physical and medical infrastructure at the primary healthcare service (27%).
- Providers in rural health centres are more satisfied (88.9% satisfied) than providers in urban health centres (around 44% more satisfied) (See figure 4 in the Annex).
- Nurses and family providers seem to be the most satisfied providers within the primary healthcare service (57.6% and 42.9%), while general practitioners and specialty doctors are the most unsatisfied (87.5% and 70%). (See figure 4 in the Annex).
- Over two-thirds of the providers declared that the improvement of infrastructure within the primary healthcare service is the main element that could improve the healthcare service.

- The improvement of infrastructure in health centres and medical equipment is considered an intervention that would improve healthcare quality. This was confirmed by around 69% of the primary healthcare providers who were part of the study (See figure 5 in the Annex).

## RECOMMENDATIONS

### Recommendations related to primary healthcare users

- The assessment of the patients' satisfaction must become a regular part of quality assessment within primary healthcare and must be taken into consideration to guide the interventions made to improve the quality of care within primary healthcare.
- Factors that impact the dissatisfaction of users with different aspects of the primary healthcare service must also be addressed.
- Special attention should be given to users of primary healthcare services who are disadvantaged in terms of their health, financial situation, and ethnicity given that in these groups, the tendency to be unsatisfied with primary healthcare is significantly higher. This means providers should be trained to identify these primary healthcare users and offer them empathic and adequate treatment.

### Recommendations related to primary healthcare providers

- Primary healthcare service must be strengthened by addressing the main factors that make primary healthcare providers unsatisfied, such as salary increases for healthcare professionals, the improvement of clinical equipment available, the

improvement of infrastructure of health centers, reducing stress at work, providing more autonomy in clinical decision-making, recognizing achievement at work, etc.

- Inequalities relating to the satisfaction obtained by different primary healthcare providers groups must be addressed; this means identifying factors that increase the level of dissatisfaction among providers in big urban areas, young providers, addressing gender aspects, specialty doctors, and general practitioners and addressing these issues accordingly.
- One of the inequalities identified during our study is the high level of dissatisfaction among Roma/Egyptian users with the elements of the primary healthcare service compared to users belonging to the predominant ethnic group in the country. Addressing these inequalities is an urgent matter and necessary for primary healthcare to turn into a more equitable system. The most appropriate ways to address these inequalities include training healthcare providers about communication skills, using healthcare intermediaries, or developing services at home.
- The strengthening of referral rules by the primary health care system toward higher levels of health care provision reduce flow of users when the referral system is avoided, but this is not possible without improving healthcare quality. Therefore it's crucial to associate the strengthening of the rules of referrals with the improvement of the quality of services within the primary healthcare system (by addressing issues relating to patients and providers) for the primary healthcare service's function not to be a simple "obligation", but an organic response towards an improved satisfaction in this system..



