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Research Article

Assessment of satisfaction level among indoor clients of first referral units, district Jabalpur, Madhya Pradesh, India

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ABSTRACT

Background: Indoor client satisfaction is a landmark parameter to assess the functioning of the First Referral Unit, being established by the Govt. of India, under Child Survival and Safe Motherhood (CSSM) programme in year 1992. At present, under the flagship of National health mission (NHM), CSSM is expected to reduce the burden of high maternal mortality in India and scope of further reduction from current levels to ensure a safe motherhood and subsequently childhood to achieve the goal of "Health for All". Regarding this context, some of the Primary and majority of Community Health Centers were upgraded to First Referral Units (FRUs) which were specifically equipped to handle emergency obstetric cases. Intensified efforts are being continued to strengthen these FRUs under national health mission program extensively by addressing the needs of the patient's especially indoor patients attending FRUs.
Methods: Patients/clients availing indoor services; sample of 60 clients was chosen for questionnaire. Questions were asked to them to assess level of satisfaction regarding availing various indoor services and their responses were graded as poor-1, fair-2 and good-3.
Results: Assessment of the functioning of the FRUs have indicated that overall satisfaction level among indoor clients is approximately 50%, which can be improved further by improving delivery of services.
Conclusions: We conclude that in order to run FRU smoothly, priority should be given to health care needs of the clients.

Keywords: First referral unit, Maternal mortality, Health for all

INTRODUCTION

Women in the reproductive age group (15-44 years) form a substantial proportion (46.5 %) of population of India and their health is exposed to varying degrees of disability related to pregnancy and delivery.[1] Poor health status of women and children in terms of high mortality and morbidity has been a major concern and priority for the health planners/administrators in India.

If some of the complications of pregnancy such as anaemia, haemorrhage, obstructed labour and sepsis are detected early and managed appropriately, maternal morbidity and mortality can be reduced substantially. But PHCs are not in a situation to provide complete obstetric care to the clients due to limited facilities and expertise available. Hence, some of the health facilities have been identified by the Government of India as First Referral Units (FRUs).

Maternal mortality, which is one of the important indicators of health status of women, is of a magnitude of around 450/1,00,000 live births in developing countries. There are more maternal deaths in India in one day than there are in all the industrialized countries in a month.[2]

Therefore, in context of high maternal mortality rates in developing countries, WHO recommended the establishment of the institutions at the first referral level which could be a District Hospital/ Sub- District Hospital or health centre where a women at high risk is referred for emergency obstetric care which could be lifesaving.[2]

Government of India launched Child Survival and Safe Motherhood program in year 1992. Establishment of FRUs to provide emergency obstetric care in a phased manner was one of the essential interventions under this program.

Though 1748 FRUs have been established in India, there are not many detailed evaluation studies on their functioning. Information available from certain survey reports have however shown that most of these FRUs are not functioning well and are not able to play the role expected by them.[3,4]

Hence, it is necessary to identify the strengths and weaknesses of these institutions in terms of client satisfaction.

METHODS

Study design

It was a descriptive study.

Study area

The study on functioning of FRU related with maternity services has been conducted at the FRU located at Lady Elgin Hospital, Jabalpur district, (M.P.)

The selection was mainly based on the following considerations:

1. The FRU should be one at the district level.
2. After its recognition as a FRU, it must have been functional for sufficiently long period i.e. about 2 years or more.
3. In addition, since the study is focused more on maternal health care, quantum of maternal health services performed at the FRU is considered.

Time period

1st May, 2008 to 31st July, 2008

The study population

Comprised of patients/ clients admitted in wards in the FRU to avail services related to the maternal health and child birth.

Total sample size

Total number of samples: 60

How sample size was calculated

Considering 10 % of the average monthly indoor clients admission, which is approximately 200 clients per month; 20 clients x 3 months = 60.

Hence, patients/clients availing indoor services: sample of 60 clients was chosen for questionnaire. These clients were interviewed regarding accessibility of the FRU, utilization of services provided by the FRU in the past, details of utilization of services during the current visit, problems faced by them while availing the services, satisfaction from services provided, reasons for satisfaction, their opinion regarding facilities needed and their suggestions regarding improvement in the services provided by the FRU.

For selection of these clients, maternity wards were visited on every 2nd day and exit interviews were taken.

Questions were asked to them to assess level of satisfaction regarding availing various indoor services and their responses were graded as poor-1, fair-2 and good-3.

The data collected by the interviews were compiled, tabulated and analysed.

RESULTS

The total number of patients enrolled in the study was 60. Age distribution is given in Table 1.

Table 1: Age wise distribution of clients availing indoor services.

Age (yrs.)	Frequency	Percentage (%)
20-24	26	43.3
25-29	28	46.7
30-34	4	6.7
35-39	2	3.3
Total	60	100.0

It is evident from the table that 90% of the clients availing indoor services belong to 20-29 year age group. This is the most active phase of reproductive life of women.

7% of them belong to 30-34 years of age group, while 3% of the clients belong to 35-39 year age group.

Table 2: Place wise distribution of clients availing indoor services.

Locality	Frequency	Percentage (%)
Rural	26	43.3
Semi-urban	27	45.0
Urban	7	11.7
Total	60	100.0

It is clear from the table that approximately 90% of the clients availing indoor services belong to rural and semi-urban areas, while only 10% of the clients availing indoor services belong to urban areas.

Table 3: Caste wise distribution of clients availing indoor services.

Caste	Frequency	Percentage (%)
General	6	10.0
OBC	48	80.0
SC	6	10.0
Total	60	100.0

It is evident from the above observation that 80% of the clients availing indoor services belong to other backward class, 10% of the clients belong to general category and 10% of the clients belong to Schedule caste.

