

Assessment of Elderly's Satisfaction toward Health Care at Geriatric Home in Baghdad City

تقييم رضا المسنين باتجاه الرعاية الصحية في دار المسنين في مدينة بغداد

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الخلاصة:

هدف الدراسة: تهدف الدراسة إلى تقييم رضا المسنين باتجاه الرعاية الصحية من خلال مجالات الرعاية مثل (طلب الرعاية الصحية والنشاط البدني ولاكتشاف العلاقة بين رضا المسنين وخصائصهم الديموغرافية من العمر، الجنس، الحالة الزوجية، مستوى التعليم، الحالة الصحية، والحالة الاقتصادية. **المنهجية:** أجريت دراسة وصفية لتقييم رضا المسنين باتجاه الرعاية الصحية في دار المسنين في مدينة بغداد للفترة من ٢٦ تشرين الثاني ٢٠١٣ إلى ٣ أيلول ٢٠١٤. اختيرت العينة كان من خلال عينة البحث الغير احتمالية "العينة الغرضية" وحجمها هو (٨٦) من كبار السن بعمر (٦٥) سنة فأكثر والذين يقيمون في دار المسنين. تم جمع البيانات عن طريق المقابلة باستخدام أداة الاستبيان وتحليلها من خلال تطبيق التحليل الإحصائي الوصفي والاستنتاجي. حدد ثبات الاستبانة من خلال إجراء الدراسة المصغرة وحدد صدقها من خلال ١٨ خبيراً.

النتائج: أظهرت نتائج الدراسة التي تكشف تحليل الخصائص الديموغرافية للعينة المعنية، فإن الغالبية من العينة هم في عمر (٦٥-٦٩) سنة بنسبة (٣٤.٩٪)، وأيضاً تبين أن الغالبية من عينة الدراسة (٥٩.٣٪) هم من الذكور والباقي من الإناث، وفيما يتعلق بالحالة الزوجية وجد أن عدد كبير من المسنين هم أرامل ونسبتهم (٣٨.٤٪) ومستوى التعليم أكبر عدد منهم أميون "لا يقرأ ولا يكتب" وبلغت نسبته (٤٨.٨٪)، تبين أيضاً أن الغالبية العظمى من كبار السن يعانون من أمراض مزمنة بنسبة (٧٣.٣٪)، بينما الغالبية منهم ليس لديهم عملية جراحية سابقة ونسبتهم (٥٨.١٪)، ما يتعلق في ملكية السكن وجد أن (٧٤.٤٪) من المسنين (ليس لديهم منزل)، والأهم من ذلك دخل المسنين الشهري غير كافٍ لهم بنسبة (٥٣.٥٪).

الاستنتاج: استنتجت الدراسة إلى أن معظم المسنين الساكنين في دار المسنين أميون لأنه ليس لديهم فرصة للتعليم. أيضاً المسنين كانوا راضون عموماً عن خدمات الرعاية الصحية وكان أفضل مجال لرضا المسنين هو مجال التغذية وأقل مجال هو الحصول على الرعاية الصحية. فيما أظهرت الدراسة أن الخصائص الديموغرافية للمسنين لا تؤثر في رضا المسنين العام باتجاه الرعاية الصحية ما عدا مستوى التعليم. كما أن الجنس يؤثر على رضا المسنين في الحصول على الرعاية الصحية، إضافة لذلك فإن الدخل الشهري يؤثر على رضا المسنين عن التغذية، وكذلك استنتجت الدراسة بأن العمر ومعانات المسنين من الأمراض المزمنة تؤثر على ممارستهم للنشاطات البدنية والرياضية وتؤثر على مستوى رضاهم بهذا الجانب، كما أن هناك تأثير لكل من الجنس والمستوى التعليمي والدخل الشهري للمسنين على رضاهم نحو المجال الاجتماعي، وأيضاً عمر المسن يؤثر في رضاه نحو المجال النفسي. **التوصيات:** أوصت الدراسة بما يلي: تعزيز الرعاية الصحية الموفرة للمسنين وخاصة فيما يتعلق بالحصول على الرعاية الصحية وممارسة النشاطات البدنية. يمكن لوزارة العمل والشؤون الاجتماعية وبالتعاون مع وزارة الصحة إنشاء مركز صحي خاص للمسنين لمساعدتهم على الحصول على الرعاية الصحية. وكذلك إنشاء قاعة رياضية مجهزة لتشجيع المسنين على ممارسة الفعاليات الرياضية اليومية. القيام بسفريات جماعية ترفيهية وباستمرار لتحسين الحالة النفسية والاجتماعية للمسنين.

