

Patient Satisfaction towards Health Services

رضا المريض عن الخدمات الصحية

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الخلاصة:

خلفية البحث: رضا المرضى هو أحد المخرجات الرئيسية المعتمدة في العديد من البلدان لتقييم جودة الرعاية الصحية.

الهدف: تقييم مدى رضا المرضى عن الخدمات الصحية في مدينة القائم وضواحيها.

المنهجية: قام الباحثون بصياغة استبيان، من خلال استخدام Google Form Application، وتم مراجعة أسئلة الاستبيان من قبل خبيرين احصائيين قبل اعتماده وتوزيعه على عينة البحث. بعد ذلك تم إرسال الرابط إلى المقيمين في مدينة القائم. بعد ذلك بأسبوعين توقف الباحثون عن البحث عن الردود وأرسل جدول البيانات للتحليل الإحصائي.

النتائج: كشفت النتائج الإجمالية لهذه الدراسة أن ٧٥ ٪ من المستجيبين كانوا غير راضين عن خدمات الرعاية الصحية.

الاستنتاج: البحث عن رضا المرضى له أهمية قصوى في عملية تحسين جودة الخدمات الصحية. ويجب وضع خطط لتحسين جودة الرعاية الصحية من خلال تطوير وتحسين الخدمات المقدمة للمرضى.

التوصيات: يجب على واضعي السياسات الصحية اعتماد نهج متعدد التخصصات من أجل زيادة معدل رضا المرضى عن الخدمات الصحية المقدمة.

الكلمات المفتاحية: رضا المرضى، خدمات الرعاية الصحية، الأطباء المختصين، الممرضين، الصيادلة.

ABSTRACT:

Background: Patient satisfaction is one of the major outcomes used in many countries to assess the quality of healthcare.

Aim of the study: To assess the patient satisfaction towards health services in Al-Qaim city and its suburbs.

Methodology: The researchers formulated a questionnaire, write them down in Google form Application and then questionnaires were reviewed by two experts. After that the link was sent disseminated to people residing at Al-qaim city. Two weeks later the researchers stopped looking for responses and spreadsheet was sent for statistical analysis.

Results: The overall findings of this study revealed that 75% of respondents were unsatisfied with healthcare services.

Conclusion: looking for patients' satisfaction is of paramount importance in the process of improving the quality of health services. Plans have to be put to improve quality care through improving patient satisfaction.

Recommendations: Health policymakers should adopt a multidisciplinary approach in order to increase the clients' satisfaction rate.

Key Words: Patients' satisfaction, Health care services, Physicians, Nurses, Pharmacists.

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INTRODUCTION

Planning in health care requires data. The data input is either from statistics taken from health care census or the results of audits or researches done to analyze the local or national situation to find the unmet medical needs in order to be addressed ^(1,2).

Patient satisfaction is one of the major outcomes used in many countries to assess the quality of healthcare.

Moreover studies tried to find the reasons behind satisfaction or dissatisfaction toward health care quality in private hospitals in order to plan to mitigate those reasons, ⁽³⁾ Even more some scientists went a step further to find patient loyalty towards private and even public hospitals by studying the predictors of patient satisfaction in order for hospital managers to

work hardly addressing them, interestingly the loyalty was mediated by patient satisfaction when the health care perceived was of quality standards ^(4, 5, and 6).

Finding predictors of patient satisfaction may help find the reasons behind patients seeking health care in hospitals outside their country, a study in Bangladesh found that physician's service orientation was the major predictor explaining patient satisfaction ⁽⁶⁾.

Moreover recently patient satisfaction toward healthcare provision is used even for reimbursement purposes for the hospitals in USA ⁽⁷⁾.

Many studies were done in Iraq from north to south to assess patient satisfaction's predictors toward health care provision in hospitals & tertiary care centers ^(8,9).

Acknowledging the critical role of primary health care, a study was done to evaluate the patient and even medical and paramedical staff satisfaction toward quality health care provided in PHCCs ^(9,8).

Since 99% of maternal mortality occurred in developing countries, and despite the global efforts to reduce it, women's satisfaction towards care provided during labor is not well studied. Systematic review in this perspective find that neither the infra-structure nor the maternal or neonatal outcomes were the problems affecting patient's satisfaction but the care process which included interpersonal behavior, privacy, promptness, cognitive care, perceived provider competency and emotional support is the most important ⁽¹⁰⁾.

