

## Research Article

# Measurement of patient satisfaction as a quality indicator of services of consultancy clinics in Al- Yarmook Teaching Hospital, Baghdad.

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## ABSTRACT

**Background:** Patient fulfillment is a significant method for estimating the adequacy of human services conveyance and nature of clinical consideration. It signifies the degree to which general human services needs of the patient are met to their prerequisites. The most significant motivation to direct patient fulfillment reviews is that they give the capacity to recognize and resolve potential issues before they become genuine. This examination was intended to evaluate the patient fulfillment in regards to the administrations gave in outpatient divisions in Al-Yarmook Teaching Hospital.

**Aim of study:** To assess degree of patients satisfaction with the services provided at consultancy outpatients departments (medical, surgical, ENT, Dermatology and accommodation) in Al- Yarmook Teaching Hospital.

**Method:** A cross-sectional study was performed on 264 patients who were randomly selected from people who experienced public outpatient healthcare services in Al- Yarmook Teaching Hospital in five sections (dermatology, ENT, medical, surgical, optology) for the period between the 9<sup>th</sup> of Dec. 2018 and 14<sup>th</sup> of March 2019.

Basic sociodemographic data (age, sex, marital status, education and insurance type) were recorded for all patients. In addition, a satisfaction level assessment questionnaire was completed for each patient. By 24-item questionnaire assessed the level of patient satisfaction in five domains (numbering and waiting time, accessibility of the clinic, physical environment, welfare facilities, staff's behavior, and physician services). The physician services were assessed in detail in three domains (behavior toward and respect of the patient, examination skills and offering guidelines to patients regarding laboratory and radiologic findings and future follow-up).

**Results:** Overall, 253 patients (96%) were satisfied with clinic health care services. The satisfaction level in numbering and waiting time, accessibility of the clinic, physical environment, welfare facilities, behavior of the staff and physician services were 78.2%, 80.6%, 89.1%, 91.2% and 93.6%, respectively ( $p < 0.001$ ). In various domains of physician services, such as behavior toward and respect of the patient, examination skills and offering guidelines to patients regarding laboratory and radiological findings and future follow-up, the satisfaction levels of the patients were 91.2%, 90.6% and 83.6%, respectively ( $p = 0.003$ ).

**Conclusion:** Findings showed that most patients were rather satisfied with consultancy clinic health services. However, it is necessary to devise plans to reduce the waiting time of the patients and train physicians to offer guidelines to patients.

**Keywords:** Patient satisfaction, consultancy Clinic, outpatient services.

## INTRODUCTION

Social insurance is an extensive bundle of preventive, crude, remedial and rehabilitative wellbeing administrations to the individuals by the wellbeing professionals (Last, 2000). The capacity of human services administrations is to improve the wellbeing status of the population (Park, 2009). Social insurance officials promptly acknowledge the significance of patient fulfillment yet the capacity to make it appears to have stayed tricky. Over 90% of the administrators express

that patient fulfillment is basic to piece of the overall industry and profitability (Fathers and Stevens, 2008).

With progressively dynamic and conspicuous wellbeing buyer gatherings, tolerant observations are affecting the sort and nature of social insurance. In addition, enthusiasm for this region has expanded because of the distinguishing proof of connections between the degree of patient

fulfillment and wellbeing outcomes (Ann-Louise , Anne , and Tiffany 2003).

Persistent fulfillment is one of the significant objectives of any wellbeing framework, it reflects responsiveness of wellbeing frameworks to the clinical and non-clinical results of care and impact the consumer loyalty and patients' recognitions about social insurance frameworks appear to have been to a great extent overlooked by medicinal services supervisors in creating nations. It is a multi-factorial develop - patients experience various features and measurements of a wellbeing administration scene and they make different assessments about the procedure of care just as the result (Fathers and Stevens, 2008).

Satisfaction is a mental state coming about when the feeling encompassing disconfirmed desires is combined with purchasers' earlier emotions about the utilization experience (Ahmad, 2010). While tolerant fulfillment has been characterized as the level of congruency between a patients' desires for perfect consideration and his/her view of the genuine consideration he/she receives (Aragon and Gesell, 2003). At the end of the day, tolerant fulfillment is characterized as far as how much the patient's desires are satisfied. It is a statement of the hole between the normal and saw attributes of a service (Lochoro, 2004 .(Inclusion of the

## METHODOLOGY

In this study, samples were randomly selected from patients who were referred to the outpatient clinics of Al- Yarmook hospital .Totally, 264 patients (124 male and 140 female) were selected. The patients above 18 years of age who were referred to the clinics were interviewed after the end of all administrative procedures and treatment. After interviewers introduced themselves and explained the study objectives, patients anonymously completed the checklist including demographic information such as age, gender, marital status, education level, type of insurance.

