How Clients Perceive the Functioning of Tapionkatu Health Centre Outpatient Clinic

A Quantitative Study

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Abstract

The purpose of the research was to examine the client perspective on the care offered at Tapionkatu Health Centre. The work was commissioned by Tapionkatu Health Centre employees.

The origin of the study is in the desire of Tapionkatu Health Centre employees to improve their customer service. The health centre changed their doctor's appointment practise during the spring 2008. They wished to study the effect of the change on client satisfaction.

The study was conducted as a semi-structured questionnaire. The questionnaire was composed by professionals prior to the research group starting on the project. Two sets of questionnaire were dealt for the clients of Tapionkatu Health Centre before and after structural changes in organisation of out-patient clinic. The first questionnaire was handed out in February 2008 and the second one in May 2008. The first questionnaire had an analysed data percentage of 48.5% (n=224) and the second one 52,5% (n=202). The data was analysed during the summer 2008 and spring 2009.

The results of the study were presented for the employees of Tapionkatu Health Centre in August 2008. The results showed no significant difference in client satisfaction before and after. Overall the clientele of Tapionkatu Health Centre seemed to be rather pleased with services. Mostly the waiting times were reasonable and the clients seemed happy with the services. However, they would prefer to visit their own residential area doctor or nurse. Contacting the health centre by phone was often perceived difficult.

Overall, the results did not reveal a lot of new information. However, it is important to research client satisfaction to ensure the quality of the services offered.

Keywords
Client satisfaction, Change of practise, Out-patient clinic

Miscellaneous

Permission application, Questionnaire form

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Tiivistelmä

Opinnäytetyön tarkoituksena oli kirjata ja analysoida Tapionkadun Terveysasemalla suoritetun asiakastyytyväisyyskyselyn tulokset. Terveysaseman päivystyskäytäntöä muutettiin ja muutokseen liittyen yksikössä suoritettiin vertaileva tutkimus asiakkaiden tyytyväisyydestä ennen ja jälkeen muutoksen. Työ tehtiin tilaustyönä Tapionkadun Terveysasemalle.

Tutkimus suoritettiin kvantitatiivisena tutkimuksena. Sen teossa käytettiin semi-strukturoitua kyselyä, joka jaettiin asiakkaille terveysaseman henkilökunnan toimesta, vastaanoton yhteydessä helmikuussa 2008 ja saman vuoden toukokuussa. Tutkimustulokset analysoitiin kesällä 2008 ja keväällä 2009. Tutkimusryhmä ei osallistunut kyselyn laadintaan.

Ensimmäisessä kyselyssä analysoitujen vastausten määrä oli 224 (48,5%) ja toisessa kyselyssä 202 (52,5%).

Työn tulokset esiteltiin Tapionkadun Terveysaseman henkilökunnalle elokuussa 2008. Tuloksista ei ilmennyt merkittävää eroa asiakastyytyväisyydessä ennen ja jälkeen muutoksen. Kokonaisuudessaan asiakkaat vaikuttavat tyytyväisiltä terveysaseman tarjoamiin palveluihin. Yleisesti jonotusajat koettiin sopiviksi, mutta puhelinpalvelut olivat ruuhkaisia. Asiakkaat myös toivoivat voivansa päästä omalääkärilleen tai omasairaanhoitajalleen.

Kokonaisuutena tutkimuksesta ei paljastunut merkittävästi uutta tietoa. Laadukkaan hoidon ja palvelun takaamiseksi on kuitenkin tärkeää tutkia asiakastyytyväisyyttä myös jatkossa.

Avainsanat (asiasanat)
Client satisfaction, Change of practise, Out-patient clinic

Muut tiedot
Lupahakemus, kyselylomake

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1 INTRODUCTION

Changes in the modern health care organisations in Finland have been rapid during the last few years. The technological development and changes in population structure have led to need for organisational changes in the health care. An important aspect is the maintenance of quality of care in the demanding environment. The difficulty arises from for example aging population, shortage of health care personnel and lack of economical resources. To maintain the quality of care, measuring the client satisfaction has become more important. Another measure is the guarantee of care, introduced by the Finnish government in 2005 (Sosiaali- ja Terveysministeriö (STM) 2005a).

Due to structural changes in the health centre services in the city of Jyväskylä, Tapionkatu Health Centre employees decided to change their emergency duty practise in the spring 2008. Each day, one or two doctors are responsible of the emergency duty practise, and exempt for their residential area appointments. The change was carried out as a trial in order to see whether it would have an impact on the satisfaction of their clients. (Mutka 2008; Pohjola 2009.) The client satisfaction was examined with a semi-structured questionnaire handed to the clients in February 2008 and May 2008. The first questionnaire had already been given to the clientele when the research group was asked to analyse the results of the study.

The purpose of the thesis was to study whether there had been any change in client satisfaction before and after the change on emergency duty practise. This was examined through the client perceptions on for example waiting times and residential area doctors and nurses, as well as overall happiness with the health care services of the city of Jyväskylä.

2 THEORETICAL FRAMEWORK

In the beginning of the 1990's the structure of health care and social services in Finland started to develop into the needs of a modern society. More power and responsibilities on the decision made in health and social services were given for the municipalities from the government. In 1997 the Ministry of Social Welfare and Health Care and the Association of Finnish Local and Regional Authorities started a developmental project that focused on researching the functionality of the Finnish health care services. (STM 1998a, 5.) Based on this project also the city of Jyväskylä started an appointment system based on population responsibility in 1997 as the Finnish economy overcame depression. The city had had positive experiences from residential area doctor services from the beginning of the 1990's in Huhtasuo and Kuokkala areas, but gave them up due to problematic financial situation in the end of 1993. A part of the project also included research on the practical, functional, economical and service aspects. The client satisfaction was also a major player in the field. The first research on the matter was conducted in 1997 and 1999. These questionnaires researched, for the health centre, whether the use of residential area doctor changed the client base and how satisfied they were with the services offered. (Nakari 2000, 2.)

In December 2003 the Finnish Ministry of Social Welfare and Health Care published the target and action plan for years 2004-2007. This publication, however, also concerns the research as the new plan was not confirmed by the government until December 2008. In the publication the ministry lists suggestions for action for the next four years. It emphasises for example the importance of *"evaluating the impact of municipal decisions, proceedings and economics on people"* (STM 2004, 15). Also *"municipalities and municipality groups promote the user-friendly services for the clients of social and health care"* is listed as action proposal in the plan (STM 2004, 13). The research aims to measure whether the changes in Tapionkatu Health centre has succeed in these aims by studying the client satisfaction on the services.

2.1. Patient Satisfaction

Patient satisfaction is in a key role in modern health care and quality of care (Johansson, Oléni & Fridlund 2002, 337; Lewis & Woodside 1992, 959). Factors influencing patient satisfaction depend on personal experience and expectations of the nursing care (Johansson et al. 2002, 338). Patients' individual needs vary creating challenges to nursing care. Interaction between a health care professional and a patient plays a major role on how a patient experiences the received care (Johansson et al. 2002, 340). Physical environment, access to facilities, communication, information received and attention to physiological and social problems are factors influencing how a patient experiences given care (Lewis & Woodside 1992, 960). How health care is organised, influences the patient satisfaction also. Patient expects co-operation with other health care units and team members so that the continuum of care is secured (Johansson et al. 2002, 341). In patient satisfaction, it is important to meet the individual needs and create an open and trustful environment. Health care organisation and care giver's expertise have a major role in creating a trusting relationship with a patient and allow a patient to have a satisfactory experience.

2.2 Changes in Health Care Organisations

Asiakaslähtöinen hoitotyö Jyväskylässä –report by Leiwo, Helin and Hautala (2003) examines how the clients are taken into account in health care in the city of Jyväskylä. In the report authors say that leaders in Jyväskylä seem proficient and supportive, which is important as leadership is experienced to be a cornerstone in modern organisations. Good leaders are seen as a possibility to improve the work environment. Team work and co-operation between different health care professionals are important factors in patient centered nursing care. (Leiwo, Helin & Hautala 2003, 19-20.)