ANEX

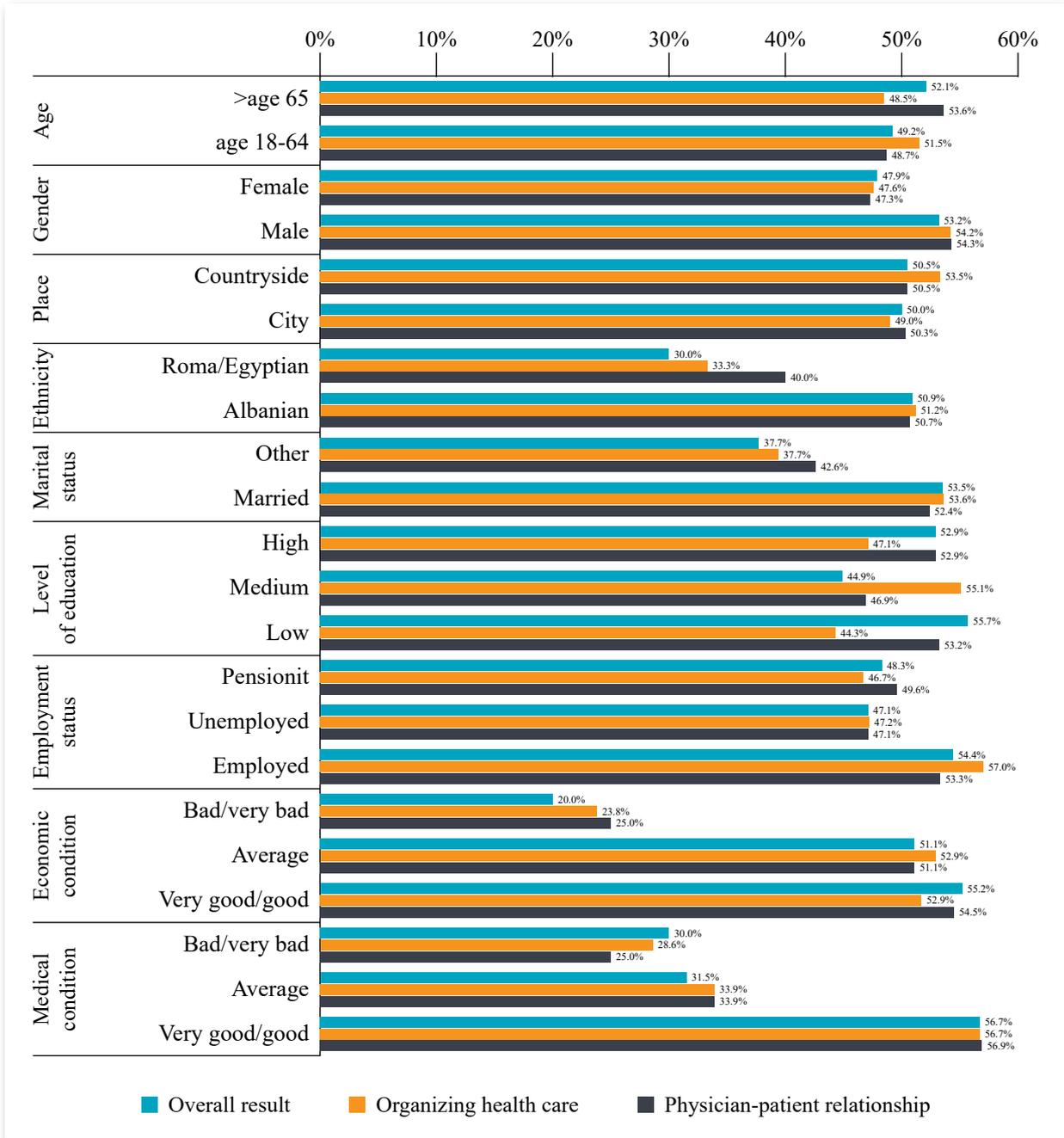
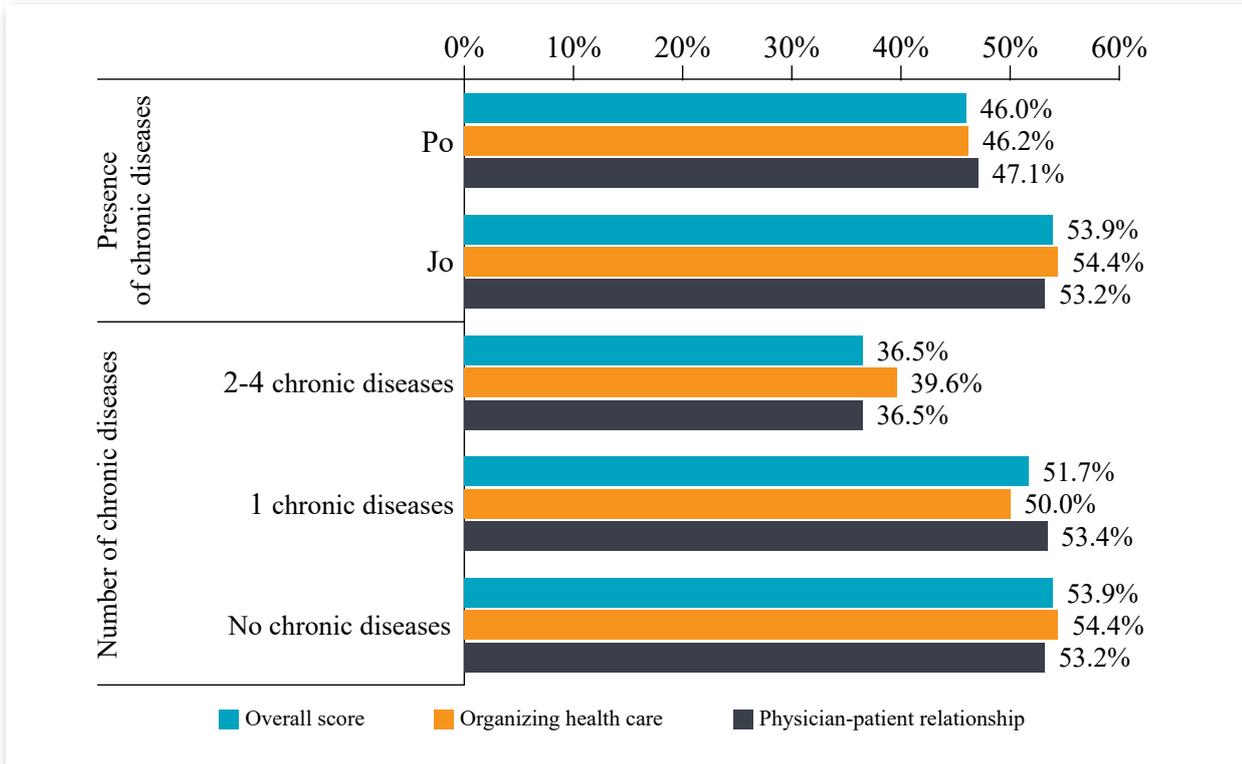
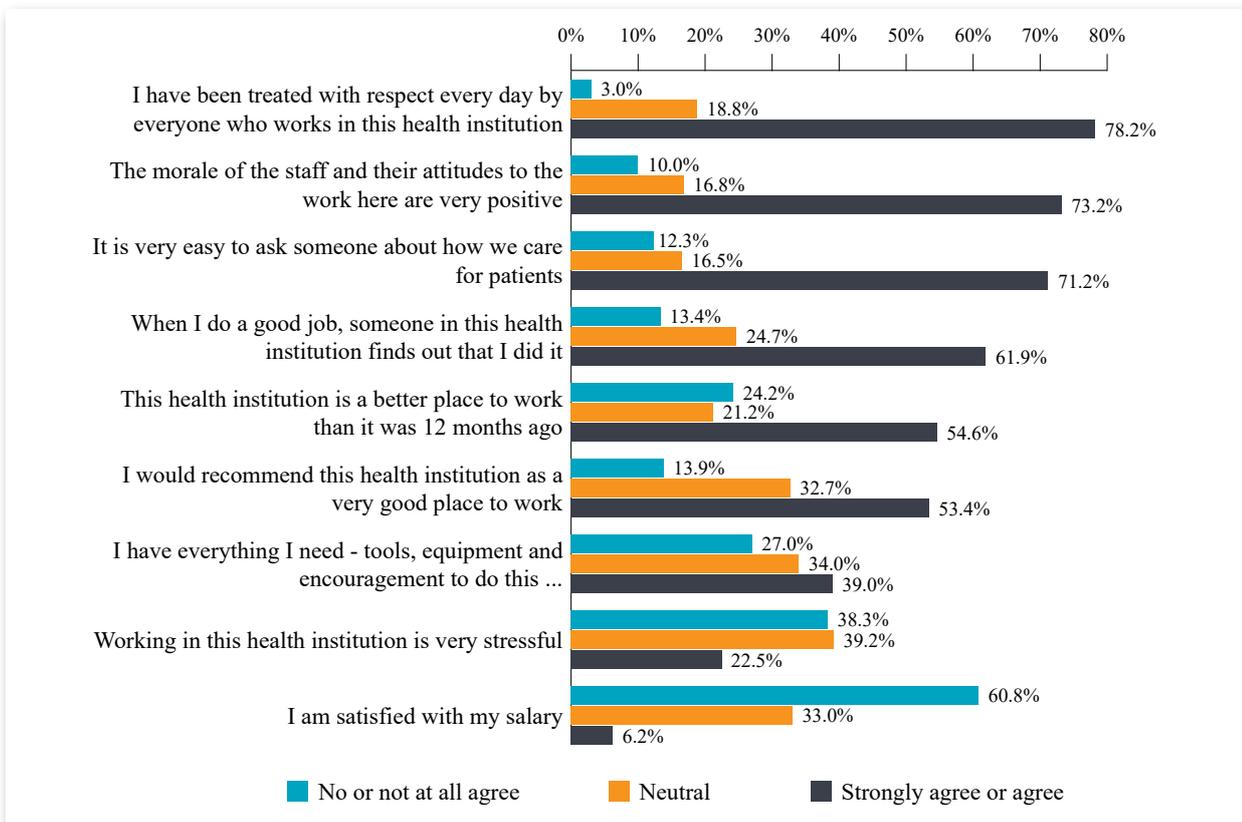