Abstract:

Objectives: to assess the elderly's satisfaction toward health care through the use of the domains of health care seeking and physical activity, , and to find out the relationship between elderly's satisfaction and their demographic characteristics of age, gender, marital status, level of education, health state, and economic status.

Methodology: A descriptive study concerning the assessment of elderly's satisfaction toward health care at geriatric home in Baghdad city. From November 26th, 2013 to September 3rd, 2014. The selection of the sample through a non-probability 'purposive sample' is (N=86) from elderly aged 65 years and over who reside in geriatric home. Data are collected through interview using questionnaire tool and analyzed through the application of descriptive and inferential statistical analysis which reveal, The reliability of the questionnaire which is determined through a pilot study and the validity is achieved through a panel of (18) experts.

Results: The study results showed demographic characteristics analysis of the sample concerned, the large number of the sample that was with age (65-69) years (34.9%) and also showed that majority of study sample (59.3%) are men and the remaining are women, and with regard to marital status it was found that many of them are widows and their percentage (38.4%). Regarding subject level of education, the greater number of them are illiterate and they are accounted for (48.8%) In addition, the majority of the elderly who suffer from chronic disease are (73.3) while the majority of them have no previous surgery and their percentage (58.1%) Regarding housing ownership (74.4%) they are absent or (do not have a house), and most of the elderly's monthly income is (53.5%) insufficient.

Conclusion: The present study conclude: the elderly were generally satisfied with health care, and it was the best domain of elderly satisfaction is the nutrient intake and the less domain of health care seeking. While the study showed that, the demographic characteristics of elderly had no impact upon their overall satisfaction toward health care except the level of education. Therefore, that gender affects the satisfaction of the elderly in seeking of health care. In addition, the monthly income effects on elderly satisfaction with nutrient intake. As well as the age and suffering from chronic diseases affecting the physical activity domain and with level of elderly satisfaction in this

aspect there is an impact of each gender, level of education and monthly income of the elderly on their satisfaction towards the social domain, the age affects the elderly satisfaction with psychological domain.

Recommendations: The study recommended the following: Promotion of health care provided to the elderly especially with regard to access to health care and the practice of physical activity. The Ministry of Labor and Social Affairs, in cooperation with the Ministry of Health can establish a special health center for the elderly to help them to get health care. As well as the establishment of a sports hall equipped to encourage the elderly to exercise of daily activities sports. Work of collective entertainment trips continuously to improve elderly mental and social state.

Keywords: Elderly, Satisfaction, Health Care, Geriatric Home.

INTRODUCTION:

The elderly's satisfaction with health care services reflects the progress made in developing monitor and improve the quality of health care, Health care services are limited and of poor quality in developing countries. Client satisfaction is integral component of health services provided to the population. It is generally agreed that satisfaction data play significant role in the strategy and tactics health care providers use in delivering services for clients. In addition, measurement of client's satisfaction is increasingly playing important role in the growing push towards accountability among health care providers. It is also viewed as an established indicator of quality of care despite the fact that it was overshadowed by measures of organizational aspects in the quality of health care equation⁽¹⁾.

The term "satisfaction" is considered as subjective assessment of certain objects, activities and living conditions, life in general, relationships with people, attitudes to others and self-attitude. It determines many actions, different kinds of activity and behavior every day, economic, political and others. Satisfaction with life effects mood, mental state, psychological stability. Usually this phenomenon is very simplified, just like some evaluation that a person gives to some situation. In fact it also includes a wide spectrum of feelings of the person's subjective wellbeing⁽²⁾.

The past several decades have seen a rapid increase in the volume of health care research focusing on the measurement of patient (or consumer) satisfaction as an indicator of quality care . Patient satisfaction refers to the patient's subjective view of various aspects of health care and service provided, such as the availability of personal and technical resources, interpersonal characteristics of care providers, and the care environment⁽³⁾.

Patient satisfaction often depends on their level of expectation toward such care in his seminal work on the assessment of quality care; the information about patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. Much of the existing research is on the measurement of patient satisfaction as a quality care outcome indicator that has taken place in the hospital (both in-patient and out-patient) and primary care settings⁽⁴⁾.

