

**An-Najah National University  
Faculty of Graduate Studies**

**Patient's Satisfaction With Hospital Services At  
Nablus District, West Bank, Palestine**

**By  
Bashaier Fathi Tawfeq Al Sharif**

**Supervisor  
Dr. Mohamad Musmar**

**Co-Supervisor  
Dr. Samer Hamidi**

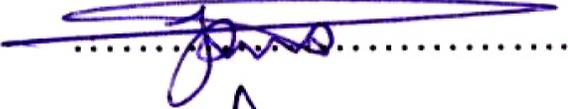
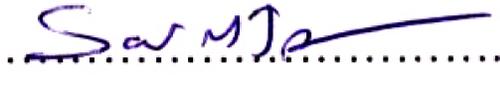
**Submitted in Partial Fulfillment of the Requirements for the Degree of  
Master of public health, Faculty of Graduate Studies, at An-Najah  
National University, Nablus, Palestine.**

**2008**

# **Patient's Satisfaction With Hospital Services At Nablus District, West Bank, Palestine**

**By  
Bashaier Fathi Tawfeq Al Sharif**

**This Thesis was defended successfully on 17/7/2008 and approved by:**

<b>Committee members:</b>	<b>Signature</b>
<b>Dr. Mohamad Musmar (Supervisor)</b>	
<b>Dr. Samer Hamidi (Co-Supervisor)</b>	
<b>Dr. Samar Ghazal (Internal Examiner)</b>	
<b>Dr. Asma Imam (External Examiner)</b>	

*Dedication*

*To my beloved mother and family*

*Dear sisters and*

*all who gave me help and support throughout my life*

### *Acknowledgment*

I would like to express my special thanks to Dr. Mohamad Musmar and Dr. Samer Hamidi for their supervision. Without their endless support this work could not be achieved.

I would like to express my thanks to managers of hospitals for providing the facilities to conduct this study at Nablus hospitals.

At last, all my love to my dear sisters, their encouragement was my motivation.

## إقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

مدى رضی المرضى عن الخدمات في المشافي  
في منطقة نابلس، الضفة الغربية، فلسطين

### **Patient's Satisfaction With Hospital Services At Nablus District, West Bank, Palestine**

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء من تمت الإشارة إليه حيثما ورد، وأن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل أية درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

#### **Declaration**

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: ..... اسم الطالب:

Signature: ..... التوقيع:

Date: ..... التاريخ:

## List of contents

Contents	Page
Dedication	III
Acknowledgment	IV
اقرار	V
List of contents	VI
List of tables	X
List of abbreviation	XII
Abstract	XIII
<b>Chapter one: Introduction</b>	
1.1 Introduction	1
1.2 Demography and socio-economic status	2
1.3 Health care system in Palestine	4
1.3.1 The Governmental Services	4
1.3.2 Non-Governmental Organizations (NGOs)	6
1.3.3 The Private sector services	6
1.3.4 UNRWA Services	6
1.4 Hospital Service Providers	7
1.5 Health status in Palestine	9
1.6 Demography of Nablus district	10
1.7 Hospitals in Nablus	10
1.7.1 Al Watani Hospital	11
1.7.2 Rafidia Hospital	11
1.7.3 Al Ittihad Hospital	12
1.7.4 St. Lukes Hospital	13
1.7.5 Nablus Specialized Hospital	13
1.7.6 The Arab Specialized Hospital	14
1.8 The significance of involving consumers in improving hospital care	17
<b>Chapter two : Literature review</b>	
2.1 Definition	19
2.2 The importance of patient satisfaction	20
2.3 The significance of the study	22
2.4 Patient's satisfaction in Arab countries	22