Changes in health care organisations create a great challenge for health care. Continual developing of services in primary health care creates pressure to health care organisations and professionals. The service structure has changed into shorter periods spent in hospitals. The care is also more focused on operations and examinations. The proportion of non-hospitalised care and the care based on residential areas has grown

rapidly. (STM 1998b, 16.) Aging population and workforce create pressure to the health care organisations to find skilled workforce. Another health issue might be developing around the growing individualism and more urban formats of living. Changes in work description and development of technology bring more challenges to work and thus more education is needed. (Kinnunen, Kuusi, Lammintakanen, Myllykangas & Ryynänen 2004, 2-3.)

In health care appointments, multi-professional health care staff evaluates the need for care and giving treatment or guidance to patients. In primary health care doctors' and nurses' appointment includes an acute care treatment, follow up and different treatments for long-term patients, as well as various health examinations. In report of Leiwo and co-workers (2003, 22) authors claim that the quality of care is better when patient care is centralized and care is provided by professionals.

2.3 Changing Practises in Doctor's Appointments in Finland

The responsibility of organizing social and health services in Finland lies on the municipalities. Some of the services are statutory for the municipalities to organize, e.g. the health care, rehabilitation and school health care (STM 2005c, 7). In March 2005 the national health legislation was updated to secure the patient's right to receive treatment in certain time. The law demands that during office hours, clients and patients can have a contact with the health centre, either by calling or visiting there. The need for treatment has to be assessed within three days from the contact. (STM 2005d, 440)

In recent years the emergency duty practice of primary health care has gone through major changes, as the guarantee of care came into operation and the municipalities are struggling with financial issues. Municipalities try to keep the costs reasonable by joint health care emergency duty systems with other municipalities, hospitals or buying the emergency duty services from private service providers. Nowadays the emergency duty services outside office hours are many times centered in bigger units. In 2002 only 17% of the health centers were able to organize 24-hour emergency duty by using their own doctors. Because of the major problems with alcohol and drugs in the major cities and elderly needing long term placement the emergency duty has

become less interesting for the doctors. The workload of the emergency duty doctors has also increased which makes the job less appealing for the doctors. (Kangas & Vänskä 2006.)

In their study Kangas and Vänskä (2006) sent questionnaires to the doctors in charge of 215 health centers, from which 71 were health centers of federations of municipalities. The rest were health centers of single municipalities. In the study they discovered that decreasing number of health centers are able to organize their own emergency duty. Almost every third of the health center buys the service from another municipality, hospital or uses private service provider. The evening, night and weekend emergency duty is mainly centralized in other health centers, hospitals or bought from private organizations or companies. (op. cit.)

Residential area doctor system covers nowadays up to 70% of Finns. This has decreased the need for emergency duty because patients can be treated more efficiently during the office hours. According to the emergency duty definition, patients who cannot be treated the next day without endangering their health should be treated in the special health care. The problems that have risen through the change to the residential area doctor practice are mainly due to lack of workers. If the residential area doctors are absent and substitutes are not used or available, the day time reception is more difficult. (op. cit.)

2.4 Primary Health Care Services in Jyväskylä

In Jyväskylä the primary health care for citizens is organised in five health centres. Health centers are situated in Huhtasuo, Keskusta, Kuokkala, Kyllö and Säynätsalo. The health centre that clients visit, is determined by the residential area where they are living. The citizens of Jyväskylä have a right to use the services of their own areal health centre in a case of a health problem. Health centre services includes e.g. doctor and nurse appointment services, laboratory, X-ray, dental care, pre-and post natal care, help in social problems, health promoting services and student health checkups. (Jyväskylän Kaupunki 2008.)

In Jyväskylä each citizen has a designated doctor and a nurse who take care of their health care. In a case of ill health, person contacts health centre by calling or visiting and the health care professional evaluates their need for care and either gives home care guidance or makes an appointment for a doctor. In a case of severe emergency, health care is organized in Central Finland Central hospital.

2.4.1 Community Analysis of Tapionkatu Health Centre

Tapionkatu health centre is placed in the city centre of Jyväskylä. Population in the area is approximately 33 400 people (year 2007/8). Working aged is the biggest population group in the area forming approximately 44 % (14763) of the population. Second biggest group is pensioners – 25 % (8243) of the population. Other groups are students 12 % (4092), unemployed 6 % (1914), 0-14 years old 10 % (3345) and over 65 years 19 % (6498). (See figure 1). (Jyväskylän Kaupunki 2009.)

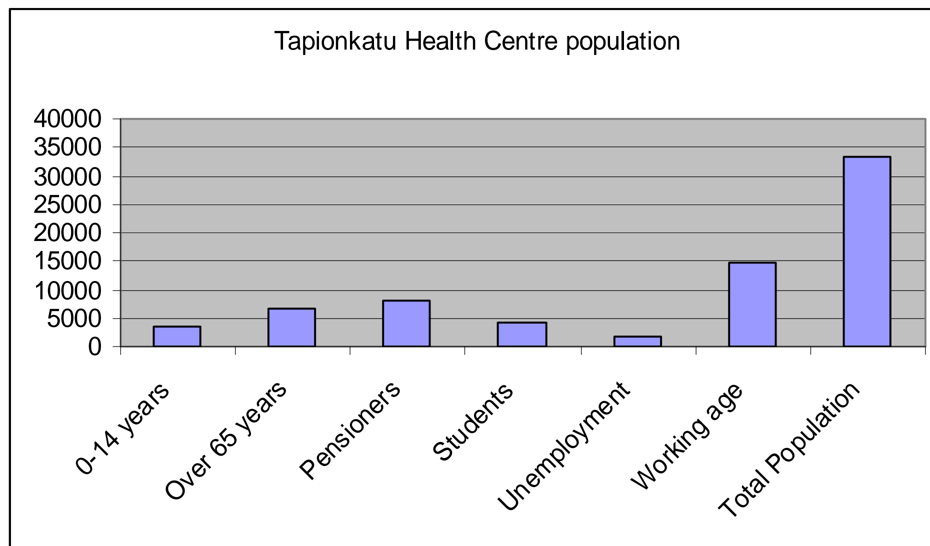

Figure 1: Different population groups in Tapionkatu Health centre area (Jyväskylän Kaupunki 2009.)

Tapionkatu health centre area is divided in to 19 sub-areas based on residential suburbs. Each sub-area has a named doctor and a nurse. The residental areas are Tuohimutka-Aittorinne, Halssila, Halssilanrinne, Lutakko, Tori, Yläkaupunki,

Tourula, Hannikaisenkatu, Lohikoski, Mäkimatti, Lahjaharju-Heinälampi, Nisula, Holsti, Mannila, Hippos, Harju, Puistokatu and Syrjälä. (Jyväskylän Kaupunki 2006.)

In Tapionkatu health centre there are 20 doctors and nurses positions. Number of doctors and nurses working can vary depending on availability of health care professionals. (Pohjola, 2009.) Tapionkatu Health centre is open on working days from 8 am till 4 pm. During closing hours treatment is conducted in Central Finland Central hospital. (Jyväskylän Kaupunki 2006.)

2.4.2 Changes in Emergency Care Practise and Implementation of the New Practise in Tapionkatu Health Centre

Because of the changes in social and health care services and organizations in Jyväskylä, the city emergency care services were relocated into Central Finland Central hospital, in January 2008 (Keikkala 2008, 15). Previously Jyväskylä citizens emergency care was situated in Kyllö Health centre, where minor emergency treatment was conducted. Severe emergency care was carried out in Central Finland Central hospital. Primary health care is managed in health centers where doctors receive the non-emergency patients who have to be treated the same day, except for those who have a previously booked an appointment time. Due to the changes and relocation of the emergency care caused more patients, who needed treatment on the same day, coming to residential health centre for a doctor's appointment. This caused crowding in the doctor's appointment times. Over booked doctor's appointment times influenced the quality of care and guarantee of care did not work. (Mutka, 2008; Pohjola, 2009.)

