

## PERCEPTION OF THE QUALITY OF HEALTH CARE FOR OLDER ADULTS AT THE FIRST LEVEL OF CARE



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### ABSTRACT

Introduction: Globally, it is expected that between 2015 and 2050, the number of adults over 60 years of age will double, from 12% to 22%. Statistical data indicate that this population will increasingly require medical attention. Objective: To identify the quality of care provided to older adults in a primary level of health care in a municipality of Oaxaca, Mexico. Methodology: Quantitative, descriptive, cross-sectional study. Convenience sampling, the sample was 30 older adults belonging to four outpatient clinics. The inclusion criteria were to be entitled patients who had attended the outpatient clinic at least three times. A sociodemographic data card (CDSDAM [Morales, Ortiz, 2023]) and the "Rapid Outpatient Satisfaction Scale (ERSaPaCE)" were used in data collection, García Galicia, et al. (2020). Ethical aspects were governed by the General Health Law, informed consent was obtained and confidentiality was respected. Results: The highest percentage was obtained by women (53.3%), the age range was from 60 to 70 years (63.3%). In terms of schooling, they had a maximum of primary education (73.4%). In terms of employment, housewives predominated (40%). The combination of Hypertension and Diabetes corresponded to 36.7%. The treatment by Nursing was rated by 46.7% as satisfied. The treatment of the titular doctor 46.7% very satisfied. 53.3% are satisfied with pharmacy care and only 43.3% are satisfied with the waiting time. 36.6% wait more than 120 minutes. 53.3% of the participants congratulated the unit for its valuable and effective performance. Conclusion: The quality of care provided in the health center is mostly satisfactory. What does generate dissatisfaction in patients is the waiting time.

**Key words:** Quality of Health Care. Older Adult.

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## INTRODUCTION

According to United Nations estimates (Worldometer, 2023) the world population was 8.0 billion. It is projected that between 2015 and 2050, the number of adults over 60 years of age will double, from 12% to 22% (World Health Organization [WHO], 2022). In the case of this age group, in the Americas in 2019 it was 16% (Pan American Health Organization [PAHO], n.d.); which gives a clear indication of what it will represent for health institutions and the challenge that medicine will have to overcome in the future.

In Mexico, the population was 133,105,582 people (Worldometer, 2023); of which in 2022 it was estimated that 17,958,707 were people aged 60 and over, which represents 14% according to the National Institute of Statistics and Geography (INEGI, 2022). Of all the states that make up the Mexican Republic, this research focused on the state of Oaxaca, where in 2022 4,131,148 people lived, of which adults over 60 years of age and older accounted for 13.3%. More specifically, the municipality of Santa María Atzompa in 2020 had a population of 41,921 according to the National Institute of Statistics and Geography (INEGI, 2021); of this, the population of older adults represented 7.96% of the total (Data México, n.d.).

Statistical data indicate that the population of older adults is increasing, requiring more and more medical care, which represents a group of society that has greater needs than others. Therefore, priority should be given to approaching these people in order to understand the complexity of their situation and to get health workers to take multidimensional aspects into account (Arroyo & Vázquez, 2016).

When we hear about older adults, it is immediately related to old age, which is nothing more than a synonym for senile age or senescence, which according to the World Assembly on Aging, is defined as the period of human life that is characterized by the decline of all faculties (Godoy, Casanova, Álvarez, González, & Rodríguez, 2018). In Mexico, an elderly person is considered to be over 60 years of age. At this stage, the person presents conditions of vulnerability, which range from physical to social and economic. This implies that this stage is associated with vulnerability and a development crisis (Government of Mexico, 2017).

Due to this condition of older adults, when they arrive in the health area, they should be sought to receive quality care. Quality of care is defined as activities aimed at guaranteeing accessible and equitable services, where professionals provide optimal care

taking into account the resources available, achieving user satisfaction with the care received (Rodríguez, 2018).