Again patient satisfaction towards nursing care deserve evaluation, a study done in Erbil found that highly educated people were unsatisfied with the care in addition that the majority were unsatisfied with the drug information given by nurses ⁽⁸⁾. Furthermore missed nurse activities during shift were associated with bad patient experience therefore optimizing nurse ability not to miss activity will improve patient experience ⁽¹¹⁾.

People residing in rural areas especially veterans may suffer from inequality in their access to health care compared to those in urban places therefore studying their needs is essential step toward equal and equitable health services ⁽¹⁾.

To help health policy makers in Iraq have a real picture of the quality of health services, studying patient satisfaction in every city would be critical for appropriate decision making.

Therefore, the aim of this study was to find out the satisfaction of people residing in the extreme west point near the Iraqi Syrian border which was inflicted by the occupation of Islamic State of Iraq and Syria forces towards not only inpatient wards or outpatient clinics but also emergency units & private clinics. The study's aim was also to explore how people see health care providers in this city communicate with them.

AIM OF THE STUDY

To assess the patient satisfaction towards health services in Al-Qaim city and its suburbs.

METHODOLOGY

In this cross- sectional study, the researchers reviewed the articles in the field of patient satisfaction towards health care provided by physicians and other allied health care workers, then a questionnaire were formulated, set of appropriate questions to Iraqi situation has been written down in Google form and then it was sent to two expert statistician in research methodology, biostatistics, and critical appraisal to review the questions. After receiving their suggestion and modification was done, the questionnaire link disseminated to people residing in Al-qaim city and its suburbs. After 2 weeks the responses from the participants sent to statistical analysis.

RESULTS:

Table (1): Association between satisfaction and age of participants

Age / years	Over all		Total	P value
	Not satisfied	Satisfied		
18 - 40	118	39	157	0.05
	75.2%	24.8%	100.0%	
41 - 60	20	6	26	
	76.9%	23.1%	100.0%	
61 - 80	0	2	2	
	0.0%	100.0%	100.0%	
Total	138	47	185	
	74.6%	25.4%	100.0%	

The current study also revealed that there is significant association between age and patients' satisfaction. With increasing age there is more satisfaction towards health services as shown in Table 1.

Figure (1): Patient Age

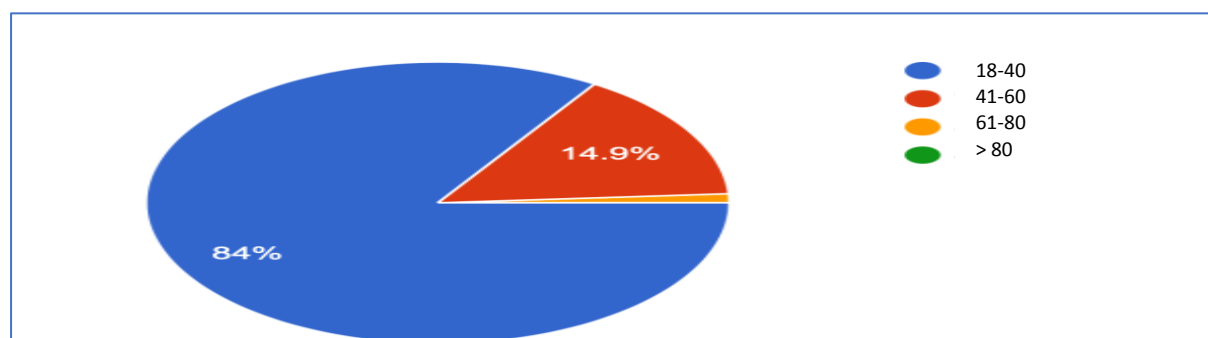


Figure 1 showed in this study 84% of the participants were within age group of 18-40 while only 15% were within the age group of 40-60.