Because of the accumulation of appointment times, employees in Tapionkatu health centre decided to have a trial to improve their health services. Employees organized the work in health centre in such a way that nurses and every day 1-2 doctors are responsible for taking care of the emergency patients and do not have other appointment times. Practice was organized in a way that doctors are in turns exempt of residential area appointments and have a responsibility for the emergency duty. The new practice trial of primary emergency care treatment has taken into practice in start

of May 2008 and continues still in Tapionkatu Health centre in Jyväskylä. (Pohjola 2009.)

3 AIM OF THE BACHELOR'S THESIS AND RESEARCH QUESTION

Aim of the research was to study whether the changes made in Tapionkatu outpatient clinic are worth continuing and whether the change in the out patient practise improved client satisfaction and decreased waiting times when patients came to doctor's appointment. The first questionnaire was made before the changes, when there was no specific doctor for clients coming without an appointment organized beforehand. Before, clients who needed to visit doctor on the same day and came without an appointment time went to their residential area doctor although the doctor would already have a full day. If their own family doctor was not able to see the client, they were seen by any other doctor available. Now there is a doctor on duty, taking over only patients who come without an appointment time. Each doctor in the health centre has the duty in turns. The health centre staff wanted to know whether their clients were satisfied with the changes and if the new practise is worth continuing.

Research question

1. Are the clients satisfied with the services offered in Tapionkatu Health Centre?

2. Are the clients of Tapionkatu Health Centre satisfied with the change of doctors' duty practise?

4 ETHICAL CONSIDERATIONS

Co-operation with Social and Health Services of the city of Jyväskylä required permission for the bachelor's thesis. Co-operation contract was done in co-ordination with the Tapionkatu health centre. First the contact person in Tapionkatu Health Centre was the head nurse Anu Mutka. Later the head nurse position and our contact person changed to Erja Pohjola.

Permission for the co-operation was applied by email from Jarmo J. Koski who is the head manager of the Social and Health Services in Jyväskylä. (See Appendix 1.) We received an oral permission from the head nurse Anu Mutka, who gave us the questionnaires and other required information concerning the analysis and the questionnaire.

The researchers and health centre clients had no connection with each other. The clients had a chance of answering the questionnaire while they waited for their appointment. Answering the questionnaire was voluntary and clients were able to answer it anonymously. Anonymity and volunteer participation are basic principles in research ethics (Mäkinen 2006, 114) and in the thesis it has been carried out according to ethical guidelines.

Questionnaire was handed to clients while they were in doctors' or nurses' appointment and questionnaire included information sheet about the questionnaire itself and about the use of the information collected. Answering the questionnaire was voluntary. We do not know what information the clients received about the questionnaire from the health centre employees. (Hirsjärvi, Remes & Rajavaara 2000, 28.) We do not know how conscientiously clients have answered to the questionnaire and it can decrease the relevance of this research. (See also Mäkinen 2006, 92.) The participants could not be identified from the quotations used in the written report.

5 IMPLEMENTATION OF THE STUDY

A questionnaire was appropriate method for this particular research as it is cost effective and easy to organise even if time frames are restricted (Bell 1993, 76). It is also easy to distribute to a large number of people, which was important in order to gather information from as wide client base as possible. (Bell 1993, 85, 155-156; Dheram & Rani 2008.)

5.1 Questionnaire as a Research Method

Planning a questionnaire is a lengthy process as it takes a lot of careful research and thought process. The research question and then the factors possibly affecting the answers of the respondents need to be determined first. (Heikkilä 2001, 47.) This is important for cross-sectional study and for determining whether the repliers were biased in their answers. It is also important to remember that the experiences the answerers have had in the past may affect their answers. Another issue to be determined is also whether a qualitative or quantitative research would better suit the needs of the research. However, it should be remembered that it might be beneficial to implement both of these research styles in the research. (Heikkilä 2001, 16.)

When planning a questionnaire, the outlook of the questionnaire should be planned carefully. A good questionnaire is logically constructed, and seems simple and appealing for the respondents. It is also good to have the easiest questions in the beginning in order to catch the possible repliers' interest. The questionnaire needs to also include some control questions to ensure the reliability of the replies. (Heikkilä 2001, 48-49).

A questionnaire can involve both open-ended and structured questions. Most commonly open-ended questions are used if the questionnaire is a qualitative research and structured questions are used when it is quantitative. Also quantitative researches often include open-ended questions. However, these often restrict and guide the thought process of the respondents to some extent. (Heikkilä 2001, 49.) If the questionnaire includes both types of questions, it is called a semi-structured

questionnaire. Structured questions on the other hand offer limited answering possibilities, which can lead to unsatisfying answering possibilities if the possible answers are not planned carefully. On the other hand, set possibilities make the responses easy to process later and fasten the time needed for filling in the questionnaire. (Heikkilä 2001, 50-51.)

5.2 Methodology

The questionnaire was mainly structured using a quantitative approach. Quantitative method was implemented in the questionnaire as the aim was to find out how people responded and the rations of clients that were pleased or unpleased with the changes that took place. A quantitative research also allowed the research to be presented in clear statistical diagrams. This was an advantage because the results were to be presented to the staff of Tapionkatu Health Centre. The diagrams were easy to explain to a large number of people at the same time and cleared the results for the clients. Quantitative research was also appropriate because of the large scale of the respondents. (Heikkilä 2001, 16-17; Bell 1993, 155-156.)

In the two organised pieces of research there were over 200 responses each. However, use of only a single method in research can result a limited resources to act on. Sometimes this means questionable validity. (Bowling 2002, 16.) Therefore also qualitative questions were integrated to the questions in order to understand the reasons why the clients did or did not like particular practises while the changes happened. The qualitative questions also aimed to help the workers of the Tapionkatu Health Centre to understand what could be the subjects in their work that the clients might still wish to be improved in the future. (Heikkilä 2001, 16-17; Bell 1993, 155-156.)

5.3 The Development of the Questionnaire

The questionnaire was conducted by Jarmo J. Koski. Because the first set of questionnaires was already distributed for the clients, the group had no influence on the questions asked. The questionnaire was a semi-structured questionnaire which included 22 questions concerning health centre services. The questions were divided

into four categories. First category included questions from client's background information (e.g. gender, age, occupation). Second category had questions about client's health, third category included questions about the use of health services generally (e.g. how often client visits a doctor) and the fourth category asked clients experiences and opinions about health services in general. (See Appendix 2.)

5.4 Sampling

The questionnaire was distributed to the health centre clients when the clients came to the doctors or nurses appointment. The questionnaires were distributed in two parts. First questionnaire was handed to the clients before the utilization of the new practise had started. The second questionnaire was collected while the new practise was already in use. Thus the information received informs whether the new practise is working from the client's point of view.

The first questionnaire was distributed on 11th – 22nd of February 2008. During the first part 462 questionnaires were distributed and 232 questionnaires answered. The response percentage was 50,2 %. Eight questionnaires were discarded because they were not completed properly. Final analysed response percentage was 48,5 %

The second questionnaire was distributed on 12th – 23th of May 2008. During the second part 385 questionnaires were distributed and 216 questionnaires answered. Response percentage was therefore 55,8 %. 14 questionnaires were discarded because they were not filled properly. Final analysed response percentage was 52,5 %

The questionnaires were distributed to the clients by the health centre employees. The clients completed the questionnaires while being at the health centre and returned them into a box situated in the lobby of the health centre, or to the health centre employees.

