

Patient Satisfaction with Primary Health Care in Jubail City, Saudi Arabia

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Abstract: Patient satisfaction has long been considered an important component when measuring health outcomes and quality of care. The study population consists of patients who came for services to the primary healthcare center in SWCC compound in Jubail. The sample size is 200 patients selected randomly. Cross-sectional descriptive study, a predesigned questionnaire was used. The study identified that patients are generally fluctuated positively towards the level of general practice care; however some aspects of clinical behavior and organization of care need to be improved.

Key words: Patient • Patient Satisfaction • Primary Health Care

INTRODUCTION

Patient satisfaction has long been considered an important component when measuring health outcomes and quality of care [1, 2].

It is a complex relationship between their perceived needs, expectations from the health services received [3].

So, satisfaction is one of the variables affecting the outcomes of health care and use of services. In order to improve the provision of care, predictors of dissatisfaction must be identified and eliminated [4, 5].

User satisfaction with the health care is a basic component in evaluating health care quality [6].

The importance of the patient's opinion and his perception of treatment and care at health facilities are now recognized in all developed systems of health care [7].

The primary health care approach is a relatively new concept in the kingdom of Saudi Arabia. In 1978, the kingdom of Saudi Arabia adopted the strategy of (Health for all the year 2000).

Primary health care (PHC) can be considered the first contact between the patient and the health care system. It includes all the basic health care services to be provided to the community. Thus, PHC is essential for attaining an acceptable level of health for the public. It is also an integral and critical component of the health care system of any country. Therefore, PHC services should

be accessible and available to the entire population, regardless of their economic or social class and geographical location [8].

It is defined by the world health organization as essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost the community and the country can afford [9].

Patient's satisfaction regarding health care has often been considered as an objective of the health care. It has also been considered as one of the most important measures for evaluating the health care.

It can be defined as judgment made by a recipient of care as whether their expectations for care have been met or not Palmer *et al.* [10]

Investigation of patient satisfaction has been used to meet three main objectives in health care delivery industry [11-13].

First, to determine how and to what extent satisfaction influences patients seeking care in terms of complying with treatment and continuing to use the care.

Second, to use satisfaction as an indicator of the quality of care; and third to help physicians and the health care organizations better understand the patients' point of view and to use this feedback to increase accountability and to improve the services provided.

Thus the Aim of the Study is:

- To assess the patients satisfaction level with different aspects of primary health care services.
- To assess the availability of health education programs.

The Study addressed some of the characteristics of health care delivery that influence patient satisfaction:

Accessibility: Ease with which a facility or location can be reached from other locations or Extent to which a consumer or user can obtain a good or service at the time it is needed.

Continuity: Continuity of care is the process by which the patient and the physician are cooperatively involved in ongoing health care management toward the goal of high quality, cost-effective medical care.

Humaneness: Characterized by kindness, mercy, or compassion: a humane judge. It marked by an emphasis on humanistic values and concerns.

Comprehensive: A system of comprehensive or total patient care that considers the physical, emotional, social, economic and spiritual needs of the person; his or her response to illness and the effect of the illness on the ability to meet self-care needs.

Communication: The researcher means by the communication in this research the patient-doctor relationship. Patient satisfaction increased when members of the healthcare team took the problem seriously, explained information clearly and tried to understand the patient's experience and provided viable options.

Mansour and AlOsimy [14] conducted their study at three Ministry of Health Primary Health Care centers serving the largest population (More than 7000 inhabitants) in Riyadh city. These were:

- Al-Arija Al-Garbi center
- Al-Margab center and
- Al-Nasim Al-Shargy center

The study sample consists of 100 patients chosen systematically from each respective center (Making a total of 300) to measure their satisfaction with the services provided. Every fifth patient was invited to participate in the study. The inclusion criteria included: Saudi

non-Saudi, adult male or female, having a file and been served by the center for a period of at least six months. Participation was voluntary and confidentiality was assured to the respondents.

Data were collected through the interview method. Each subject was interviewed for an average of 20 minutes by the co-investigator (M.H.A.O.) in a separate room, arranged for the study, before seeing the physician. The co-investigator was a Saudi nurse who spoke the native language fluently.

Three hundred patients were interviewed as to their satisfaction with different aspects of Primary Health Care services in Riyadh; namely, accessibility, continuity, humaneness, informativeness, thoroughness and effectiveness.

