
Assessment of Social Characteristics, Access to and Satisfaction with Healthcare Services in the Population of Georgia

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Abstract

Background: The objective of the study was to assess social characteristics, access to and satisfaction with health care services in the population of the country of Georgia. **Methods:** An observational study conducted in 2019 enrolled randomly selected adult participants 18 years and older, who could speak Georgian, and provided informed consent. The respondents were asked to complete the structured questionnaire, which collected demographic data, information on social conditions, and access to health care services and satisfaction. **Results:** Of 850 respondents, 71.0% were male, 49.3% were 35-60 years old, and 63% lived in the capital city Tbilisi. An income per one family member was below one hundred GEL in 28.0% of the participants in Tbilisi vs. 36.0% of those from the regions ($p=0.029$). Satisfaction with medical services differed by social packages: 40.0-42.0% of the beneficiaries of insurance and social assistance vs. 27.0% of those not using social services were satisfied with the qualifications of medical personnel ($p<0.001$); 18.0% of insurance holders vs. 7.5% of the group not using social services considered healthcare costs affordable ($p<0.001$). Participants with private insurance showed significantly higher level of satisfaction with the provided medical service as compared to consumers of Universal Healthcare (24.6% vs. 8.7%, $p<0.001$). **Conclusions:** The findings demonstrated that, level of satisfaction with Universal Healthcare services remains low. Further research is needed to develop changes in existing social and healthcare state programs to increase coverage of healthcare needs and improve quality of care.

Keywords: Social characteristics, Healthcare services

1. Introduction

Georgia, the Eastern European country with the population of 3.7 million people, has developed social policy which aims to reduce the risks of poverty and vulnerability due to the country's social-economic problems [1]. Social Service Agency provides the various contingents requiring service or assistance with social disbursements, state health and social programs across the country and serves about 60 percent of Georgian citizens. [2,3]. Among the state programs existing in Georgian healthcare, the Universal Healthcare Program is the largest one, ensuring universal coverage of non-insured individuals living in the country with medical services. As of

the end of 2019, about 779 thousand people used the mentioned services, which constitute around 19% of the Georgian population [4].

Several studies conducted in Georgia demonstrated that beneficiaries of Universal Healthcare program were satisfied with the program, mainly due to the increase in access to and affordability of the medical services. [5,6]. However, due to the barriers related to insufficient financial resources the beneficiaries, especially pensioners, may lack coverage with some necessary medical services and medications.[7].

The paper focused on the challenges in the access to healthcare and assessment of the overall satisfaction as an essential indicator of health care services in terms of service quality and health care system responsiveness. Available data on the satisfaction with the health care service in Central and Eastern Europe, suggest that it is rather low compared to that in Western Europe. In fact, surveys of Gallup International and Gallup World Poll showed that the most post-communist countries (Georgia, among others) are most dissatisfied with the health care services.

The objective of our study was to assess social characteristics, access to and satisfaction with health care services based on self-reported data among the Georgian population.

2. Methods

2.1. Study population and data collection instrument

An observational study was conducted in year 2019. Eligible participants were adults 18 years of age and older, having the ability to speak and read in Georgian, who provided informed consent to study participation. The sample represented all the geographical areas of Georgia, including the capital city Tbilisi and ten regional centers. At the first stage, regional centers as sampling points were selected and agreed with the respective governmental authorities. At the following stage, potential respondents were selected using randomly selected addresses/households per each sampling point. The selected respondents were asked to complete the questionnaire at the preferred location. Overall, 850 respondents agreed to participate in the study.

A research instrument was a self-administered structured questionnaire to be completed anonymously, which was developed by the investigator and pre-tested before conducting the study. It contained four sections and total of 70 questions, and needed about 30-40 minutes to complete. The first section collected demographic data (age, gender, and family information); the second section asked information on respondents' health and access to health care services as well as satisfaction; The third one was about the usage of state or private insurance services; and finally, the fourth section contained questions concerning social conditions (average income, living conditions referring to shelter, safety and proper sanitation), usage of social services and their satisfaction with the services.

2.2. Data analysis

The data analysis was performed using descriptive and analytic statistical methods. The continuous variables were categorized and frequencies were calculated for all categorical variables. Bivariate analysis was conducted using chi-square test to assess associations between

different socio-demographic variables and indicators of satisfaction with services. Statistical significance was defined as p-value <0.05. Statistical program R for Windows (4.0.2) and the libraries (dplyr, ggplot, stringr, readr, tidyverse) were used for statistical analysis.

3. Results

3.1. Demographic characteristics

Out of the 956 potential respondents, who were offered to participate in the study, 850 completed the questionnaire and 106 refused to participate. The majority (71.0%) were male participants, 49.3% were reclassified in the age category of 35-60 years old; 539 (63%) respondents lived in the capital city Tbilisi and 311 (37%) – outside the capital, in different regions of Georgia. More than half (53, 5%) were self-employed e.g. without regular job or were unemployed. According to family and marital status, 608 (71, 5%) were married and 242 (28, 5%) -divorced, widower or single (Table 1); 80, of the participants had at least one child in a family, including 20, 1% with 3 or more children, and 18, 5% did not have a child in a family.