Table (2): Association between overall satisfaction and educational level

Educational level	Over all		Total	P value
	Not satisfied	Satisfied		
primary	1	1	2	0.738
	50.0%	50.0%	100.0%	
intermediate	1	2	3	
	33.3%	66.7%	100.0%	
high school	3	7	10	
	30.0%	70.0%	100.0%	
undergraduates	75	72	147	
	51.0%	49.0%	100.0%	
postgraduates	12	13	25	
	48.0%	52.0%	100.0%	
Total	92	95	187	
	49.2%	50.8%	100.0%	

Table 2 showed there is no significant association between satisfaction rate and educational level among participants as illustrated.

Figure (2): Participants' Level of study

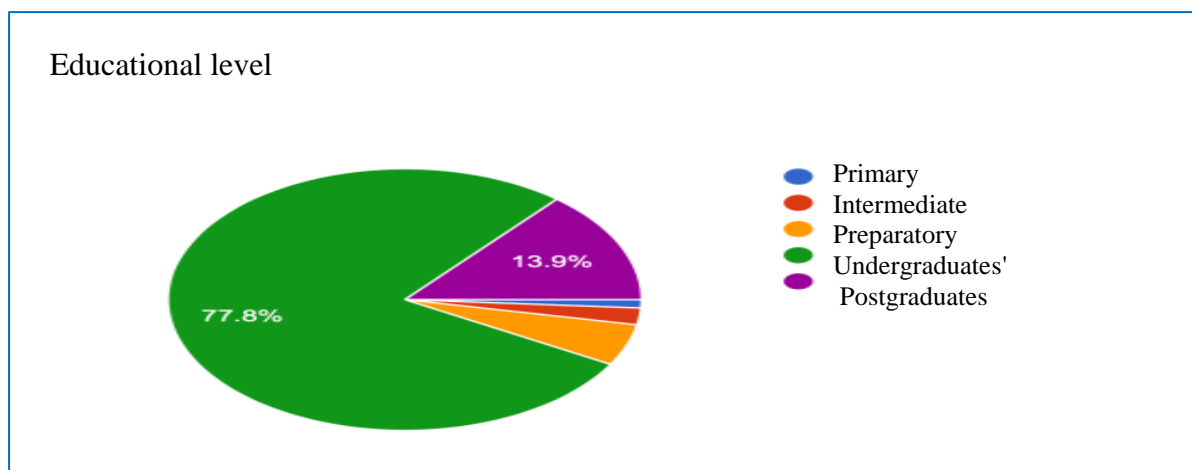


Figure 2 showed the majority of participants were graduates from college while only 14% were holding post graduate certificate but there are 5% from high school.

Figure (3): Participants' marital status

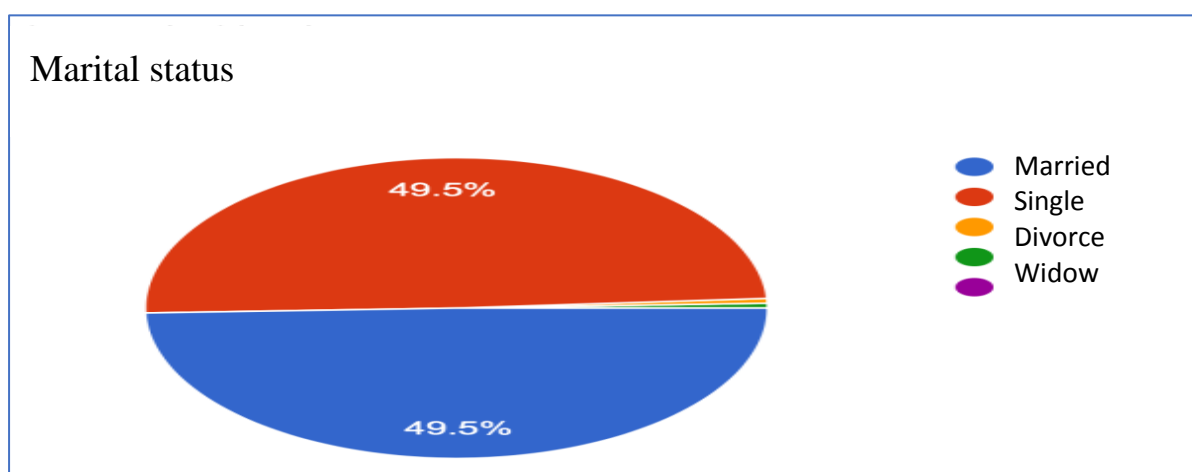
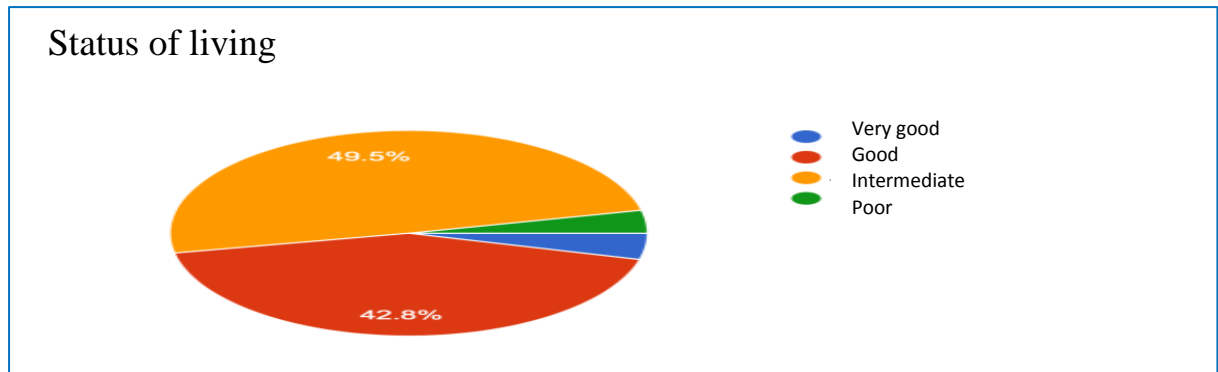