The results showed that the patients were generally moderately satisfied with the services. They were most satisfied with the effectiveness and humaneness aspects of care and least satisfied with the thoroughness and continuity aspects of care. The patients were specifically not satisfied with the waiting time, posters used in the centers, being followed by the same physician, center calls for missed appointments, health education given by nurses, center guidance signs, physical examination, vital signs, adequacy of staff and equipment and use of examination bed.

Another study conducted in kingdom of Saudi Arabia by Banakharet *al.* [15] a study was carried out in the Al-Balad primary healthcare center in Jeddah city. During the month of April, for one day (11-4-2006).

The study aimed to assess the patient's satisfaction level with the different aspects of primary health care services offered by Al-Balad Jeddah center; determine strategies for improvement as perceived by the patients and to determine the effect of certain independent variables on the patients' satisfaction level.

Their Result Illustrated that:

- The patients' dissatisfaction with number of doctors due to large number of patients serviced by Al-Balad primary health care center.
- All patients generally satisfied with nurses' number, education and nursing services but from asking the patient, the researchers saw that patients were not satisfied from nurses listening skills in Al-Balad primary health care centre.
- The patient are dissatisfaction about level of investigation maybe due to poor machine technology of laboratory investigation in the primary

health care centers as general and not all the investigation method can be done in the primary health care center.

“Determinants of users’ satisfaction with primary health care settings and services “a study conducted in KSA by AL-Qatari and Haran [16] the study was carried out during March and April 1995 in Qateef to identify the component of primary health care that cause most concern to service users and to identify socio-demographic and other factors associated with satisfaction among the users of primary healthcare centers.

The data were collected by the interviews conducted by well-trained interviewers, the questions were measured the extent of satisfaction with settings and services in the primary healthcare centers.

The results of the study showed that out that the waiting area structure, confidentiality measures and environmental structure were the areas that caused most concern to service users. The factors that showed the greater association with satisfaction were the type of the primary health care center building (Purpose-built or rented), literacy status of the household head (Literate or illiterate), the extent of the primary health care center utilization (Regular or infrequent). Surprisingly, age showed no association when other characteristics of respondents were adjusted for and sex was less important than in other studies.

There is a study conducted in the United Arab Emirates by Margolis *et al.* [17] the study aimed to evaluate the suitability of a patient satisfaction questionnaire to survey health care consumers of traditional Arabic background.

A cross-sectional survey using an Arabic language questionnaire that drew upon concepts of patient satisfaction measurement in Western research literature. all participants were interviewed once by experienced interviewers to ascertain their levels of satisfaction with their health care services.

The study was conducted in the waiting room of the two clinics (RIC and RTC). Only Emirati citizens aged 18 years and above, who were registered with the clinic (i.e. lived within the geographic zone the clinic served) and who were themselves visiting the doctor were included, Six domain of patient satisfaction were measured.

The results demonstrated that there are a significantly higher patient satisfaction in the RIC compared with the RTC, which was a strong a priori expectation, suggesting that this satisfaction questionnaire is a useful quality assurance tool in this setting.

In conclusion, this study suggests that patient satisfaction measured by this questionnaire is an effective quality assurance tool in that environment and could be used as such by health administrators in quality assurance programmes. Further studies are needed to understand exactly which aspects of the RIC led to the higher levels of satisfaction.

Also Alhassem *et al.* 2011 [18] conducted a study in Kuwait.

In order to identify factors affecting patient’s satisfaction at primary health care clinics. The study findings showed that there is a significant relationship of patient satisfaction with nationality of the patients and overall health status. Their results showed that non-Kuwaitis, particularly Asian’s, showed lower mean satisfaction score in comparison with Kuwaitis.

As well as the majority (87 percent) of the patients responded that the time for communication between physician and patient was not enough. Seventy-nine-percent of the surveyed patients said they would go to the emergency room of the hospital in future if needed instead of going to the primary care clinic. Regarding the quality of the communication relationship between physician and patients most of the patients responded negatively.

Also in Libya, a study was carried out in Benghazi by Abdal Salam *et al.* 2010 [19] to assess patient satisfaction with quality of PHC assessed in terms of:

- Customer profile,
- Patient satisfaction and
- Health care-seeking behavior

A total of 310 beneficiaries were interviewed by using an Arabic translation of the Charleston Psychiatric Outpatient Satisfaction Scale.