<b>Contents</b>	<b>Page</b>
2.5 Methods of measurement	23
2.5.1 Interviews	23
2.5.2 Questionnaires	24
2.6 Elements that can be used to determine satisfaction	24
2.7 Factors that effect patient satisfaction	25
2.8 Factors that effect patient's assessment of hospital performance	29
2.8.1 Patient Characteristics	29
2.8.2 Patient Satisfaction Measures	30
2.8.3 Hospital characteristics	30
2.9 Objectives of study	31
2.10 Hypotheses of the study	32
2.11 Limitations	34
<b>Chapter three: Methodology</b>	
3.1 Introduction	35
3.2 Research design	35
3.3 Ethical consideration	35
3.4 Instrument	36
3.4.1 Questionnaire components	36
3.5 Pilot Testing	37
3.6 Sample size	38
3.7 Sample Frame	38
3.8 Inclusion criteria	38
3.9 Exclusion criteria	38
3.10 Sampling procedures	38
3.11 Data collection	40
3.12 Data analysis	40
3.13 Study variables	40
3.14 Measurements	41
<b>Chapter four: Results</b>	
4. Introduction	42
4.1 Descriptive analysis of the sample	42
4.1.1 Study sample according to type of hospital	42
4.1.2 Study sample according to department	43
4.1.3 Study sample according to demographic data	43

## VIII

<b>Contents</b>	<b>Page</b>
4.1.4 Health status of the patient	45
4.1.5 Study sample according to health insurance	46
4.1.6 The admission process	46
4.1.7 Amount of time spent for waiting in reception area to admission	47
4.1.8 Demographic Profile of Nablus hospital Inpatients	47
4.2 The level of patient satisfaction with hospital services	48
4.2.1 Room services	48
4.2.2 Interpersonal skills	51
4.2.3 Technical quality	54
4.2.4 Accessibility	56
4.2.5 General satisfaction	59
4.3 Hypotheses Results	61
4.3.1 Results of hypotheses (hypotheses 1-9)	61
4.3.2 Result of the tenth hypothesis	62
4.3.3 Result of the eleventh hypothesis	63
4.3.4 Result of the twelfth hypothesis	64
4.3.5 Result of the thirteenth hypothesis	64
4.3.6 Result of the fourteenth hypothesis	65
4.3.7 Result of the fifteenth hypothesis	66
<b>Chapter five: Discussion</b>	
5.1 Discussion of the results	68
5.2 Discussion of the results of the hypotheses	69
5.2.1 Discussion of the result of the first hypothesis (Age and general satisfaction)	69
5.2.2 Discussion of the result of the second hypothesis (Gender and general satisfaction)	70
5.2.3 Discussion of the result of the third hypothesis (income and general satisfaction)	70
5.2.4 Discussion of the result of the fourth hypothesis (health insurance and general satisfaction)	71
5.2.5 Discussion of the result of the fifth hypothesis (Health status and general satisfaction)	71
5.2.6 Discussion of the result of the sixth hypothesis (Department and general satisfaction)	72
5.2.7 Discussion of the result of the seventh hypothesis (Waiting time and general satisfaction)	73

<b>Contents</b>	<b>Page</b>
5.2.8 Discussion of the results of the eighth and ninth hypothesis (Educational level, marital status and general satisfaction)	73
5.2.9 Discussion of the results of the tenth, eleventh, twelfth, and thirteenth hypotheses (hypotheses 10-13)	74
5.2.10 Discussion of the result of the fourteenth hypothesis (Relation between general satisfaction and hospitals)	76
5.2.11 Discussion of the result of the fifteenth hypothesis (Relation between general satisfaction and room services, interpersonal skills , technical quality and accessibility)	76
Conclusion	77
Recommendation	79
References	81
ANNEX A : Tables	92
ANNEX B: Questionnaire	94
Questionnaire in Arabic	98
Abstract in Arabic	ب