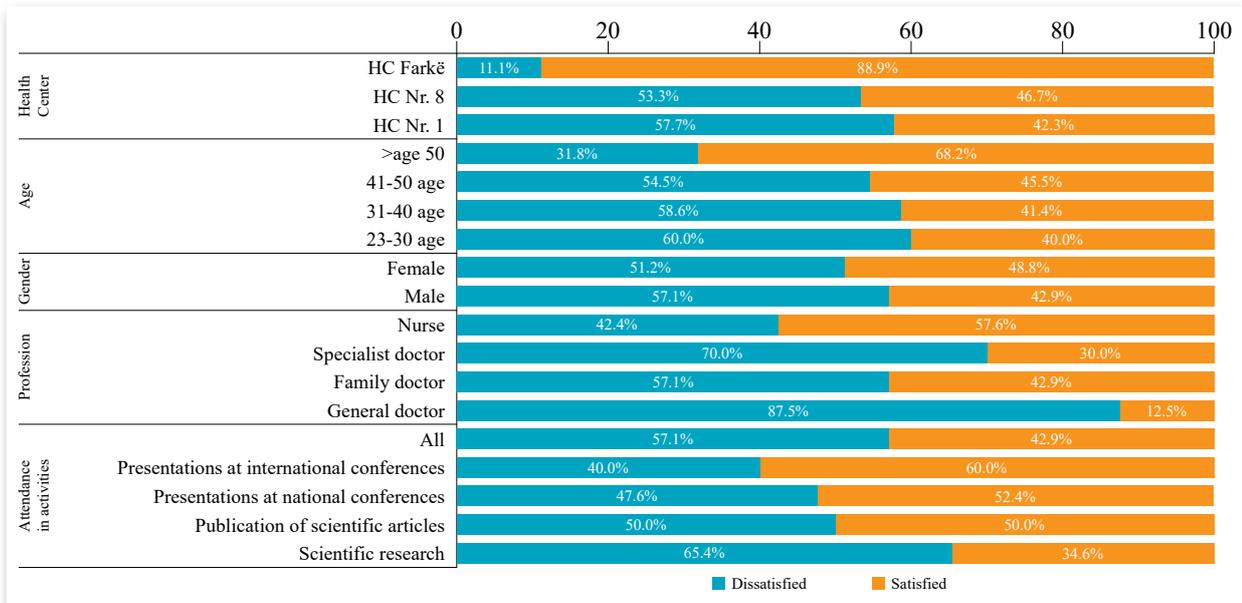
Figure 1. % of satisfied respondents with domains of PHC, according to socio-demographic characteristics (“result under the median”)



