

Comparative Assessment of Patients' Satisfaction in Secondary and Tertiary Outpatients of Marjan Medical City in Babil Across Sectional Study

Qais Ismaeel Kadhem¹, Ameer Kadhim Al-Humairi¹, Ashraf MA Hussain¹,

¹Family and community department, College of medicine/ university of Babylon / babil / Iraq

Abstract

Introduction: Patient satisfaction is a basic measure by which the value of health care facilities is assessed. It is a personal assessment of the service received and the person's prospects. This study would have significant input in assessing the level of patients' satisfaction in secondary and tertiary outpatient health care services. **Methods:** Across-sectional study of 300 patients random sample visit outpatients of Marjan medical city the interview was conducted at general and specialist outpatient only. The specialist outpatients include cardiac, gastrology, nephrology and diabetology outpatient. 150 patients from secondary outpatient & 150 patients from tertiary outpatient. The purpose of study was to assess the level of patients' satisfaction in secondary and tertiary outpatient health care services. **Results:** Majority of patients visit general and specialist outpatients with age 31-50 (45.5%, 46%), female (57.3%, 62.75%), low income patients <500000ID (61%, 53%), majority of patients visit general outpatients are rural and primary education (50.7%, 49.3%) and visit specialist outpatients (54%, 42%), most patients came for follow-up for both types of outpatient (56%, 62%), and seen by consultants themselves for both types of outpatients (78.7%, 88%), majority referred by his family medicine (62%, 48%), and came from far distance > 5 km (77%, 79%), the majority of patients were not satisfied with health services produced to them (53%, 63%) **Discussion:** showed no. of patients not satisfied health services more than patients satisfied, majority of patients with low income and just primary level of education, the majority of patients came to outpatients from rural area these data for both secondary and tertiary outpatient. Patients with bad satisfaction are 18-50 years, self-referral to tertiary outpatient, not satisfaction also in urban patients.

Keywords: patient's satisfaction. Outpatients. health services. Marjan medical city

Introduction

Patient satisfaction is a basic measure by which the rate of health maintenance facilities is assessed^{1,2}. It is well-defined as a personal assessment of the facility received contrary to the person's prospects³. Patients' decision of hospital facility class and their opinion are important in class of care checking and development^{4,5}. Patient satisfaction information are usually saved and recycled for incessant quality development by health-care organizations and hospitals in developing states^{6,7}. Patient satisfaction is dignified over a widespread of health facility scopes, including obtainability, accessibility and suitability of facilities, interpersonal skills, procedural ability of the workers, and the physical background where services are provided^{3,8,9}. Patient opinions of quality are a lot subjective by their

communication with the health worker; the care with which the suppliers observe and connect with them¹⁰. It has been presented that when patients are glad with the quality of facilities gotten from a hospital they agree medical recommending by taking their medications suitably and continue friendly relationship with the hospital workers¹¹. Patient satisfaction studies in developing republics are progressively, being stimulated as a means of accepting wellbeing care quality. Asking patients what they reflect about the care and management they have expected is a vital step towards progressing the class of care, and confirm the health facilities are gathering patients' requirements¹². Assessing patient satisfaction has become an essential part of hospital/ clinic management approaches crossways the world. Also, the quality guarantee and certification progression in most countries need that the satisfaction of patients

is measured on a systematic root13. The knowledge of satisfaction may also be related to pleasure, prosperity and class of a lifetime. Henceforth, satisfaction tends to reflect the quality of health facilities transported14. This study would assess the level of patients' satisfaction in secondary and tertiary outpatient health care services, classify the elements affecting the patients' satisfaction, and afford a recommendation on an enhanced health service supply that will be helpful to fill research awareness holes which eventually contribute to improve quality of patient services in the hospital and develop the level of patients' satisfaction.

Method

Study participants:

Across-sectional study of 300 patients random sample visit outpatients of Marjan medical city from January 2019 to March 2019, the interview was conducted at general and specialist outpatient only (for adult 18 years and above). The specialist outpatients include cardiac, gastrology, nephrology and diabetology outpatient. We take 150 patients from general outpatient and 150 patients from a specialist, comparison assessment about the satisfaction of patients for health services. The sociodemographic data include gender, the age of patients, income, place of living, education level if it is first to visit or follow up, see by a consultant or not, referral system and finally distance of the hospital. Satisfaction assessing by modify questionnaire (patients satisfaction questionnaire PQ1815,16 consist of 3 points Likert scale give agree=2, I don't know=1 and disagree=0. 27 and

above mean patient satisfied on health services, the time of interview after taking permission from the patient was 15 minutes, The team managing the questionnaire contained an MBBS student posted in the Department of family and community medicine, was educated for the determination. Sample size thus produced was of nearly 300 patients. Statistical analysis done by SPSS 23 use chi-square and Fischer test for categorical variable and put p value < 0.05 mean significant.