However, coinciding with a growing ageing population and ever expanding consumer expectations in society, measuring the satisfaction of care recipients in residential aged care (or long-term care) is gaining more interest in the health care literature⁽⁵⁾.

There has also been an increase in the popularity and recognition of the importance of person-centered care for older people, in particular those with dementia, as a means to ensure and improve care quality⁽⁶⁾.

Within a person-centered approach to care, respecting clients' needs and wishes and involving them in care and decision-making is vital, and has been linked to more positive encounters with health care services and potentially better health outcomes⁽⁷⁾.

OBJECTIVES OF THE STUDY:

1. To assess elderly's satisfaction toward health care through the use of the domains of health care seeking, and physical activity at geriatric home in Baghdad city.
2. To find out the relationship between elderly's satisfaction and their demographic characteristics of age, gender, marital status, level of education, health state, and economic status.

METHODOLOGY:

Study Design:

A Descriptive study carried throughout the present study in order to achieve the early stated objectives. The period of the study was from November 26th, 2013 to September 3rd, 2014. The selection of the sample through a non-probability 'purposive sample' is (N=86) from elderly aged 65 years and over who reside in geriatric home.

Instruments: Based on previous studies and other relevant literature, the assessment tool is adopted and developed by researcher to assess the elderly satisfaction towards health care services. The final study instrument consisted of two parts and presented as follows :

Part I: Demographic information:

A demographic information sheet consists of (6) items. They include age, gender, and marital status, level of education, health condition and economic status.

Part II: Satisfaction's Level about health care:

The second part of the questionnaire is composed of (2) domains, which include health care seeking, and physical activity.

Data collection:

The data are collected through the utilization of the developed questionnaire after the validity and reliability are estimated, and by means of structured interview technique with the subjects who are individually interviewed, by using the Arabic version of the questionnaire and they are interviewed in a similar way, by the same questionnaire for all those subjects who are included in the study sample. The data collection process has been performed from March 3rd, 2014 until April 2nd, 2014. Each subject spends approximately (30-40) minute to complete the questionnaire.

Data Analyses:

The data of the present study are analyzed using statistical package of social sciences (SPSS) version (16) and the Microsoft excel (2007). The following statistical data analysis approaches used in order to analyze and assess the results of the study.

1. Descriptive Data Analysis:

- a- Tables (frequencies, percentages, and cumulative percent).
- b- Summary Statistics tables including: Mean of scores equal to 3 (>3 means the study subjects responses were pass, and < 3 means that the study subjects responses were failure).

2. Inferential Data Analysis:

This approach is used to accept or reject the statistical hypothesis, which included the following:

- a- Alpha Cronbach for the reliability of questionnaire.

- b- Contingency Coefficients (C.C.) test for the cause's correlation of the association tables.
- c- Chi-Square test for testing the independency distribution of the observed frequencies, and for measuring the association between the studies variables according to its type.
- d- Binomial test for testing the different of distribution of the observed frequencies of two categories nominal /or ordinal scale.

Pilot Study:

A pilot study is conducted on a purposive sample of (10) elderly's, that is selected from Al-Rashad Geriatric Home. The pilot study sample was exclude from the original sample of the study.

Validity of the instruments:

The validity of an instrument concerns its ability to gather the data that it is intended be gathered content validity for the early-developed questionnaire is determined with panel of experts to investigate clarity, relevancy, and adequacy of the questionnaire to measure the concepts of interest. A preliminary copy of the questionnaire is designed and presented to panel of (18) expert, who have > 10 years of experience.

Reliability of the Study:

Reliability is concerned with the consistency and dependability of a research instrument to measure a variable. Determination of internal consistency reliability of the questionnaire is based on the use of Cronbach alpha reliability. The results of reliability coefficients was ($r=0.862$).

RESULTS:

Table (1): Distribution of the study sample by their responses to the health care seeking domain items with a statistically calculated mean of scores.

