



CHAPTER V

SUMMARY DISCUSSION AND RECOMMENDATION

5.1 Summary

The objectives of this thesis

1. To determine the personal factors and other related factors of consumer.
2. To determine the level of consumer satisfaction of health services at PCUs in regards to: the convenience of the service, the coordination of the service, the courtesy of the health workers, the offer of medical information, the quality of care and out-of pocket cost.
3. To identify any association between the personal factors and other related factors with the level of consumer satisfaction.

Research Methodology

This research is a descriptive research that studied about consumer satisfaction of health services provided by PCUs under the 30 Baht Policy in Muang District, Phatthalung Province. It is also a survey research, using a cross-sectional study.

It sampling by probability sampling; stratified random sampling and systematic random sampling, and collected data from 392 consumers who have the golden card, and who obtained health services at PCUs in Muang District, Phatthalung Province.

(Excluding Muang Municipality) The instrument used in this study was a constructed and pre-tested questionnaire. (Alpha = 0.9399) All data was collected by self-administration and interview consumers who can not read from February 26, 2003 – March 11, 2003.

Important Results

It was reported that 27.8% of consumers went to receive services in Paksa PCU, 25.0% went to Bansuan PCU, 24.2% went to Natom PCU, and 23.0% went to Banpai PCU.

The majority of consumers were female (70.9%). They were 20 - 40 years old (52.3%), mean score = 38.95. The majority of them were married (76.3%), had primary education 1-4 (32.1%), were agriculture (44.1%), and had 4-6 persons in family (65.1%), mean score = 4.53. The majority of respondents also had a monthly family income between 2,001-4,000 Baht/month (35.7%).

The majority of respondents had the co-payment golden card (51.3%), and, the non co-payment golden card (48.7%). The majority of respondents will chose the original PCU in the next year (87.8%). Since 1 October 2001, the majority of respondents visited the PCU upper 6 times (34.4%). Others visited 3-4 times (25.8%), 1-2 times (23.5%), 5-6 times (11.7%), or never come to the PCU before (4.6%). This sickness, the majority of respondents never visit at the another health place before (80.1%). The majority of respondents visited the PCU on weekdays (75.5%), next,

came in weekend (24.5%). And, came between 08.30-12.30 (46.7%), between 12.30-16.30 (46.2%), and between 16.30-20.30 (7.1%).

The majority of consumers would like to have the health service team from Phatthalung Hospital first ($\bar{X} = 4.18$), the second, they need the Medical Mobile Unit set up in the village ($\bar{X} = 4.16$), and the third, they need to have the out time clinic (16.30–20.30) and need the PCU serve everyday ($\bar{X} = 4.08$). In summary, the need of consumers for model of PCU had $\bar{X} = 3.97$.

The majority of consumers were satisfied with familiarly of the PCU ($\bar{X} = 4.32$). This was followed by time of service (08.30 – 20.30) ($\bar{X} = 4.31$), and reception and correction of prescription ($\bar{X} = 4.29$). In summary, consumer satisfaction with services of PCU had $\bar{X} = 4.18$.

In conclusion, the consumers satisfied with courtesy by health officers group was first ($\bar{X} = 4.25$), the second was quality of care given group and service's convenience group ($\bar{X} = 4.18$), the third was service's coordination group ($\bar{X} = 4.15$), the fourth was medical information given group ($\bar{X} = 4.12$), and the last was out-of-pocket cost group ($\bar{X} = 4.10$).

There was no statistically ($P > 0.05$) significant relationship between gender, age, education, occupation and income with consumer satisfaction level.

There was no statistically ($P > 0.05$) significant relationship between PCU, kind of card, day of service and period time with service's convenience group.

There was no statistically ($P > 0.05$) significant relationship between kind of card and period time with service's coordination group. And, there was statistically ($P < 0.05$) significant relationship between PCU and day of service with service's coordination group.

There was no statistically ($P > 0.05$) significant relationship between PCU, kind of card, day of service and period time with courtesy by health officers group.

There was no statistically ($P > 0.05$) significant relationship between day of service and period time with medical information given group. And, there was statistically ($P < 0.05$) significant relationship between PCU and kind of card with medical information given group.

There was no statistically ($P > 0.05$) significant relationship between kind of card, day of service and period time with quality of care given group. And, there was statistically ($P < 0.05$) significant relationship between PCU and quality of care given group.

There was no statistically ($P > 0.05$) significant relationship between PCU, kind of card, day of service and period time with out-of pocket cost group.

Finally, there was no statistically ($P > 0.05$) significant relationship between PCU, kind of card, day of service and period time with total of service.