The beneficiaries appeared to be quite satisfied with the quality of services. Geographical zone, marital status of beneficiary and type of facility were satisfaction-related factors. There were preferences for facilities located within the City Centre over those located elsewhere. There was also an interaction effect of the geographical zone and the type of facility in creating differences in satisfaction.

Pitshelauri *et al.* [20] evaluated the level of patients’ satisfaction with primary health care. International instrument of patients’ evaluation of General Practice Care (EUROPEP) was used.

The survey indicated that the patients generally rated positively the level of primary health care in all domain of clinical behavior and organization of care. More than of the respondents 55.33% rated level of care as excellent. Patients’ opinion is an important tool in evaluation quality of medical care.

Harutyunyan *et al.* [21] a study to assess the level of patient satisfaction at selected primary health-care facilities in Lori and Shirak provinces of Armenia.

Self-administered questionnaires were distributed to 684 recent clients at primary health-care facilities. The majority of patients were satisfied with their providers. The majority of patients (89.0%) would visit the same providers again and (85.6%) would recommend the providers to friends.

Geodic *et al.* 2012 [22] carried out a cross-sectional study carried out in Serbia. This was aimed to determine the degree of satisfaction of patients with primary health care and factors that influence the overall satisfaction of health care.

It was found that variables related to direct patient contact with health care had the strongest impact and socio-demographic characteristics did not affect the satisfaction significantly. Among the variables related to contact with health service, the most important were those concerning the direct contact between the doctor and the patient.

MATERIALS AND METHODS

The study population consisted of the patients who came for services to the primary healthcare center in SWCC compound in Jubail. The sample size is 200 patients selected randomly. The data collection period spanned 7 Nov 2013 to 10 Dec 2013. In keeping with the standard research protocol, necessary permission was obtained for the data collection.

This was a Cross-sectional descriptive study, a predesigned questionnaire was used that consisted of 47 close-ended questions and specific questions on Sociodemographic background (Age, gender, nationality, marital status, occupation, education and income) characteristics. The questionnaire is divided into six dimensions of care:

Each dimension (Accessibility, continuity, humaneness, comprehensive, communication, health education and overall) has a number of statements that measure patient satisfaction.

- Accessibility dimension measured satisfaction related to time and efforts require to get an appointment, distance and proximity of site of care, convenience of working hours to the patient etc.
- Continuity dimension focused on the medical record, referral time, contact between the clinic and the patient.

- Humaneness dimension measured how the reception, doctors, nurses and other staff of the clinic treat the patient, respect, privacy.
- Comprehensive dimension focused on periodic check-up, information on medical record, lab results, etc.
- Communication dimension measured the satisfaction related to the patient-provider relationship.
- Health education dimension focused on the availability of educators and education programs in the clinic.

Statistical Analysis: Data collected were coded; tabulated and analyzed using the statistical package of social science (SPSS) version 19.0. The applied tests were chi-square, t test and ANOVA and (0.05) level was used as a cutoff point of significance. Multiple associations were evaluated in a multiple linear regression model based on forward stepwise selection. This procedure allowed the estimation of the strength of the association between each independent variable and the dependent variable taking into account the potential confounding effects of the other independent variables.

RESULTS AND DISCUSSION

Table 1 demonstrates socio-demographic characteristics of study participants, most of them aged 36-47 (40%) and the lowest percentage was those in age group 48-57 (9%). About three-quarters of the sample are male (73.5%) and the remaining quarter is female. As regard the levels of education it was found that About half of the participants had secondary education (52%) and only 1% illiterate. More Than three quarters of the sample were married, while singles were 22.5%. Three-quarter were a government employees (75.5%) and only (8%) were students. Regarding economical state, 43.5% of participants had income range between 5000-10000 riyals / month, while 52.5 % had income more than 10000 riyals / month.