Health care seeking domain items	Rating	Frequency	%	m.s.	Assessment
1. Are you satisfied with the availability of the regular checkup which you do, such as physical examination, laboratory checkup, radiography and sonar?	strongly unsatisfied	56	65.1	1.38	Failure
	unsatisfied	27	31.4		
	fair	3	3.5		
2. What is the degree of your satisfaction with the guidance and educational seminars about health care that are held in the geriatric home and your participation in it ?	strongly unsatisfied	26	30.2	1.83	Failure
	unsatisfied	51	59.3		
	fair	7	8.1		
	satisfied	2	2.3		
3. Are you satisfied with the availability of necessary vaccines, such as those of typhoid, hepatitis and flu?	strongly unsatisfied	39	45.3	1.69	Failure
	unsatisfied	39	45.3		
	fair	4	4.7		
	satisfied	4	4.7		
4.What is the degree of your satisfaction with health directions given to you by the health staff, such as washing the hands with water and soap before and after eating the food?	strongly unsatisfied	20	23.3	2.66	Failure
	unsatisfied	26	30.2		
	fair	5	5.8		
	satisfied	33	38.4		
	strongly satisfied	2	2.3		
5. Are you satisfied with the availability of hygiene tools and body and hands washes?	satisfied	53	61.6	4.38	Pass
	strongly satisfied	33	38.4		
6. What is the degree of your satisfaction with regular medical checkup for the early discovering of chronic diseases and your participation in it?	strongly unsatisfied	59	68.6	1.36	Failure
	unsatisfied	25	29.1		
	satisfied	2	2.3		
7. For males, "are you content with the informative and educative directions given to you	strongly unsatisfied	69	80.2		
	unsatisfied	14	16.3		

about the way of checking up testis by yourself from time to time and showing its importance?" & for females "are you satisfied with the informative and educative directions given to you about the way of checking up the breast by yourself from time to time and showing its importance?"	fair	1	1.2	1.27	Failure
	satisfied	1	1.2		
	strongly satisfied	1	1.2		
8.What is the degree of your satisfaction with the availability of the suitable places and atmospheres for sunbathing?	strongly unsatisfied	1	1.2	4.17	Pass
	unsatisfied	5	5.8		
	fair	2	2.3		
	satisfied	48	55.8		
	strongly satisfied	30	34.9		
9.Are you satisfied with the health directions concerning the way of skin care given to you and your application to protect yourself from dryness?	strongly unsatisfied	24	27.9	1.93	Failure
	unsatisfied	50	58.1		
	fair	6	7		
	satisfied	6	7		
10. Are you satisfied with the number and regulation of internist visits?	strongly unsatisfied	47	54.7	1.49	Failure
	unsatisfied	36	41.9		
	fair	3	3.5		

% = percentage, m.s = mean of scores, Failure = (mean of scores < 3), Pass = (mean of scores equal or > 3).

Table 1 reveals in light of mean of scores (3) that the subjects responses in regarding to the health care domain are below the mean of scores (failure) at all items, except at items number (5 and 8) their responses are above the mean of scores (pass) Which indicates that (80%) of the study subjects responses in regarding this domain had been failed, while (20%) are passed.

Table (2):Distribution of the study sample by their responses to the Physical activity domain items with a statistically calculated mean of scores

Physical activity domain items	Rating	Frequency	%	m.s.	Assessment
1.Are you satisfied with your practice of the good physical activities and healthy habits, such as waking up early, bathing and washing hands?	strongly unsatisfied	1	1.2	4.27	Pass
	unsatisfied	5	5.8		
	fair	4	4.7		
	satisfied	36	41.9		
	strongly satisfied	40	46.5		
2.Are you content with the time span you have sport exercises, which take (20-30 minutes), such as walking, and gardening at least three times a week?	strongly unsatisfied	11	12.8	3.29	Pass
	unsatisfied	21	24.4		
	fair	1	1.2		
	satisfied	38	44.2		
	strongly satisfied	15	17.4		
3.Are you satisfied with your practicing of sport exercises for a short time, such as running for (5-15) minutes daily?	strongly unsatisfied	49	57	1.69	Failure
	unsatisfied	25	29.1		
	fair	3	3.5		
	satisfied	8	9.3		
	strongly satisfied	1	1.2		
4.Are you satisfied about your fast walk practicing for certain distances, (10-30) minutes every day?	strongly unsatisfied	45	52.3	1.98	Failure
	unsatisfied	21	24.4		
	fair	1	1.2		
	satisfied	15	17.4		
	strongly satisfied	4	4.7		
5.Are you satisfied with your practicing of sports exercises, which increase the muscle's power for a period of time ranging from 15 to 30 minutes, such as belly-pulling sport and simple weight-lifting and training,	strongly unsatisfied	71	82.6	1.23	Failure
	unsatisfied	12	14		
	fair	1	1.2		

