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Original Research Paper

The association between Patient-Centered Care and patient satisfaction among attendants to Al-Gheryani clinic at El Marj city.

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ABSTRACT:
Background: Patient centered care "is an approach of viewing health and illness that affects a person's general well-being and an attempt to empower the patient by expanding his or her role in the patient's health care. **Objectives**: To identify components of Patient-Centered Care (PCC) applied at primary care clinic and its effect on attendant's satisfaction. **Methods**: A survey was conducted at Al Gheryani clinics at Almarj city. **Results**: a proportion of 95.7 % of respondents agreed that physicians express respect to patients. While, 52.6% of respondents thought that physicians were involved of patients' family and friends in management plan. The satisfaction rate of participants about elements of PCC was as high as 78.3%. **Conclusion**: This study revealed that elements of PCC such as, emotional support and alleviation of fear and anxiety, respect of patient, continuity and transition and access to care are significant component of patient satisfaction. Recommendations: Health care organizations must have supported a strategic, long-term approach to improving patient-centered care.

Keywords: Patient-Centered Care, patient satisfaction, El Marj city

INTRODUCTION:

Patient centered care (PCC) is a crucial aspect of healthcare delivery, involving a broad range of actions, interventions, and attitudes aimed at promoting the well-being of patients. It has an increasing interest worldwide, functioning as a guiding rule for interaction of healthcare professionals with patients. Effective patient care goes beyond the mere treatment of diseases and medical conditions; it encompasses addressing the physical, emotional, psychological, and social aspects of patients' well-being. Enhancing health outcomes, improvement of patient satisfaction, and the overall quality of healthcare services can all be achieved by focusing on PCC (1).

Rather than focusing exclusively on the disease, PCC implies individualized patient care based on patient specific information (2). This creates a comprehensive healthcare approach, where the physician tries to see the illness through the patient's perspective, and is responsive to the patient's needs and preferences (3).

PCC approach attempts to empower the patient by expanding his or her role in his own health care. This is generally attained with enhancing the patient's awareness and providing reassurance, support, comfort, acceptance, legitimacy, and confidence as basic components (4).

The Institute of Medicine (IOM) states that PCC as a form of health care that prioritizes good collaboration between care givers and care receivers in this case are patients and or their family (when necessary) that the decision made regarding the treatment is patient's own desire, need, and choice (5).

The concept of patient-centered care includes many subcategories such as patient- centered communication, patient-centered access, patient-centered interview, patient-centered outcome and patient-centered diagnosis. The implementation of patient-centered care has also led to a decrease in the average length of stay, improved patient satisfaction, and efficient and effective treatments, leading to lower costs of care (6).

In PCC, there are several factors that have been identified as the key to satisfaction. They are preference of patients, coordination of care, the physical comfort of patients, emotional support, family and friends,

continuity and transition, information and education, and access to health care (7).

PCC includes eight principles; respect for patients' values, preferences, and expressed needs, coordination and integration of care, information and education, physical comfort, emotional support and alleviation of fear and anxiety, involvement of family and friends, continuity and transition, access to care (8).

To operationalize the PCC in an effective manner, health care facilities must aim to facilitate its components through education, shared knowledge, integrated and team management and free flow and providing access to valued information. This highlights the need for major changes in our healthcare system by addressing or integrating key dogmatic issues such as rising healthcare costs, medical liability, disparity in care and access to care (5).

Aim of the Study:

To identify component of PCC applied at PHC clinic and its effect on attendant's satisfaction

Subjects and Methods:

Study area and period: The study was conducted at AlGheryani clinic at Almarj city. This clinic is biggest primary health care clinic at Almarj city. The data collection period was from May to July 2024.

Study design: descriptive survey.

Study Population: persons attending Al Gheryani clinic.

Sample size: Sample size was calculated using EPI INFO VERSION 7 software. Sample size calculation was based on effect of PCC on patient satisfaction (9) with a power of 80% and confidence level of 90%, the sample needed for the study was 217 respondents. Totally, 230 respondents were included in this study.