Table (3): Association between satisfaction and marital status

Marital status	Over all		Total	P value
	Not satisfied	Satisfied		
Unmarried	79	14	93	0.001
	84.9%	15.1%	100.0%	
married	59	33	92	
	64.1%	35.9%	100.0%	
Total	138	47	185	
	74.6%	25.4%	100.0%	

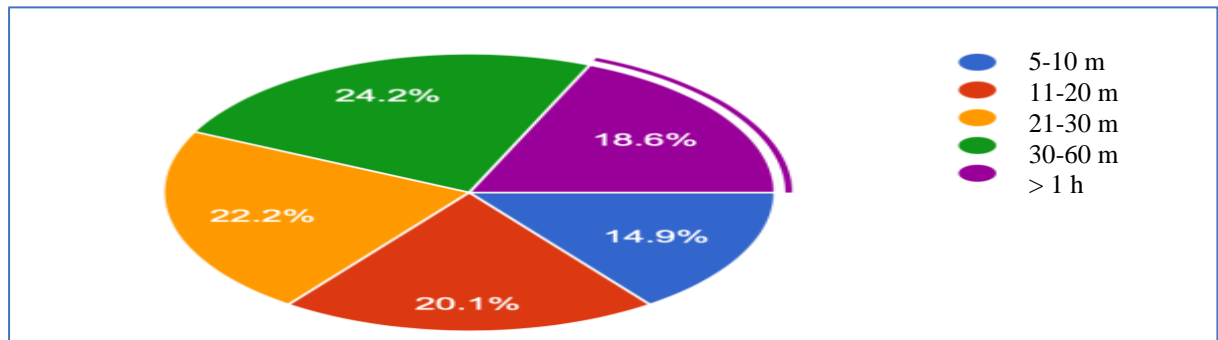
Nearly 50 % were married. And there is significant association between satisfaction and marital status. The married participants had lower satisfaction percent than singles as shown in (Figure 3) (Table 3).