Table 4: Distribution of clients according to education.

Education	Frequency	Percentage (%)
Literate	19	31.6
Primary school	23	38.3
Middle school	8	13.3
High school	3	5.0
Higher secondary	2	3.0
Graduate	5	8.3
Post Graduate	0	0
Total	60	100

It is evident from the table that approximately 32% of the clients availing indoor services at the FRU are illiterate, while only 8% of the clients were graduates.

It is evident from the above table that there is relationship between level of satisfaction and education of the clients, which is statistically significant (i.e. $p < .05$). This implies that illiterate clients are much more satisfied with the services provided in the FRU than the higher educated clients.

It is evident from the table that approximately 47% of the clients availing various services in the FRU are house wife, remaining 53% clients are unskilled and semi-skilled labourers.

It is evident from the table that approximately 53% of the clients availing indoor services at the FRU are residing within 20kilometers range from the FRU.

Table 5: Relationship between satisfaction and education of clients.

Education wife	Satisfaction			
	Poor	Fair	Good	Total
Illiterate	4	2	13	19
Primary	5	8	10	23
Middle	2	4	2	8
High School	1	2	0	3
Higher sec	0	1	1	2
Grad	1	1	3	5
PG	0	0	0	0
Total	13	18	29	60

Chi square value=4.49; p value= 0.03

Table 6: Distribution of clients according to occupation of clients.

Occupation of clients	Frequency	Percentage (%)
Unskilled	26	43.3
Semi-skilled	6	10.0
House-wife	28	46.7
Total	60	100.0

Table 7: Distance wise distribution of clients availing indoor services.

Distance (In Kms)	Frequency	Percentage (%)
<20	32	53.3
>20	28	46.7
Total	60	100.0

Table 8: Relationship between satisfaction among clients regarding indoor services and distance of residence of clients.

Distance (in kms)	Satisfaction		
	No	Yes	Total
<20	12	20	32
>20	19	9	28
Total	31	29	60

Chi square value 5.5; p value 0.01

There is a statistical high significant association between level of satisfaction among clients availing indoor services at the FRU and distance of their residence from FRU. It is evident that clients coming from a distance less than 20 km are satisfied than clients coming from a distance more than 20 km.

It is evident from the table that one third of the clients availing indoor services are reaching FRU in less than half an hour time, while remaining two third of the clients

availing services took more than half an hour. 40% of the clients availing indoor services come from rural areas, which obviously took more time to reach the FRU than semi-urban and urban areas.

Table 9: Distribution of clients according to time taken by them to reach FRU.

Time (in hours)	Frequency	Percentage (%)
<0.5	20	33.3
>0.5	40	66.6
Total	60	100.0

P value of less than 0.05 indicates that it is statistically significant, i.e. clients taking less than a half an hour time to reach FRU are more satisfied than clients taking more than half an hour.

Table 10: Relationship between client satisfaction and time taken by them to reach FRU from their residence.

Time (in hrs)	Satisfaction		
	No	Yes	Total
<0.5	5	15	20
>0.5	26	14	40
Total	31	29	60

It is evident from the table that approximately 50% of the clients were fully satisfied with the overall services provided in the FRU.

Table 11: Overall satisfaction among indoor clients of FRU.

Grades of overall satisfaction	Frequency	Percentage (%)
Poor	13	21.7
Fair	18	30
Good	29	48.3
Total	60	100

DISCUSSION

The present study on FRU at Lady Elgin hospital, district Jabalpur was undertaken with the basic purpose of finding out the satisfaction level among indoor clients admitted in the maternity wards related with various services provided to them. Issues were highlighted hindering its full operationalization. The main focus in this regard was laid on maternal health services since FRUs are primarily established to extend referral support to the existing maternity services through provision of emergency obstetric care to the needy.

In order to ascertain the indoor client satisfaction, different dimensions of its functioning were considered in this study including the infrastructural facilities, resource availability and their utilization, role of FRU in providing the referral support to the peripheral health institutions etc. Efforts for delineating various strengths and weaknesses of the selected FRU in terms of these parameters have been made through analysis of the information gathered from multiple sources.

The overall satisfaction of patients with services received from this FRU came out to be 50% which is lesser to the figures reported by Mahapatra et al. in Andhra Pradesh (63%).[5]

A high proportion of patients were dissatisfied with accessibility of the hospital as 26 out of 60 (43%) clients took more than 30 minutes to reach the hospital. This is in concordance with findings from other studies where fewer patients were satisfied with ease of accessing care as exemplified by 56% in Benin City by Ofili and colleagues.[6]

A study conducted by Ariba et al. in 2007 in a Nigerian teaching hospital, found that most of the respondents (38.8%) were displeased with the overall quality and attitude of the health care providers.[7]

CONCLUSION

The results of the study indicate that only half of the respondents interviewed were satisfied with the services they received. Very few similar studies have been done and therefore lacking the data for comparison. Yet, the findings of the survey are quite helpful if they are transformed into actions for improving the quality of health care.

The responses of patients depend upon their socio-economic profile and their perceptions; some may be satisfied with average services, while other may be dissatisfied even with the best. In the present study, most of the respondents belonged to rural and semi-urban areas (88%). So, one should take caution while comparing results from such a survey wherein the outcome is largely associated with the socio-demographic profile of the study population.

Despite efforts to strengthen FRUs to provide specialized services to the needy, few attempts at assessment of the functioning of the FRUs have indicated that these have not become fully operational and overall satisfaction level among indoor clients is approximately 50%, which can be improved further by improving delivery of services.

The fact that some patients expressed dissatisfaction with the services indicates that health care providers need to do more in the drive towards improving service windows in order to improve efficiency, minimize patient reaching times and provide for patient comfort.

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