This questionnaire assessed the quality of services from the patient's viewpoint using 24 questions in related domains: numbering and waiting time (4 questions), accessibility of the clinic (1 question), physical environment, welfare (6 questions), staff's performance and behavior (3 questions) and services provided by physicians (10 questions). The questionnaire also assessed services provided by physicians.

A five-point Likert scale (dissatisfied, nor satisfied/nor dissatisfied and satisfied) was designed as the response to each question and scored from 1 to 5, respectively. To estimate total

clients in the wellbeing administrations prompts improved outcomes (Patro, Kumar, Goswami, Nongkynrih, and Pandav, 2008). Quiet fulfillment hence incorporates each part of the wellbeing administrations, from an orderly methodology perspective (Kumari, et al., 2009). Client fulfillment is a significant piece of any clinical practice; thusly, it is basic to reliably embrace studies in the network to present better services (Ahmad, 2010; Lindfield and Foster, 2008).

A knowledge into quiet fulfillment can likewise help leaders in asset portion, as patient needs and inclinations can be distinguished from the different human services quality characteristics (Elleuch, 2008). Aside from that, patients who are content with their administration experience are additionally liable to return for more administrations when the need emerges (Ramsaran-Fowdar, 2005).

Tucker (2002) proposed that understanding the individual patient attributes that influence the patient's viewpoints on fulfillment can offer knowledge into their evaluative procedures. Data picked up from the patient's viewpoint can help human services associations to alter their ways to deal with improving fulfillment provider (Ramsaran-Fowdar, 2005).

satisfaction with the clinical services, the average score of all the questions was calculated. The scores  $\leq 2$  was considered as dissatisfaction and  $>2$  as satisfaction. Two of the questions assessed personal interactions between care providers and patients, two assessed communication, and the fifth was a global satisfaction measure.

Statistical analysis was done by SPSS20 software. In order to describe qualitative variables, frequency and relative frequency were used. Chi square was used to compare satisfaction levels of services in various parts of clinical services and the services provided by physicians. The significant level (p-value) was set at 0.05.

## FINDINGS

### Description of the samples

Of all patients, 124 were (47%) male and 185 (70.1%) were married. Most patients were younger than 30 years of age (87people, 33%). Moreover, 55 (20.8%), 59 (22.3%) and 33 patients (12.5%) belonged to the age groups 31-40, 41-50 and 51-60 years, respectively. Two hundred and twenty four patients (84.8%) had unfinished high school education or high school diploma. Regarding the type of insurance, 44 (16.7%), had sufficient income , while 126 patients ( 47.7 % )were insufficient family income.

### Satisfaction with various clinical services

The highest (196 people, 74.2%) and the lowest satisfaction (189 people, 71.6%) were with services provided by physicians and numbering and waiting times, respectively ( $P < 0.001$ , Table 2).

Patient satisfaction with general services provided in clinics has been separately shown (Table 2). Regarding numbering and waiting times, the highest (263 cases, 99.1%) and the lowest satisfaction (262 cases, 95.5%) were for the turn determined by the reception, environment and the waiting time related to the clinic, respectively. Furthermore, 200 patients (75.8%) were completely satisfied with easy accessibility of the clinic. Regarding the impression of medical care, the highest (196 cases, 74.2%) and the lowest (68 cases, 25.8%) satisfaction were for offering guidelines and silence, respectively. Also, regarding the staff's performance and behavior, the highest (200 patients, 75.8%) and the lowest (64 cases, 24.2%) satisfaction was for the behavior of clinical personnel and behavior of reception personnel, respectively (Table 2).

### Satisfaction with different services provided by Physicians Clinic

Regarding the services provided by physicians (manners and behavior, examinations, guidance) the highest satisfaction (155 cases, 58.7.2%) was for the presence of physicians, behavior towards the patients while the lowest satisfaction (109 patients, 41.3%) was associated with offering guidelines to patients regarding laboratory and radiologic findings and future follow-up(s). ( $P = 0.003$ , Table 2).

Regarding physicians' behavior, the highest (200 cases, 75.8%) and the lowest satisfaction (64, 24.2%) was associated with the presence of physicians, respectively. Regarding the examinations, the highest (189 cases, 71.8%) and the lowest satisfaction (75 cases, 28.4%) were for sanitation and time of examination, respectively.

### Ethical Consideration

The study protocol was submitted for evaluation by experts and was approved by the Ethics committee of the Al-Kerch Directorate of Health, Baghdad. Access to the hospital was allowed by hospital's administration board.