Results

Among the 300 patients questioned during the data gathering, all patients included in the statistical and no missing data. Majority of patients visit general and specialist outpatients with age 31-50(45.5%,46%), females visit generally and specialist outpatients more than male(57.3%,62.75), low income patients <500000ID more than other patients visiting general and specialist outpatient(61%,53%), majority of patients visit general outpatients are rural and primary education (50.7%,49.3%)and visitspecialistoutpatients(54%,42%), most patients came for follow-up for both types of outpatient(56%,62%), most patients see by consultants itself for both types of outpatients(78.7%,88%), majority of patients visit general and specialist outpatients refer by his family medicine(62%,48%), most of the patient came to general and specialist outpatients from far distance > 5 km(77%,79%), the majority of patients visit generally and specialist outpatients are not satisfied with health services produced to them (53%,63%), All showed in table 1, fig 1 and 2.

Table 1: frequency and percentage of study variable.

variable	General outpatient	%	Specialist outpatient	%
Age 18-30	33	22.0	28	18.7
31-50	68	45.3	69	46.0
above 50	49	32.7	53	35.3
Gender male	64	42.7	56	37.3
female	86	57.3	94	62.7
Income <500,000 ID	92	61.3	80	53.3
500000-1000000	47	31.3	57	38.0
above 1000000	11	7.3	13	8.7
Place rural	76	50.7	81	54.0
urban	74	49.3	69	46.0
Education primary	74	49.3	63	42.0
secondary	47	31.3	37	24.7
graduate	29	19.3	50	33.3
Visit first	66	44.0	57	38.0
follow up	84	56.0	93	62.0

Cont... Table 1: frequency and percentage of study variable.

Consultant yes	118	78.7	132	88.0
no	32	21.3	18	12.0
Referral self	51	34.0	67	44.7
family medicine	93	62.0	72	48.0
other	6	4.0	11	7.3
Distance near 5 km	34	22.7	31	20.7
far 5 km	116	77.3	119	79.3
Satisfaction no	79	52.7	95	63.3
yes	71	47.3	55	36.7

Comparison between satisfaction of patients according to studied variable in general and specialist outpatient show in table 2, according to the age there is positive correlation and significant association with age group 31-50y who are not satisfied, while in general outpatient age undependable, in place of living there is significant association between place and nonsatisfaction in general outpatient with negative correlation, also the level of education significant associated with

nonsatisfaction in both types of outpatients with negative correlation, significant depending between nonsatisfaction and patients visit for follow up in specialist outpatient with positive correlation, and finally there is a significant association between referral variable and patients satisfaction with positive correlation. All other variables have not significant (undependable) association with patients satisfaction.

Table 2: comparison association and correlation between patients satisfaction and study variables

variable	General outpatient		P-value	R*	Specialist outpatient		p-value	R*
	*Sat.	No sat.			Sat.	No sat.		
Age 18-30	16 10.7%	17 11.3%	0.98	N.S.	3 2%	25 16.7%	0.001	0.42
31-50	32 21.3%	36 24 %			18 12%	51 34%		
above 50	23 15.3%	26 17.3%			34 22.7%	19 12.7%		
Gender male	28 18.7%	36 24%	0.51	N.S.	20 13.3%	28 18.7%	1.000	N.S.
female	43 28.7%	43 28.7%			35 23.3%	43 28.7%		
Income <500000	47 31.3%	45 30%	0.48	N.S.	25 16.7%	55 36.7%	0.32	N.S.
500000-1000000	19 12.7%	28 18.7%			24 16%	33 22%		
above 1000000	5 3.3%	6 4%			6 4%	7 4.7%		
Place rural	43 28.7%	33 22%	0.02	-0.81	27 18%	54 36%	0.39	N.S.
urban	28 18.7%	46 30.7%			28 18.7%	41 27.3%		
Education primary	46 30.7%	28 18.7%	0.001	-0.3	30 20%	33 22%	0.034	-0.21
secondary	18 12%	29 19.3%			13 8.7%	24 16%		
graduate	7 4.7%	22 14.7%			12 8%	38 25.3%		
Visit first	26 17.3%	40 26.7%	0.1	N.S.	13 8.7%	44 29.3%	0.009	0.22
Follow up	45 30%	39 26%			42 28%	51 34%		
Consultant yes	57 38%	61 40.7%	0.6	N.S.	52 34.7%	80 53.3%	0.071	N.S.
no	14 9.3%	18 12%			3 2%	15 10%		
Referral self	20 13.3%	31 20.7%	0.26	N.S.	10 6.7%	57 38%	0.001	0.23
family medicine	47 31.3%	46 30.7%			45 30%	27 18%		
other	4 2.7%	2 1.3%			0 0%	11 7.3%		
Distance near 5 km	16 10.7%	18 12%	1.00	N.S.	15 10%	16 10.7%	0.14	N.S.
far 5 km	55 36.7%	61 40.7%			40 26.7%	79 52.7%		