### List of tables

<b>Tables No</b>	<b>Name of the tables</b>	<b>Page</b>
<b>Table (1)</b>	Population in the Palestine by Governorate (2004-2006)	2
<b>Table (2)</b>	Distribution of total PHC centers by governorate in Palestine 2006	4
<b>Table (3)</b>	The GHI coverage for the Palestinian families in 2006	5
<b>Table (4)</b>	The distribution of the hospitals' beds by provider and specialty, Palestine 2006	7
<b>Table (5)</b>	Distribution of MOH hospitals and beds by region, Palestine 2006	8
<b>Table (6)</b>	Services utilization indicators of MOH hospitals, Palestine 2006	8
<b>Table (7)</b>	distribution of non-MOH hospitals and beds by provider and region, Palestine 2006	9
<b>Table (8)</b>	distribution of NGOs hospitals and beds by region in Palestine 2006	9
<b>Table (9)</b>	Population for Nablus Governorate by Locality 2006	10
<b>Table (10)</b>	Services utilization indicators of Nablus hospitals in 2006	16
<b>Table (11)</b>	Distribution of study sample according to the type of hospital	42
<b>Table (12)</b>	Distribution of study sample according to the department	43
<b>Table (13)</b>	Distribution of study sample according to socio-demographic data	43
<b>Table (14)</b>	Distribution of study sample according to health status of the patient	45
<b>Table (15)</b>	Distribution of study sample according health insurance	46
<b>Table (16)</b>	Distribution of study sample according to their responses to the statement "the admission process clearly explained to patient"	46
<b>Table (17)</b>	Distribution of study sample according to amount of time spent for waiting in reception area to admission	47
<b>Table (18)</b>	Patient satisfaction with room services according to hospital type	48
<b>Table (19)</b>	Patient satisfaction with some items of room services	49
<b>Table (20)</b>	Patient satisfaction with interpersonal skills according to hospital type	51

<b>Tables No</b>	<b>Name of the tables</b>	<b>Page</b>
<b>Table (21)</b>	Patient satisfaction with some items of interpersonal skills	52
<b>Table (22)</b>	Patient satisfaction with technical quality according to hospital type	54
<b>Table (23)</b>	Patient satisfaction with some items of technical quality	55
<b>Table (24)</b>	Patient satisfaction with accessibility according to hospital type	56
<b>Table (25)</b>	Patient satisfaction with some items of accessibility	57
<b>Table (26)</b>	Patient satisfaction with general satisfaction according to hospital type	59
<b>Table (27)</b>	Patient satisfaction with items of general satisfaction	60
<b>Table (28)</b>	T-Test and ANOVA Test of the general satisfaction and other independent variables	62
<b>Table (29)</b>	Pearson Chi Square test between general satisfaction and room services in hospitals	63
<b>Table (30)</b>	Pearson Chi Square test between general satisfaction and interpersonal skill in hospital	63
<b>Table (31)</b>	Pearson Chi Square test between general satisfaction and technical quality in hospitals	64
<b>Table (32)</b>	Pearson Chi Square test between general satisfaction and accessibility in hospital	64
<b>Table (33)</b>	The regression between general satisfaction and type of hospital	65
<b>Table (34)</b>	Independent T test between general satisfaction and type of hospital	65
<b>Table (35)</b>	ANOVA test between the general satisfaction and the services	66
<b>Table (36)</b>	The regression between variables	66

**List of abbreviations**

GNP	Gross National Product
GDP	Gross Domestic Production
PCBS	Palestinian Central Bureau of Statistics
PNA	Palestinian National Authority
PHC	Primary health care system
MOH	Ministry of Health
UNRWA	United Nations Relief and Works Agency
GHI	Government Health Insurance
GS	Gaza strip
WB	West Bank
CT scan	Computerized tomography scanner
MRI	Magnetic resonance imaging
PSI	Patient satisfaction index
ALOS	Average length of stay

XIII  
**Patient's Satisfaction With Hospital Services At  
Nablus District, West Bank, Palestine**  
**By**  
**Bashaier Fathi Tawfeq Al Sharif**  
**Supervisors**  
**Dr. Mohamad Musmar**  
**Dr. Samer Hamidi**

**Abstract**

Patient satisfaction is an attitude of person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks. It is a positive evaluation of distinct dimensions of health care.

