



Examining the Level of Satisfaction of the Elderly Referring to Health Care Centers with Health Services Treatment of the Integrated Care Program for the Elderly in Fars Province

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Abstract

Background: The phenomenon of population aging following the increase in life expectancy and decrease in mortality in societies is a sign of the progress and development of countries, but if societies do not have the necessary preparation to deal with the needs of the elderly, especially their health needs, they will face serious challenges. This study aimed to investigate the level of satisfaction of elderly people who refer to health care centers with integrated care services for the elderly in Fars province.

Methods: The present study was conducted in a descriptive-analytical manner on 1500 elderly people who were referred to health care centers covered by Shiraz University of Medical Sciences using a simple random method. The data was collected using a checklist of demographic information and a researcher-made questionnaire. After collecting the data, it was entered into SPSS 18 and analyzed with descriptive and analytical statistics.

Results: The results showed that out of 1500 seniors who were referred, most of them were in the age group between 60-70 years old with 715 (47.6%), female gender 972 (64.8%), married 651 (85.9%), education level (53.7%) was at the elementary level and referred to urban centers with (68%) 1020 cases, and most of the satisfaction was related to the service providers (personnel) and the least satisfaction was related to the process of providing health services. Also, the elderly with a history of receiving services were far more satisfied than those who visited for the first time. The most dissatisfaction was with the facilities and equipment of health service delivery units and the duration of the service delivery process.

Conclusions: Despite the high satisfaction of the elderly, it is necessary to pay attention to the continuous improvement of the level and quality of health services for the elderly. According to the findings of the study, the need to provide facilities and modify the process of providing health services for the elderly according to their special needs, paying more attention to the empowerment of integrated care providers for the elderly as basic solutions to increase the satisfaction level of the elderly more than it is revealed.

Keywords: Satisfaction, Old age, Health, Fars.

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Introduction

In developed and developing countries, health care is the fastest growing service, while improving people's health is the main goal of any health system, there is concern about the quality of health care provided, for governments, health authorities, and users is increasing¹. In Iran, due to the rapid increase in the number of elderly people and the lack of infrastructure facilities to provide services to this group, all subcategories and organizations involved in health-oriented activities should consider the approach of healthy aging as a strategic goal and try to support the elderly by implementing community-oriented programs keep as healthy and active as possible². Now, the program of integrated care for the elderly is being implemented in the health centers of the country. The program is designed for physicians and non-physicians and uses minimal risk factors and clinical signs for early disease detection, appropriate treatment, and timely referral. The elderly is evaluated for blood pressure disorders, cardiovascular diseases, nutritional disorders, diabetes, vision and hearing disorders, depression and sleep disorders, osteoporosis, urinary incontinence, tuberculosis, dementia, falls and balance, and immunization. The weight and heaviness of the integrated care of the elderly is more towards the sick elderly and the healthy elderly are neglected in care and education matters³. In many centers, due to the high workload and the lack of trained personnel, a passive approach towards the healthy elderly, who are classified as the elderly without problems in this program, can be seen⁴.

Community-based programs for healthy aging follow such a vision. The World Health Organization has considered this strategy for the countries of the Eastern Mediterranean region, and its practical plan is based on the three principles of participation of the elderly in the development process, strengthening their physical and mental health, and providing supportive and empowering environments for the elderly. Although the phenomenon of population aging, which occurs after increasing life expectancy and decreasing mortality in societies, is a sign of the progress and development of countries, if societies do not have the necessary preparation to deal with the needs of the growing elderly and respond to the consequences of the aging phenomenon, they will face serious

