Research Article

Medical Care Satisfaction in the Family Medicine Unit 44, IMSS Durango

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Summary

Background: User satisfaction with medical care in family medicine plays a crucial role in ensuring the general well-being and effectiveness of primary health care services. Understanding this element is vital to improving healthcare delivery, patient outcomes, and fostering a positive patient-caregiver relationship.

Objective: To evaluate user satisfaction with the medical care received in the Family Medicine 44, IMSS Durango.

Methods: Descriptive cross-sectional study. It was carried out on patients who came for medical attention at the Family Medicine unit 44, IMSS in Durango. The variables collected were: age, sex, consultation hours, marital status, reason for consultation, education, and satisfaction with medical care. Satisfaction was evaluated with the 15-item SERVice PERFormance (SERVPERF) instrument. For the statistical analysis we used descriptive statistics with measures of central tendency and dispersion for quantitative variables; frequency and percentages for qualitative variables.

Results: Of a total of 383 participants, 54% (n=208) were men and 46% (n=175) women. The mean age was 39.6 + 16.1 years. In the questionnaire for medical satisfaction, the following was found: Dimension 1 of the questionnaire "reliability in medical care" had a high level of satisfaction with 94%. Dimension 2 "responsiveness" 86%. Dimension 3 "doctor safety" 93%. Dimension 4 "empathy" was also valued positively with 92% satisfaction. Dimension 5 "tangible elements" with 91%. Finally, overall satisfaction with medical care was 95%.

Conclusions: The study provides valuable information on patient satisfaction with health services, which has direct implications for the practice of family medicine, patient management, and health care policies. The high satisfaction reported in the various dimensions of medical care indicates that the services provided are aligned with the expectations and needs of patients. This is fundamental in family medicine, where the focus is on comprehensive and continuous care.

Keywords: Satisfaction; Quality of care; Family medicine.

Introduction

Medical care is not limited to simply administering treatments or performing procedures; In essence, it is a human act that demands a deep and meaningful interaction between the health professional and the patient. In this scenario, the Family Medicine consultation represents one of the first and most fundamental points of contact for the patient within the health system. It is in this context where user satisfaction takes on primary relevance, being an indicator of the quality and effectiveness of the care provided [1,2].

Patient satisfaction has been positioned not only as a quality measure, but also as a predictive element of numerous clinical and organizational outcomes. Satisfied patients usually have greater adherence to treatment, fewer unnecessary consultations and a better general perception of their health. Furthermore, a positive experience can reinforce the following of medical recommendations, directly influencing the prevention and control of diseases [3,4].

On the other hand, care perceived as deficient or unsatisfactory can generate distrust towards the health professional and the system. This distrust can translate into treatment interruptions, lack of medical follow-up, and in extreme cases, the complete rejection of professional care. Recognizing the critical importance of patient satisfaction, it becomes essential to constantly and methodically evaluate users' perception of the care received. A deep understanding of areas of strength and those susceptible to improvement allows our family medicine unit to adapt and optimize its services, ensuring patient-centered care that responds to their needs and expectations [5,6].

Material and Methods

Study design and population

A descriptive cross-sectional study was carried out in Durango, Mexico in 2023. The research was developed at the Family Medicine Unit 44 of the Instituto Mexicano del Seguro Social (IMSS). The inclusion criteria were: patients who agreed to participate in the study with informed consent, aged 18 years or older of both sexes. Patients with neurological or psychiatric disease were excluded. Patients who did not complete the test or questionnaire were eliminated.

Variables

The information obtained was attached to the standardized data collection form. The following variables were measured in patients who met the inclusion criteria: age, sex, education, chronic diseases, smoking, glomerular filtration rate, dyslipidemia, glucose, blood pressure, obesity, and macular alterations. The collection of variables was as following: age in years; sex, according to phenotypical characteristics; education, asking about the level of education; consultation hours, marital status ans reason for consultation with direct question. Satisfaction was evaluated with the 15-item SERVice PERFormance (SERV-PERF) instrument. The SERVPERF tool determines the relative influence of five dimensions on user perceptions. Tangible elements: physical facilities, equipment and appearance of staff. Reliability: Ability to perform the promised service reliably and accurately. Responsiveness: Willingness to help consumers and provide prompt service. Guarantee: competence, courtesy and security. Empathy: supportive and individualized attention [7,8].