A cross sectional study was conducted at Nablus hospitals (governmental and non-governmental), from January to March, 2008, to measure patients' satisfaction with services provided at Nablus hospitals, and to determine factors affecting patients' satisfaction including room services, technical quality and interpersonal skills of health care providers, accessibility and availability of services.

A total of 365 adult inpatients chosen randomly by a stratified random sampling were interviewed using a comprehensive questionnaire to rate the level of satisfaction of services received by 5- point Likert Scale. The questionnaire was filled by direct face to face interview and the data were analyzed using SPSS program.

The patients in non-governmental hospitals were more satisfied than patients in governmental hospitals. About 70.2% of respondents rated their general satisfaction with governmental hospitals as good to very good.

While in non-governmental hospitals, more than 90 % rated it as good to very good.

The results indicated that older patients were more satisfied than the younger ones, females were found more satisfied than males. In addition to this, patients with high income were more satisfied than others with low income. Also healthier patients were more satisfied than sicker patients. However, patients who were waiting long time (more than one hour) in the reception area, to get a bed in the hospital, were less satisfied than the others, while obstetric patients were found to be the most satisfied.

## **Chapter One**

### **Introduction**

#### **1.1 Introduction:**

Every organization nowadays is concerned with satisfying the users of its products or services, they are known as clients, customers, consumers or patients. Satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience.

Shikiar and Rentz (2004) have proposed a three-level hierarchy of satisfaction<sup>1</sup>, which includes:

1. Satisfaction with health-care delivery (i.e., the clinic or service, including issues of accessibility, clinician-patient communication, quality of facilities).
2. Satisfaction with treatment (i.e., with medication and other aspects of the treatment, e.g., dietary and exercise recommendations).
3. Satisfaction with medication (i.e., focusing on the medication).

Patient/client satisfaction is now a critical variable in any calculation of quality or value and therefore in the assessment of corporate/individual accountability. It is a legitimate and important measure of quality of care.

In the past two decades, there had been a substantial increase in the attention paid to patient-reported outcomes in health-care research and clinical practice. Patient satisfaction, in particular, is increasingly the focus of research and evaluation of medical treatments, services, and interventions.

Satisfaction is achieved when the patient's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations.

A satisfied patient will recommend center's services to friends and family. While a satisfied patient may express that satisfaction to four or five people, a dissatisfied one on the other hand will complain to twenty or more<sup>2</sup>. Also, satisfied patients are more likely to co-operate with treatment<sup>3</sup>.

## 1.2 Demography and socio-economic status:

Palestine comprises of two areas separated geographically: the West Bank and the Gaza Strip. The total area is 6,020 sq. Km. with total population of about 3.8 million inhabitants in 2006. Out of total number 2.4 million in West Bank and 1.4 million in Gaza Strip<sup>4</sup>.

**Table (1):** Population in Palestine by Governorate (2004-2006)

Governorate	Years		
	2004	2005	2006
Palestine	3.637.529	3.762.005	3.888.292
West Bank	2.300.293	2.372.216	2.444.478
Gaza Strip	1.337.236	1.389.789	1.443.814

\*Source: The Palestinian Central Bureau of Statistics (PCBS) 2006

West Bank is located west of the river Jordan with area of 5,655 sq Km. It is divided into three regions and ten provinces (governorates), with the north comprising, Jenin, Tulkarem, Nablus, Qalqilia and Salfit, the middle comprising Jerusalem, Ramalla, and Jericho and the south comprising Bethlehem and Hebron.

The World Bank stated that the Gross National Product (GNP) in Palestine has been subjected to high fluctuations during the last years. Since 2000, when Israel instituted a strict closure regime, the Palestinian Economy has been on a downward trend. Gross Domestic Production (GDP) fell to \$3,557 million at the height of the fighting in 2002 then recovered slightly in 2004 and 2005, and it fell again in 2006<sup>5</sup>.