challenges. One of the important challenges related to the aging of the population in countries is the provision and the provision of health services for the elderly and provision of healthcare expenses. The increase in the proportion of the elderly is associated with an increase in the demand for health services. Due to the decrease in physical performance and mental vulnerability, as well as due to the increase in underlying and chronic diseases in old age, this group is the main consumer of health services. This age group is very expensive for the health system and insurance organizations, and their health expenses involuntarily tend to increase the share of the GDP^{5,6}. Studies show that upon entering the stage of old age, treatment costs have an exponential trend, and sometimes the cost of health and treatment in the last two years of life is equal to the cost of the rest of life. Also, based on the studies, health expenses in Iranian households with elderly are significantly higher than in other households, so it is expected, that with the gradual increase in the number of the elderly, the burden of referrals of this group to receive health and medical services will increase greatly^{7,8}. While the country's health system may not be ready to provide adequate health services to the elderly and provide the necessary resources for these services until then, and it will face many challenges⁶. According to the World Health Organization (WHO), in most developing countries, not only a small share of their GDP is allocated to the health sector, but most importantly, management is very poor regarding these costs. Health operations management refers to the steps to plan, control and improve these activities to increase the health and experiences of patients^{9,10}.

Satisfaction measurement in health management, in addition to providing the information needed to improve the level of health and treatment services due to the effect of psychological and mental factors on health, plays a significant role in improving the health level of society, especially the elderly, who are the most frequently referred to receive health services have assigned to themselves⁵.

Conducting scientific research on the various aspects of the aging phenomenon in the country and its consequences and obtaining the necessary preparations to face the challenges facing this issue is one of the undeniable priorities in the country, especially in the health sector. Also, it is necessary to prepare scientific evidence regarding the level of satisfaction and benefit of health services in the elderly group for the allocation of resources, planning in the field of health, training, and skill training of the providers of elderly health services. The research related to the satisfaction of health services helps to determine the related background factors and the facilitating factors or obstacles to the satisfaction of the elderly from the provision of health services and determine the appropriateness of the volume and quality of care provided, to better plan and manage health services treatment to achieve better results in the health of this vulnerable group of society.

Materials and Methods

The present study is descriptive-analytical, which was carried out by a cross-sectional and simple random method on 1500 elderly people who were referred to the health care centers of Shiraz University of Medical Sciences, and the

satisfaction level of 50% was assumed for the sample size. With a confidence level of 95% and an accuracy of 75%, the initial sample size of 384 elderly covered by urban and rural health centers was obtained. Considering the extent and number of health care centers in urban and rural areas of Shiraz University of Medical Sciences and considering the effect of a design equivalent to 2 due to the type of sampling method, the sample size was 1500 (384×4) people. In the beginning, a series of entry and exit criteria were set, the entry criteria were age between 60-100 years old, and having suitable physical and mental conditions to conduct an interview. The exit criteria was unwillingness to participate in the study. To collect data, the researcher made a checklist of demographic information including (age, sex, marriage, education, and service provider unit) and a questionnaire. This questionnaire included three parts: support (4 questions), personnel (5 questions), and process (4 questions), and it was graded between 1 and 5 in five levels: completely satisfied, satisfied, no opinion, dissatisfied, and completely dissatisfied. Cronbach's alpha test was used to check the validity of the panel of experts and the health team group providing integrated care services for the elderly and to evaluate the reliability. Based on the calculation of points obtained from experts, the average validity ratio and content validity index for the entire questionnaire is 0.98 and 0.96. After collecting the data, it was entered into SPSS 18 and analyzed with the help of descriptive statistics (frequency, percentage, mean, and median) and analytical statistics (chi-square and ANOVA).

Results

In this study, the results showed that out of 1500 seniors, most of them were between 60-70 years old with 715 (47.6%), 972 women (64.8%), 651 married (85.9%), an education level (53.7%). At the primary level, there were 1020 cases (68%) referred to urban centers (Table 1). This study was conducted in 48 comprehensive health service centers and urban health centers, 36 comprehensive rural health service centers, 39 comprehensive urban-rural health service centers, and 43 health houses.

