

## Original Article



# Client Satisfaction of a Community Clinic in Rural Bangladesh

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### Abstract

**Background:** The community clinic (CC) is a vital component of rural healthcare in Bangladesh, extending primary health services to remote areas.

**Objective:** To assess the clients' satisfaction regarding health services of a community clinic in rural Bangladesh.

**Materials and Methods:** This cross-sectional study was conducted at Boali Community Clinic, located in the Kaligonj upazila of Gazipur, Bangladesh. A total of 140 respondents were included in this study, and a convenience sampling technique was employed. Data were collected using a pre-tested semi-structured questionnaire through face-to-face interviews.

**Results:** The majority of the respondents (48.4%) fell into the 18-30 age groups, with a mean age of 33.6 years and a standard deviation of  $\pm 10.8$  years. Most of the respondents (73.4%) were females, 91.4% identified as Muslims, and 92.1% were married. About 9.3% of the respondents were illiterate, while the remaining 90.7% were literate. More than half of the respondents (68.6%) were homemakers. 70.6% of the respondents visited the community clinic for the treatment of minor ailments, 20.9% for maternal and child health services, and 6.5% for the diagnosis of non-communicable diseases (NCD) and complicated illnesses. In terms of satisfaction levels, the study revealed that 54.4% of the respondents were moderately satisfied with the services of the community clinic, while 30.7% reported high satisfaction, and 15.0% expressed mild satisfaction. The level of satisfaction with community clinic services was significantly associated with the marital status of the respondents ( $p=0.026$ ) and showed a near-significant association with the type of house where respondents lived ( $p=0.005$ ). Monthly income was also found to be correlated with the satisfaction score ( $p=0.001$ ).

**Conclusion:** The study highlighted certain areas of improvement, including addressing infrastructure issues and expanding specialized healthcare services. The findings underscore the importance of continuous enhancements to community clinics, ultimately benefiting the rural population in Bangladesh.

**Key words:** Community Clinic, Satisfaction, Healthcare Services, Bangladesh.

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## Introduction

Community clinics, situated at the grassroots level of public healthcare, serve as vital centres for delivering healthcare, family planning, and nutrition services in rural areas of Bangladesh. These clinics are part of the government's efforts to provide essential healthcare services to underserved populations, and they have become a key element in the nation's public health infrastructure.<sup>1</sup> Community clinics create awareness among village people about health care, immunization, family planning as the lack of these are believed to be the cause of many diseases. It is thought that Community clinics may reduce the risk of many diseases like HIV/AIDS, malaria, dengue fever,

tuberculosis, and leprosy by educating people through community clinic initiative.<sup>2</sup>

Client satisfaction is deemed to be one of the important factors which determine the success of health care facility.<sup>3</sup> Client's satisfaction reflects clients' perceptions and needs towards health service utilization. Assessing client satisfaction is important since it often helps, in absence of healthcare service quality indicators, to determine the quality of health-care delivery and health system responsiveness.<sup>4</sup> It is important and vital in today's competitive health care environment for client and the

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community for improvement such as strategic framing of health plans and searching for ways that can provide better service.<sup>5</sup> Higher levels of client satisfaction indicate higher levels of client empowerment, commitment to care and compliance to recommended management—all of which results in better health outcomes. Measuring client satisfaction also helps to improve service delivery and to prioritize capacity building needs and resource distribution.<sup>4</sup>

Health as a fundamental right, is gaining popularity in the past few decades and it has become a social goal. This is essential for the satisfaction of basic human needs and to improve the productivity of the nations. Given that healthcare quality is a global issue, client satisfaction is defined as the congruency between a client's expectations of ideal care and their perception of the actual care received. Multiple dimensions of client satisfaction have been identified, ranging from medical care to interpersonal communication.<sup>6</sup> It is also influenced by various factors such as lifestyle, past experiences, future expectations, and societal values.<sup>7</sup> Notably, healthcare attributes related to client satisfaction include accessibility, resource availability, and continuity of care, efficacy of care, pleasant surroundings and provider competency.<sup>8</sup>

The primary goal in improving service quality is to satisfy patients, as client outcome and satisfaction are crucial measures of care quality.<sup>5</sup> A satisfied client is more likely to recommend the clinic for future care, reflecting the importance of a positive patient-provider relationship.<sup>9</sup> The evaluation of satisfaction typically involves two steps: clients are first asked whether they were satisfied with the service received, and then they are asked to specify their level of satisfaction or dissatisfaction.<sup>10</sup>

The client satisfaction is significant to medical care providers, clients themselves, and other stakeholders in the medical care industry.<sup>11</sup> Client satisfaction regarding medical care like community clinic is important in the provision of care and service to the client. This study aims to investigate client satisfaction in a community clinic, recognizing its importance in the broader healthcare system.