5.5 Data Analysis

In the work a quantitative method was used to analyse the questionnaire and Excel-programme was implemented in order to gather the information from the questionnaires. Excel-programme was chosen because the work was begun with such a short notice that there was no time to learn to use an unfamiliar programme such as SPSS-programme. Excel-programme was also suitable for this kind of analysis because there were no unreasonably large file sizes and the Tapionkatu Health Centre employees felt no need for cross-sectional analysis. (Heikkilä 2001, 121-122.)

At first, the questionnaires were browsed through in order to eliminate papers that were not completed properly. (Heikkilä 2001, 43.) The questionnaires, in which five or more questions were not answered, were cast aside and not used in the research. The research group also discussed the guidelines for questionnaires in which some questions had more than one answer (Bell 1993, 128). Then the questionnaires were numbered, divided to equal shares for the researchers and the results were computerised to an Excel-programme. Data was changed into statistical information and diagrams, allowing it to be compared more easily. The group also decided on the scaling method used to achieve reliable results for the research. This guaranteed that everyone in the research group used the same scale when writing down the results gathered. (Heikkilä 2001, 184.)

The questionnaire included also one open-ended question that had to be analysed. These questions dealt with for example future developmental challenges. (Appendix 2.) The group discussed these questions beforehand and divided the answers into groups that could be categorised and analysed in the Excel-programme. For example the question *"22. How would you like to improve the Health Centre services in Jyväskylä?"* had several answers indicating the interest in the development of the health centre's telephone services. These answers were then categorised as "telephone services" in order to include them as a single group in the Excel-programme. (See Heikkilä 2001, 134-135.)

6 RESULTS

6.1 Background Information

In the first questionnaire the response percentage was 48,5% (n=224) and in the second one 52,5% (n=202). In both occasions over 60% of the customers who took part in the questionnaire were female. The participants were mainly elderly; in both questionnaires a vast majority of the participants was over 60 years old. The main occupational group both times was pensioners (I 49%, II 52%). The second largest occupational group in both questionnaires was employed and entrepreneurs (I 25%, II 22%). Fewer than 10% of the participants in both questionnaires were elementary school pupils or students (I 8%, II 9%). The rest were on maternity or parents' leave, unemployed, running their own household, on furlough, disability- or sick pension, other, or they answered more than one option. (See Table 1.)

Table 1. Age and occupational status of the participants

		I - Questionnaire		II - Questionnaire	
		Fr	%	Fr	%
Age (years)	< 18	9	4	8	4
	19 – 30	31	14	32	16
	31 – 60	58	26	47	23
	> 61	124	55	112	55
	Not specified	2	1	3	2
Profession	Employed/An entrepreneur	55	23	45	22
	Student	17	8	19	9
	Maternity/Parental Leave	4	2	5	3
	Running own household	3	1	1	1
	Disability/Sick Pension	20	9	11	5
	Other Pension	110	49	105	52
	Furlough	1	0	0	0
	Unemployed	6	3	6	3
	Other	5	2	5	2
	Several Chosen	3	1	5	3

6.2 Health Status and Appointment Times

Majority of the participants had some long term illness or disorder. In the first questionnaire the share of the chronic diseases was mainly divided to cardiac and circulatory illnesses (32%), metabolic disorders (15%) and musculoskeletal illnesses (13%). In the second questionnaire the major categories were cardiac and circulatory illnesses (23%), musculoskeletal illnesses (18%), metabolic disorders (16%) and respiratory illnesses (14%).

In both questionnaires the vast majority of the participants felt the current state of their health was moderate (I 54%, II 51%) or good (I 33%, II 39%). Over a half of the participants had an appointment with the doctor (I 50%, II 58%). Nurse's appointment was visited by 39% of participants in the first and 21% of participants in the second questionnaire. The rest had visited both, a nurse and a doctor (I 11%, II 20%).

Most of the clients who took part in the questionnaire had a previously booked a non-urgent appointment. In the first questionnaire only 8% and in the second only 13% of the clients came in without previously booking the appointment. 28% of participants in the first and 30% of participants in the second questionnaire came in for previously booked urgent appointment.

Time from the booking to the appointment varied greatly from immediate to over 3 weeks. Majority of the participants had the appointment within a day (I 30%, II 35%). Second largest percentage of the participants had the appointment within 7 to 13 days (I 20%, II 17%). There was a slight change in the number of the participants who had the appointment within one to three days, as in the first questionnaire the percentage was 16% as in the second it was only 8%. Up to 11% of the participants in the first questionnaire and 5% of the participants in the second had the appointment within 4-6 days. The participants who had booked the appointment 15-20 days beforehand were a few (I 7%, II 10%). People who had to wait over 3 weeks to have the appointment were in a minority, only 5% of the participants in the first and 11% of the participants in the second questionnaire. The rest of the participants did not answer the question.

Most of the participants felt the time from the booking to the appointment was appropriate (I 75%, II 67%). Only few felt the time was far too long (I 2%, II 5%). (See Figure 2.)

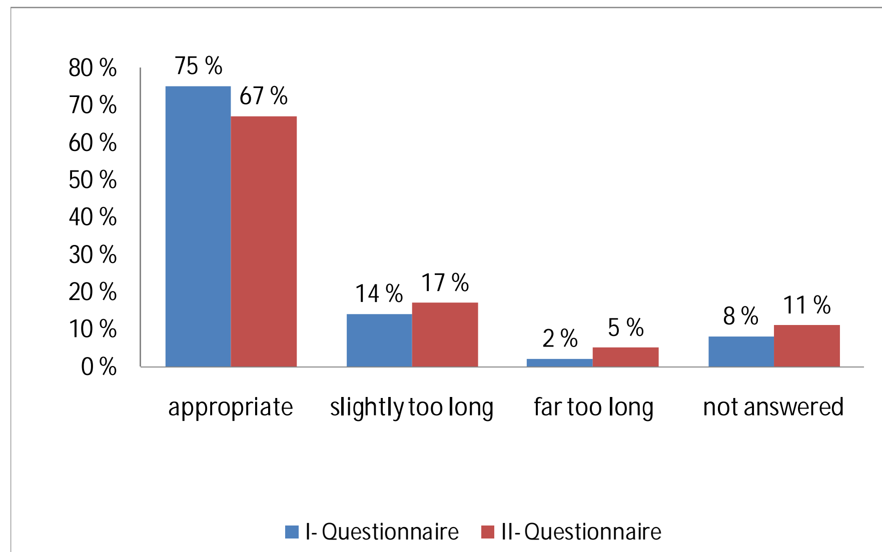

Figure 2. Waiting time from booking to the appointment

The appointments took place mainly on time; some of the clients had to wait a little while. Before the change, the waiting time varied from 2 minutes to 6 hours, averaging 41 minutes. After the change the waiting time varied from 4 minutes to 2 hours, averaging 54 minutes. Before the change only four of the clients who came in without previously booked appointment (all in all 17) thought they had to wait too long for the appointment. Their waiting times varied from 30 to 360 minutes. After the change 5 of the clients who came in without previous booking (all in all 26) thought they had to wait for too long. Their waiting times varied from 60 to 90 minutes. In the first questionnaire 7 participants had to wait a while and 6 had the appointment immediately. In the second questionnaire 14 participants had to wait a while and 7 had the appointment immediately.

In the first questionnaire 6 participants out of 74 who had booked the appointment in the same day felt they had to wait for too long. Their waiting times varied from 15 to 360 minutes. After the change, in the second questionnaire, 5 out of 71 participants felt the waiting time to be too long. Their waiting times varied from 35 to 90 minutes.

The appointments took place throughout the opening hours of the health centre. There was not a major change in the times before and after the renewal of the practice. In both questionnaires 25% of the appointments took place between 8-10 o'clock, 34% took place between 10-12, 28% in the first and 27% in the second questionnaire between 12-14, and 13% in the first and 14% in the second questionnaire took place between 14-16.