In the dimension of tangible elements, it is to determine the quality of the service focused on the infrastructure, whether it is visually attractive, service personnel presentation, state of the elements and the appearance of the entire infrastructure. The dimension of tangible elements has three questions. In the empathy dimension, the patient's needs and the tools that the health unit or medical staff has are considered to resolve them in an empathetic way, through knowing the needs and trusting the patient. health personnel. The empathy dimension has 2 questions.

In the security dimension, the level of trust provided by the medical staff is measured, the treatment and respect towards the patient, the behavior of the staff and whether they felt comfortable and safe during the stay. All of this refers to determining whether during medical care, the user felt in a safe environment and how they perceive the treatment that the staff gives them, whether they show respect and, above all, the respective interest in helping. The security dimension has 4 questions.

In the responsiveness dimension, it proposes that the patient rate the level of communication that the health personnel have, the speed with which they are attended to, the staff accurately informs each service provided and whether the staff is always willing to help. In conclusion, this dimension seeks to evaluate the way that health personnel show their speed and effectiveness when solving problems that arise for the patient. The responsiveness dimension has 3 questions. Finally, in the reliability dimension, aspects such as problem solving, waiting time, service efficiency and good care of health personnel are studied. This dimension has three questions. The interpretation of the instrument is made based on each of the 15 items that comprise it. Each question has a score from 0 to 10. A grade of 1-5 is failing satisfaction, 6-10 is passing. The above is done in each item, which gives information about each element of the dimensions evaluated.

Statistical Analysis

Once the information was collected, the analysis was carried out using the SPSS version 25. Descriptive statistics were used, the qualitative variables were expressed as frequencies and percentages, and the quantitative variables as measures of central tendency and dispersion.

Ethics

The study was approved by the Local Committee for Ethics and Health Research. The research was conducted under the General Health Law on Health Research, the Declaration of Helsinki and bioethical principles.

Results

In the study, of a total of 383 participants, 54% (n=208) were men and 46% (n=175) women. The mean age was 39.6 + 16.1 years. The vast majority of participants, 98% (n=376), were assigned to the afternoon shift, while only 2% (n=7) were assigned to the morning shift. Regarding marital status, 46% (n=175) of the participants were married, 21% (n=79) lived in a common law union, 18% (n=69) were single, 7% (n=26) were separated, 6% (n=24) divorced and 3% (n=10) widowed (Table 1).

Table 1: General characteristics of the population.

Characteristics (n=383)	n (%)
Age – years	39.6 (DE 16.1)
Sex	
Men	208 (54)
Women	175 (46)
Consultation hour	
Morning	376 (98)
Evening	7 (2)
Marital Status	
Married	175 (46)
Concubinate	79 (21)
Single	69 (18)
Separate	26 (7)
Divorce	24 (6)
Widow	10 (3)
Reason Consultation	
High blood pressure	155 (41)
Diabetes mellitus	69 (18)
Dyslipidemia	32 (8)
Cronical Renal Disease	10 (3)
Cardiopathy	5 (1)
Others	112 (29)
Education	
Middle school	114 (30)
High school	90 (24)
Elementary school	37 (10)
Technique	45 (12)
University	62 (16)
Posgrade	6 (2)

N: frequency, %: percentage

Table 2: Distribution of the result of each item.

Ítems	Mean	SD
Item: F1	7.9	1.6
Item: F2	8.0	1.6
Item: F3	7.8	1.6
Item: CR1	7.2	1.9
Item: CR2	7.2	2.0
Item: CR3	7.2	1.9
Item: S1	7.9	1.8
Item: S2	8.0	1.8
Item: S3	8.3	1.6
Item: S4	7.8	1.7
Item: E1	7.9	1.7
Item: E2	7.3	2.0
Item: ET1	9.1	1.2
Item: ET2	6.4	2.2
Item: ET3	5.9	2.5

SD: Standard Deviation

Table 3: Distribution of the results of each dimension.

Dimensions	Media	DE
Dimension "Fiability"	23.8	4.4
Dimension "Response capacity"	21.8	4.9
Dimension "Medical security"	32.3	5.7
Dimension "Empathy"	15.3	3.2
Dimension "Tangible elements"	21.6	4.7
Global satisfaction	114.9	17.4

DE: Desviación Estándar

Table 4: Frequency of satisfaction for each dimension.