*P value < 0.05 is significant. * R : correlation.

Discussion

Patient satisfaction organizes an important element of the feature of health care facilities. . Since health care facilities cannot be ‘kept for upcoming use’ and they are predisposed by many issues, it is solid to quantify the class of service. The attendance of many powerful factors such as situations related to patients, medical staff, and organization complicate measurement of the class of the facility. This study was done to measure the satisfaction of patients with the health services produced in the secondary and tertiary outpatients in Marjan medical city, so in study showed that most patients not satisfied to the health services produced in secondary and tertiary outpatients but more no satisfied patients are in tertiary outpatient 95%it may be similar to study in Uganda “The mean patient satisfaction score was fairly little”¹⁷ but another study in Delhi showed high satisfaction¹⁸. In our study there was significant association and positive correlation between age and satisfaction of patients towards health services in tertiary outpatient in age group 31-50 years majority not satisfied may be health services not suitable to them, the above than 50 years had most satisfaction it may be due to availability of health services more toward them similar to study done in Riyadh, and USA^{1,19} while in secondary outpatient the age not significant association with satisfaction similar to study done in Nepal²⁰. According to gender there was no significant association with satisfaction although there were no significant differences between men and women, we should not completely simplify the findings to all outpatients similar to paper in Uganda¹⁷, the income of patients not significant association with satisfaction for both group of outpatients in compare to study do in Uganda and China the income and satisfaction is strongly association may be due to the health services in Iraq are semi-free^{17,21}. According to place of living there was significant association between satisfaction and place of living in secondary outpatient with negative correlation mean more patients from urban area lead to decrease satisfaction may be due to decrease health literacy and lower socioeconomic are more in patients live in rural area compared to urban colleagues similar to study done in Nepal²⁰, while in tertiary outpatient there was no significant association between and living place it may be due to all cases referral from primary and secondary outpatient to tertiary so all patients well preoccupied about health services. In our study the education level had significant and important association with patients satisfaction in both types of outpatient with negative correlation mean when increase the level of

education may lead to decrease in satisfaction so we see the primary education level more satisfy may be due to able to follow instructions compared with those with secondary and graduate education level those had more information about health services and not satisfy by little quality of services similar to study done in Uganda Malaysia and Riyadh^{17,19,22}.

In our study the association between satisfaction and types of visit was significant with positive correlation in tertiary outpatient mean patients with came for follow-up more satisfy than patients came for first visit possible description for improved satisfaction could be that chronic patients are self-selected for large observed satisfaction at this hospital but the insights of those who first visit maybe because of reduced satisfaction are not taken similar to study do in Uganda and South Africa¹⁷, while in secondary outpatient the types of visit not associated with satisfaction.

Our study appeared the significant relation between referral system and satisfaction especially in tertiary outpatient with positive correlation mean patient referral by his family doctors more satisfied than patients came by itself or other way of referral may be due to family physician more orient to disease of all family members and health services and referral system and how to deal with health problem, similar to study do in Delhi, Poland¹⁸ but referral system in secondary outpatient not association with satisfaction but still patients more satisfied when refer from family physician.

Conclusion

Our study showed no. of patients not satisfied health services more than patients satisfied, the majority of patients with low income and just primary level of education, the majority of patients came to outpatients from rural area these data for both secondary and tertiary outpatient.

Patients with bad satisfaction are 18-50 years old and self-referral system in only tertiary outpatient, not satisfaction also in urban patients visit the medical city.

Secondary and tertiary level of education had bad satisfaction in both secondary and tertiary outpatient. Further study is recommended to know the causes of all this bad satisfaction.

Good satisfaction appears in patients referred from his family physician also this may need farther study to

improve the health system in Iraq.

Ethical Clearance: The Research Ethical Committee at scientific research by ethical approval of both environmental and health and higher education and scientific research ministries in Iraq

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