6.3 Client Perceptions on Appointments and Services Offered

In the first questionnaire the main reasons for visiting the health centre were urgent illness (25%), follow up (21%), minor operations (20%) and other reasons (18%). In the second query the main reasons were urgent illness (30%), follow up (21%), health inspections (10%), minor operations (11%) and other reasons (14%).

In both questionnaires people thought it is very important or important to meet the same doctor as earlier (I 63%, II 53%). 26% of the participants in the first questionnaire and 34% in the second felt it was somewhat important to have the appointment with a familiar doctor. Only 5% in the first and 9% in the second thought it was not important. In the first questionnaire the clients perceived meeting the same nurse as earlier slightly more important than in the second questionnaire (I 50%, II 38%). 24% in the first and 30% in the second thought it was somewhat important. Only 5% of the participants in the first questionnaire and 10% in the second thought it to be not important to meet a familiar nurse.

Most people felt they met the nurse or doctor they wanted to (I 71%, II 65%), or they didn't have an opinion on the subject (I 24%, II 30%). Only 5% of the participants in the both questionnaires did not get to meet the nurse or doctor they wanted. Majority of people thought the time used on the appointment was sufficient (I 94%, II 96%). 3% in the first and 4% in the second questionnaire felt the time spent was a little too short, and only 1% of the participants in both questionnaires thought the time was far too short.

Most people also thought they received the care they wanted on the visit very well (I 51%, II 49%) or well (I 42%, II 44%). Only 4-5% of the participants in both questionnaires felt they had the care moderately. Even fewer felt they received the care they wanted poorly (I 0,5%, II 2,5%) or very poorly (I 0,5%).

In both questionnaires over 90% of the answerers thought the service they received was decorous. Over 60% thought the service was not inflexible and over 80% thought the service was reliable and professional. In general the clients perceived that the service was not very hurried, however in both questionnaires up to 25 % of the answerers thought the service was too rushed. In both queries people perceived the service to be individualized (up to 79%). (See Table 2.)

Table 2. Client evaluation of the work and client service in Tapionkatu Health Centre

Client Service in Health Centre		I-Questionnaire (n=203) Fr	%	II-Questionnaire (n=185) Fr	%
Decorous	No opinion	12	5,9	4	2,2
	Disagree	6	2,9	7	3,8
	Agree	185	**91,1**	174	**94**
Inflexible	No opinion	45	22	39	21,1
	Disagree	133	**65,5**	123	**66,5**
	Agree	25	12,3	23	12,4
Reliable	No opinion	26	12,8	27	14,6
	Disagree	3	1,5	7	3,8
	Agree	174	**85,7**	151	**81,6**
Professional	No opinion	18	8,9	24	13
	Disagree	5	2,5	5	2,7
	Agree	180	**88,7**	156	**84,3**
Hurried	No opinion	52	25,6	55	29,7
	Disagree	104	51,2	83	44,9
	Agree	47	23,2	47	25,4
Individualized	No opinion	35	17,2	33	17,8
	Disagree	7	3,4	7	3,8
	Agree	161	**79,3**	145	**78,4**

6.4 Usage of the Health Care Services

In both questionnaires it was revealed that most people visit primarily health centre doctors when in need of healthcare (I 72%, II75%). Second most popular place to visit was the occupational health care (5% in both). Only 2% in the first and 4% in the second questionnaire rely mainly on the services of the private sector. In the first questionnaire 1% of the participants visit usually a policlinic of a hospital. Some of the participants chose more than one option (I 18%, II 17%).

In both questionnaires majority of the answerers considered it was quite (I 27%, II 32%) or very important (I 67%, II 61%) to receive emergency health care from their own designated doctor in their own health centre. Only 6% in the both questionnaires thought it not to be important to visit their own doctor. Slightly fewer of the participants thought it was quite (I 31%, II 39%) or very important (I 60%, II 62%) to meet their own dedicated nurse on their own health centre in emergency issues. 7% in the first questionnaire and 8% in the second thought it not to be important to meet their own nurse in emergency issues.

6.5 Opinions about the Health Care Services and Improvement Suggestions

Both questionnaires showed general satisfaction on the health care services in Jyväskylä as the Figure 3. shows. All in all, the answers of both questionnaires were extremely similar and the clients were mainly satisfied with the health care services. The waiting times were not very long (apart from a couple of exceptions). The clients thought it was important to have an appointment with their own doctor or nurse on emergency cases.

At the end of the questionnaire clients had a possibility to express their opinions on how to develop the services in Jyväskylä Health Center (See Appendix 2, Question 22). In both questionnaires approximately 40% of clients had service improvement ideas. (I 38%, II 39 %).

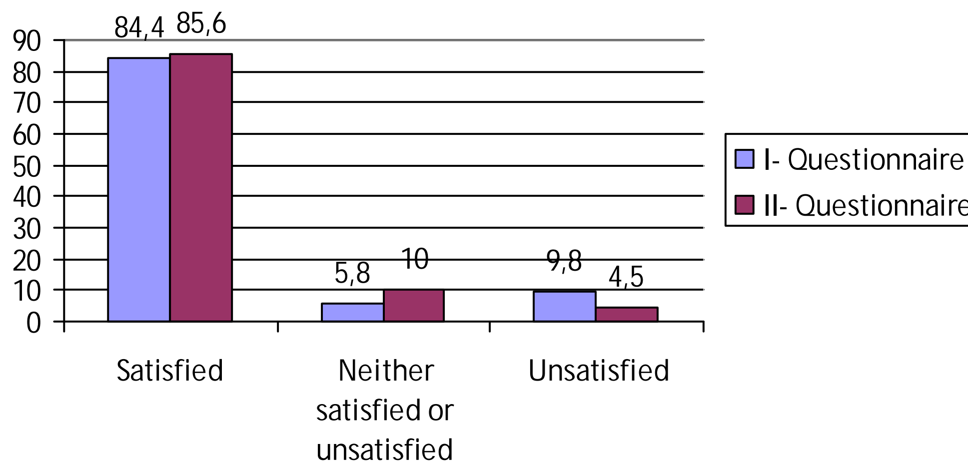

Figure 3. Client satisfaction of the Jyväskylä health care services.

In the first questionnaires the feedback was divided into 7 different categories, residential area doctor, phone and dental services, the need for more staff, access to doctors' appointment, compliments and other suggestions. In the second questionnaire feedback was divided into 6 categories, residential area doctor services, access to doctors appointment, phone services, need for more staff, compliments and other suggestions.

Mostly clients had written improvement ideas concerning residential area doctor services (I 8%, II 7,9%) and phone services (I 7,6%, II 8,9%). The clients were also concerned about the access to the doctor's appointment and need for more employees. Many of the clients expressed a wish to have the same doctor always instead of substitutes. Clients felt that residential doctor changed too often.

"I would like that the residential area doctor would mean something else than getting appointment always to the same doctor - that he would really be my own residential area doctor."

"The doctor is always different one. The system is not working."

"Own residential area doctor would be always available."

Phone services seemed to be congested and it was difficult to have an access to the health center via phone.

"Getting appointment time by a phone is hard."

"Hard to get through by a phone, might take even an hour to get through."

"Getting appointment by calling was extremely difficult."

Other problems seemed to be the over-crowded dental services and access to the doctor's appointment.

"Dental care queuing times are too long."

"Emergency care services in Kyllö are not functioning well."

"Queuing times should be made as short as possible."

"Queuing times are sometimes long, but you can prepare yourself for it."

Clients in Tapionkatu Health Centre also conveyed their worries about lack of employees.

"More doctors and nurses are absolutely needed. It would be important to access the follow-ups quicker and also the doctor's appointment."

However, not all feedback was merely improvement suggestions. Some clients also used the opportunity to pass compliments.

"Keep on doing the same way, Thank You!"

"A visit with a small child is easy to manage. Thank You!"