Table 1. Demographic characteristics of the sample of 850 respondents, Georgia, 2019

Variable	N (%)
<i>Gender</i>	
Women	604 (71.0%)
Men	246 (29.0%)
<i>Age categories (years)</i>	
18 - 24	111 (13.1%)
25 - 34	211 (24.8%)
35 – 59	419 (49.3%)
Over 60	108 (12.7%)
<i>Geographical distribution</i>	
Capital city Tbilisi	539 (63%)
Regions	311 (37%)
<i>Employment/Occupation</i>	
Teacher	174 (20.0%)
Doctor	54 (6.3%)
Lawyer	48 (5.6%)
Financial manager	11 (1.3%)
Business sector	50 (5.9%)
Employment in agriculture	26 (3.0%)
Self-employed or unemployed	455 (53,5%)
<i>Family and marital status</i>	
Married	608 (71.5%)
Divorced, widowed or single	242 (28.5%)

*Note: 32 respondents did not answer question about employment

3.2. Social conditions

Analysis of the average income per one family member showed that an income below one hundred GEL was reported in 28% of the participants in Tbilisi, while in regions the same level income was in 36% and the difference in income distribution between Tbilisi and the regions was statistically significant ($p = 0.029$). (Table 2).

Data analysis of living conditions (referring to shelter, safety and proper sanitation) revealed that only 15% (129) were living in “good” conditions, 67% (571) considered their living conditions “satisfactory” and 16% (129) thought they were living in “unsatisfactory” conditions. Respondents living in Tbilisi were significantly more likely to report better living conditions as compared to the representatives of the regions($p=0.036$) (Table 2).

To the question on the financial standing of the household, 46.9% of the respondents answered it was “decent”, however, 36.8% stated that their income was spent on food, and for 8%, income was not sufficient for adequate food e.g they were living on the edge of poverty (Table 2). The questionnaire asked whether any of the household members was a pensioner and if the pension could satisfy basic standards of living. As a result, in 57.0% the pensioners’ financial standing was enough for basic needs, but in 38.0% pensioners lived in poverty. Minimum allocated pension in the country was perceived as “not satisfactory” by the majority of the respondents (65.8%) and only “partially satisfactory” by 24.2%.

3.3. Access to and satisfaction with healthcare services

Analysis of access to and satisfaction with medical services among consumers of different social packages demonstrated the following results: satisfaction with qualifications of medical personnel differed by different social service consumers: 42.0% of the beneficiaries of insurance and 40.0% of beneficiaries of social assistance were satisfied with personnel's' qualifications, but among those, who did not use any social program, only 27.0% expressed satisfaction with the qualifications of medical staff, however, higher proportion (28.0%) of the beneficiaries of social programs expressed negative perceptions towards personnel's' qualifications ($p<0,001$). As for communication skills of medical personnel, the highest proportion expressing negative feelings with this respect (24.0%) was shown in the group not using social services and the lowest one (18.0%) – in insured persons($p<0.001$). Total of 18.0% of insurance holders and only 7.5% of the group not using social services considered healthcare costs affordable. The affordability was increased in case of co-financing in all three groups up to 50%. Analysis showed statistically significant difference with respect to provision of medical services in a timely manner among insured, persons with social assistance and those not using social services (respectively, 20.0%, 25.0% and 11.0%, $p<0,001$) (Table 3).

Table 2. Social conditions: income per one family member, living conditions and financial standing by geographical distribution of the study participants, Georgia, 2019

	Entire sample, N = 850	Tbilisi N = 540	Regions N = 310	p-value
<i>Income per one family member</i>				0.029
50-99 GEL	248 (29.2%)	142 (28%)	106 (36%)	
100-199 GEL	330 (38.8%)	210 (41%)	120 (40%)	
>200 GEL	232 (27.3%)	160 (31%)	72 (24%)	
Did not answer	40 (4.7%)	28	12	
<i>Living conditions</i>				0.036
Good	129 (15%)	85 (16%)	44 (14%)	
Satisfactory	571 (67%)	372 (70%)	199 (65%)	
Unsatisfactory	137 (16%)	74 (14%)	63 (21%)	
<i>Financial standing</i>				0.007
Good	54 (6.0%)	37 (6.8%)	17 (5.5%)	
Decent	399 (46.9%)	266 (49.2%)	133 (42.9%)	
Enough for purchasing food	313 (36.8%)	192 (35.5%)	120 (38.7%)	
Not enough for purchasing food	68 (8.0%)	31 (5.7%)	37 (11.9%)	

Note: the table does not include the missed data.