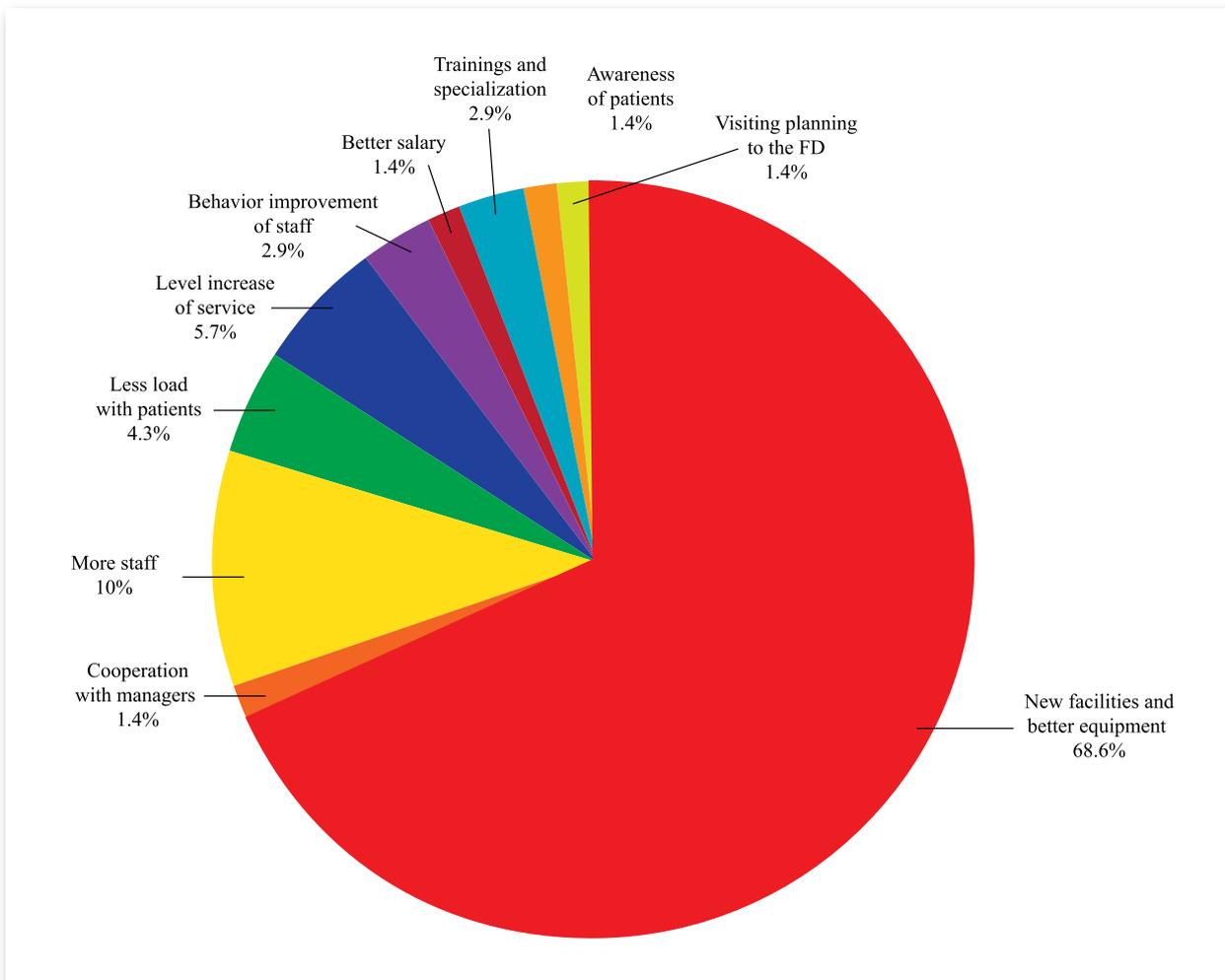
**Figure 2. % of satisfied respondents with domains of PHC, according to the presence and number of chronic diseases (“result under the median”)**