Sampling technique: Total coverage for persons attending clinic during study period.

Tool of the study: Data were collected from respondents by using semi-structured questionnaire. It covered the following **Items**: Socio-demographic characteristics of the respondents: age, education, occupation and items of PCC.

Pilot study: A pilot study was conducted on 20 persons to check for difficulties in the questionnaire that may arise during final data collection. Necessary modifications were applied before final data collection. Those persons were not included in the study.

Ethical consideration: The necessary official permissions from different authorities were obtained before the conduction of the study. Explanation of the aim of the study to respondents was performed. Informed consent to participate in the study was obtained from respondents. Confidentiality of the data was assured.

Statistical Analysis: Data management and analysis was done by using SPSS program, version 23.0. Comparisons categories were performed using χ^2-test or Fisher exact test, accordingly. Mann-Whitney U test was applied to test age differences assuming non normality after testing with Kolmogorov-Smirnov test. For all comparisons, the statistical level of significance was set at $P < 0.05$.

RESULTS:

Table (1): Distribution of respondents by socio-demographic characteristics Almarj, 2024.

Characteristic	Category [Range]	N [Mean ± SD]	%
Age (in categories)	Young	145	63.9
	Middle aged	58	25.6
	Elderly	24	10.6
Age (in years)	[15 – 75]	[40.7 ± 14.5]	
Gender	Male	83	36.6
	Female	144	63.4
Marital status	Married	172	75.8
	Unmarried	55	24.2
Residency	El Marj city	190	83.7
	Periphery	37	16.3
Educational level	Below secondary	63	27.8
	Secondary	39	17.2
	Beyond secondary	125	55.1
Working status	Working	106	46.7
	No specified job	121	53.3

Total	227	100.0

N number of respondents in characteristic category % percentage of respondents in characteristic category out of total study population SD standard deviation.

Table (1) demonstrates the socio-demographic characteristic of respondents. 46.5% of respondents aged 30-50 years old and mean age (± SD) of respondents was 40.4 ± 14.8, while 63% of respondents' Female and about half of participants (54.8%) had university or higher. On the other hand, 23.5% of participants were housewives and 74.8% of participants were married.