Characteristics (n=383)	n (%)
Dimension "Fiability"	360 (94)
Dimension "Response capacity"	329 (86)
Dimension "Medical security"	357 (93)
Dimension "Empathy"	351 (92)
Dimension "Tangible elements"	348 (91)
Global satisfaction	365 (95)

N: frequency, %: percentage

The most common reason for consultation was Systemic Arterial Hypertension (SAH) with 41% (n=155), Diabetes Mellitus (DM) with 18% (n=69), dyslipidemia with 8% (n=32), chronic kidney disease and heart disease represented 3% (n=10) and 1% (n=5) respectively, other reasons constituted 29% (n=112). Regarding schooling, secondary school was the most frequent with 30% (n=114), followed by high school with 24% (n=90), primary school with 10% (n=37), and technical school with 12%. (n=45), undergraduate with 16% (n=62) and postgraduate with 2% (n=6). A small percentage had no education or only knew how to read and write.

Regarding the average evaluation of each item of the instrument, the following was found: in dimension 1 (reliability), the average for item F1 was 7.9 (SD 1.6), while for item F2 it was 8.0 (SD 1.6). and for item F3 it was 7.8 (SD 1.6). Regarding the responsiveness dimension, item CR1 had an average of 7.2 (SD 1.9), the same as items CR2 and CR3, both with an average of 7.2 but with a standard deviation of 2.0 and 1.9 respectively.

For dimension 3 (doctor safety), item S1 had a mean of 7.9 (SD 1.8), item S2 a mean of 8.0 (SD 1.8), item S3 stood out with a higher mean of 8.3 (SD 1.6)), and item S4 recorded an average of 7.8 (SD 1.7). Dimension 4 (empathy) evaluated with item E1 had an average of 7.9 (SD 1.7) and in item E2 it was slightly lower with an average of 7.3 (SD 2.0). Dimension 5 (tangible elements) was rated high in item ET1 with an average of 9.1 (SD 1.2), while item ET2 decreased to an average of 6.4 (SD 2.2) and item ET3 decreased further to an average of 5.9 (SD 2.5).

Regarding the dimensions evaluated, "Reliability" obtained an overall average of 23.8 (SD 4.4), "responsiveness" an average of 21.8 (SD 4.9), "Doctor safety" with an average of 32.3 (SD 5.7) and "Empathy" an average of 15.3 (SD 3.2). The "Tangible elements" dimension had an average of 21.6 (SD 4.7). Finally, global satisfaction with medical care had an average of 114.9 (SD 17.4) (Table 2).

When interpreting the previous results in each item, we found the following: in item 1, 92% (n=351) felt satisfied with the service performed correctly and 91% (n=347) with the careful work of the doctor. 90% (n=346) believed that the doctor showed interest in solving their problems. 80% (n=307) were satisfied with the short waiting time and 80% (n=308) with the adequate duration of the service. Satisfaction with service hours and compliance was also high, at 80% (n=308) (Table 3).

Regarding receiving accurate information, 88% (n=335) felt satisfied and 89% (n=341) felt satisfied with the doctor's kind and courteous treatment. 92% (n=354) considered that the doctor was professional and trained, and 91% (n=351) trusted the unit doctor. Furthermore, 90% consider that the doctor who treated them had clear and precise language. Satisfaction with the doctor's knowledge of their needs was 81% (n=310) and 97% (n=371) were satisfied with the doctor's presentation. Pleasant and clean facilities received 64% (n=245) satisfaction, and adequate facilities for service 54% (n=205).

Dimension 1 of the questionnaire "reliability in medical care" had a high level of satisfaction with 94% (n=360). Dimension 2 "responsiveness" 86% (n=329). Dimension 3 "doctor safety" 93% (n=357). Dimension 4 "empathy" was also valued positively with 92% (n=351) satisfaction, as was dimension 5 "tangible elements" with 91% (n=348). Finally, overall satisfaction with medical care was 95% (n=365), reflecting a general positive perception of the services provided (Table 4).

Discussion

The most important finding of our study was the high frequency of satisfaction with health care among patients at UMF 44. Several recent studies have evaluated satisfaction with medical care, since it is an aspect with strong relevance in care. to health. Vázquez et al., [9] in a study that evaluated the satisfaction perceived by users who received medical care in the Family Medicine Unit No. 6 of Puebla, with a population of 395 patients, found that 65% of the beneficiaries were satisfied with the Waiting time for laboratory, office, medical appointments and referral. The overall perceived satisfaction with the care in the medical unit was 65% and dissatisfaction in the remaining 35%. These results agree with our study, although with a higher frequency of satisfaction in our population with 95% of satisfied users.

