



Assessment Of Knowledge, Attitude And Level Of Satisfaction Of Health Care Consumers In Utilization Of Health Care Services Rendered By Omayal Achi Community Health Centre, Arakkampakkam

¹Jayasree C, ²Celina D, ³Kanchana S

¹Professor cum HOD, ²Professor cum Viceprincipal, ³Professor cum Principal

¹Community Health Nursing Department,

¹⁻³Omayal Achi College of Nursing, Chennai, India,

Abstract: Quality assurance is getting higher importance in the health care system as there is a heavy investment in the health system on structure and resources. So it is essential to know how for it is accessible to the remote area people and whether the community people are aware of the health care services available for them and the people are satisfied out of health sector's services. **Aim & Objective:** To assess the knowledge, attitude and level of satisfaction of health care consumers towards OACHC's health services, to correlate between knowledge, attitude and level of satisfaction of health care consumers towards OACHC's health services and to associate the selected background variables with the mean level of knowledge, attitude and level of satisfaction of health services among health care consumers. **Methods and Materials:** Non experimental descriptive research design to assess the knowledge, attitude and level of satisfaction of health care consumers in utilization of OACHC health services, 50 consumers(15-60) who fulfilled the inclusion criteria were selected by purposive sampling technique. A structured questionnaire method was used to assess the knowledge and 5 point likert scale used to assess the attitude and level of satisfaction was assessed by using 4 point likert scale which was devised and collected by the investigator through interview technique. **Results:** The findings revealed that none of them having adequate knowledge and majority of the consumers were having moderate level of knowledge whereas few of the having inadequate level of knowledge. While considering the attitude majority of them having moderate level of attitude and all of the health care consumers having high level of satisfaction towards OACHC's health care services. Chi-square reveals that most of the consumers were frequently attended the centre, with reasonable visit, by getting information about OACHC, all these were significantly associated with the knowledge, attitude and level of satisfaction score. **Conclusion:** Majority of health care consumers are having moderate level of knowledge (56.00%) whereas few of the having inadequate level of knowledge(44.00%) while considering the attitude majority of them having moderate level of attitude (52.00%) and all of the health care consumers having high level of satisfaction(100%) towards OACHC's health care services.

Key Words: Quality Assurance, Heavy Investment, Health care consumers, utilization of OACHC's health service, heavy investment

I. INTRODUCTION

Health is not mainly an issues of physician, social services and hospital, it is an issue of social justice. So, the health is on one hand a highly personal responsibility and on the other hand a major public concern. It there involves the joint efforts of the social fabric viz, the individual, the family, the community and the state to protect and promote health.¹ Health care renders the multitude of services to individuals, families and communities by the purpose of promoting maintaining, monitoring and restoring health. Such services might be staffed, organized, administered and financed in the best possible was, but they all have one thing in common, people are being “revived”, that is diagnosed, helped, cured, educated and rehabilitated by the health personnel.

Non-Government Organization means those private organizations registered as public trusts or societies which are voluntary associations of people working at the gross roots to help the poor and needy through charitable or developmental work on a non profit basis. The need and necessity of strengthening community health service were emphasized then and again by various health planning committees of India. Being a signatory of Alma Ala declaration, the Government of India has taken many steps to provide complete primary health care to the villages but these measure all not enough to achieve the positive health of the community. Hence, the role of Non Government and Voluntary Agencies in the health appraisal of the community is highly significant.²

Goel (1981) had emphasized that the “Measurement of quality in the health care services has become necessary for the reasons like escalating health care cost, increase in medical interventions and advanced health care technology.

Objectives

1. To assess the knowledge, attitude and level of satisfaction of health care consumers towards OACHC's health services
2. To correlate between knowledge, attitude and level of satisfaction of health care consumers towards OACHC's health services
3. To associate the selected background variables with the mean level of knowledge, attitude and level of satisfaction of health services among health care consumers

Research hypotheses

RH1: There is a significant correlation between mean level of knowledge, attitude, level of satisfaction among health care consumers

RH2: There is a significant association of selected background variables with mean level score of knowledge, attitude and level of satisfaction among health care consumers.

