Effect of Physician-Patient Consultation Model on Client Satisfaction, Knowledge and Compliance at Ngaira Health Centre, Nairobi, Kenya

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The study was occasioned by the resultant effect of poor quality service provision in most health institutions in Kenya. Patient satisfaction after physician consultation, health literacy and patient compliance to medication have been noted to be very low at <50%, 23% and 50-66% respectively. Physician Patient consultation models to improve these indicators have been suggested in various set ups, but they are not suitable for our set-up and the concept of consultation modeling has not been established locally. The main objective was to test the usefulness of the proposed innovated model. This was by measuring satisfaction, knowledge and compliance after physician consultation. It was a randomized clinical trial with an after-only with control design. The study population was made up of the 3426 patients/clients who attend the Ngaira Health Centre monthly. A total sample size of 338 was used. Nine physicians participated. The structured questionnaire and the semi structured telephone interviews and or face to face interview were done for data collection. SPSS software was used to get inferential data through chi square, Pearson correlation and t-tests. Analysis of data resulted into means, variances, Odds ratio, Confidence Intervals, graphs and pie chart. The levels of satisfaction, knowledge and compliance were noted at 35%, 25.5% and 50.38% respectively in control group. Satisfaction was mainly undermined by lack of medicines, narrow range of services provided and long waiting times, while poor knowledge was due to inadequate physician-patient interaction. The low Compliance was influenced by poverty, ignorance and poor physician-patient interaction. The experimental group had a significant improvement in the three variables at 53.5%, 57.23% and 68.9% respectively and at a significance of ($\chi^2 = 216$, df = 4, p< 0.05), ($\chi^2 = 12.174$, df = 1, p< 0.05) and ($\chi^2 = 7.18$, df = 1, p<0.05) respectively. This group results also showed females giving significantly good scores for grooming of the physician and those who appreciated their hairstyle and smartness. The level of the three quality service indicators in the health institution was low. The model was able to significantly improve them. It is recommended that the model should be adopted for use by physicians. The three service indicators should be measured regularly. A multicentred phase 3 trial should be done to aid generalizability of the model.