Guzmán et al., [10] in a descriptive cross-sectional study, which evaluated the satisfaction of users seen in the outpatient clinic of the Family Medicine Unit 1 of the IMSS, in Ciudad Obregón, Sonora, in a population of 380 users; found that the care was rated as satisfied by 58%, and insufficient by 42%. Medical care was evaluated as good by 53%. The perception of the treatment received was good in 61% of the cases. These results differ from our study, since in each dimension we found high levels of satisfaction, with an overall satisfaction of 95%.

Colunga-Rodriguez et al., [11] in a study that evaluates the quality of care and user satisfaction in family medicine units No. 1, 53, and 91 of the IMSS in Guadalajara, showed that 66% of users were satisfied with the medical care received. Regarding waiting time, friendliness, quality of care, problem resolution, personalized attention, information and comfort, the results showed satisfaction of 70% of patients. Likewise, our results showed a frequency of overall satisfaction higher by 34 percentage points [6,7].

Tsironi et al., [12] in a study in Greece where they measured the satisfaction of 352 parents with the quality of care for their children, found that parents of hospitalized children were very satisfied (80%) with the behavior of health professionals. and the medical and nursing care provided to them, but were less satisfied with accessibility in the hospital. The length of the child's hospital stay appeared to affect most dimensions of parental satisfaction. These results are similar to ours in terms of the percentage of satisfaction, but, even so, our satisfaction percentage was higher at 95%, although it should be noted that our study was carried out in consultation and not in hospitalization.

Valis-Martínez et al., [13] analyzed a period of ten years, from 2005 to 2014, in 17 autonomous communities of Spain, found that patient satisfaction with the health system in Spain is 57%, with the family doctor it is 54% and with another specialist by 55%. The three types of satisfaction were positively and significantly influenced by the number of specialist doctors, the number of hospital admissions and in-hospital mortality, while the number of surgical interventions had a negative influence. The previous results differ from ours, since satisfaction levels were high, with an overall satisfaction of 95% with the family doctor.

Febres-Ramos et al., [14] in an observational, descriptive, cross-sectional study, with a sample consisting of 292 patients, found that 57% of the sample was female, the age range of the participants ranged from 36 to 45 years. Likewise, 36% of the users had completed secondary education and 63% were chronic patients. An overall satisfaction of 60% was obtained. Our results partially agree regarding the characteristics of the patients, since the sample was slightly older in men and with secondary education, however, we differ in user satisfaction, since our overall result was 95%, very far from the 60% of the previous study

Martínez-Espinoza et al., [15] in Peru, in a population that was made up of 144 users who attended outpatient consultation. They found that the average age of the population was 39 years, predominantly men (55%) and with basic education (60%). Furthermore, when measuring global satisfaction, they found a satisfaction percentage of 90%. Our results are similar to the previous study, since both the general characteristics and the frequency of satisfaction were similar, with only 5% higher in our study (90 vs 95%).

Mero et al., [16] in a study in Cuba where they interviewed 318 people, found an overall satisfaction of 20%, and affirm that 80% of the problems are concentrated in the waiting time to be attended to, and in the infrastructure of the health establishment. health, for this reason a deeper approach is needed to resolve this non-conformity that users have. The waiting time to be served is long. The infrastructure of the health unit is uncomfortable for the user and also for the staff who work there. The previous results differ from our findings, since overall satisfaction was 95%, very different from the previous study, and no problems were found in the infrastructure, which tells us about the differences in the health centers that are compared.

Adhikari et al., [17] in a sample of 204 patients, observed a wide variation in patient satisfaction according to the dimensions of the instrument; however, around 39% of patients were satisfied in general satisfaction, 92% in medical care and 45% in accessibility and comfort. The previous results differ from ours, since the frequency of global satisfaction was high with 95%, the same for accessibility and comfort, and they agree in medical care with high satisfaction percentages.

Conclusions

The study provides valuable information on patient satisfaction with health services, which has direct implications for the practice of family medicine, patient management, and health care policies. The high satisfaction reported in the various dimensions of medical care indicates that the services provided are aligned with the expectations and needs of patients. This is essential in family medicine, where the focus is on comprehensive and continuous care.

High levels of satisfaction in areas such as reliability and empathy underscore the importance of effective communication and a strong doctor-patient relationship in family medicine. The high satisfaction reflected in the study may contribute to greater confidence and adherence to treatments by patients, which is crucial for the effective management of chronic and acute conditions. Patients perceive the care received favorably, which can positively influence their willingness to seek preventive medical care and follow medical recommendations.