"Service is polite and flexible, thank You for it!"

A few of the answerers wished that all services could be offered in the same place. Also few suggestions for the employee attitudes were given and many felt that the emergency care services still needed improvement. After the change 7 people had an opinion on the matter opposed to only 1 in the first questionnaire. However all these

opinions were rather general and only 2 were directed to the Tapionkatu Health Centre emergency duty services.

"The hospital emergency duty is unnecessary. I hope that in a case of emergency my own residential area doctor or nurse would take care of me."

"One should not have to wait so long for the emergency duty service…"

"All the services should be under the same roof."

"Friendly service eases the hurry."

"Changes to nurse's and doctor's attitudes."

"Client's should be treated more as individuals."

"Doctors are way too busy."

7 DISCUSSION

The results of the two questionnaires were very similar. There did not seem to be any major change of opinion amongst the clients after the change of practice. Approximately 85% of all clients in both questionnaires were pleased with the care and employees, and showed general satisfaction with Tapionkatu Health Centre services. This is not surprising when compared with the results of previous studies investigating the public opinion on health care services in Finland. For example the Organisation for Economic Co-operation and Development (OECD) report comparing the Europeans' perceptions on their national health care revealed that the Finns are among the most satisfied among the 30 member countries of the OECD (STM 2005b).

Only 12% in both questionnaires thought that the care and work in Tapionkatu Health Centre was inflexible. At the same time majority of the clients said that the care was reliable, professional and individualized. (See Table 2.) What could be noted though is that a slightly smaller proportion of customers agreed on these statements after the change. This could be correlated to the importance of meeting the clients' own residential area doctor or nurse. 93-94% of the answerers perceived it to be rather or very important. However minor changes existed after the change. For example 4%

perceived the client service to be less reliable in May 2008. As the difference was so small, it could be just a difference caused by natural variation of the clients answering the question. We could have completed a cross-sectional study to find out whether the clients showing less trust in the care where those patients who visited the health center without an appointment and visited someone other than their own familiar residential area doctor or nurse.

Another issue that rose from the results was the concern of constantly changing doctors. This has become an issue on a larger scale as Finland faces shortage of physicians especially in primary health care. Yet on an international scale the lack of doctors is not severe and in the year 2004 Finland had more doctors than ever before. (STM 2005e.) On the question *13.1 "How important it is for You to have an appointment with the same doctor?"* 89% in the first questionnaire and 87% in the second questionnaire perceived it is as rather or very important. This was also portrayed in the open word- section in the question 22 (See Appendix 2). Most of those who had answered on the question had commented on this particular issue. What we noticed was the clients' wish to be treated holistically. Many wanted to visit only one doctor who would treat all their health issues instead of being sent to a different doctor every time. It is interesting in the light of these results that general satisfaction with the services has not been affected in this study due to the change and that Tapionkatu Health Centre employees have decided to continue the trial. After all the trial changed the emergency duty practice so that the clients will visit the emergency duty doctor instead of their own residential area doctor if in need of an urgent treatment during the same day. We also wonder whether the results to general satisfaction had changed, if the participants had been informed about the structural change. The new practice was not explained in the introduction to the questionnaire and we have no information whether the clients are aware what are the actual changes made in Tapionkatu Health Centre.

Most of the respondents felt that they received care by the doctor or nurse they wanted. This was interesting as, because of the change in Tapionkatu Health Centre the clients would no longer visit their own residential area doctor immediately if they came to the health centre on an urgent matter. Instead they would have an appointment with the designated doctor on emergency duty. This result could be

interpreted in two ways; either the clients did not really care from whom they received the care as long as it was of good quality. This however should not be possible as the clients did express a specific wish of meeting the same doctor on every visit. Another way to interpret this is that the results were affected by the small proportion of clients coming without an appointment. Only 8% in the first questionnaire and 13% in the second one had not booked an appointment time when visiting the health centre.

The Ministry of Social Affairs and Health assigned the guarantee for care in March 2005. Based on it every citizen should be assessed for the need of care within three days. (STM 2005d; 440.) Results show that over 40% of the clients had an appointment within 3 days. As the results do not show whether the clients had preferred to visit the health centre after 3 days and they had already had a phone assessment, the quality of care is implemented rather well at Tapionkatu Health Centre. However according to the results of this study, after the change, the access to care within 3 days was lowered by 3%. It should be noted, though that this could be a result of natural change. The results did not show whether the client requested that specific time or not. Surprising was that the waiting time for an appointment increased from February to May by 9% concerning those who waited for more than 2 weeks.

Discussion was also risen from the fact that majority of the participants were elderly. We wonder, whether this has affected the results of the study. On the other hand the elderly population differs from the younger respondents from, for example, usage of time and life experiences. Elderly might have difficulties also in understanding form filling. For example, the question 17 in which the clients were asked to evaluate the services offered as decorous, inflexible, reliable, professional, hurried and individualized (See Appendix 2.) seemed to confuse some participants. The question was planned so that the answerers were to evaluate the services by numbering them from 1 to 5. However, it changed many times whether number 1 is positive or negative response because of the phrasing of the question. It affects also to the reliability of the specific question.

The discussion above shows that the form itself was not perhaps most appropriate for this sort of study. The questions were not just confusing to some extent, but also somewhat irrelevant and the questions about the actual client satisfaction towards the

service were insufficient. The questionnaire focused more on the health status and other issues rather than the issues the study was supposed to focus on. We would have wished for more specific questions about the client satisfaction and the factors influencing it. It could be interesting to participate in making of a questionnaire in the future as we feel we have learned a lot about preparing a questionnaire properly.

8 VALIDITY AND RELIABILITY

Validity of the research is affected by many contributors. One of the main problems is whether the questionnaire includes appropriate questions to start with. (Heikkilä 2001, 186.) One form of testing the reliability of a research is to retest it. (Bell 1993, 65.) In this particular research the researchers were in a peculiar situation as they had not contributed to the choice of research method or the construction of the questionnaire on any level. Neither had we knowledge whether the questionnaires have been handed out to every client of the health centre or was there pre-selection of any kind used by the health centre employees.

We agreed that a questionnaire was a good choice of method to determine the client satisfaction. However, the questionnaire seemed too long to maintain the interest of the replier and the researchers discussed also the appropriateness of some questions in relation to the research question. It seemed to focus more on the client base information than on the client satisfaction. If the only research question was whether the clients were satisfied with the services, what is the relevance of questions like number *"8. How long did You have to wait for an appointment from the time of reservation?"* On the other hand, it could be argued that the questions such as number 10. (See Appendix 2.) reveal if the client's satisfaction with the services correlates to the times they have had to wait for an appointment. This, however, would have required a cross-sectional study which the researchers did not complete. If on the other hand, the whole aim of the study was to gather information of the client visits, rather than their satisfaction with the services, the questions would be entirely appropriate. The health centre would then have important information on, whether the changes that took place helped in for example shortening the times queuing for an appointment or

did the clients change their perceptions on importance of the visit to a same doctor or a nurse. However, for this, the second questionnaire should have possibly been carried out later, after the clientele is more accustomed to the changes.

The research group does not know whether the questionnaire was tested on non-participants for the study before the actual collection of data. This question was interesting as the questionnaires that had wrongly answered questions often had the same problems. For example, question 13. (See Appendix 2.) had two sub-questions concerning the importance of meeting the same nurse and a doctor every time the client comes for an appointment. Often the repliers answered only one or the other, depending on to whom they had that particular appointment.

Another factor that may have affected the validity of the research was possible mistakes in handling of the results. These errors could have occurred from occasional mistakes, such as faults caused by the negligence of a researcher. Most of sampling research include common mistakes caused by sampling. Another type of mistake in research is a systematic error, which as such is much more difficult than an occasional mistake. A systematic error can be caused if, for example a replier is lying or has a problem with recollection. (Heikkilä 2001, 186.) A systematic error in the research could have also been created, if the research team used different methods or numbers for marking down the statistical information.