Figure (4): participants' socioeconomic



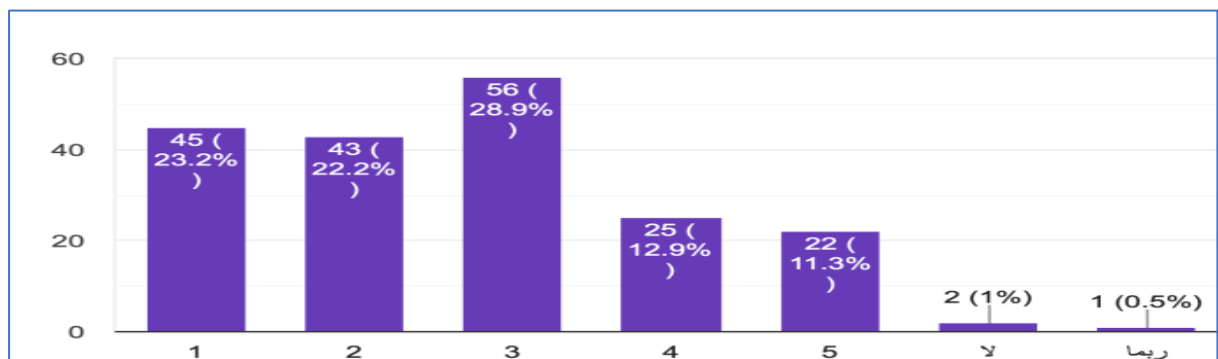
Again nearly 50% they choose to have moderate socioeconomic status while 42% choose to have good SES. 4% were from low and similar percent for high SES as shown (Fig. 4).

Figure (5): Participants opinion toward health care.



(Fig. 5) showed the type of health services the participants select were the consultation clinic 60%, ER 49%, 40% PHC clinic, 36% Outpatient hospital clinic. 45% of the participants state that the process of consulting the physicians were not appropriate to them, while only less than one quarter they agree that it was appropriate, while near 30% were seemingly have neutral opinion toward this issue.

Figure (6): Participant's time spent to see the physician



Crowdedness near the door of the physicians was the usual as 80% choose the level of crowdedness from 3 to 5. Less than 20% were in need for more than 1 hour to see their physicians as shown in (Fig. 6).

Figure (7): listening to participants

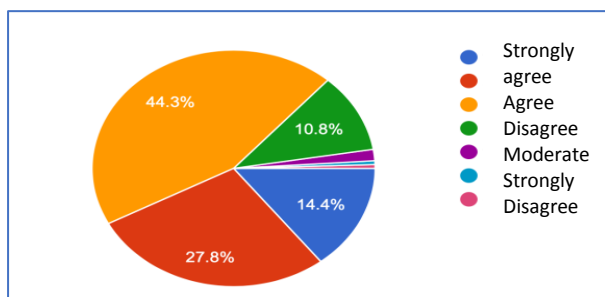
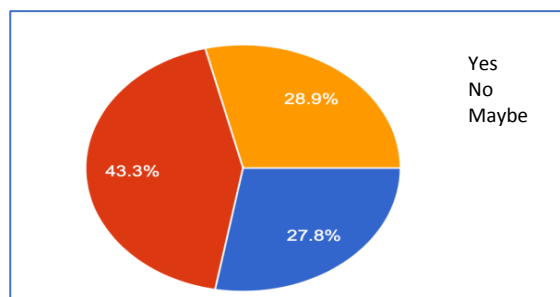


Figure (8): Participant's interview time



In these figures 44% were neutral about the question that physicians adequately listen to them while 10.8% they disagree (Fig. 7). Nearly 75% of the participants they either disagree or were neutral about the appropriateness of the time of the consultation (Fig. 8).