II. METHODOLOGY

A quantitative research approach with non experimental descriptive research design was adopted to accomplish the aims of this study. The study was conducted at villages surveyed and adopted by Omayl Achi Community Health Centre with 50 health care consumers who fulfilled the inclusion criteria, chosen as samples of the study using a non-probability convenient sampling technique. Omayal Achi Community Health Centre caters the health care services to 54 villages with the total population of 1,90,000 and renders the basic preventive and promotive health care services like NCD Screening, Out Patient Services, Out reach services. Out of 54 villages, 24 villages are getting the intensive community health services at their door steps through out-reach services. Out of this 24 villages 9 villages been installed with Health Kiosk where 2 volunteers in each village are trained and empowered and titled as Kiosk Health Workers to screen and monitor Non Communicable Health status monthly twice. On an average 50-60 beneficiaries are regularly receiving such services in each village. Out of this beneficiaries 25-30 of them are diagnosed with Diabetes Mellitus approximately and visiting this Kiosk regularly monthly twice for RBS(Random Blood Sugar) and urine sugar monitoring.

The samples were selected based on the following

Inclusion Criteria: Health care consumers who are

- Living in the surveyed and adopted villages of OACHC.
- Visiting the Health care Centre for more than three times and received any types of health care services

Exclusion Criteria: Health care consumers who are

- Living in other than surveyed and adopted villages of OACHC
- Visiting the Health Care Centre for less than three times

2.1 Development and description of the tool: The tool constructed to the study was divided into four sections

Section A: Demographic Variables: The investigators had collected the responses by questionnaire method the questions had multiple options. The adult shows the most relevant options. The demographic variables are age, gender, religion, marital status, education status, type of family, size of family, occupation, family monthly income, no. of years residing in the village, frequency of visits, to the centre, reason for the visit, source of information about the centre and co-existence of the other health care agencies.

Section-B: Structured Knowledge Questionnaire which includes the domains of History of background, Nature of services, Time factors, Special and follow-up services and cost factors. Each item was a closed ended, multiple choice questions with a single correct answer. Scoring for each correct answer carries "1" mark and for incorrect answer carries "0". Total score is "20". The score was interpreted as Inadequate, Moderately adequate and Adequate Knowledge.

Section C: Attitude: Rating scale used to assess the attitude towards OACHC's health services. This section had 10 items. All the statements constructed were positive. Each item had 5 responses and were scored as Strongly agree, Agree, Uncertain, Disagree and Strongly disagree. The total score was 50. The score was interpreted as Unfavourable, Moderate and Favourable attitude.

Section-D: Level of satisfaction: The satisfaction scale consists of four responses Always, Occasional, Rare and Never and the core given as 3,2,1, and 0 respectively. The total score was 30. The score was interpreted as High level, Optimum level and Low level of satisfaction.

2.2 Data collection procedure

The study was conducted in adopted villages of Omayal Achi Community Health Centre includes Arakkambakkam, Thamarapakkam, Karuvaattukoondur. It was conducted after receiving the formal permission from the Principal, Omayal Achi College of Nursing. The permission was obtained from the President of Arakkampakkam before conducting the study. The investigator selected 50 samples, which fulfilled the sample selection criteria by using purposive sampling techniques. The investigators obtained informed consent from the samples after introducing herself and explained the purpose of study. The investigators used structured interview schedule to assess knowledge, attitude and level of satisfaction of health care consumers in utilization of health services rendered by OACHC regarding the health care consumers was assured to win their cooperation during data collection. After the data collection the doubts were clarified. The data collection was done for a period of 1 week.

2.3 Ethical consideration

The ethical aspects of research were maintained throughout the study by obtaining an ethical clearance certificate from ICCR and formal permission from the Principal of the college. Confidentiality was maintained throughout the data collection period and the collected data was used only for research purposes.