general and light exercise, three times a week?	satisfied	2	2.3		
6.Are you convinced with your physical ability to endure the activities and sports exercises you practice?	strongly unsatisfied	16	18.6	2.43	Failure
	unsatisfied	40	46.5		
	fair	8	9.3		
	satisfied	21	24.4		
	strongly satisfied	1	1.2		
7.What is the degree of your satisfaction about the availability of your food program while you are practicing sports exercises and certain bodily activities?	strongly unsatisfied	47	54.7	1.48	Failure
	unsatisfied	37	43		
	fair	2	2.3		
8.Are you satisfied with the means and location of daily activities and sport exercises?	strongly unsatisfied	5	5.8	3.29	Pass
	unsatisfied	13	15.1		
	fair	25	29.1		
	satisfied	38	44.2		
	strongly satisfied	5	5.8		

% = percentage, m.s = mean of scores, Failure = (mean of scores < 3) Pass = (mean of scores equal or > 3).

Table 2 reveals in light of mean of scores (3) that the subjects responses in regarding to the physical activity domain are below the mean of scores (failure) at all items, except at items

Demographic Data	Rating	Frequency	%	Cumulative Percent	C.S.
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number (1, 2, and 8) their responses are above the mean of scores (pass), which indicates that (62.5%) of the study subjects responses in regarding this domain have been failed, while (37.5%) are passed.

Table (3): Distribution of the study sample by their overall responses to the studied domains with a statistical mean of scores.

Studied domains	Rating	Frequency	%	m.s	Assessment
Health care seeking domain	unsatisfied	1	1.2	2.12	Failure
	Partially Satisfied	75	87.2		
	satisfied	10	11.6		
Physical activity domain	unsatisfied	1	1.2	2.45	Failure
	Partially Satisfied	57	66.3		
	satisfied	28	32.6		

% = percentage, m.s = mean of scores, Failure = (mean of scores < 3), Pass = (mean of scores equal or > 3)

Table 3 reveals in light of mean of scores (3) that the subjects overall responses in regarding to the studied domains were below the mean of scores (failure) at the health care seeking and physical activity domains.

1.Age (years)	(65-69)	30	34.9	34.9	$\chi^2=20.86$ p-value = 0.000
	(70-74)	24	27.9	62.8	
	(75-79)	13	15.1	77.9	
	(80-84)	12	14	91.9	
	(85-89)	7	8.1	100	
2.gender	male	51	59.3	59.3	Binomial p-value = 0.105
	female	35	40.7	100	
3.Marital status	single	15	17.4	17.4	$\chi^2=26.44$ p-value = 0.000
	married	6	7	24.4	
	divorced	22	25.6	50	
	widowed	33	38.4	88.4	
	separate	10	11.6	100	
4.Level of education	illiterate	42	48.8	48.8	$\chi^2=94.86$ p-value = 0.000
	able to read and write	16	18.6	67.4	
	primary school	9	10.5	77.9	
	intermediate school	8	9.3	87.2	
	secondary school	7	8.1	95.3	
	institute	2	2.3	97.7	
5.Suffering from any chronic disease?	yes	63	73.3	73.3	Binomial p-value = 0.000
	no	23	26.7	100	
6.Undergo any surgical operation?	yes	36	41.9	41.9	Binomial p-value = 0.161
	no	50	58.1	100	
7.Ownership previously housing?	owner	1	1.2	1.2	$\chi^2=1.215$ p-value = 0.000
	rented	19	22.1	23.3	
	mixed	2	2.3	25.6	
	absent	64	74.4	100	
8.Monthly income?	enough	21	24.4	24.4	$\chi^2=15.79$ p-value = 0.000
	enough to some extent	19	22.1	46.5	
	not enough	46	53.5	100	

Table (4): Distribution of the study sample by their demographic data with a statistical comparative significance.

%= percentage, C.S. = comparison significant, χ^2 = chi-square, P-value = probability value.

Table 4 shows that (65-69 years old) is the dominant age group for the study subjects. The above table also shows, that (59.3%) of the study subjects are males. In regarding to the subjects marital status, the study results indicate that (17.4%) of them are single, and (48.8%) of them are illiterates. Furthermore, the (73.3%) of the study subjects are suffering from chronic diseases, while (58.1%) of them did not have any previous surgical operations. concerning with the ownership of previously housing, the study results indicate that (74.4%) of them do not have housing previously. Finally, in the above table and in regarding to the subjects monthly income, the results show that (53.5%) of the study sample reported that their monthly income were not enough. This table also shows the significant comparison which indicate the goodness of the test in two statistical parameters (chi-square and binomial test).