Figure (9): Participants' talking opportunity about their health issue

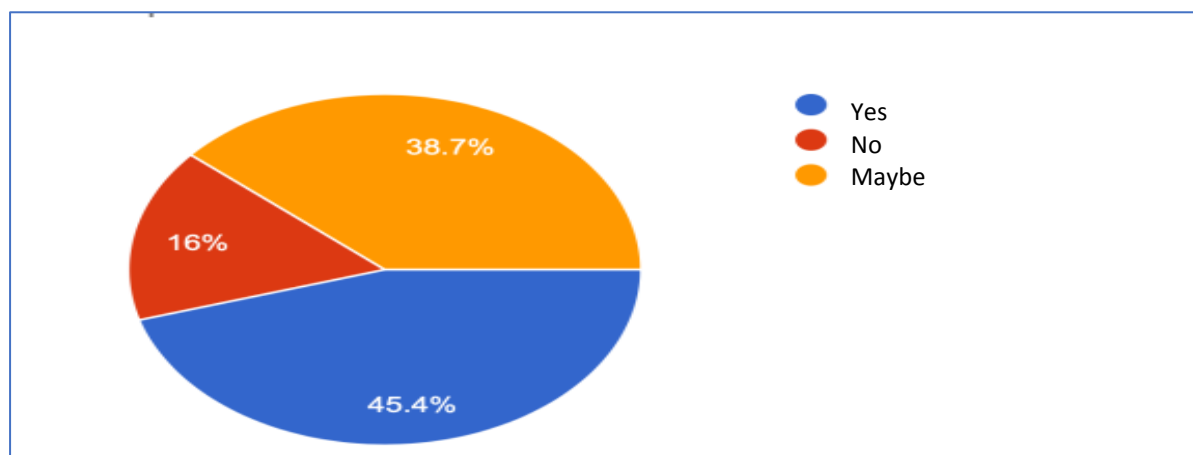
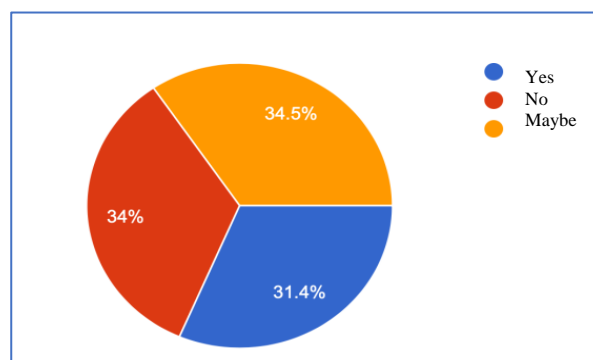
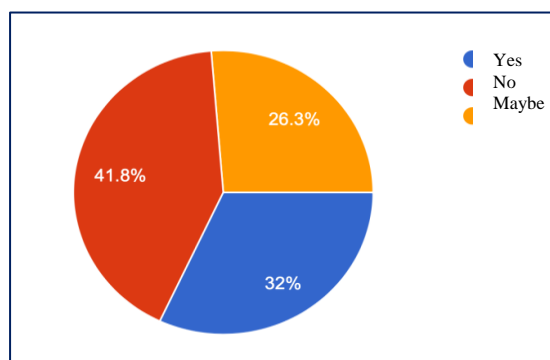


Figure 9 showed more than 50% were either disagreeing or not satisfied that the physician gave them the time and the opportunity to talk about their health problem.

Figure (10): Sufficient explanation by physicians **Figure (11):** Sufficient explanation by pharmacist



In these figures only 30% they choose yes for the questions about patient concern taken seriously by the physicians and patients were given sufficient explanation about their health condition. Only 30% they agree that pharmacists gave enough explanation while for nurse 22.7% (Fig. 10, 11 and 12).

Figure (12): Sufficient explanation by nurse

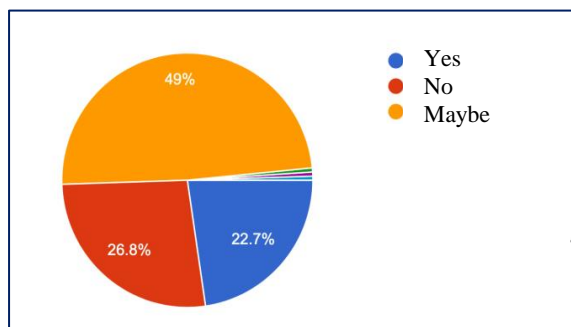


Figure (13): Showing empathy

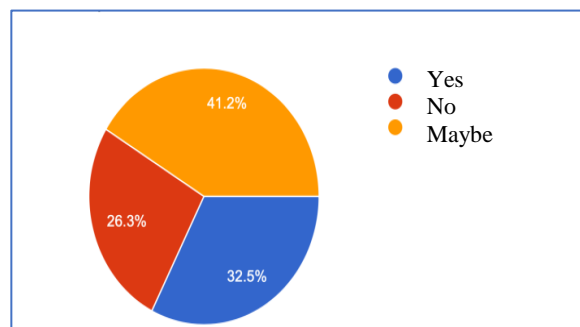


Fig.13 showing empathy is fundamental part of making rapport in the process of communication between physicians and patients. Only 32% they agree while the remainders either said no or they were not sure.