However, sometimes the lack of effective access to quality food is reflected, since quality fails, mainly in the aspects of waiting time, supply of medicines, doctor-patient relationship, among other factors (Arroyo & Vázquez, 2016). All of the above causes dissatisfaction and harms the quality of the services provided to patients who come for a diagnosis or treatment (Rodríguez, 2018).

This research work seeks to identify the type of care that older adults receive in the first level of health care, in order to know how the experience as users of health institutions and the care they receive turns out, exploring whether it is satisfactory or unsatisfactory in terms of how their needs are resolved. and to generate information that allows health workers to improve the care provided, since no research related to the variables proposed in the type of population mentioned has been found so far.

## **OBJECTIVE**

The objective of this research was to identify the quality of care provided to older adults in a first level of health care in a municipality of Oaxaca, Mexico. It is necessary to pay attention to a sector as vulnerable as the elderly, to make known the situation they live with medical care. Obtaining this data will help to have an idea of the care provided by health workers with the elderly, which will allow in the future to improve the care provided, seeking that this population can be satisfied with the care.

For the reasons mentioned above, it seeks to answer the question: How do older adults who attend a first level of care in a municipality of the State of Oaxaca perceive the quality of health care?

## **METHODOLOGY**

A quantitative, descriptive, cross-sectional, non-experimental study was carried out in older adults who attended the health center of Santa María Atzompa, a municipality in the state of Oaxaca, during the month of July 2023. The universe consisted of older adults belonging to four outpatient clinics of the first-level unit. The selection was through non-probabilistic sampling and the sample was for convenience, with a total of 30 older adults.

The inclusion criteria were to be older adults, 60 years of age or older and to be entitled patients who had attended the outpatient clinic at least three times. The exclusion

criteria were patients who speak a language other than Spanish, who come to the clinic for the first time, and being illiterate. The elimination criteria were to leave the survey unfinished or to decide to withdraw it.

The "Rapid Outpatient Satisfaction Scale (ERSaPaCE)" form developed by García Galicia, et al. (2020) was used as a data collection source, consisting of 10 items, of which the first nine are answered with a Likert scale that is rated from 1 very dissatisfied, to 5 very satisfied, item 10 requests their opinion to rate the unit and a written opinion (optional); There are no cut-off points, since the perception of quality is measured and must be scored according to the characteristic evaluated. The result when applying Cronbach's alpha to ERSaPaCE was 0.83. A sociodemographic data card of older adults (CDSDAM [Morales, Ortiz, 2023]) prepared by the authors was used to identify the characteristics of the surveyed population.

The procedure was performed in a period of two weeks in the waiting area of the medical unit in the morning shift, all the selected outpatient older adults were applied the Rapid Outpatient Satisfaction Scale (ERSaPaCE) questionnaire and the Sociodemographic Data Card of Older Adults (CDSDAM), personally, through a survey, in a comfortable and safe place.

With respect to research ethics, this study complies with the ethical aspects in health research described in the General Health Law. The patients surveyed signed an informed consent. At all times, the anonymity of the participants was preserved and they were assured that they would not have negative consequences on medical care in the unit if they refused to participate or if they left at any time they wished. The research was considered as risk-free.

## RESULTS

The results obtained by applying the sociodemographic data card (CDSDAM) and the ERSaPaCE instrument are presented below.

Table 1 shows the characterization of the sample of older adults who attended the outpatient clinic, it is observed that the highest percentage was obtained by the female sex (53.3%), in age, the range that predominated was from 60 to 70 years old with 63.3%. The patients surveyed were mostly Catholic with a percentage of 73.3%. It is identified that the highest percentage in terms of marital status was being married, where more than half were married (53.3%). Regarding the level of schooling, the respondents had a maximum

primary education, with 73.4%. As the majority of the surveyed population was female, the occupation that predominated was being a housewife, which obtained 40%, although occupying second place, the option of another type of occupation, obtained 36.7%. The question about their residence had two answers that coincided as a higher percentage, which were, living with their partner and living with relatives representing 46.7% each. The combination of Hypertension and Diabetes was the response that was most repeated in the diseases section, corresponding to 36.7%.