The validity could also have been affected by the shortage of international references used in the theoretical framework. This was caused by the emergency duty practise change in Tapionkatu Health Centre originating from the structural changes organised in the Finnish health care. It would have also been difficult to compare the Finnish health care organisations to those of other countries, except for Scandinavia. The most important reason, however, for excluding the international references was that we felt that client satisfaction could best be measured if compared to previous information gathered from Finland. We admit that also the Finnish client satisfaction could have been researched in more detail by the research group.

Reliability of a research can be examined with many methods, from which one is a test-retest. In the research unit this would only have worked if the retest would have

been taken in relation to either first or second part of the research. Comparing the original questionnaire and the retest should reveal the possible problems and show whether the results correlate to each other (Bell 1993, 64-65; Heikkilä 2001, 187.) Reliability was also increased because of the large number of answered questionnaires and criticism received. This gave us a good idea of the clients' thoughts about the health care services. However, the research was rather superficial and more information could have been received if a deeper analysis had been done

9 CONCLUSION

As our first research question we dealt with the client satisfaction on Tapionkatu Health Centre services. The results of the study clearly state that the customers were happy with current health care services. This was rather surprising as on many occasions the health care system in Finland receives criticism from the public concerning long waiting times and poor access to health care services. The results relate to the OECD researches showing that Finns are one of the more satisfied nations when it comes to the health care services. (STM 2005b.)

As a second research question we wanted to know whether the change of doctor's duty practice affected the client satisfaction. This was rather difficult to determine as the results showed no significant difference concerning the matter. We noticed that even though the clients wished to have an appointment at the same doctor on every visit, it was not the most important issue in the end. If they received a good quality care within a reasonable time they were happy with the visit.

As a conclusion the research revealed the following statements:

1. The clients are satisfied with the current health care services in Jyväskylä and in Tapionkatu Health Centre.
2. The clients perceive it as important to have their health issues been taken care by their own residential area doctors.
3. The care provided should be individual and holistic approach should be implemented.

4. Tapionkatu Health Centre should pay attention and aim to improve their phone services in the future.
5. The waiting times for doctor's appointments are not too long.

10 SUGGESTIONS FOR FURTHER STUDY

In the future, client satisfaction has to be researched continuously as the practices and perceptions change. Also a more thorough study could be conducted, examining the reasons behind the perceptions. The same questionnaire could also be used after a few months, when the customers have grown accustomed to the practice and may have more to say about it. Because our study did not include any cross-sectioning, this also could be used in the future. Cross-sectional study would give more information about the opinions of different client groups and whether there are differences between their treatments.

One important research could be conducted on the account of the employees. It would be interesting to find out whether the change improved the work situation and eased the rush of the doctors in the appointment. As the clients were satisfied in both practices, the practice implied could be decided from the employees' point of view.

The main part of the Tapionkatu Health Centre clientele were elderly and this could also be portrayed in the results of this study. Therefore it would be interesting to do a cross-sectional study about the different population groups participating in the research or conduct even a new study focusing on the younger population.

The client satisfaction should be also studied more systematically in the city of Jyväskylä and the results could be compared to each other. Maybe even a nation-wide client satisfaction research could be created so the results would be compatible. This all would affect on the development of Finnish health care organizations.

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Appendix 1

OPINNÄYTETYÖN YHTEISTYÖSOPIMUS / LUPA-ANOMUS

Olemme Jyväskylän ammattikorkeakoulun sosiaali- ja terveysalan opiskelijoita.
Pyydämme lupaa toteuttaa opinnäytetyötämme yhteisössänne.

Opinnäytetyön aihe/nimi
Client experiences of new acute care practise in primary health care in Tapionkatu health centre
Tapionkadun terveysaseman asiakaskyselyjen analysointi
(Asiakkaiden kokemuksia/mielipiteitä uudesta päivystyskäytännöstä)

Opinnäytetyön tarkoitus ja tavoitteet
Opinnäytetyön tarkoituksena analysoida asiakaskyselyjen tuloksia ja tutkia kuinka asiakkaat kokevat uuden päivystyskäytännön

Opinnäytetyön arvioitu valmistumisajankohta
Kyselyjen analysointi tulisi olla valmis elokuu 2008 loppuun mennessä
Kirjallinen raportti keväällä 2009

Opinnäytetyön tekijät sitoutuvat
Analysoimaan asiakaskyselyt ja tekemään kirjallisen raportin niiden pohjalta

Opinnäytetyön suunnitelma on hyväksytty
Jyväskylän ammattikorkeakoulu, Sosiaali- ja terveysala /Pirjo Tiikkainen

Ohjaava opettaja

Katri Ryttyläinen

Opinnäytetyön yhteistyötaho
JKL Kaupunki / Tapionkadun terveysasema

X☐ Hyväksyn opinnäytetyön tekemisen yhteisössämme ja sitoudumme
(esim. ohjaamaan opinnäytetyön tekijää, avustamaan materiaalikuluissa)

Rekrytoimaan potilaat ja antamaan asiakaskyselyn vastaajille
____

Opinnäytetyön tekijät velvoitetaan (esim. raportoimaan yhteistyötaholle)
Analysoimaan ja raportoimaan kyselytutkimuksen tulokset Keskustan terveysasemalle / Jyväskylän kaupungin sosiaali- ja terveyspalvelukeskuksen avosairaanhoidon palveluyksikölle
____

☐ En hyväksy opinnäytetyön tekemistä yhteisössämme, miksi

____

Tarvitaanko muita lupa-anomuksia X☐ ei ☐ kyllä, mitä

____

Tutkimus on tutkittaville vapaaehtoinen. Kyselylomakkeisiin vastataan anonyymisti ja vastaajien henkilöllisyys ei paljastu tutkimuksen missään vaiheessa. Potilaiden henkilöllisyys ei tule ilmi tutkimustuloksissa eikä –raporteissa.

Tutkimukseen ei liity tietoturvaan tai eettisiin kysymyksiin liittyviä ongelmia eikä sen suorittamiselle Jyväskylän terveyskeskuksessa / Keskustan terveysasemalla ole estettä. Myönnän luvan kyselytutkimuksen toteuttamiselle Jyväskylän sosiaali- ja terveyspalvelukeskuksessa.

Paikka ja aika 30/4.2008

________________________________ ________________________________

Yhteistyötaho
Jarmo J Koski
Vastaava ylilääkäri
Jyväskylän kaupunki
Sosiaali- ja terveyspalvelukeskus

Ohjaava opettaja

Paikka ja aika 18 / 4. 2008 Jyväskylä

Liisa Kylmälahti
____
Opinnäytetyön tekijä

Varpu Kaivola
____
Opinnäytetyön tekijä

Yhteystiedot

Sini Kurki
____
Opinnäytetyön tekijä

____
Opinnäytetyön tekijä

Yhteystiedot

Appendix 2

JYVÄSKYLÄN KAUPUNKI KYSELY ASIAKKAILLE
5/2008
Sosiaali- ja terveyspalvelukeskus

ARVOISA ASIAKAS

Jyväskylän kaupungin terveyskeskus tekee kyselytutkimuksen terveyspalveluissa toukokuussa 2008 asioiville. Kyselyllä **kehitetään ensiapupalveluja**.

Kyselyn saavat kaikki terveyskeskuslääkärin ja sairaanhoitajan vastaanotolla käyneet asiakkaat. Vastaanotolla kävijän puolesta voi vastata myös häntä saattamassa oleva henkilö.

Pyydämme Teitä ystävällisesti vastaamaan tähän kyselyyn mahdollisimman pian terveyskeskuksessa käyntinne jälkeen jo terveysasemalla. Kyselyyn vastataan nimettömänä.
Kaikki antamanne tiedot käsitellään ehdottoman luottamuksellisesti.