III. RESULTS AND DISCUSSION

3.1 Description of demographic variables of health care consumers

Considering the description of demographic variables, most of the health care consumers 22(44%) were in the age of 45-60 years, were females 36(72%), belong to Hindu religion 34(68%), were primary education 22(44%), were semi-skilled worker 17(34%) and married 44(88%). Most of the health care consumers income were more than 5000 and no of year residing in village more than 20 years 34(68%), and no of times attended the centre so far less than 11 time 24(48%) and the reason for the visit acute illness 24(50%), and the sources of getting the information OACHC's health personal 25(50%), and other health care agency available around the village within 5km radiance were government health centre 42(84%).

3.2 Level of knowledge on utilization of health care services rendered by OACHC: While considering the level of knowledge none of them had adequate level of knowledge, 28(56%) of the health care consumers had moderately level of knowledge and 22(44%) of them had inadequate level of knowledge.(Fig 3.2.1)

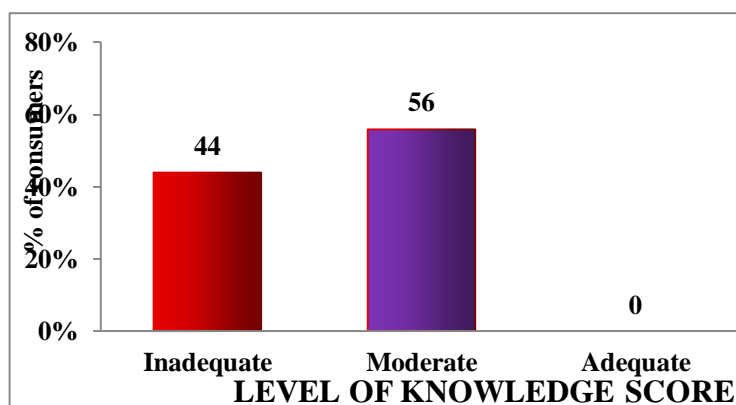


Figure 3.2.1: Percentage distribution of level of knowledge on utilization of health care services rendered by OACHC

3.3 Level of attitude on utilization of health care services rendered by OACHC: In aspect of level of attitude majority of the health care consumers 26 (52%) were having moderate level of attitude score and 24(48%) of them had favourable attitude and none of them were having unfavourable attitude towards the utilization of health care services rendered by OACHC(Fig 3.3.1)

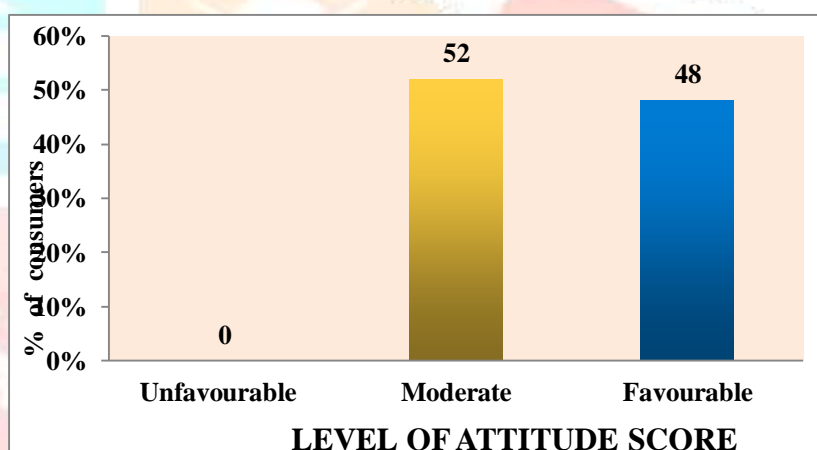


Figure 3.3.1 : Percentage distribution of level of attitude on utilization of health care services rendered by OACHC

3.4 Level of satisfaction on utilization of health care services rendered by OACHC: In level of satisfaction 100% of the health care consumers had high level satisfaction and none of them having low and optimum level of satisfaction in utilizing the health care services rendered by OACHC