On the other hand, the high patient satisfaction suggests that the current care models in the family medicine unit 44 are effective and can serve as references for other health units or services. Although satisfaction was high, there is always room for improvement. It is important to analyze the aspects where satisfaction was relatively lower to implement improvements. Patient experience and satisfaction must be a priority in the planning and evaluation of health services. Finally, this study highlights the importance of patient satisfaction in family medicine and suggests that aspects such as those evaluated in each dimension of the instrument are key to successful medical care. These findings can be used to further improve health services, focusing not only on clinical aspects, but also on the overall patient experience.

References

1. Kalaja R. Determinants of Patient Satisfaction with Health Care: A Literature Review. European Journal of Natural Sciences and Medicine. 2023; 6: 41–52.

2. Manzoor F, Wei L, Hussain A, Asif M, Shah SIA. Patient Satisfaction with Health Care Services; An Application of Physician's Behavior as a Moderator. Int J Environ Res Public Health. 2019; 16: 3-10.

3. Guzmán MA, Ramos-Córdova LF, Castañeda-Sánchez O, Castillo-Sánchez DL del, Gómez-Alcalá AV. Satisfacción de los usuarios de una unidad de medicina familiar. Rev Med Inst Mex Seguro Soc. 2006; 44: 39–45.

4. Pedraja-Reja L, Valdés-González G, Riveros-Crawford I, Santibáñez-Rey D. Percepción de la calidad de servicio de salud en la ciudad de Arica, Chile: hacia un plan de mejora. Interciencia. 2019; 44: 514–20.

5. Vázquez-Cruz E, Sotomayor-Tapia J, González-López AM, Montiel-Jarquín ÁJ, Gutierrez-Gabriel I, Romero-Figueroa MS, et al. Satisfacción del paciente en el primer nivel de atención médica. Revista de Salud Pública. 2018; 20: 254–7.

6. Mashoufi M, Ayatollahi H, Khorasani-Zavareh D, Talebi Azad Boni T. Data quality assessment in emergency medical services: an objective approach. BMC Emerg Med. 2023; 23: 1–9.

7. Jonkisz A, Karniej P, Krasowska D. The Servqual Method as an Assessment Tool of the Quality of Medical Services in Selected Asian Countries. Int J Environ Res Public Health. 2022; 19: 7831.

8. Espinoza IL, Fragoso JT. Análisis de la calidad de servicios públicos de salud con el modelo SERVPERF: un caso en el Istmo de Tehuantepec. Contaduría y Administración. 2021; 67: 3-11.

9. Vázquez-Cruz E, Sotomayor-Tapia J, González-López AM, Montiel-Jarquín AJ, Gutiérrez-Gabriel I, Romero-Figueroa MS, et al. Satisfacción del paciente en el primer nivel de atención médica. Rev Salud Pub. 2018; 20: 1-8.

10. Guzmán MA, Ramos-Córdova LM, Castañeda-Sánchez O, et al. Satisfacción de los usuarios de una unidad de medicina familiar. Rev Med Inst Mex Seguro Soc. 2006; 44: 39-45.

11. Colunga-Rodríguez C, López-Montoya MA, Aguayo-Alcazar G, Canales-Muñoz JL. Calidad de atención y satisfacción del usuario con cita previa en medicina familiar de Guadalajara. Rev Cubana Sal Pub. 2007; 33: 23-27.

12. Tsironi S, Koulierakis G. Factors affecting parents' satisfaction with pediatric wards. Jpn J Nurs Sci. 2019; 16: 212-220.

13. Valis-Martínez MC, Abad-Segura E. Satisfacción del paciente en el Sistema Nacional de Salud español. Anales Sis San Navarra. 2018; 41: 309-320.

14. Febres-Ramos RJ, Mercado-Rey MR. Satisfacción del usuario y calidad de atención del servicio de medicina interna del Hospital Daniel Alcides Carrión. Huancayo - Perú. Rev Fac Med Hum. 2020; 20: 397-403.

15. Martinez-Espinoza AC. Calidad de atención percibida y satisfacción del usuario externo que acude al Puesto de Salud Lucre - Cusco, 2020 (tesis de grado). Perú: Universidad Cesar Vallejo. 2021.

16. Mero LC, Zambrano MI, Bravo MA. Satisfacción de los usuarios y la calidad de atención que se brinda en la Unidad de Salud Cuba Libre 24 horas. Rev Espacios. 2021; 42: 117-124.

17. Adhikari M, Paudel NR, Mishra SR, Shrestha A, Upadhyaya DP. Patient satisfaction and its socio-demographic correlates in a tertiary public hospital in Nepal: a cross-sectional study. BMC Health Serv Res. 2021; 21: 135.