Table 2 demonstrates the patient perception about the accessibility to health care services; the majority (86%) of the patients agreed that the distance between their home and clinic is acceptable while 11.5% are not. About half (46.5%) of the participants agreed that the working hours at the clinic is suitable for them, 16.5% are not sure while 37% are not. 38.5% are report that they waiting for long time 30% were not sure while 31.5% disagreed with that. About two fifths of the participants (37%) found it difficult to get an appointment, 20%

Table 1: Socio-demographic characteristics of the participants involved in the study:

Demographic variables		No.	%
Age Group	12-23	24	12
	24-35	78	39
	36-47	80	40
	48-57	18	9
Gender	Male	147	73.5
	Female	53	26.5
Marital Status	Single	45	22.5
	Married	155	77.5
Education	Illiterate	2	1
	Elementary	6	3
	intermediate	10	5
	Secondary	104	52
	university	78	39
Occupation	Student	16	8
	Worker	12	6
	Government employee	151	75.5
	Private sector employee	6	3
	Other	15	7.5
Family income	<5000 SR	8	4
	5000 – 10000 SR	87	43.5
	>10000SR	105	52.5

Table 2: Distribution of the studied primary health care patients according to their perceptions about Accessibility to health care

Accessibility Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
The distance from home to the health center is acceptable	23	11.5	5	2.5	172	86	2.74	0.64
Working hours at the clinic is suitable for all	74	37	33	16.5	93	46.5	2.09	0.91
Time spent in the waiting room for a routine visit is very long	63	31.5	60	30	77	38.5	2.07	0.83
I find it difficult to get an appointment for health care	86	43	40	20	74	37	1.94	0.89
The clinic gives me access to medical care at any time I need it	97	48.5	44	20	59	29.5	1.81	0.86

were not sure and 43% disagreed with that. Finally about one third (29.5%) of them agreed about the access to the medical care at any time they need 20% were not sure and 48.5% did not.

Table 3 demonstrates the patient perception about the continuity of health care services; nearly two thirds (65%) reported that the clinic does not contact them when they miss an appointment, 19% were not sure while 16% reported the opposite. About two thirds of the patients (62%) showed that the referral procedure from the clinic to the hospital easy while 21.5% did not and 16.5 were not sure. About half of the patients (49%) saw the same doctor each visit while 30.5% did not and 20.5 % were not sure about that. About three-quarters of the patients (72.5%) agreed that the clinic provide all vaccines for their family member, 13.5% were not sure and 14% did not agree. More than two thirds of the patients (69%) reported that the doctors can easily access to their medical records 13.5% were not sure while 11.5 did not.

Table 4 demonstrates the patient perception about the humanness in health care services; the majority of the patients (82.5%) reported that the reception in the clinic treats them well, (8.5%) were not sure while (9%) disagreed. The majority of the patients (84.5%) agreed that the doctors treat them with respect while (9%) did not agree and (6.5%) were not sure. About three-quarters of the patients (71%) showed that the nurses, specialists and the laboratory staff treat them well while (15.5%) did not and (13.5) were not sure. About two thirds of the patients (62%) reported that the clinic did not listen to their complaints while (35%) disagreed with that and (34%) were not sure. More than half of the patients (54.5%) reported that the officials at the clinic keep their health information confidential while (8.5%) disagreed with that and (37%) were not sure. About two fifths (41%) agreed that the health center provides health services in emergency situations (24.5) were not sure while (34.5) disagreed with that.

Table 3: Distribution of the studied primary health care patients according to their perceptions about Continuity of health care:

Continuity Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
The clinic contact me if I didn't come to the follow-up appointment	130	65	32	19	38	16	1.51	0.75
I find it easier to transfer a patient from the clinic to the hospital	34	21.5	33	16.5	124	62	2.40	.82
I see the same doctor at each visit.	61	30.5	41	20.5	98	49	2.18	.87
The clinic provides vaccinations necessary for all members of my family	28	14	27	13.5	145	72.5	2.58	.72
Doctor can easily access to my medical records	23	11.5	39	13.5	138	69	2.57	.69

Table 4: Distribution of the studied primary health care patients according to their perceptions about humanness in health care.

Humanness Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
The clinic's reception treat me well	18	9	18	8.5	165	82.5	2.73	.61
Doctors at the clinic treat me with respect.	18	9	13	6.5	169	84.5	2.75	.60
Nurses, specialists and laboratory staff treat me well.	31	15.5	27	13.5	142	71	2.55	.74
Officials at the clinic listening to the complaints of the patients.	62	31	68	34	70	35	2.04	.81
The staff at the clinic keeps my health information confidential.	17	8.5	74	37	109	54.5	2.46	.64
Health Center provides health services in emergency situations.	69	34.5	49	24.5	82	41	2.06	.86

Table 5: Distribution of the studied primary health care patients according to their perceptions about Comprehensiveness of health care:

Comprehensiveness Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
All members of my family have a medical file and they are screened routinely in the clinic.	63	31.5	32	16	105	52.5	2.21	.89
The data in the medical file are comprehensive and accurate.	36	18	73	36.5	91	45.5	2.27	.74
In each medical visit they measured (weight, height, blood pressure, temperature).	66	33	33	16.5	101	50.5	2.17	.89
The doctor provides me a comprehensive medical examination when I need it.	56	28	42	21	102	51	2.23	.86
the results of laboratory tests attached immediately to the file	18	9	69	34.5	113	56.5	2.47	.65
The medical staffs at the clinic are familiar with the latest medical developments.	40	20	107	53.5	52	26.5	2.06	.68

Table 6: Distribution of the studied primary health care patients according to their perceptions about communication in health care.

Communication Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
Doctor listens to me well.	31	15.5	29	14.5	140	70	2.54	.74
The doctor does not answer all my questions.	101	50.5	51	25.5	48	24	1.73	.82
Doctor sometimes makes me feel like I'm an idiot.	128	64	36	18	36	18	1.54	.78
doctor treating me in a friendly and very nice way	29	14.5	51	25.5	120	60	2.45	.73
Time I spent it together with the doctor is enough.	43	21.5	29	14.5	128	64	2.42	.82

Table 5 demonstrates the patients' perception about the comprehensiveness in health care services; more than half the patients (52.5%) agreed that all members of their family have a medical file and they are screened routinely in the clinic while (31.5%) disagreed and (16%) were not sure. About one half of the patients (45.5%) reported that the data in the medical file are comprehensive and accurate while (18%) disagreed and (36.5%) were not sure. About one half of the patients (50.5%) agreed that in each clinical visit they measured (weight, height, blood pressure, temperature) while (33%) disagreed and (16.5%) were not sure. About one half of the patients (51%) reported that the doctor provide them with a

comprehensive medical examination when they need it ;while (28%) disagreed and 21% were not sure. More than one half of the patients (56.5%) agreed that the laboratory test attached immediately to the file, (34.5%) were not sure and (9%) disagreed. More than one quarter of the patients (26.5%) showed that the medical staffs at the clinic are familiar with the latest medical developments while (20%) did not and more than one half of them (53.5%) were not sure.

Table 6 demonstrates the patients' perception about the communication in health care services; about three-quarters of the patients (70%) reported that the doctor listen to them well while (15.5%) disagreed and

Table 7: Distribution of the studied primary health care patients according to their perceptions about health education in health care:

Education Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
A large number of brochures about common health problems are available in the clinic	111	55.5	61	30.5	28	14	1.58	.72
The language used in brochures is simple and easy to understand.	68	34	67	33.5	65	32.5	1.98	.81
The Specialist give me enough information about my health	64	32	47	23.5	89	44.5	2.12	.86
The Specialist explain to me the reason to do the tests and treatment adherence	61	30.5	41	20.5	98	49	2.18	.87
There are educational films displayed in waiting rooms	158	79	35	17.5	7	3.5	1.24	.50
the number of awareness programs which is held in the center is appropriate to the patients needs	128	64	52	26	20	10	1.46	.67
Center does not care to provide educational brochures to the patient	77	38.5	64	32	59	29.5	1.91	.82
There is a place for the educational sessions.	118	58	67	33.5	17	8.5	1.50	.64
There is a diversity of educational resources (audio \ visual)	123	61.5	61	30.5	16	8	1.46	.64
specialist shows his enthusiasm and interest in the sessions	92	46	64	32	44	22	1.76	.79

Table 8: Distribution of the studied primary health care patients according to their overall satisfaction about health care center:

Overall Satisfaction Items	Disagree		Not sure		Agree		Mean	SD
	No.	%	No.	%	No.	%		
The Centre is always tidy.	26	13	20	10	154	77	2.64	.70
Instruments and equipment in the center is working correctly.	54	27	72	36	74	37	2.10	.79
I think that the services provided at the center can be better than it is right now.	26	13	29	14.5	145	72.5	2.59	.70

(14.5%) were not sure. About one half of the patients (50.5%) reported that the doctor answer all their questions while (24%) disagreed and (25.5) were not sure. About two thirds of the patients (64%) denied that the doctors make them feel idiot while (18%) agreed with that and (18%) were not sure. About two thirds of the patients (60%) reported that the doctor treat them in a very nice way; while (14.5%) disagreed with that and (25.5) were not sure about that. Finally about two thirds of the patient (64%) reported that the time they spent it with the doctor is enough and (14.5%) were not sure while (21.5%) thoughtthat is not enough.