## Materials and Methods

### Study design and settings

This study adopted a descriptive cross-sectional design and took place at Boali Community Clinic in the Kaligonj upazila of Gazipur district to assess the clients' satisfaction regarding health services spanning from January to December 2022.

### Sample selection criteria

The study population consisted of service recipients at the community clinic, and a total of 140 respondents were included according to their convenience. Inclusion criteria encompassed community clinic service recipients aged  $\geq 18$  years who consented to participate in the study. Exclusion criteria included individuals under 18 years of age, those unwilling to participate, and individuals with severe illness.

### Data collection tools and techniques

Data collection employed a pre-tested semi-structured

questionnaire containing socio-demographic inquiries. To gauge respondents' satisfaction, a five-point Likert scale was utilized, with options ranging from "strongly disagree" to "strongly agree." Total scores were computed, and respondents were classified as "dissatisfied" if their score was  $< 100$ , "mildly satisfied" if it fell between 100-139, "moderately satisfied" for scores of 140-159, and "highly satisfied" for scores  $\geq 160$ .

### Data analysis

The questionnaire was checked and cleaned after the completion of data collection. All data were computed and analyzed through SPSS software version 23. Descriptive statistics such as mean, standard deviation and percentile were computed for continuous variables of the participants. The results were presented in tables.

### Ethical aspects

An assurance of confidentiality and secrecy of the information was given to all interviewed workers. The study was validated by the 'Institutional Review Board' (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM), Dhaka 1212, Bangladesh. (Reference: NIPSOM/IRB/2018/471)

## Results

The study conducted at the Boali community clinic in Gazipur district, Bangladesh encompassed 140 respondents and offered significant insights into patient satisfaction, revealing a diverse demographic seeking healthcare services. The study uncovered a wide age distribution, with the majority falling within the 18-30 age groups (48.6%) and a mean age of  $33.6 \pm 10.8$  years. The gender distribution demonstrated a significant majority of female respondents (73.4%). In terms of religion, 91.4% identified as Muslims, with smaller percentages of Hindus (2.9%) and Christians (5.7%). Marital status analysis revealed that 92.1% of respondents were married, with smaller proportions of unmarried (5.7%) and widowed (2.1%) individuals. Educational backgrounds varied widely among respondents, where 91.7% were literate and 9.3% were illiterate. Occupational diversity was also evident, with a significant number of respondents being homemakers (68.6%), while 11.4% were involved in business, 8.6% in agriculture, and another 11.5% were students and in service occupations. Majority of the respondents (57.1%) were residing in semi-pucca houses, 30.0% in pucca houses and 12.9% had kancha house. 86.5% of the respondents had monthly income up to 10,000 taka and rest 13.5% had monthly income more than 10,000 taka. Mean income was 7,850.0 taka with  $SD \pm 3,371.3$  [Table 1].

The respondents were asked to express their opinion regarding services of the community clinic by a total of 37 statements. Maximum possible score was 185 and minimum possible score was 37. Of the scores of the respondents mean score were 150.4 with standard deviation  $\pm 13.8$ . Obtained minimum and maximum scores were 128 and 180 respectively. According to obtained score the satisfaction level was calculated. Regarding level of satisfaction it was seen that 76 (54.4%) respondents were moderately satisfied with the services of the community clinic. Nearly one third 43 (30.7%) respondents were highly satisfied and 21 (15.0%) respondents were mild satisfied with

the services rendered by the community clinic. None was dissatisfied [Figure 1].