**Table 1.** Sociodemographic data of older adults who attended the outpatient clinic

Variables	f	%
<b>Sex</b>		
Male	14	46.7
Female	<b>16</b>	<b>53.3</b>
<b>Age (years)</b>		
60 – 70	<b>19</b>	<b>63.3</b>
71 – 80	9	30
> 81	2	6.7
<b>Religion</b>		
Catholic	<b>22</b>	<b>73.3</b>
Jehovah's Witness	2	6.7
Believer	4	13.3
Evangelical	2	6.7
<b>Marital status</b>		
Bachelor	2	6.7
Married	<b>16</b>	<b>53.3</b>
Common-law marriage	5	16.7
Divorced	3	10
Widow or widower	4	13.3
<b>Schooling</b>		
Primary	<b>22</b>	<b>73.4</b>
High school	7	23.3
Degree	1	3.3
<b>Occupation</b>		
Employee	1	3.2
Worker	2	6.7
Independent	2	6.7
Housewife	<b>12</b>	<b>40</b>
No occupation	2	6.7
Other	11	36.7
<b>Residence</b>		
Live alone	2	6.6
Live with a partner	<b>14</b>	<b>46.7</b>
Live with family members	<b>14</b>	<b>46.7</b>
<b>Diseases</b>		
Hypertension and Diabetes	<b>11</b>	<b>36.7</b>
Diabetes	4	13.3
Hypertension	5	16.7
Rheumatoid arthritis	1	3.3
Hypothyroidism	1	3.3
No	8	26.7

**NOTE:** Data card (CDSDAM, Morales, & Ortiz, 2023) n=30

According to the application of the ERSaPaCE instrument, table 2 shows the results obtained.

As can be seen in question one, 15 (50%) of the respondents responded that they were satisfied with the cleanliness and order. In question two, 17 (56.7%) reported being satisfied with the personal treatment by the Medical Assistant. The treatment by the nursing staff that corresponded to question three, a total of 14 (46.7%) rated as satisfied and 13 (43.3%) as very satisfied. Question four, 14 (46.7%) said they were very satisfied with the treatment by the Physician. Of the respondents, in question five, 13 (43.3%) are satisfied with the information provided by the doctor about their state of health. In question six, 50% answered that they were satisfied with the attention of the Clinical Archive window. In question seven, 16 (53.3%) are satisfied with the pharmacy's care. With respect to question eight, 15 (50%) and 14 (46.7%) are satisfied and very satisfied, respectively, with the institutional image of the Physician, Nurse and Medical Assistant. In question nine, 13 (43.3%) are satisfied with the waiting time.

**Table 2.** Results of the Outpatient Rapid Satisfaction Scale

Question	Very Dissatisfied (1)		Unsatisfied (2)		Not very satisfied (3)		Satisfied (4)		Very satisfied (5)	
	f	%	f	%	f	%	f	%	f	%
1. How do you rate the cleanliness and order of the Medical Unit?	1	3.3	1	3.3	4	13.4	15	50	9	30
2. How do you rate the personal treatment by the Medical Assistant?	0	0	0	0	4	13.4	17	56.6	9	30
3. How do you rate the treatment, respect, attention and availability by the nursing staff?	0	0	1	3.3	2	6.7	14	46.7	13	43.3
4. How do you rate the treatment, respect, attention and availability by the Attending Physician?	0	0	1	3.3	4	13.3	11	36.7	14	46.7
5. How does the Physician rate the information on the patient's health status?	0	0	1	3.3	6	20	13	43.4	10	33.3
6. How do you rate the attention of the Clinical Archive	0	0	0	0	4	13.4	15	50	11	36.6