In the area of expansion, most people were satisfied in all departments, and the most complete dissatisfaction was related to the facilities and equipment department. (Table 1) On the other hand, in the expansion area, the elderly with a history of receiving integrated elderly care services were more satisfied than the people who had been referred for the first time to receive services. Cities with a population of less than 20,000 people were higher than comprehensive health service centers in cities with a population of more than 50,000 people. Factors such as gender, and marital status did not affect the level of satisfaction in this area, but the level of literacy had a significant relationship with the area of expansion.

In the personnel service department, most of the people were satisfied and completely satisfied (Table 3), the satisfaction rate among the elderly who refer to comprehensive health service centers in villages and cities with a population of less than 20,000 people in the personnel area is also higher than comprehensive health service centers in cities. With a population of more than 50,000 people, demographic factors

such as gender and level of literacy have a significant relationship with the personnel area, but there is no significant relationship with marriage.

Most of the people were satisfied and completely satisfied in the process of providing services (Table 4). Regarding the process of providing services, the elderly with a history of receiving services from comprehensive health service centers were far more satisfied than those who visited for the first time.

The satisfaction level of elderly clients to comprehensive health service centers in villages and cities with a population of

less than 20,000 people is also higher than comprehensive health service centers in cities with a population of more than 50,000 people. The level of satisfaction in elderly men is higher than that of elderly women who refer to the centers.

Demographic factors such as gender and marriage were not related to the scope of the service provision process, but the level of literacy had a significant relationship. Based on the results, the average waiting time to receive services in the health care centers studied was 12.3 ± 7.09 minutes and the average duration of the visit to provide integrated care services for the elderly by health care providers was 18.6 ± 4.8 minutes.

Table 1. Demographic characteristics of the studied elderly

Demographic characteristics	Number	Percent	
Gender	Man	528	35.2
	Female	972	64.8
Marital status	Married	651	85.9
	Single	36	2.4
	Widow	175	11.7
Age classification	60-70 years	715	47.6
	71-80 years	564	37.6
	81 years and older	221	14.7
Education	Illiterate	284	18.9
	Elementary	805	53.7
	High school	236	15.7
Service delivery unit	Diploma and above	175	11.7
	Urban	1020	68
	Rural	480	32

Table 2. The percentage of satisfaction of elderly people who refer to the expansion area

Examining the expansion scope of the service delivery unit	Totally unhappy	Unhappy	No idea	Satisfied	Completely satisfied
Access to the service delivery unit is convenient and convenient	14.2	10.6	4	54.1	17.1
The environment of the service delivery unit is clean and well arranged	4.5	14.1	5	64.1	12.3
There are suitable facilities and equipment in the service delivery unit to provide health services	27.3	7.6	3	44.7	17.4
There are comfortable facilities and a good layout in the waiting room	4	6	2	67.9	20.1

Table 3. The percentage of satisfaction of the elderly who refer to the field of service providers

Checking the scope of service providers	Totally unhappy	Unhappy	No idea	Satisfied	Completely satisfied
Ensuring the knowledge and skills of service providers	2.8	3.9	6	60.9	26.4
Good and respectful treatment of service providers in the stages of service delivery	2.6	0	4.1	70.2	23.1
Feeling safe and calm in dealing with service providers	13	2.1	3.1	64.8	17
Reliability of service providers	3.2	2.7	5	71.1	18
Necessary information and guidance for service providers in the field of how and steps to provide service in a simple and understandable way	5.5	1.2	3	79.2	12.1

Table 4. The percentage of satisfaction of elderly people who refer to the process of providing services

Examining the scope of the service provision process	Totally unhappy	Unhappy	No idea	Satisfied	Completely satisfied
Determining and announcing the exact time of providing service to clients	12.6	7.8	1.1	59.7	18.8
Desirability of waiting time to receive service	10.2	2.2	1.3	62.7	23.6
Allocating enough time to provide service and answer the questions of the clients	13.6	4.1	2.3	46.3	33.7
Necessary notification and follow-up for the next visit of the elderly	5.6	1.9	1.7	72.4	18.4