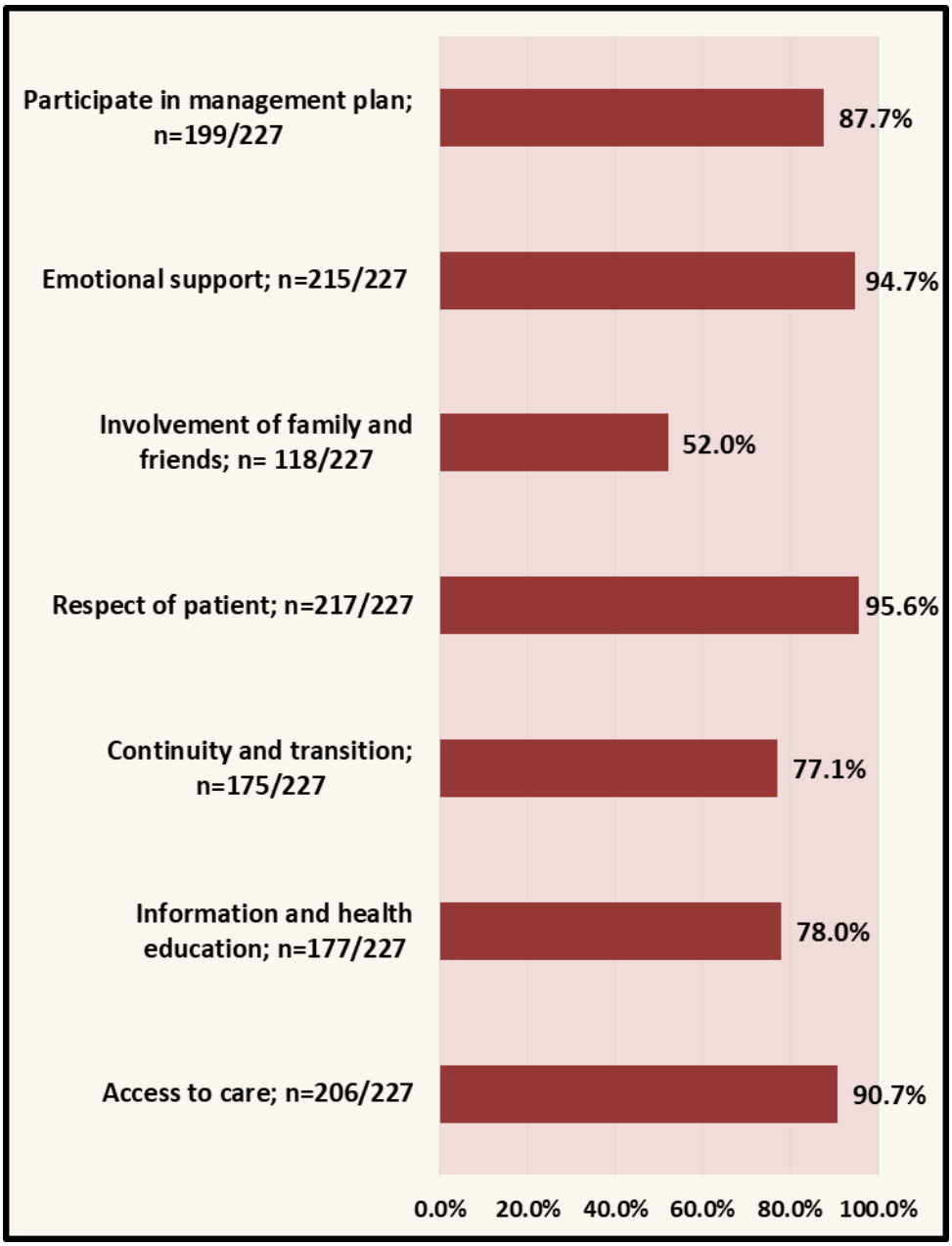

Figure (1): Rates of positive feedback respondents regarding elements of patient centered care Almarj, 2024
n number of positive feedback respondents / total study population

Figure (1) shows that elements of patient centered care, 95.7 %of respondents revealed that physicians respect to the patient. On the other hand, 52.6% of respondents revealed that physicians were involved of patients' family and friends in management plan.