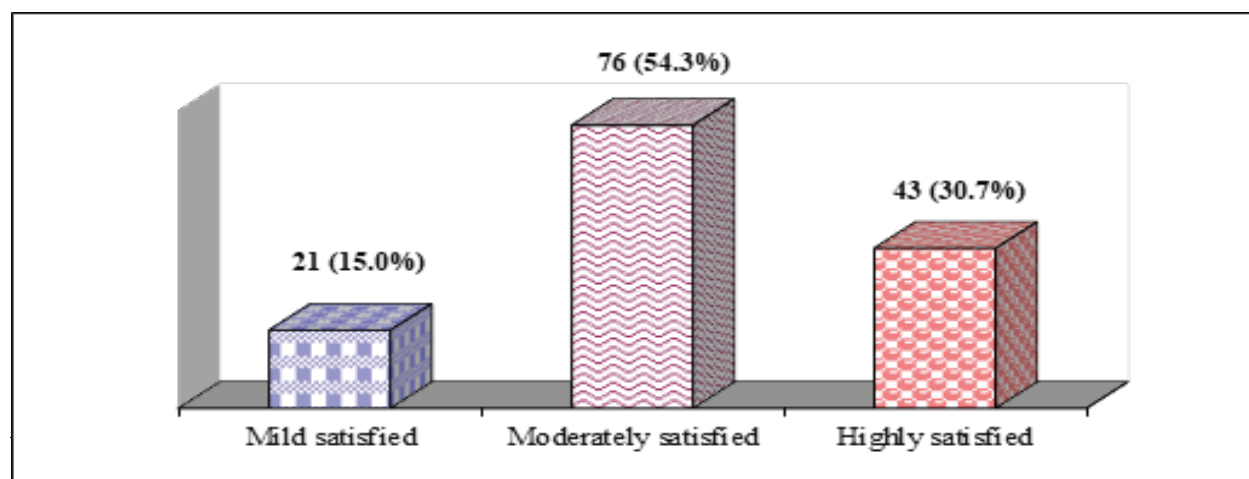
Notably, monthly income played a pivotal role, with a significant association between higher income levels and increased satisfaction ( $p=0.01$ ). This suggests that economic factors significantly influence how clients perceive the clinic's services. Additionally, the type of house was significantly associated with satisfaction ( $p=0.005$ ), with clients residing in pucca houses expressing higher satisfaction. Marital status also significantly influenced ( $P=0.026$ ) satisfaction levels, with married clients exhibiting higher satisfaction rates (92.1%) compared to unmarried or widowed clients. [Table 2]

Table 3 provided insights into the primary reasons clients visited the clinic. The treatment of minor ailments was the most common reason, with 70.6% of respondents seeking these services. Maternal and child health services were the second most sought-after, representing 20.9% of clients. This highlights the clinic's significance as a provider of essential healthcare services, particularly for common illnesses and maternal and child health. Table 4 outlined various additional services expected by clients. These expectations provide valuable insights for the clinic's service expansion. Notably, 26.4% of clients expressed the need for the availability of all types of medicines, while 30% desired the introduction of emergency management services. Child specialists (15.0%) and pathology services (42.1%) were also in demand, emphasizing the importance of specialized healthcare services. Approximately 26.4% of clients reported space inadequacy, indicating that facility expansion may be necessary. Furthermore, 18.6% of clients noted the absence of safe drinking water, emphasizing the need for basic amenities. Cleanliness of the toilet facilities was another concern, reported by 12.1% of clients. [Table 5] These issues, alongside environmental concerns and insufficient seating, demonstrate the importance of infrastructure and facility maintenance. Respondents further provided suggestions for improving clinic services, such as increasing medicine supply (26.4%) and initiating an emergency department (22.9%). [Table 6]

**Table 1:** Socio-demographic characteristics of the clients (n=140)

Characteristics	Frequency (n)	Percentage (%)
<b>Age groups (year)</b>		
18-30	68	48.6
31-40	42	30.0
41-50	22	15.7
>50	8	5.7
Mean±SD		33.6±10.8
<b>Sex</b>		
Female	103	73.6
Male	37	26.4
<b>Religion</b>		
Muslims	120	91.4
Hindus	4	2.9
Christians	8	5.7
<b>Marital status</b>		
Married	129	92.1
Unmarried	8	5.7
Widow	3	2.1
<b>Education</b>		
Illiterate	13	9.3
Literate	127	91.7
<b>Occupation</b>		
Homemakers	96	68.6
Businessmen	16	11.4
Agriculture workers	12	8.6
Others	16	11.5
<b>Type of house</b>		
Semi-pucca	80	57.1
Pucca	42	30.0
Kancha	18	12.9
<b>Average monthly income (Taka)</b>		
≤10,000	121	86.5
>10,000	19	13.5
Mean±SD		7,850.0±3,371.3

**Figure 1:** Level of Satisfaction of the clients (n=140)



**Table II:** Association of levels of satisfaction with socio-demographic characteristics (n=140)

	Level s of satisfaction				$\chi^2$ value	p-value
	Mild satisfied	Moderately satisfied	Highly satisfied	Total		
	n (%)	n (%)	n (%)	n (%)		
<b>Marital status</b>						
Married	17(13.2)	74(57.4)	38(29.5)	129(100)	8.714	*0.026
Unmarried	3(37.5)	1(12.5)	4(50.0)	8(100)		
Widow	1(33.3)	1(33.3)	1(33.3)	3(100)		
<b>Type of house</b>						
Pucca	3(7.1)	25(59.5)	14(33.3)	42(100)	9.211	*0.005
Semi pucca	12(15.0)	46(57.5)	22(27.5)	80(100)		
Kancha	6(33.3)	5(27.8)	5(27.8)	18(100)		
<b>Average monthly income (Taka)</b>						
≤10,000	30(24.8)	69(57.0)	22(18.2)	121(100)	7.542	*0.001
>10,000	5(26.3)	10(52.6)	4(21.1)	19(100)		