Figure (14): Cleanliness of health facilities

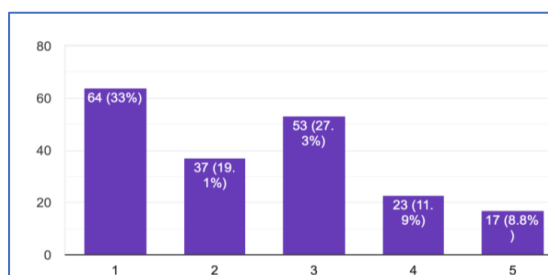


Figure (15): Cleanliness of toilets

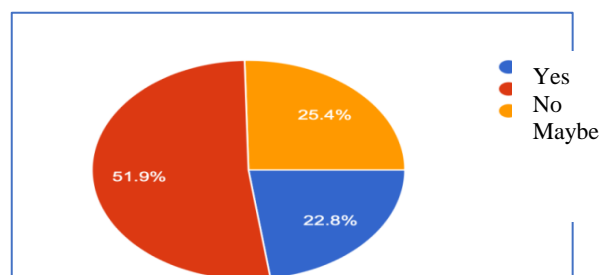


Fig.14 showed only 20% was satisfied with the level of cleanliness. Only one quarter of participants in this study they agree that there was clean toilet in health services they visited Fig.15.

Figure (16): Lack of medicines in the hospital. **Figure (17):** Drugs from private pharmacists

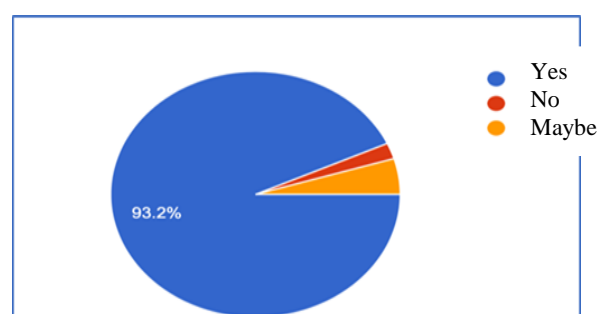
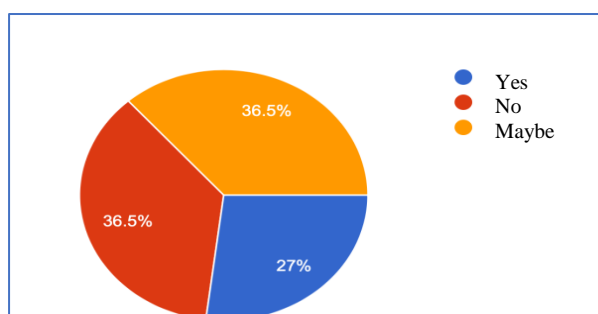


Fig.16 showed again only 27% they trusted the laboratory tests done in public health services. And 93% they say yes that they were in need to drugs from private pharmacists Fig.17.

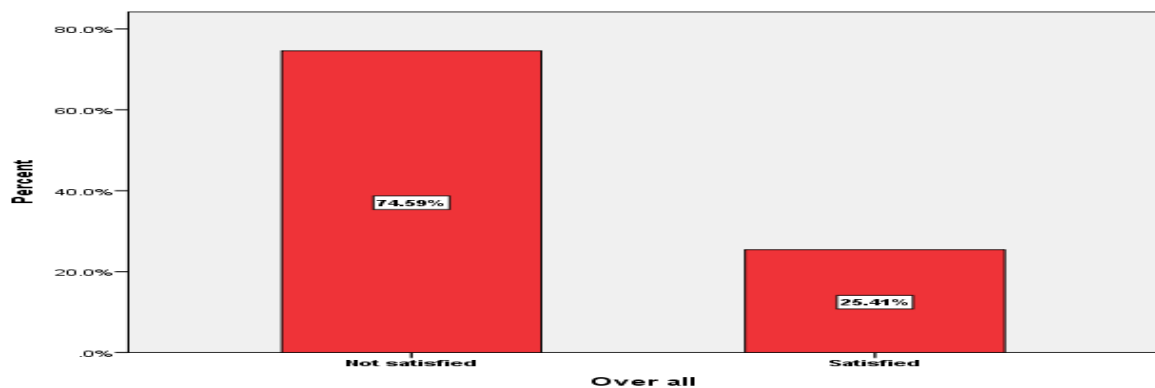


Figure (18): Overall satisfaction rate among participants

Fig 18 showed the overall findings of this recent study revealed that the majority of respondents were unsatisfied with healthcare services.