Table (5): Association between the health care seeking domain and their demographic data.

Demographic data	Rating	Health care seeking			Sig.
		unsatisfied	Partially satisfied	satisfied	
1. Age	(65-69)	0	26	4	$\chi^2=9.976$ d.f.= 8
	(70-74)	0	20	4	

	(75-79)	0	13	0	p-value = 0.267 NS
	(80-84)	1	9	2	
	(85-89)	0	7	0	
2. Gender	male	0	49	2	$\chi^2=8.98$ d.f.= 2 p-value = 0.011 S
	female	1	26	8	
3. Marital status	single	1	13	1	$\chi^2=7.37$ d.f.= 8 p-value = 0.496 NS
	married	0	6	0	
	divorced	0	20	2	
	widowed	0	27	6	
	separate	0	9	1	
4. Level of education	illiterate	1	36	5	$\chi^2=7.11$ d.f.= 12 p-value = 0.85 NS
	able to read and write	0	15	1	
	primary school	0	6	3	
	intermediate school	0	7	1	
	secondary school	0	7	0	
	institute	0	2	0	
	college and more	0	2	0	
5. Suffering from any chronic disease?	yes	1	54	8	$\chi^2=.658a$ d.f.= 2 p-value = 0.72 NS
	No	0	21	2	
6. Undergo any surgical operation?	yes	1	30	5	$\chi^2=1.768$ d.f.= 2 p-value = 0.413 NS
	no	0	45	5	
7. Ownership previously housing?	owner	0	1	0	$\chi^2=4.168$ d.f.= 6 p-value = 0.654 NS
	rented	0	18	1	
	mixed	0	1	1	
	Absent	1	55	8	
8. Monthly income?	enough	0	18	3	$\chi^2=6.748$ d.f.= 4 p-value = 0.15 NS
	enough to some extent	1	14	4	
	not enough	0	43	3	

Sig. = significance, χ^2 = chi-square, d.f.= degree of freedom, S= significant at p-value<0.05, NS= Non-Significant at P-value>0.05, P-value = probability value.

Table 5 includes the correlation between the different demographic characteristics of the study subjects and their overall satisfaction about the health care seeking domain. The study results indicate that there is a significant relationship between the study subjects satisfaction about the health care seeking domain and their gender at p-value < 0.05. While there is a non-significant relationship with the other demographic data at p-value > 0.05.

Table (6): Association between the physical activity domain and their demographic data.

Demographic data	Rating	physical Activity			Sig.
		unsatisfied	Partially satisfied	satisfied	
1. Age	(65-69)	0	15	15	$\chi^2=20.145$ d.f.= 8 p-value = 0.01 S
	(70-74)	0	14	10	
	(75-79)	0	10	3	
	(80-84)	1	11	0	
	(85-89)	0	7	0	

2. Gender	male	0	31	20	$\chi^2=3.734$ d.f.= 2 p-value = 0.155 NS
	female	1	26	8	
3. Marital status	single	0	10	5	$\chi^2=4.668$ d.f.= 8 p-value = 0.792 NS
	married	0	3	3	
	divorced	0	15	7	
	widowed	1	24	8	
	separate	0	5	5	
4. Level of education	illiterate	1	33	8	$\chi^2=12.871$ d.f.= 12 p-value = 0.378 NS
	able to read and write	0	11	5	
	primary school	0	6	3	
	intermediate school	0	3	5	
	secondary school	0	2	5	
	institute	0	1	1	
	college and more	0	1	1	
5. Suffering from any chronic disease?	yes	0	46	17	$\chi^2=6.600$ d.f.= 2 p-value = 0.037 S
	no	1	11	11	
6. Undergo any surgical operation?	yes	1	21	14	$\chi^2=2.741$ d.f.= 2 p-value = 0.254 NS
	no	0	36	14	
7. Ownership previously housing?	owner	0	1	0	$\chi^2=2.610$ d.f.= 6 p-value = 0.856 NS
	rented	0	11	8	
	mixed	0	2	0	
	Absent	1	43	20	
8. Monthly income?	enough	1	18	2	$\chi^2=9.329$ d.f.= 4 p-value = 0.053 NS
	enough to some extent	0	12	7	
	not enough	0	27	19	

Sig. = significance, χ^2 = chi-square, d.f.= degree of freedom, S= significant at p-value<0.05,

NS= Non-Significant at P-value>0.05, P-value= probability value.