In Bansuan PCU, consumers satisfied for the time service (08.30 – 20.30) was highest ($\bar{X} = 4.32$) and for describe kind of services and the all expenses were lowest ($\bar{X} = 3.83$). In Natom PCU, consumers satisfied for the individuality of officers and correction of prescription were highest ($\bar{X} = 4.27$) and the office-waiting time was lowest ($\bar{X} = 3.74$). In Paksa PCU, consumers satisfied for the reception, familiarly, and introduce for using the drug were highest ($\bar{X} = 4.44$) and the all expenses was lowest ($\bar{X} = 3.97$). And the last in Banpai PCU, consumers satisfied for familiarly was highest ($\bar{X} = 4.36$) and the office-waiting time was lowest ($\bar{X} = 4.03$).

5.2 Discussion

Because of, the instrument used in this study was a questionnaire. It was survey research, use cross-sectional study. The disadvantage of this study is consumer not compare quality of service all before and after receive it. And, the researcher does not know consumer satisfaction level all before and after receive it, too. But, the advantage of this study is the researcher does not follow the consumer for a long time. It does not to do it, because the period time of treatment of each consumer does not equal. However, to get the more validity data, we may collect it in consumers whom finish the treatment. But it is a difficult because we have many consumers and need to receive the good cooperation from them.

The majority of respondents in this research were female. It is accordance with the report of Health Education, Phatthalung Provincial Public Health Office.⁽³¹⁾ It found that female go to use the service at PCU more than male.

The majority of respondents completed primary education grades 1-4. It is accordance with the report of Kosint Intavises,⁽²⁸⁾ he found that consumer who finish primary education go to use the health service at Health Center more than who finish higher primary education.

There was no statistically ($P > 0.05$) significant relationship between gender and consumer satisfaction level. It is accordance with the report of Ratchada Tantisarasas, et al.⁽²⁹⁾ They found that consumer satisfaction level does not different in gender.

There was no statistically ($P > 0.05$) significant relationship between age and consumer satisfaction level. It is contrast to the report of Kosint Intavises,⁽²⁸⁾ who found that age and consumer satisfaction toward services of Health Center had a direct relationship. In this study, it found that consumers were lower 20 years old had satisfied more than other age group. Because the young man understanding about services more than the old man.

There was no statistically ($P > 0.05$) significant relationship between education and consumer satisfaction level. It is accordance with the report of Somchai Pinyopornpanich and Banjamaporn Pinyopornpanich.⁽²⁶⁾ They found that the education level and consumer satisfaction level are not related.

There was no statistically ($P > 0.05$) significant relationship between occupation and consumer satisfaction level. It is contrast to the report of Ratchada Tantisarasas, et al. ⁽²⁹⁾ they found that occupation and consumer satisfaction had a close relationship. In this study the students have satisfy more than other occupation, because the students accept in rule more than other occupation.

There was no statistically ($P > 0.05$) significant relationship between income and consumer satisfaction level. It is accordance with the report of Kronghathai Niyomyat and Mariyam Chaikul,⁽²⁷⁾ who found that difference of income does not influence the level of consumer satisfaction. But in this study found that consumers who have low income more satisfy than whom has high income. Because, consumers who have income is high expect for service high, too.

There was statistically ($P < 0.05$) significant relationship between PCU and service's coordination group. Consumer satisfaction is very high in Paksa PCU and low in Natom PCU. Because, the Health Workers in Paksa PCU more than Natom PCU.

There was statistically ($P < 0.05$) significant relationship between PCU and medical information given group. Consumer satisfaction is very high in Paksa PCU and low in Bansuan PCU. Because, consumer satisfaction in Paksa PCU is very high for introduce for using the drug.

There was statistically ($P < 0.05$) significant relationship between PCU and quality of care given group. Consumer satisfaction is very high in Paksa PCU and low

in Bansuan PCU. Because, consumer satisfaction with quality of care given group in Paksa PCU higher than Bansuan PCU.

There was statistically ($P < 0.05$) significant relationship between kind of card and medical information given group. Consumers who have the non co-payment golden card satisfy more than consumers who have the co-payment golden card. Because, consumers who have the non co-payment golden card do not pay for service.

There was statistically ($P < 0.05$) significant relationship between day of service and service's coordination group. Consumers who come in weekend satisfy more than who come in weekday. Because, in weekend step for service not complicate.

5.3 Recommendation

Implementation and suggestion

Consumer satisfaction for PCU with many consumers and PCU with few consumers should be contributed in the future. We should study about Health Workers satisfaction for served consumers in PCUs. And I suggest the study about the factors that influence consumer satisfaction. In the future, we should improve medical information given group and out-of pocket cost group in Bansuan PCU, service's convenience group in Natom PCU and Banpai PCU. And the last, we should improve out-of pocket cost group in Paksa PCU.

Advantage

1. To provide this information for authorities, it will be satisfaction index.
2. To determine the quality of healthcare services in PCU under the opinion of consumer.
3. To analyze the characteristics of healthcare services in PCU.
4. To identify the problem from consumers will be beneficial for improving the service's quality.
5. To collect the data which will be useful in improving the PCU's service in the next time.
6. To implement future studies for those who are interested.