DISCUSSION

The assessment of unmet patients' needs is an important step in measuring the quality of a health system everywhere globally. In this regard, patient satisfaction is one of the helpful metrics to provide a direct indicator of the quality of healthcare and subsequently it helps in a healthcare planning locally ⁽¹²⁾.

The results showed that younger ages were more unsatisfied than elderly people. This could be attributed to the traditions of our society, where the healthcare providers deal with older people with more respect and pay them more attention than young people. These results agreed with many studies have found that younger patients were less satisfied than older as in Norway and Sweden. Also, in this study there is no significant association between satisfaction rate and educational level among participants. In fact, these results disagreed with a study conducted by Al Taweel which documented significant association between patients' educational level and satisfaction ⁽⁸⁾.

The majority of respondents had at least a bachelor's degree, and they were from diverse socioeconomic levels and they were from different occupations. This ensures to some degree that our survey span people from different socioeconomic status, occupations and educational levels. There is significant association between satisfaction and marital status. The married had higher satisfaction than singles. This could be attributed to the frequent visits to the primary health centers of the most married people it needs further study. Regarding whether participants were satisfied or not with the suitability of their consultation, about 75 % of the participants were either unsatisfied or has a neutral opinion towards it. This study documented that nearly 80 % of patients were discontented from the crowdedness near the door of the physicians, this is usually either due to the lack of organization of patients' entry, the shortage of doctors or lack of suitable waiting places. Indeed, besides its impact on the patients, crowdedness has also an impact on medical staff performance (such as attitude, behavior or emotion towards patients). In addition, physicians' overwork resulting from patients' large number they serve affects the quality of the care they provide ⁽¹³⁾.

Attentive listening to patients can determine the outcome of urgencies, reduces stress, help joint decision-making and increases patients' confidence in treatment ⁽¹⁴⁾. The current study findings documented that 75 % of patients either disagree or were neutral about the appropriateness of the time of the consultation. Also, more than 50 % were either disagree or

not satisfied with the notion that they were given the time and the opportunity to talk about their health problems. Healthcare providers' communication with patients helps promote the correct diagnosis in a shorter time ⁽¹³⁾. This relies on the fact that individuals are more driven to initiate and maintain behaviors they choose than those prescribed by others ⁽¹³⁾. In this study only 30% of patients stated that physicians take their concern seriously and give them sufficient explanation about their health condition. Same percent of responders (30 %) agree that pharmacists gave them enough explanation while for nurse 22.7 %. However, patient satisfaction is associated with the cultural competences of nurses which include communication, positive conduct, confidence-building behaviors, and shared decision-making ^(15, 16).

Although showing empathy is a fundamental part of making rapport in the process of communication between physicians and patients, the current study shows that nearly two-thirds of participants reported that they had not received enough empathy from their physician. However, empathy was the least effective components in improving patient satisfaction after tangibles 4.59, assurance 2.77, reliability 2.74, and responsiveness 2.57 ⁽¹⁷⁾.

Although, Cleanliness is regarded as one of the key predictors of perceived quality of healthcare services, as it impacts patients' first impression of the healthcare setting ⁽¹⁸⁾. The finding of the present study revealed 80 % of participants were unsatisfied with healthcare setting. This requires a lot of care and effort from the health service providers and the government to improve the level of health institutions' cleanliness.

In relation to laboratory tests there were about three-quarters of patients trusted laboratory tests done in public health services.

CONCLUSION

The finding of this study revealed that there is a significant deficiency in treatment offered for patients, as 93 % patients were buying treatment from outside the hospital. As a matter of fact, patient feedback collection will provide an in-depth understanding of the quality of health care for decision-maker or public policy analysts to work on. This study, therefore, uses different perspectives to find as a quality-of-care marker.

RECOMMENDATIONS:

1. Health care leaders and hospital's and PHC's managers should take more care for the educated people since their level of expectations with health care is high.
2. Health care managers should look for alternative methods that improve the respect and dignity of patients while they wait in the clinics.
3. Health care policymakers should well support and treat of patient with dignity and respect throughout all interactions.

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