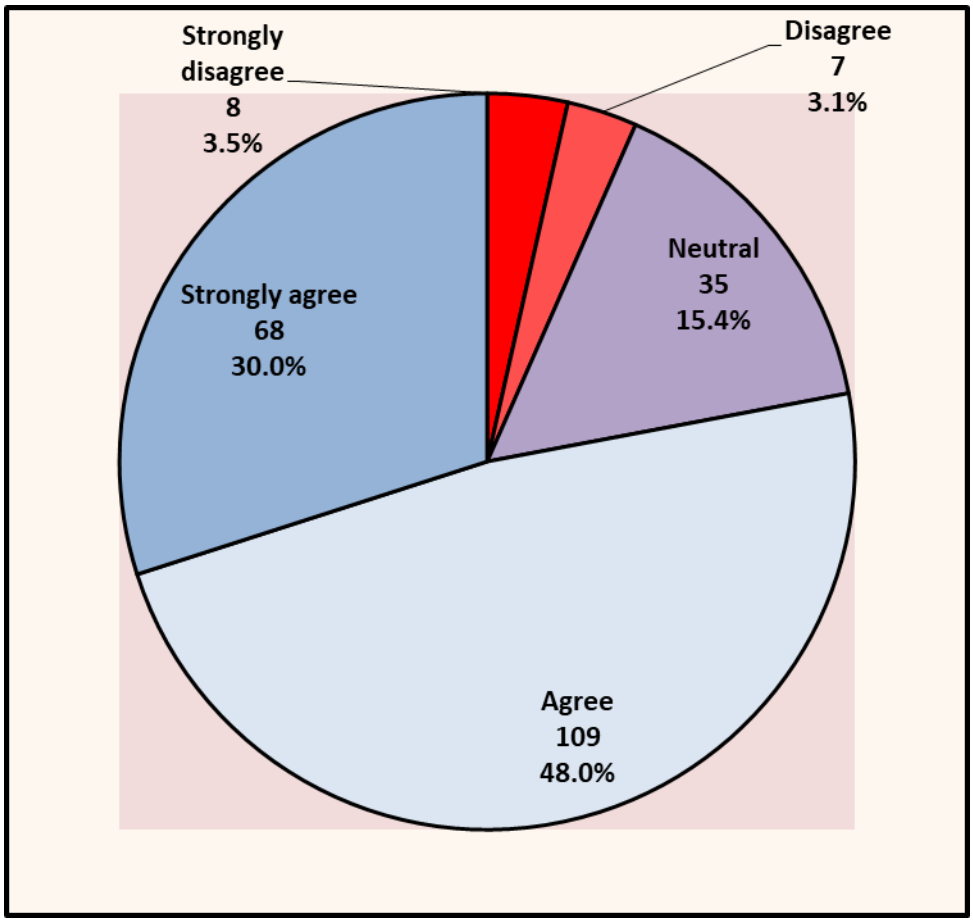

Figure (2): Distribution of study population (total respondents) according to satisfaction responses; Almarj, 2024

Table (2): Distribution of satisfaction negative respondents according to PCC elements feedback status; Almarj, 2024

PCC Principle	Negative satisfaction response rate according to category of PCC element feedback				*P*
	Category: Reported yes		Category: Declined		
	n/N	%	n/N	%	
Participation of patient	12/199	6.0%	3/28	10.7%	0.407*
Emotional support	11/215	5.1%	4/12	33.3%	0.005*†
Family & Friends involvement	7/118	5.9%	8/109	7.3%	0.670
Patient respect	12/217	5.5%	3/10	30.0%	0.021*†
Continuity & transition	7/175	4.0%	8/52	15.4%	0.008*†
Information & Education	10/177	5.6%	5/50	10.0%	0.331*
Access to care	10/206	4.9%	5/21	23.8%	0.007*†

PCC Patient centered care, n number of satisfaction negative responders among category, SD Standard deviation, N number of category of reported PCC principle feedback status, % percentage of satisfaction negative responders among

category of reported PCC principle feedback status *Fisher exact test used †Statistically significant difference at level of confidence of 95%

Table 2 reveals that 80.7 % of respondents were satisfied about doctors regarding emotional support and alleviation of fear and anxiety roles to patients with significant difference. On the other hand, 79.5% of respondents were satisfied about Respect of doctors to patient with significant difference. On contrary 81.5%of respondents were satisfied about continuity of care to patient with significant difference. 81.3%of respondents were satisfied about Access to care to patient with significant difference.

Table (3): Distribution of respondents by socio-demographic characteristics and satisfaction Almarj, 2024.

Characteristic	Category [Mean ± SD / Median for neutral or positive satisfaction response]	Negative satisfaction response		*P* value
		n/ N [Mean ± SD / Median for neutral or positive satisfaction response]	%	
Age (categories)	Young	7/145	4.8	0.151
	Middle aged	7/58	12.1	
	Elderly	1/24	4.2	
Age (in years)	40.26 ± 14.49/ 37.00	47.60 ± 13.24/ 50.0	-	0.047‡†
Gender	Male	6/83	7.2	0.775
	Female	9/144	6.2	
Marital status	Married	9/172	5.2	0.207*
	Unmarried	6/55	10.9	
Residency	El Marj city	13/190	6.8	1.000*
	Periphery	2/37	5.4	
Educational level	Below secondary	6/63	9.5	0.157
	Secondary	0/39	0.0	
	Beyond secondary	9/125	7.2	
Working status	Working	7/106	6.6	0.998
	No specified job	8/121	6.6	
Total study population		15/227	100.0	-