Kun olette täyttänyt lomakkeen, pyydämme Teitä palauttamaan sen suoraan tutkimusryhmälle terveysasemalla olevaan **keräyslaatikkoon**.

Kyselyyn vastaaminen on terveyspalvelujen kehittämisen kannalta ensiarvoisen tärkeää.
Vastatkaa siis kaikkiin kysymyksiin joko rengastamalla parhaiten omaa tilannettanne kuvaava vaihtoehto tai kirjoittamalla vastaus sitä varten varattuun tilaan.

Kiittäen yhteistyöstä!

Markku Helenius
apulaisylilääkäri
Keskustan terveysasema
Jyväskylän kaupunki
Sosiaali- ja terveyspalvelukeskus

Anu Mutka
Osastonhoitaja
Keskustan terveysasema
Jyväskylän kaupunki
Sosiaali- ja terveyspalvelukeskus

KYSELY

TAUSTATIEDOT

1. Mikä on sukupuolenne?

    1. mies
    2. nainen

2. Mikä on syntymävuotenne?

    ____

3. Mitä teette pääasiallisesti nykyisin?

    1. olen työssä tai yrittäjänä
    2. olen koululainen tai opiskelija
    3. olen äitiyslomalla tai vanhempainlomalla
    4. hoidan omaa kotitaloutta
    5. olen työkyvyttömyyseläkkeellä tai poissa työstä pitkäaikaisen sairauden vuoksi
    6. olen muulla eläkkeellä
    7. olen lomautettu
    8. olen työtön, kuinka kauan olen ollut yhtäjaksoisesti työtön?
       _________ vuotta ________ kuukautta
    9. jokin muu, mikä ? _________________________________

TERVEYDENTILA

4. Onko Teillä jokin pitkäaikainen sairaus, vika tai vamma?

   1. Ei
   2. Kyllä, mikä tai mitkä? ____

   ____

   ____

5. Millainen on terveydentilanne mielestänne nykyisin?

   1. erittäin huono
   2. huono
   3. kohtalainen
   4. hyvä
   5. erittäin hyvä

6. Kenen vastaanotolla kävitte tällä kertaa?

   1. yksinomaan lääkärin vastaanotolla
   2. yksinomaan sairaanhoitajan vastaanotolla
   3. sekä lääkärin että sairaanhoitajan vastaanotolla

7. Miten hakeuduitte tai päädyitte vastaanotolle?

   1. minulla oli etukäteen varattu vastaanottoaika syystä, joka ei ole kiireellinen
   2. minulla oli etukäteen varattu vastaanottoaika kiireellisestä syystä
   3. hakeuduin itse ilman ajanvarausta *(siirtykää kysymykseen 10)*

8. Kuinka kauan kului aikaa ajanvarauksesta vastaanotolle pääsyyn?

   1. sain vastaanottoajan samana päivänä
   2. 1-3 vuorokautta
   3. 4-6 vuorokautta
   4. 7-13 vuorokautta
   5. 14-20 vuorokautta
   6. 3 viikkoa tai kauemmin

9. Oliko tämä aika vastaanotolle pääsyyn mielestänne …

   1. sopiva
   2. vähän liian pitkä
   3. aivan liian pitkä

10. Kuinka kauan odotitte terveyskeskuksessa vastaanotolle pääsyä?

   1. pääsin vastaanotolle sovittuna kellonaikana tai heti ilmoittautumisen jälkeen
   2. jouduin odottamaan vastaanotolle pääsyä jonkin aikaa, mutta odotusaika oli mielestäni sopivan pituinen
   3. jouduin odottamaan vastaanotolle pääsyä liian kauan;
      Kuinka kauan ? ______ tuntia ______ minuuttia

11. Mihin kellonaikaan tämänkertainen vastaanottoaikanne pääasiassa sijoittui?

    1. kello 08 – 10
    2. kello 10 – 12
    3. kello 12 – 14
    4. kello 14 – 16

12. Mikä oli tämänkertaisen vastaanotolla käyntinne syy?

    1. äkillinen sairastuminen, mikä? ________________________________
    2. tapaturma
    3. äkillisen sairauden tai tapaturman jälkitarkastus
    4. pitkäaikaissairauden (esim. verenpainetauti, diabetes) tai vamman seuranta- tai ohjantakäynti
    5. terveystarkastus
    6. lääkärintodistus tai terveydenhoitajan-/sairaanhoitajan todistus
    7. toimenpide (esim. luomen tai ompeleiden poisto, injektio, haavan hoito); Mikä? ____
    8. jokin muu syy, mikä? ____

13. Kuinka tärkeänä pidätte pääsyä …
    (Vastatkaa jokaiseen kohtaan)

	En lainkaan tärkeänä	Melko tärkeänä	Erittäin tärkeänä
1. samalle lääkärille	1	2	3
2. samalle sairaanhoitajalle	1	2	3

14. Pääsittekö tällä kertaa haluamallenne lääkärille tai sairaanhoitajalle?

    1. en
    2. kyllä
    3. minulla ei ollut tähän liittyvää toivomusta

15. Oliko vastaanottoon käytetty aika tällä kertaa mielestänne …

    1. riittävä
    2. vähän liian lyhyt
    3. aivan liian lyhyt

16. Saitteko tämänkertaisella vastaanottokäynnillänne tarvitsemanne avun tai hoidon?

1. erittäin huonosti
2. huonosti
3. kohtalaisesti
4. hyvin
5. erittäin hyvin

17. Oliko terveyskeskuksen toiminta ja palvelu kokonaisuutena tällä kertaa mielestänne …
(Vastatkaa jokaiseen kohtaan)

	Täysin eri mieltä	Jonkin verran eri mieltä	Ei eri eikä samaa mieltä	Jonkin verran samaa mieltä	Täysin samaa mieltä
18. asiallista	1	2	3	4	5
19. joustamatonta	1	2	3	4	5
20. luotettavaa	1	2	3	4	5
21. ammattitaitoista	1	2	3	4	5
22. kiireistä	1	2	3	4	5
23. yksilöllistä	1	2	3	4	5

TERVEYSPALVELUJEN KÄYTTÖ

24. Missä yleensä käytte sairastuessanne tai tarvitessanne lääkärin apua tai seurantaa?

    1. terveyskeskuslääkärin vastaanotolla
    2. työterveyslääkärin vastaanotolla
    3. yksityislääkärin vastaanotolla
    4. sairaalan poliklinikalla
    5. jossain muualla, missä ?

Jyväskylässä on ollut omalääkärijärjestelmä 1.4.1997 alkaen. Omalääkäri määräytyy asuinosoitteen mukaisesti.

25. Kuinka tärkeänä pidätte sitä, että teillä on omalääkäri ensiapu- ja päivystysasoissa omalla terveysasemalla?

    1. en lainkaan tärkeänä
    2. melko tärkeänä
    3. erittäin tärkeänä

26. Kuinka tärkeänä pidätte sitä, että teillä on omasairaanhoitaja ensiapu- ja päivystysasoissa omalla terveysasemalla?

    1. en lainkaan tärkeänä
    2. melko tärkeänä
    3. erittäin tärkeänä

KOKEMUKSENNE JA MIELIPITEENNE TERVEYSKESKUKSEN PALVELUISTA YLEENSÄ

27. Miten tyytyväinen olette yleisesti Jyväskylän terveyskeskuksen palveluihin?

    1. erittäin tyytymätön
    2. melko tyytymätön
    3. en tyytymätön tai tyytyväinen
    4. melko tyytyväinen
    5. erittäin tyytyväinen

28. Miten haluaisitte kehittää Jyväskylän terveyskeskuspalvelua?

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____

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LÄMMIN KIITOS AVUSTANNE JA YHTEISTYÖSTÄ JYVÄSKYLÄN TERVEYSKESKUSPALVELUJEN KEHITTÄMISEKSI !