Question	Very Dissatisfied (1)		Unsatisfied (2)		Not very satisfied (3)		Satisfied (4)		Very satisfied (5)	
	f	%	f	%	f	%	f	%	f	%
window for your file?										
7. How do you rate the Pharmacy's service to fill your prescription?	1	3.3	2	6.7	4	13.4	16	53.3	7	23.3
8. How do you rate the institutional image of the Doctor, Nurse and Medical Assistant?	0	0	1	3.3	0	0	15	50	14	46.7
9. How do you rate the waiting room time for your medical care?	2	6.7	3	10	8	26.7	13	43.3	4	13.3

**Note:** ERSaPaCE instrument (García Galicia, et al., 2020) n = 30

The question that referred to the waiting time that the elderly person had to wait to be attended to is shown in Table 3. It is observed that 36.6% wait more than 120 minutes to be able to access medical care. Secondly, 9 of the participants (30%) wait up to 60 minutes.

**Table 3.** Waiting time to be seen

Question	0 -30 min		31 – 60 min		61 to 120 min		>120min	
9.1 Please note the lead time in minutes	f	%	f	%	f	%	f	%
	5	16.7	9	30	5	16.7	11	36.6

**Note:** ERSaPaCE Instrument (García Galicia, et al., 2020) n = 30

The instrument also questions the older adult about their opinion based on their previous answers, to rate the medical unit. The results of this question are shown in Table 4. According to the result, 16 (53.3%) participants congratulated the unit for its valuable and effective performance. 11 (36.7%) mention that they should receive suggestions to improve the service. Only 3 (10%) filed complaints about their dissatisfaction with the medical service.

**Table 4.** How you rate the medical unit

Question	Receive congratulations(s) for their valuable and effective performance		Receive suggestions(s) to improve medical service		Receive complaint(s) to express your dissatisfaction with the medical service	
	f	%	f	%	f	%
10. Based on your previous answers, the medical unit should:	16	53.3	11	36.7	3	10

**Note:** ERSaPaCE Instrument (García Galicia, et al., 2020) n = 30



The questionnaire has a section for congratulations, suggestions and complaints; in order of frequency they were as follows:

- *"Congratulations to doctors and nurses"*
- *"Please, fill more medicines at the pharmacy"*
- *"Less waiting time"*
- *"Increase the number of nurses and doctors"*

## DISCUSSION

The results of the study show that, for the most part, those who attended the outpatient clinic were female, which agrees with Arroyo and Vázquez (2016); however, this does not agree with García Galicia et al. (2020) whose population was distributed evenly in terms of sex.

Questions one to nine presented very similar answers with the population studied by García Galicia et al. (2020). Where differences in the results are shown, is in the waiting time, where patients report more waiting time in the surveyed health center, which is more than 120 minutes (36.6%). Unlike the study by García Galicia et al. (2020), where those studied waited from 31 to 60 minutes (35%).

The majority of participants (53.3%) reported that the Unit should receive congratulations, which coincides with the percentages (greater than 70%) of Satisfied and Very Satisfied response of the individual items. This did not occur in the study by García Galicia et al. (2021), where 50.8% of the participants report that the Unit should receive complaints, contrasting with the high percentages (greater than 80%) of Satisfied and Very satisfied responses in the individual items.

The item for congratulations, suggestions and complaints presented coincidences, such as suggesting that they fill more medicines in the pharmacy, as well as congratulations to doctors and nurses.

## CONCLUSION

The quality of care provided in the health center by the medical and nursing staff to the elderly is mostly satisfactory. What does generate dissatisfaction in patients is the waiting time, which as pointed out, sometimes they have to wait more than 120 minutes. Similarly, the main suggestion or complaint is that the supply of medicines be increased, as well as the suggestion to increase the staff.



The problems detected are: long waiting times, shortages of medicines and lack of personnel. Therefore, designing strategies for its solution in the short term would allow improvement in a subsequent evaluation. As well as carry out continuous evaluations to guarantee a better service.

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