Table 6 includes the correlation between the different demographic characteristics of the study subjects and their overall satisfaction about the physical activity domain. The study results indicate that there is a significant relationship between the study subjects' satisfaction about the physical activity and their age and suffering from chronic diseases at p-value < 0.05. While there is a non-significant relationship with the other demographic data at p-value > 0.05.

DISCUSSION:

The study results show that more of the study sample are presented with an advance age. In addition, the more of the elderly included in the study sample are male. Banker, et al., (2011); Street, et al.,(2007), supported these results. They found that the majority of the study sample are with advanced age and the majority of them are males^(8,9).

In regarding to the subjects marital status, the study results indicate that more of them are single, and they are illiterates. Lee and Kasper (2001), found that most of the elderly present with a low level of education⁽¹⁰⁾.

Furthermore, the majority of the study subjects are suffering from chronic diseases, while more of them did not have any previous surgical operations. In concerning with the study subjects of ownership previously housing, the study results indicate that the majority of them have not housing previously. So more of the study sample reported that their monthly income were not enough. Banker and others (2011), study the health profile of the geriatric home residents. They found that the majority of them are suffering from chronic diseases.⁽⁸⁾ Also Nahed and others (2014), Biswaset al (2006), found that the elderly economic status was not enough to meet their needs^(11,12).

In regarding to the health care seeking domain, dissatisfaction with health care seeking domain refers to the failure to provide medical examinations and laboratory tests and necessary vaccines when needed. Also because of the lack in establishment of seminars about health education for the elderly to promote healthy behavior for residents and the lack in medical and health staff to provide health care for the elderly and the quality assurance of care provided to them. So physical activity domain the study results show that the elderly's responses failed. This failure may be due to the lack of suitable sports hall and is equipped with devices and supplies necessary for the practice of sports activities and physical exercise, and due to lack of specialist sports staff to educate and encourage residents to practice sports activities daily to maintain the health of the elderly. In addition, to progress of residents in age and they have chronic diseases that hinder them from practicing activities of daily sports. Scott and Corley (2011), support these results. They find that the elderly's satisfy with health care⁽¹³⁾.

The study results also include the correlation between the different demographic characteristics of the study subjects and their overall satisfaction. The study results indicate that there is a significant relationship between the study subjects' satisfaction and their levels of education. While there is a non-significant relationship with the other demographic data. In addition, the study results show that there is a significant relationship between the study subjects' satisfaction about the health care seeking domain and their gender. While there is a non-significant relationship with the other demographic data.

Concerning to the correlation between the different demographic characteristics of the study subjects and their overall satisfaction about the physical activity domain, the study results indicate that there is a significant relationship between the study subjects' satisfaction about the physical activity and their age and the suffering from chronic diseases. While there is a non-significant relationship with the other demographic data. Berglund, AL (2007), have supported the results; they found that there is a significant relationship between the elderly's satisfaction and their age⁽¹⁴⁾.

CONCLUSION:

According to the interpretation and discussion of the findings, the study concludes the following: The study confirms that the elderly are generally satisfied about the health care services. In addition, there is a deficient in their satisfaction toward the health care seeking and physical activity domains. While the other studied demographic data include age, gender, marital status, suffering from chronic diseases, previous surgical operations, and socio-economic status, do not affect the elderly's satisfaction toward health care. In addition, the study indicates that the elderly's gender effect their level of satisfaction toward health care seeking. Moreover, the study indicates that the elderly's age and suffering from chronic diseases effect their ability to perform physical activity, as well as, affect their level of satisfaction.

RECOMMENDATIONS:

Based on the study conclusion, the study recommends the following:

1. An employment of reinforcement of the provided health care to the elderly, especially in regarding to the health care seeking and the physical activity.
2. Establishment of special policies that deal with the monitoring and managing the problems of elderly's dissatisfaction at geriatric home.
3. Coordination between the Ministry of Labor and Social Affairs and the Ministry of Health to establish a health center for old age residents to provide health care services to improve their health care seeking.
4. Establishment of a sports' hall and provide all the required sports' supplies that encourage residents to exercise and perform sports activities.
5. An intensive comprehensive wide population-based (national level) studies, could be conducted to assess the elderly's satisfaction toward health care and how to improve that satisfaction.

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