


Enhancing Patient Satisfaction in Primary Health Care Services in Mogadishu, Somalia [Letter]

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Dear editor

We read with great interest the study by Abdi et al on patient satisfaction in primary health care (PHC) services in Mogadishu, Somalia.¹ The findings underscore significant gaps in healthcare service delivery, particularly in empathy, facility hygiene, privacy, and waiting times. These issues are not unique to Somalia but are common in many resource-limited settings.^{2,3} We would like to provide additional insights on how to enhance patient satisfaction in PHC services based on recent literature.

First, the study highlights that 71.5% of respondents were satisfied with PHC services, while concerns remain regarding communication, empathy, and hygiene. These concerns align with global trends in patient satisfaction studies, where interpersonal communication and environmental factors significantly influence overall patient experience.² Training healthcare providers in patient-centered communication strategies and empathetic engagement can improve patient trust and satisfaction. Recent studies emphasize that provider empathy and clear explanations significantly enhance adherence to treatment and healthcare-seeking behavior.³

Second, facility cleanliness and privacy were notable concerns. Poor hygiene in healthcare facilities is linked to increased patient dissatisfaction and heightened infection risks, reducing confidence in the healthcare system.² Implementing strict infection prevention and control (IPC) measures, alongside infrastructural improvements, can alleviate these concerns. In low-resource settings, cost-effective measures such as regular facility audits, increased access to hand hygiene stations, and patient education on hygiene practices have proven beneficial.³

Third, long waiting times were identified as a major dissatisfaction factor. Strategies such as appointment scheduling, triage systems, and digital health interventions can streamline patient flow and reduce unnecessary delays.² Evidence suggests that digital appointment systems significantly enhance service efficiency and patient satisfaction, particularly in overburdened PHC settings.³

Lastly, the study indicates a strong association between the frequency of visits and satisfaction levels, with patients visiting 2–4 times reporting higher satisfaction. This suggests that repeated engagement with the healthcare system fosters familiarity and trust. Expanding community outreach programs and health education initiatives can bridge gaps in healthcare accessibility and improve first-time patient experiences.¹

In conclusion, addressing the identified gaps through provider training, infrastructural improvements, digital health integration, and community engagement is crucial to improving patient satisfaction in Somalia's PHC facilities. We commend Abdi et al for their valuable contribution and encourage further research on scalable interventions tailored to Somalia's unique healthcare challenges.

Disclosure

The authors report no conflicts of interest in this communication.

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