**Table III:** Distribution of the respondents by reasons for coming to the center.

Reasons of CC visit	Frequency (n)	Percent age (%)
Maternal and child health	32	20.9
Family planning	3	2.0
Treatment of minor ailment	108	70.6
Diagnosis of NCD & complicated illness	10	6.5

**Table IV:** Distribution of respondents by stating other services expected from this center

Additional s services expected	Frequency (n)	Percentage (%)
All types of medicine should be available	37	26.4
Child specialist is needed	21	15.0
Emergency management is needed	42	30.0
Test of diabetes is needed	17	12.1
Antibiotic supply to be adequate	33	23.6
Good treatment for pain management is needed	9	6.4
Nebulizer is needed	11	7.9
Delivery services to be initiated	28	20.0
Pathology services are needed	59	42.1
Specialist doctors are needed	28	20.0

**Table V:** Distribution of respondents by stating problems in CC

Problems in CC	Frequency (n)	Percentage (%)
Toilet is not clean	17	12.1
Safe drinking water is not available	26	18.6
Space is not adequate	37	26.4
Environment is not good	31	22.1
Insufficient seats	22	15.7

**Table VI:** Distribution of respondents by stating suggestions to improve services of the center

Suggestions	Frequency (n)	Percentage (%)
Child specialist to be recruited	21	15.0
Medicine supply to be increased	37	26.4
Lady doctor to be posted	31	22.1
Emergency department is to be started	32	22.9
Pathology department is to be started	39	27.9

## Discussion

The study aimed to assess client satisfaction with a selected community clinic in a rural area of Bangladesh and gather their suggestions for service enhancement. A total of 140 service recipients were interviewed to express their opinion regarding different aspects of services of the community clinic. Majority of the respondents were female 73.6% and 68.6% were home-makers. A large number of female patients may be explained due to the fact that during service delivery time of the community clinic most of the males were engaged with their work and only those who needed services came to the community clinic. On the other hand women came for getting services for themselves as well as for the children. This finding was similar with the other studies done in Bangladesh<sup>9,12,13</sup> and India<sup>14</sup> also.

The study revealed that a majority of clients expressed moderate satisfaction (54.3%), followed by high satisfaction (30.7%) and mild satisfaction (15.0%). These findings were consistent with several other studies where the overall level of patient satisfaction was found to be satisfactory.<sup>15-20</sup> In two separate studies conducted in Bangladesh and India, it was reported that 3.0% and 6.7% of patients were poorly satisfied with hospital services, respectively. Remarkably, in our study, none of the patients expressed dissatisfaction with the services provided.

The study's findings indicated that, community clinic services were more frequently utilized by less educated, economically disadvantaged, and married mothers when compared to their more educated and affluent counterparts, which was in alignment with another study conducted in Bangladesh.<sup>12</sup> In our study, satisfaction regarding services of the community clinic was found significantly associated with marital status of the respondents and nearly significantly associated with respondents' house type. Monthly income was also found to be correlated with satisfaction scores.

Majority (70.6%) of the respondents mentioned that they came to the community clinic for treatment of minor ailments, 20.9% for maternal and child health services and 6.5% came for diagnosis of NCD & complicated illness. This result was similar to another study of Bangladesh, 71.7% patients utilize community clinic services for the treatment of minor diseases and injuries.<sup>21</sup>

About problems in the community clinic a number of respondents mentioned of unclean toilets (12.1%), non-availability of safe drinking water (18.6%), inadequate space (26.4%), insufficient sitting arrangement (15.7%) etc. Several studies of Bangladesh & India also found these as the major areas of concern in their study.<sup>21,22</sup> Clients expressed their expectations for additional services at the clinic, including the availability of all types of medicines and specialized services like child specialists and pathology. These expectations reflect the evolving healthcare needs of the community. Non availability of certain drugs and investigations emerged as major areas of client dissatisfaction in the findings of the other studies also.<sup>23-27</sup>

This study reflects the satisfaction level of a small segment of a health centre in the country. Due to limitations in funding, logistics, and support, a detailed study with a larger sample size

could not be conducted, and it was confined to a limited number of samples. It is recommended that further studies be conducted in both urban and rural healthcare centres to assess the situation, enabling proper planning, implementation, and monitoring. This will contribute to the improvement of patient satisfaction levels and ensure the involvement of healthcare authorities and relevant organizations.

## Conclusion

Client satisfaction in community clinics is crucial for the effectiveness and success of healthcare services. This study provides valuable insights into the factors that influence client satisfaction, the specific healthcare needs of the community, and areas for improvement. Addressing these findings can contribute to the enhancement of healthcare services and the overall well-being of the community. Further research and on-going evaluation will be essential to monitor progress and adapt to the changing healthcare landscape in rural Bangladesh.

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