Chapter 57

Barriers to Accessing Healthcare Services in Developing Nations:
Reflective Lessons for the Gulf Cooperation Council Countries

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ABSTRACT

Patient satisfaction with the healthcare services is critical to addressing the barriers to accessing healthcare. Many combined factors are responsible for the poor accessibilities to primary healthcare centers. Less availability of prescription drugs and less thoroughness of care are most frequently associated with high rates of patient dissatisfaction. The low satisfaction rates of patients need to be investigated further to promote prevention programs and increase utilization of healthcare services by patients. The purpose of this book chapter is to analyse the critical dimensions that influence patient satisfaction with primary healthcare services in six gulf countries.

INTRODUCTION

Primary healthcare (PHC) services consist of healthcare services and activities that interface between the community and the healthcare system (WHO, 1978). Countries with stronger PHC have healthier populations (Starfield, Shi & Macinko, 2005), because PHC centers help in promoting, protecting and restoring the health of the local community (WHO, 1978). Through the evaluation of PHC centers, quality of primary healthcare services provided can be continuously improved. Evaluating PHC performance depends on two main domains: structural characteristics and practice features of the PHC center (Macinko, Startfield & Shi, 2003). Different stakeholders should be involved in the evaluation of PHC, which should include the patient population (WHO, 1978).

Involving patients by measuring their satisfaction with PHC services is one important dimension that can help in improving the performance and quality of healthcare services (Powell, 2001). PHC center's evaluation by measuring patient satisfaction can be used as a tool for learning and a reference for management and decision-making (Powell, 2001). More satisfied patients are more likely to engage in healthy behaviors by complying with treatment recommendations (Keegan & McGee, 2003).

Patient Satisfaction is a multifactorial-construct (Keegan & McGee, 2003). It reflects patients' evaluation of the quality of care they receive, compared with subjective standards (Crow et al., 2002). According to the literature, the main factors that influence the level of patient satisfaction are: patient characteristics and delivery features of the primary healthcare service provided. Patient characteristics are health status, expectations, socioeconomic and demographic characteristics. Delivery features are related to organization of care, patient-practitioner relationship, type and settings of services (e.g. primary care or hospital) (Crow et al., 2002).

In the literature, patient satisfaction is measured in a variety of dimensions (Fitzpatrick, 1991; Ware, Davies & Steward, 1977) that include: humaneness, informativeness, overall quality, bureaucracy, accessibility, availability of care, convenience, physical facilities, outcomes of care, continuity, cost and competency. Thiedke (2007) reported that demographic and socioeconomic factors impact patient satisfaction. Moreover, the effect of socio-demographic factors on the dimensions of patient satisfaction is not uniform (Ware, Davies & Steward, 1977). For example, younger patients tend to be less satisfied with the conduct of health care providers but more satisfied with access and outcomes of care (Ware, Davies & Steward, 1977).

Measuring patient satisfaction is not an easy task and can produce misleading results if psychometric characteristics of validity and reliability are not properly assessed (Keegan & McGee, 2003). Some of the negative assumptions about satisfaction surveys include: ill-considered answers, cognitive bias and uncovering general and extended dissatisfaction (Fitzpatrick, 1991). There is a wide scope of patient satisfaction questionnaires that differ in focus, size and details (Keegan & McGee, 2003).

In their study, Crow et al. (2002) identified that access, availability, information, and patient-physician communication were among the most important determinants of patient satisfaction. Long waiting times for appointments and restricted access to specialist care were among the causes of dissatisfaction. Patients who received health-promotion advice or preventive services were more satisfied than those who did not.

Research on patient satisfaction with primary healthcare services in the Arab world is scarce and more work is needed. Although literature on the satisfaction with primary healthcare services in the GCC is available; systematic reviews examining patient satisfaction with primary health care centers across the GCC are yet to be conducted. This chapter reviews literature related to patients' satisfaction

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