Table3.Satisfaction with quality of medical services and affordability by type of social and healthcare packages, Georgia, 2019

Social/healthcare package	Insurance N = 204	Social assistance N = 911	Not using social services N = 534	p-value
<i>Qualifications of medical personnel</i>				
Satisfactory	83 (42%)	35 (40%)	143 (27%)	<0.001
Unsatisfactory	31 (15%)	24 (28%)	98 (19%)	
Partially satisfactory	85 (43%)	28 (32%)	281 (54%)	
<i>Communication skills of medical personnel</i>				
Highly satisfactory	41 (21%)	21 (25%)	53 (10%)	<0.001
Satisfactory	122 (61%)	45 (54%)	342 (66%)	
Not satisfactory	36 (18%)	18 (21%)	123 (24%)	
<i>Healthcare costs and affordability</i>				
Affordable	35 (18%)	14 (16%)	39 (7.5%)	<0.001
Affordable with co-financing	99 (50%)	37 (42%)	242 (46%)	
Not affordable	63 (32%)	37 (42%)	242 (46%)	
<i>Provision of medical services in a timely manner</i>				
High level	40 (20%)	23 (25%)	58 (11%)	<0.001
Moderate	150 (74%)	56 (62%)	409 (78%)	
Low level	12 (5.9%)	12 (13%)	58 (11%)	
<i>Note: the table does not include the missed data.</i>				

Twenty three percent of the respondents had private insurance and 73% –universal healthcare. In addition, 68% (539) had experience of using medical services through Universal Healthcare program, with 13% using it frequently. 19 % (154) never needed to use Universal Healthcare services, but 10% (82) reported that this program did not help them to cover their healthcare needs. People with private insurance showed significantly higher level of satisfaction with the quality of provided medical service as compared to consumers of Universal Healthcare(24.6% vs. 8.7%, p-value <0.001). (Table 4.)

Table4.Satisfaction with medical services, Universal healthcare vs. private insurance, Georgia, 2019

	Universal healthcare N = 643	Private insurance N = 1991	p-value
<i>Question: Are you satisfied with the quality of medical services provided?</i>			
Very satisfied	56 (8.7%)	49 (24.6%)	<0.001
Satisfied	268 (41,7%)	86 (43.2%)	
Not satisfied	264 (41.0%)	60 (30.0%)	
Did not answer	55 (8.6 %)	4 (2.2%)	

When asking about health care needs of pensioner household members, it occurred that in about 51%, pensioners visited medical facilities at least twice a year. Access to full package of medical services was shown in only 9% of the pensioners, in 55%, their medical services were partially covered and in 36% they did not have free access to needed medical services.

4. Discussion

The study conducted among 850 participants from the different geographical regions of Georgia assessed social conditions, access to healthcare and satisfaction with the healthcare service quality among Georgian population.

Based on the study findings, the majority of the respondents used Universal Healthcare program packages for their health care needs and persons with private insurance were significantly more likely to be satisfied with medical service quality as compared to those using Universal Healthcare. These results were consistent with the findings of the previous studies conducted in the country when the study participants showed the lowest level of confidence in free healthcare services.

Satisfaction with medical services differed by social and healthcare program packages. Namely, persons with insurance and beneficiaries of social programs were at least partially satisfied with qualifications of medical personnel, while those not using social benefits were less satisfied with professional skills of medical personnel. Communication skills of medical staff were generally acceptable for all categories regardless the type of healthcare package and in most cases, the respondents did not show any serious concerns regarding the timeliness of medical service.

The most negative feelings were expressed towards the costs of medical care: health services either were not affordable or were affordable in case of co-financing by the insurance or state program. The findings were supported with the previous research conducted in Georgia on assessment of quality of outpatient service where, similarly to the current study results, patients' expenses for health services were considered high and the participants assessed cost-related aspects negatively.

The study findings revealed that Georgian population experiences harsh economic problems, having an average income per one family member as low as below 100 Gel in 30% and from 100 to 200 Gel in 38% of the respondents. Despite the above mentioned, most participants described their living conditions as “satisfactory”, however, in most cases, the respondents experienced financial problems and the household income was spent on purchasing adequate food. Economic conditions of pensioners in the country were noteworthy. Minimum amount of pension was considered too low to satisfy their basic living needs.

The study has limitations. The collected data were based on self-report and satisfaction, as a concept, has weakness because its subjectivity and lack of unified understanding which are discussed in scientific literature. However, national and international health consumer indices present both health outcomes and patients’ experience and perceptions (including satisfaction) in the assessment of health care service quality.

In conclusion, the findings demonstrated that, on one hand, the Universal Healthcare program increased the coverage of the population with healthcare service, but on the other hand, level of satisfaction with its medical services was low. Further action is needed to monitor and improve quality of the healthcare services in the country. Poor social and financial conditions of the population, especially pensioners who frequently visit health care facilities, remain challenge and require additional material resources. Further research is needed to develop changes in existing social and healthcare state programs to increase coverage of healthcare needs and improve quality of care.

Conclusion

The study findings demonstrated that Georgian population faces social problems and despite the increased coverage with healthcare services, level of satisfaction with healthcare services, especially Universal Healthcare, remains low. Further research is needed to develop changes in existing social and healthcare state programs to increase coverage of healthcare needs and improve quality of care.

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