**Figure 3. PHC providers’ satisfaction related to elements of their work environment**



**Figure 4. PHC providers’ satisfaction related to elements of their work environment and their socio-demographic characteristics**



**Figure 5. Opinions of PHC providers regarding the type of change that would make the institution a better place for patients**

## REFERENCES

1. Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the quality chasm: a new health system for the 21st century. Washington (DC): National Academies Press (US). 2010. Available in: [https://www.ncbi.nlm.nih.gov/books/NBK222274/pdf/Bookshelf\\_NBK222274.pdf](https://www.ncbi.nlm.nih.gov/books/NBK222274/pdf/Bookshelf_NBK222274.pdf). Last access: April 2021.
2. Prakash B. Patient satisfaction. *J Cutan Aesthet Surg*, 2010; 3(3):151-5.
3. Patel I, Chapman T, Camacho F, Shrestha S, Chang J, Balkrishnan R, Feldman SR. Satisfied patients and pediatricians: a cross-sectional analysis. *Patient Relat Outcome Meas*, 2018; 9:299-307.
4. Goetz K, Campbell S, Broge B, Brodowski M, Steinhäuser J, Wensing M, Szecsenyi J. Job satisfaction of practice assistants in general practice in Germany: an observational study. *Fam Pract*, 2013; 30(4):411-7.
5. DeVoe J, Fryer GE Jr, Straub A, McCann J, Fairbrother G. Congruent satisfaction: is there geographic correlation between patient and physician satisfaction? *Med Care*, 2007; 45(1):88-94.
6. World Health Organization. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank. Licence: CC BY-NC-SA 3.0 IGO. 2018.
7. World Health Organization. Quality in primary health care. Technical series on primary health care. 2018. Available in: <https://www.who.int/docs/default-source/primary-health-care-conference/quality.pdf>. Last access: April 2021.
8. World Health Organization. Primary health care. Primary health care. 2021. Available in: <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>. Last access: April 2021.
9. Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Healthcare Improvement. Assessing, Diagnosing and Treating Your Outpatient Primary Care Practice (page 12). Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005. Available in: [https://clinicalmicrosystem.org/uploads/documents/2.5.21\\_PDF\\_outpatient-primary-care\\_-workbook.pdf](https://clinicalmicrosystem.org/uploads/documents/2.5.21_PDF_outpatient-primary-care_-workbook.pdf). Last access: April 2021.
10. Wensing M, Baker R, Vedsted P, Heje H, Klingenberg A, Broge B, Kersnik J, Seuntjens L, Künzi B, Milano M, Mola E, Elwyn G, Grol R. Europep 2006. Revised Europep instrument and user manual. 2006. Available in: <https://www.yumpu.com/en/document/view/20032561/europep-2006-topas-europe>. Last access: April.

### Disclaimer

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