Strategy was intended to be easy to actualize on a normal premise, and to require insignificant assets to direct. The polls was printed. A mysterious procedure was utilized; this amplifies the probability patients feeling of opportunity in responding to the inquiries

## RESULTS

**Table 1: statistical distribution of the studied sample according to their demographic data**

Demographic data	Rating and intervals	Frequency	Percent
Age groups (Years)	18- 30	87	33.0%
	31 - 40	55	20.8%
	41 - 50	59	22.3%
	51 - 60	33	12.5%
	61 Up	30	11.4%
Gender	Male	124	47.0%
	Female	140	53.0%
Residence	Urban	188	71.2%
	Rural	76	28.8%
Marital status	Single	49	18.6%
	Married	185	70.1%
	Widowed	20	7.6%
	Divorced	8	3.0%
	Separated	2	0.8%
level of education	Illiterate	43	16.3%
	Able to read and write	31	11.7%
	primary school	55	20.8%
	Intermediate school	77	29.2%
	Institute	16	6.1%
	College	40	15.2%
	7	2	0.8%
Occupational status	Employee	25	9.5%

	Free business	66	25.0%
	Retired	8	3.0%
	Housewife	122	46.2%
	Jobless	24	9.1%
	Student	19	7.2%
family income	Sufficient	44	16.7%
	Sufficient to some extent	94	35.6%
	In sufficient	126	47.7%
Is the fee for the consultancy services causing embarrassment?	Yes	166	62.9%
	No	98	37.1%
Is the fee for the investigation services causing embarrassment for you?	Yes	165	62.7%
	No	98	37.3%

The Table (1) show fee for the consultancy services and fee the investigation services causes embarrassment

**Table 2: statistical distribution of Quality Items about Clinics.**

Demographic data Rating and intervals		Frequency	Percent	M.S	Assess.
Reception-environment	Low Quality	252	95.5%	1.05	Low
	High Quality	12	4.5%		
Services Speed	Low Quality	189	71.6%	1.28	High
	High Quality	75	28.4%		
Impression of Medical care	Low Quality	68	25.8%	1.74	High
	High Quality	196	74.2%		
Administrative staff behavior	Low Quality	64	24.2%	1.76	High
	High Quality	200	75.8%		
General service	Low Quality	263	99.6%	1.00	Low
	High Quality	1	0.4%		
Patient - physician interaction	Low Quality	109	41.3%	1.59	High
	High Quality	155	58.7%		

Table (2) show that the quality of reception environment and the quality of general services is low according to M.S. while the quality of services speed ,impression of medical care ,administrative staff behavior and patient-physician interaction are high

Whereas very satisfied 5.3 % , Satisfied 28.9% satisfied somewhat 40.7% , Not Satisfied 18.3% , Quite dissatisfied 6.8%

## DISCUSSION

The findings of this take a look at revealed that patients under study were favorably satisfied with clinic offerings which includes numbering and ready time, accessibility of the clinics, physical environment and facilities, manners, conduct and help of the personnel and offerings supplied via the physicians. In this region, the highest and the bottom satisfaction have been with services provided through physicians and waiting time, respectively. Also, regarding the services furnished by using physicians, the best delight

turned into with timely presence, and suitable treatment by using the physicians,

Total satisfaction degree with offerings furnished in clinics turned into greater than preceding comparable studies within the U . S . A . In this study, more than ninety five% of the patients have been glad with services supplied within the clinics. However pleasure has been stated to be greater than 80% in clinics affiliated to Baqiyatallah University of Medical Sciences and more than 75% inside the navy clinics(Ebadi 2005; Karimi & Ghafari, 2006) .

Also, in area of expertise clinics satisfaction in the Breast Clinic and Firoozgar Hospital Clinic of Endocrinology and Metabolism were eighty one% and 70% respectively(Khamse ,et al, 2006; Sajadiyan Aet al, 2002 ) .

Satisfaction with services furnished by physicians had the highest impact on total affected person pleasure(Perneger Etter, et al, 1996). Patients who have been fairly satisfied with the health

practitioner's performance had a better percentage of suggestions, took orders extra significantly and had better outcomes (Jackson, and Chamberlin Kroenke, 2001; Ko, Zhang, Telford, & Enns, 2009; Liang, et al., 2002).

Absence of timely health practitioner and medical doctor examinations on a quick and carelessly in the hospital has an critical function inside the dissatisfaction of patients (Wiggers, et al, 1990). Also, patients who obtained little data approximately their ailment have been much less satisfied (Zahr, G William, & Ayam, 1991).

The highest dissatisfaction on this have a look at was with numbering and ready time. In this region, 21.8% of the patients had a few levels of dissatisfaction. Long ready times for outpatient offerings is one of the maximum not unusual problems in health structures (Mosadegh, 2005).