Table 7 demonstrates the patient perception about the health education in the health care center;more than one half of the patients (55.5%) reported that a large number of brochures about common health problems is available in the clinic while (14%) disagreed with that and (30.5%) were not sure. About the language that used in the brochures (32.5%) reported that is easy to understand and simple while (34%) disagreed and (33.5%) were not sure. More than two fifths of the patient (44.5%) reported that the Specialist gave them enough information about their health,(23.5%) were not sure while (32%) of the patients denied that. About one half of the patients (49%) agreed about that the Specialist explain to them the reason to do the tests and treatment adherence and (20.5) were not sure while (30.5%) disagreed with that. Only (3.5%) of the patients reported that there are educational films

displayed in waiting rooms while (79%) denied that and (17.5%) were not sure about it. Only (10%) of the patients reported that thenumber of awareness programs which is held in the center is appropriate to the patients needs while more than a half (64%) disagreed with that and (26%) were not sure. About the educational brochures (29.5%) of the patients reported that the center cares to provide it, while (38.5%) disagreed with them and (32%) were not sure about it. Only (8.5%) of the patient agreed that the center had a place for the educational sessions and (33.5%) were not sure while more than a half of them (58%) denied that. About the diversity of educational resources, only (8%) approved that the resources is diverse while (61.5%) disagreed and (30.5%) were not sure. Only (22%) of the patients reported that the specialist show his\her enthusiasm andinterest during the session, while (46%) disagreed and (32%) were not sure about that.

Table (8) demonstrates the overall satisfaction of the patients; more than three-quarters of the patients (77%) reported that the center is always tidy and (10%) were a not sure, while (13%) disagreed. More than one third of them (37%) agreed that the Instruments and equipments in the center are working correctly, while (27%) disagreed and (36%) were not sure. About three-quarters of the patients (72.5%) thoughtthat the services provided at the center can be better than it is right now, while (13%) disagreed with that and (14.5%) were not sure.

Table 9: Distribution of the studied primary health care patients according to the relationship between their satisfaction about care and Socio-demographic characteristics:

Variables		The Level of Satisfaction					P value
		Unsatisfied		Satisfied		Total	
		No.	%	No.	%		
Gender	Male	67	45.6	80	54.4	147	0.000
	Female	3	5.7	50	94.3	53	
Marital Status	Single	15	33.3	30	66.7	45	0.790
	Married	55	35.5	100	64.5	155	
Education	Illiterate	0	0.0	2	100	2	0.521
	Elementary	1	16.7	5	83.3	6	
	intermediate	2	20.0	8	80	10	
	Secondary	38	36.5	66	63.5	104	
	university	29	37.2	49	62.8	78	
Occupation	Student	0	0.0	16	100	16	0.001
	Worker	3	25.0	9	75.0	12	
	Government employee	64	42.4	87	57.6	151	
	Private sector employee	2	33.3	4	66.7	6	
	Other	1	6.7	14	93.3	15	
Family Income	<5000 SR	1	12.5	7	87.5	8	0.087
	5000 – 10000 SR	37	42.5	50	57.5	87	
	>10000SR	32	30.5	73	69.5	105	

Table 9 demonstrates the level of patients' satisfaction and the their relation with socio-demographic variables; the table shows a significant relationship between the level of satisfaction and gender ($P < 0.05$), the females showed the highest satisfaction level (94.3%), while only (54.4%) of the males were satisfied. Also there was a significant relationship between the level of satisfaction and occupation where the students showed the highest satisfaction (100%) followed by the workers (75%).

Table 10 demonstrates attitude score among the participants in relation to their socio-demographic characteristics. As regard of gender, it was found the highest mean score of attitude was among female (2.67 ± 0.47) and 67.9% of them had positive attitude about PHC services; while the male had the lowest mean score (2.29 ± 0.57), All these differences were statistically highly significant.

