

## Improving Client Satisfaction in Peruvian Health Clinics

### Introduction

When patients experience high-quality healthcare and their health improves, they generally feel more satisfied. Interestingly, scientific evidence indicates the reverse is also true: increased client satisfaction can lead to better health outcomes. Satisfied patients are more likely to comply with treatment and advice and to return for additional care as necessary (Aharony and Strasser 1993; Lochman 1983). They are also more willing to pay for services (Scott and Smith 1994), thereby increasing revenue for healthcare—an important element of health sector reform. However, while the value of raising client satisfaction is well recognized, the optimal methods of collecting and using client data remain unknown.

The Quality Assurance Project (QAP) investigated such methods and how healthcare personnel used the resulting data at the Max Salud Institute for High Quality Health Care in Chiclayo, Peru. Started in 1994 with funding from the U.S. Agency for International Development (USAID), Max Salud is a private, nonprofit organization providing a broad range of health services to about 20,000 low- to middle-income people. It established quality improvement committees during the study.

### Data Collection Methods

Six different methods for collecting data on client satisfaction were tested between September 1998 and April 1999:

- *Exit interviews*: 323 patients were interviewed as they left the clinic
- *Follow-up visits*: 32 patients who were interviewed at exit also received follow-up visits at home
- *Focus groups*: eight focus groups of recent patients discussed their experiences in facilitated meetings
- *Interviews with discontinued clients*: 40 former clients who had not visited the clinic in over a year were interviewed at their homes
- *Suggestion boxes*: comments were collected and compiled midway through the project
- *Community meetings*: four general community meetings were led by health promoters

#### Figure 1. Aspects of Quality That Affect Client Satisfaction

*Effectiveness*: correct diagnosis; effective treatment

*Efficiency*: organized procedures; short waits

*Technical competence*: provider compliance with clinical standards

*Interpersonal relations*: friendliness of staff

*Access and cost*: clinic location; hours open; price to client

*Safety*: physical security; trust in system

*Continuity*: consistent care; same provider

*Physical aspects*: modern; clean; good ambiance



## Advantages and Disadvantages of the Data Collection Methods

The study team assessed the value of the data collection methods with respect to four criteria: *feasibility* (ease of implementation), *validity* (accuracy of data), *utility* (usefulness for quality improvements), and *cost* (time and money). The team conducted staff and client interviews, held focus groups with the quality committees, and observed clients as they received care. The assessment showed large variations among the methods with respect to the criteria. Each method was strong in one or two criteria, but weak in others. The main findings were:

- *Exit interviews*: relatively inexpensive, the best source of quantitative data, require open-ended questions and periodic updating of the form
- *Follow-up visits*: particularly valuable for quality improvement if used to flesh out comments of current, dissatisfied clients
- *Focus groups*: useful, but not very feasible
- *Interviews with discontinued clients*: former clients may not be dissatisfied, just healthy or relocated, so not cost-effective
- *Suggestion boxes*: easy to establish, but require user-friendly forms and convenient locations
- *Community meetings*: provide valuable contextual information, but not specific client satisfaction data

## Feedback to Management

Key comments from focus group transcripts and data summaries of interviews were organized by the aspects of quality (Figure 1) and given to management and the quality committees. For the most part, the data revealed a high satisfaction with all aspects of quality, especially staff friendliness and clinic attractiveness. Clients appreciated thorough check-ups to quick ones. For Max Salud management, the system for collecting data was a success and the data useful for many decisions.

The quality committees examined sources of dissatisfaction to identify opportunities for improvement. For example, client concerns about waiting time in one clinic led to substantial improvements. For instance, free supplies were moved from the pharmacy into the consultation rooms so some people would not have to queue twice: once for services and once for free supplies (Santillán 2000).

The study team made the following recommendations to Max Salud:

- Process qualitative and quantitative data quickly and feed results back to managers as soon as possible
- Give quality committees sufficient time, training, and follow-up attention to maximize the use of satisfaction data
- Update data collection tools periodically to ensure that current issues are addressed
- Use open-ended questions that allow dissatisfaction to be fully expressed
- Consider using health promoters to collect individual client complaints from their own communities

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### Citations

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- Lochman, J.E. 1983. Factors related to patients' satisfaction with their medical care. *Journal of Community Health*. (9)2:91–109.
- Santillán, D. 2000. Using client satisfaction data for quality improvement of health services in Peru. *Quality Assurance Project Case Study*. See ordering information below.
- Scott, A. and R. Smith. 1994. Keeping the customer satisfied: Issues in the interpretation and use of patient satisfaction surveys. *International Journal for Quality in Health Care* (6)4:353–59.

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For further information, see "Implementing a client feedback system to improve the quality of NGO health services in Peru" (in press) by Diana Santillán and María Elena Figueroa. It may be ordered at QAP's website: <[www.qaproject.org](http://www.qaproject.org)> or by writing to <[qapdissem@urc-chs.com](mailto:qapdissem@urc-chs.com)>.