PCC Patient centered care, n number of satisfaction negative responders among category, SD Standard deviation, N number of category of respondents' characteristic, % percentage of satisfaction negative responders among category of respondents' characteristic *Fisher exact test used ‡ Mann-Whitney U test †Statistically significant difference at level of confidence of 95%

Table (3) shows socio-demographic characteristics of studied respondents and satisfaction about medical care in Al Gheryani clinic. 53.3% of not satisfied respondents aged 50-70 years. While 43.3% of satisfied respondents aged 30-49 with significant difference.

Regarding sex and education were insignificant difference. 26.7% of not satisfied respondents were students. 26.7% of not satisfied respondents were professional. While 25.6% of satisfied respondents were housewives with significant difference. Regarding Marital status, 60.0% of not satisfied respondents were married. On the other hand, 74.4% of satisfied respondents were married with significant difference.

DISCUSSION:

Our findings support the importance of an organization-wide approach for successfully advancing patient-centered care.

Although most of PCC in the primary care practices included in this study was sufficient as mentioned from participants there is need for improvement some dimensions in particular: family and friends, and continuity and transition of health care and health education.

Other studies found a moderate level of satisfaction among patients regarding various aspects of PHC including access to care, the nature of the professional care offered, and the length of consultations. (10)

Our study displayed that most of respondent reported satisfaction about physician respect to patient.

Communication between the physician and patient is a significant component of patient satisfaction and two studies examined the impact of the patient-physician communication on the delivery of care at PHC (11, 12).

Another study found a low level of patients' satisfaction with the physicians' empathy (12). The other study observed that good patient-physician communication improved the patients' satisfaction at PHC (11).

Our study revealed that about half of respondents mention that Involvement of family and friends in management plan. Furthermore, previous studies have shown that two-thirds of care providers endorse barriers to the participation of family and friends in patients' care processes; they are concerned about privacy rules, they experience the involvement of family and friends as burdensome, and/or they are uncertain about their skills for such involvement (13). This study demonstrated that the dimensions of PCC and co-creation of care are important for patient satisfaction.

Zulkarnain et al., 2020 revealed that effect of PCC application on patient satisfaction with significant difference (11).

Kuipers et al.2019 revealed that PCC is associated positively with satisfaction (7).

Our study revealed that marital status is an important determent of patient satisfaction. While Thornton et al. 2017 revealed that educational level was associated with patient satisfaction (14).

Patient satisfaction has been widely used to measure the quality of healthcare services.

Our study revealed that most of participants experiences and satisfy with emotional support and alleviation of fear and anxiety from their care providers.

On contrary Kuipers et al. revealed that about half of the patients surveyed did not experience sufficient levels of emotional support from their care providers (7). Kenning and colleagues revealed a discrepancy between the expectations and experiences of patients with multi-morbidity and their care providers in the primary care setting (15).

CONCLUSION:

Most of PCC in the primary care practices included in this study was sufficient as mentioned from participants with need for improvement of some dimensions in particular; family and friends; and continuity and transition of health care and health education. The application. This study revealed that application PCC attributed to patient satisfaction. Elements of PCC such as, Emotional support and alleviation of fear and anxiety, respect of patient, continuity and transition and access to care are significant factors of patient satisfaction.

Recommendation:

Of importance, incorporation of PCC into the local primary health care and health care organization is mandatory. Health care organizations must have supported a strategic, long-term approach to improve PCC such as engaging patients, families and carers as partners, building staff capacity and a supportive work environment for implantation of PCC. More expanded researches intending improvement of PCC are needed.

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