However, pride on this domain became less than comparable studies (30% in Center for Breast Diseases) (Sajadiyan A, et al., 2002). Other elements consisting of hospital surroundings scenario and its facilities had an crucial role in affected person pleasure. In this take a look at, pleasure had a sizable distinction with other facilities (Ebadi & Mohammadian, 2004; Sajadiyan A, et al., 2002). Satisfaction with clean accessibility of the clinics on this observe (80.6%), in comparison with preceding research (about 66%) in Firoozgar Endocrine Center, seemed suitable (Khamse, et al., 2006).

Although, the study had a few barriers inclusive of its small pattern length in each sanatorium and incomplete records approximately a few capabilities consisting of the type of the ailment and lack of know-how on affected person final results, few studies have assessed patient pleasure with services in Iraqi clinics which may be appeared as its advantages. Such studies help to pick out the strong and vulnerable points of fitness structures (Asadi-Lari, Tamburini, & Gray, 2004 Raftopoulos, 2005).

Also, enhancing the relationship among patients and the medical group of workers improves the whole health of the sufferers. Hence, growing a manner for non-stop measurement of patient delight is essential to enhance and improve systems weaknesses, beautify affected person delight and improve public health. Jackson, Chamberlin, and Kroenke (2001) examined the predictors of patient satisfaction in a general medical clinic.

An investigation by Gadalean, Cheptea, and Constantin (2011) inspected factors that could affect quiet fulfillment scores. The creators

characterized understanding fulfillment as a "component of mental wellbeing that impacts the aftereffects of clinical consideration. Variables that emphatically affected fulfillment scores included: appropriate treatment; empathetic treatment; clear clarifications about treatment; no torment; exhibition of legitimate concern; satisfactory contact with family; brief goals of solicitations; rest; quality and amount of nourishment; and appropriately tending to the patient. In any case, the main factors altogether identified with fulfillment scores included caring treatment and brief goals of solicitations.

A attractive article (Lewis, Kirkham, Duncan, and Vaithianathan, 2013) tended to the requirement for looking at the Triple Aim as an incorporated arrangement of approaches. The creators explored occasions that caused essentially poor results in every one of the triple point classes. The creators built up a way to deal with recognizing populaces by danger of encountering these disappointments and adopting a preventive strategy to keeping away from the results. For instance, tolerant fulfillment was adversely affected by the loss of freedom as the consequence of a nursing home confirmation, or obtrusive treatment (Lewis et al., 2013).

Another investigation analyzed the connection between nurse burnout and quiet fulfillment (Vahey, Aiken, Sloane, Clarke, and Vargas, 2004). This investigation was led during when a national medical attendant lack was raising worries about attendant burnout and focused on nurture workplaces. They announced that patients thought about by medical caretakers who were in a workplace with satisfactory staffing, great regulatory help, and positive relations among doctors and attendants revealed higher fulfillment with their consideration

An investigation that concentrated on the employment of patient safety recognitions in affecting patient fulfillment found that precautionary measures around wellbeing intervened the connection among fulfillment and administration quality (Rathert, May, and Williams, 2011). One of their inclinations was simply the job that patients play in improving patient security and that persistent discernment and comprehension of wellbeing may impact better security results.

#### **Limitations of the study**

1. These variables are not modifiable and are unrealistic for human services chiefs that are anxious to improve tolerant fulfillment.

2. There is minimal distributed research on enhancements coming about because of criticism data of patient fulfillment reviews.

3. A institutionalized instrument should be additionally evolved and refined so as to think about decidedly the principle objectives of patient fulfillment overview.

## CONCLUSION

Tolerant fulfillment is anything but an obviously characterized idea, in spite of the fact that it is distinguished as a significant quality result pointer to gauge accomplishment of the administrations conveyance framework. Quiet assessment of care is imperative to give chance to progress, for example, vital surrounding of wellbeing plans, which some of the time surpass persistent desires and benchmarking. The benefits of patient fulfillment studies depend intensely on utilizing institutionalized, psychometrically tried information assortment draws near. In this way, an institutionalized apparatus should be additionally evolved and refined so as to ponder emphatically the principle objectives of patient fulfillment overview. In spite of the fact that input from understanding fulfillment studies is a built up measuring stick for social insurance quality improvement plans, they are still not being methodically and broadly used for creating improvement activities.

Moreover, it is concurred that a patient fulfillment poll is viewed as a noteworthy quality improvement apparatus; in this way, nitty gritty depiction of the various surveys that have been utilized to evaluate quiet fulfillment overviews will be talked about broadly in a different report.

## Recommendations

1. This study of different components of patient fulfillment running from its estimation, indicators for improving by and large patient fulfillment and effect of gathering persistent data to develop vital quality improvement plans and activities has revealed insight into the extent of the subject.

2. It in this way gives the chance to association administrators and arrangement producers to yield a superior comprehension of patient perspectives and discernments, and the degree of their contribution in improving the nature of care and administrations.

3. Managers actualize viable change by unfreezing old practices, presenting new ones, and re-freezing them for better social insurance.

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