Concerning occupation, it was found that the highest mean attitude score was among individuals who are working at the government (2.70 ± 0.55) and 40.4 % of them had positive attitude level followed by the students who had a mean score of (2.68 ± 0.47), surprisingly, individuals working in private sectors had

the lowest mean score of attitude (2.35 ± 0.83) and 66.6% of them had positive attitude level about PHC services. All these differences were statistically significant. Regarding educational level, it was found that the highest mean score of attitude surprisingly was among illiterate individuals (3.00 ± 0.0) and followed by intermediate educated individuals who had a mean score of (2.7 ± 0.48), secondary educated individuals had the lowest mean score of attitude (2.35 ± 0.58) and only 41.3% of them had positive attitude level of with ($P < 0.05$).

The stepwise multiple regressions in Table 11 shows that factors entered the regression model of total attitude were: Socio demographic variables (Age, gender, occupation, education, marital status, family income) and total satisfaction level.

And 6 out of 7 studied factors had predicted total attitude of the: (Age, gender, occupation, education, marital status, family income).

The 6 factors together explained 12.5 % of the variation of the total attitude score of the studied patients towards primary health care services. Female, single, being older, low educational level and students, low family income had higher total attitude score.

Table 10: Distribution of the studied primary health care patients according to the relationship between their Attitude score about care and Socio-demographic characteristics:

Variables		Attitude score						Meanattitude score X ±SD	ANOVA test	P value
		Negative		Neutral		Positive				
		No.	%	No.	%	No.	%			
Gender	Male	9	6.1	85	57.8	53	36.1	2.29±0.57	9.268	0.000
	Female	0	0.0	17	32.1	36	67.9	2.67±0.47		
Marital Status	Single	2	4.4	20	44.4	23	51.1	2.46±0.58	0.525	0.589
	Married	7	4.5	82	52.9	66	42.6	2.38±0.57		
Education	Illiterate	0	0.0	0	0.0	2	100	3.00±0.0	1.817	0.481
	Elementary	0	0.0	2	33.3	4	66.7	2.66±0.51		
	Intermediate	0	0.0	3	30.0	7	70.0	2.70±0.48		
	Secondary	6	5.8	55	52.9	43	41.3	2.35±0.58		
	university	3	3.8	42	53.8	33	42.3	2.38±0.56		
Occupation	Student	0	0.0	5	31.3	11	68.8	2.68±0.47	0.108	0.023
	Worker	2	16.7	7	58.3	3	25.0	2.66±0.66		
	Government employee	6	4	84	55.6	61	40.4	2.70±0.55		
	Private sector employee	1	16.7	1	16.7	4	66.7	2.35±0.83		
	Other	0	0.0	5	33.3	10	66.6	2.66±0.48		
Family Income	<5000 SR	0	0.0	3	37.5	5	62.5	2.62±0.51	0.574	0.533
	5000 - 10000 SR	6	6.9	43	49.4	38	43.7	2.36±0.61		
	>10000SR	3	2.9	56	53.3	46	43.8	2.40±0.54		

Table 11: Summary of Stepwise Multiple Regression Analysis for total attitude scoreFor the studied primary health care patients (N=200):

Predictors	B	Beta	SE	T	R ²	Adjusted R ²	F ratio	P
Model total attitude score:					0.151	0.125	5.733	0.000
(Constant)	76.49	/	9.220	8.297				
Gender	12.55	.383	2.294	5.473				
The Age	.253	.168	.146	1.727				
Marital status	-3.692	-.107	2.993	-1.234				
Education	-1.354	-.072	1.323	-1.023				
Occupation	-.889	-.052	1.216	-.731				
Family income	-.419	-.017	1.852	-.226				

a. Predictors: (Constant), Family Income, occupation, Education, Gender, marital status, Age and total satisfaction level

b. Dependent Variable: total attitude

CONCLUSION

The study identified that patients were generally rated positively the level of general practice care; however some aspects of clinical behavior and organization of care need to be improved. Primary Health Care providers should pay more attention to their patients' opinions and introduce patients' satisfaction study for quality care improvement towards achieving main goals: to protect health, rights and dignity of patients in order to assure high quality in Health Care.

Recommendations:

- More studies should be conducted in the primary care setting to reexamine those variables examined in the current study which have not proven to be significant and to validate the significant relationship found in this study.

- Additional studies should also include other aspects of the primary care setting, such as nursing, pharmacy and clerical services and their effects on patient satisfaction, which the researchers have not studied. This is viewed as important in order to identify other predictors of patients' attitudes that could not be determined in the present study.
- Also the researchers need more focus on the role of health educator in PHC and to improve the quantity and the quality of health education programs which must be appropriate to the need of the patients.

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