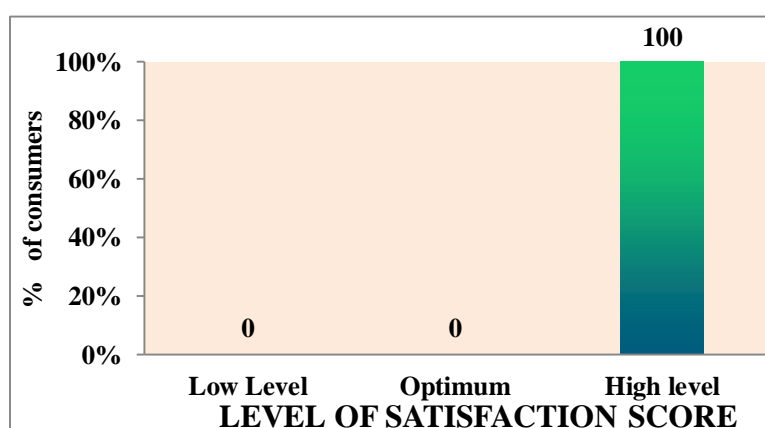


Figure 3.4.1: Percentage distribution of level of satisfaction on utilization of health care services rendered by OACHC

3.5 Correlation between knowledge, attitude and level of satisfaction of health care consumers towards OACHC health services:

Table 3.5.1: correlation of mean differed level of knowledge, attitude and level of satisfaction score regarding utilization of health care services rendered by OACHC among health care consumers

Correlation between	Mean difference Mean±SD	Correlation coefficients	Interpretation of correlation coefficient
Knowledge score Vs Attitude score	50.29±12.16 12.84±5.79	r= 0.38 P=0.01**	Fair correlation
Knowledge score Vs Satisfaction score	50.29±12.16 78.59±37.07	r= -0.45 P=0.01**	Moderate correlation
Attitude score Vs Satisfaction score	12.84±5.79 78.59±37.07	r= -0.37 P=0.01**	Fair correlation

Significant **P≤0.01

Table 3.5.1 analyzes the level of knowledge and attitude gain the mean differed score of knowledge was 50.29 with SD of 12.16 and mean differed score of attitude gain was 12.84 with the SD of 5.70. The calculated 'r' value is 0.38, shows a significant fair and positive correlation which clearly indicates knowledge score increases their attitude score also increases fairly. Whereas the level of knowledge and satisfaction gain the mean differed score of knowledge was 50.29 with SD of 12.16 and mean differed score of level of satisfaction gain was 78.59 with the SD of 37.07. The calculated 'r' value is -0.48 shows a significant moderate and positive correlation which clearly indicates knowledge score increases their level of satisfaction also increases moderately.

When analyzing the level of attitude and satisfaction gain the mean differed score of attitude was 12.84 with the SD of 5.70 and mean differed score of satisfaction gain was 78.49 with the SD of 37.07. The calculated 'r' value is -0.37, shows a significant fair and positive correlation which clearly indicates attitude score increases their level of satisfaction also increases fairly.

3.6 Association of selected background variables with the level of knowledge, attitude and level of satisfaction on utilization of health care services rendered by OACHC among health care consumers

The results reveals that most of the health consumers visiting more than 11 times 24(75%) whereas 25 (72%) were getting the information about OACHC from OACHCs Health Workers were significantly associated with the mean level of knowledge score and most of the health consumers belongs to male gender 14 (78.58%), visiting the clinic more than 11 times 24(70.83%) whereas 25 (64%) were getting the information about OACHC from OACHC Health Workers were significantly associated with the mean level of attitude score and there was no - significant association of demographic variables with the mean level of satisfaction score.

IV CONCLUSION

The health care consumers had moderately adequate knowledge and moderate level of attitude towards the health services and having high level of satisfaction towards OACHC's health services. This findings revealed that constant effort by health care provider is needed to improve the health care consumer's knowledge and improve the utilization rate .

V IMPLICATION

The Community health nursing should bring a design which is suitable for the health care services in bridging the gap between the health care authorities and health care consumers. The nurse administrator collaborate with public and private sector for the distribution of health care services to the rural community with affordable cost and its important to formulate a policies to enhance the utilization of health care services by health care consumers.

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