Discussion

The present study was conducted with the general aim of investigating the level of satisfaction of the elderly with the

health care services of integrated care for the elderly in health care centers. The research showed that the elderly who had a diploma and higher education were the most dissatisfied with the facilities and equipment of the health service units, the way the personnel treated them, and the process of providing them with integrated elderly care services. While the elderly who have a bachelor's degree, especially those who were illiterate, were most satisfied with the facilities and equipment, the way the personnel treated them and provided them with health services in general, it can be concluded that with the increase in the level of education of the elderly, their level of satisfaction has decreased. Higher education increases a person's expectations and expectations, at the same time, higher education increases people's awareness of the patient's bill of rights. Therefore, it seems natural that elderly people who have higher education have higher expectations from health service providers than illiterate or low-educated people and express less satisfaction. On the other hand, a higher level of education can indicate that people enjoy more life facilities, so higher education as a multifactorial factor has a positive effect on people's lives and increases their expectations.

The findings of Abedi's research showed that there is a significant relationship between the level of education of the patients and satisfaction with the behavior and treatment of the personnel, as well as the management of the unit providing medical services, which confirms the findings of the present study¹¹. The findings of Arab research showed that the elderly with higher education were more satisfied with the services provided to them in medical centers¹².

Investigations showed that elderly people had longer waiting periods to receive services in health units they had expressed more dissatisfaction with the facilities and equipment and the way the personnel behaved. And there is a significant statistical difference between lack of equipment and satisfaction. One of the important and key points in the formation of patient satisfaction from health service providers is the waiting time to receive services, especially a doctor's visit. It is obvious that the client, faced with a long waiting time, psychologically considers the health and treatment unit to have a problem in the process of providing appropriate and quality services, and this can affect his judgment about other areas of service provision.

In this study, the satisfaction of elderly people who were referred to urban and rural health centers was high, and in other studies, clients in other age groups had a high level of satisfaction¹³⁻¹⁶. Clients in health care centers are health-oriented and their satisfaction shows the correct performance of services and this satisfaction cannot be obtained only from high technology.

One of the strong points of this study is the absence of such a study at the city and province level and paying attention to the issue of the satisfaction of the elderly, because today, the issue that we face with the increase of the elderly is very important and vital, and one of the weaknesses of this study is the poor cooperation of the elderly to fill out the questionnaire. In general, although the results show the satisfaction of the elderly with integrated care services for the elderly in health

care units, it is obvious that the staff and doctors of the units providing health services for the elderly show more interest in providing services to elderly clients and deal with them with an open mind and understand their issues and problems more. Also, to empower the providers of integrated care services for the elderly in establishing correct communication and appropriate treatment with the elderly, conduct training courses for elderly health services and workshops on communication skills with the elderly. It can lead to the improvement of the level of satisfaction of the elderly who refer to health care service units and other clients. Therefore, managers and all health service providers, considering the customer-oriented thinking and attitude, should not be satisfied only with the results of this study and other similar studies and sometimes fixing the stated defects, but since health, health and well-being are completely dynamic phenomena and are dynamic, Despite of the high satisfaction of the elderly, you should pay attention to the continuous improvement of the level and quality of services, and even to improve the organization, it is necessary to create expectations in the customer (sick or elderly). In any case, by giving importance to the opinion of the elderly as service recipients and correcting the defects of the system, the level of satisfaction can be increased even more. According to the findings of the present study, the need to provide more facilities and facilities for the elderly according to their special needs in the field of health, to improve the processes of providing services, to pay more attention to the training and practical skills of the providers of integrated elderly care services. By using the latest scientific resources as basic solutions to increase the level of satisfaction of the elderly, it is revealed more than before.

Ethical Considerations

Also, the code of ethics of the article is IR.SUMS.REC.1394.430.

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Conflict of Interest

There is no conflict of interest among the authors of the article.

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