According to a survey on the labor force by PCBS, the proportion of unemployed persons in Palestine reached 21.6% in the first quarter of 2007, which represented a modest decrease from 22% in the fourth quarter of 2006. In the first quarter of 2007, the unemployment rate in the West Bank stood at 17.3%. According to the International Labor Organization, this widespread unemployment and the drop by 40% in per capita income between 1999 and 2006 resulted in a rise by 26% in the number of households living below the poverty line. In 2006, 76% of Palestinian households were believed to be living below the poverty line<sup>6</sup>.

The precipitator of this economic crisis has been ‘closure,’ a multi-faceted system of restrictions on the movement of Palestinian people and goods.

### 1.3 Health care system in Palestine:

Over the past years, the Palestinian health care system has developed side by side along with the development of Palestinian society in general. The Palestinian health care system is a mixture of public, non-governmental, UNRWA, and private (for profit and not-for-profit) service delivery, with a developing governmental health insurance system.

The health care services in Palestine are provided by four clusters of institutions:

#### 1.3.1 The Governmental Services:

The Ministry of Health (MOH) is considered the main provider of primary health services in Palestine.

There are 413 primary health care centers (PHC centers) owned and supervised by the MOH. These centers are distributed as 57 centers in the Gaza Strip and 356 centers in the West Bank.

**Table (2):** Distribution of total PHC centers by governorate in Palestine 2006

Governorates	Total number of Centers
West Bank	
Jericho	16
Salfit	16
Qalqiliah	17
Ramallah	49
Al Khaleil	112
Jenin	46
Nablus	41
Tulkarm	25
Bethlehem	18
Jerusalem	16

Gaza Strip	
Middle.Zone	16
Rafah	4
Gaza City	15
Gaza North	11
Khan Younis	11

\* Source: health status in Palestine. MOH annual report, 2006

Also the MOH is responsible for a significant portion of the secondary healthcare delivery system (57.1% hospital beds).

The number of enrolled families in Government Health Insurance (GHI) in 2006 was 350.460 (172.384 families in the WB and 178.076 families in GS).

**Table (3):** The GHI coverage for the Palestinian families in 2006

Item	Indicators
Total number of insured families	350.460
Number of enrolled families in the free of charge GHI	176.904
Health insurance Coverage (%)	56

\* Source: health status in Palestine. MOH annual report, 2006

Members with government health insurance coverage are entitled to free services in government operated primary and secondary health care services, including referral to Israeli or neighboring Arab countries hospitals for services such as oncology, in vitro fertilization, organs transplantation, heart procedures that including catheterization and open heart surgery. In addition, health services for children aged 0-3 years, prenatal care, and services for infectious and highly contagious disease are treated for free.

### **1.3.2 Non-Governmental Organizations (NGOs):**

NGOs operate primary, secondary, tertiary health facilities, as well as rehabilitative and maternal health facilities. They are run by church groups, Islamic charitable organization, voluntary associations, women's committees, political groups and independents. The most popular NGOs operating health care in Palestine are Red Crescent Societies, the patient's Friends Societies, Women's Union Societies, Medical Relief Committees and the Islamic Zakat Charitable Funds.

NGOs had 187 PHC centers, 57 centers in Gaza strip, and 130 centers in west Bank, also NGOs constitute about 39.5% of the total hospitals and furnished with about 33 % of the total hospital beds in Palestine.

### **1.3.3 The Private sector services:**

Hundreds of private settings are operated by private individual medical specialists, physicians, dentists, pharmacists, lab technicians and X-ray technicians. Private sector plays an important role in providing PHC services to Palestinian people.

### **1.3.4 UNRWA Services:**

UNRWA health program focuses on comprehensive preventive and primary health care. Services are covering medical care, family health, disease control and prevention, and health education. These services are provided directly and at no cost to Palestinian refugees through the Agency's network of 53 primary health care facilities which are located both inside and outside refugee camps (18 in Gaza Strip and 35 in the West Bank).

Medical care services consist of outpatient care, dental care and the rehabilitation for physically disabled persons. In addition to, Clinics for refugees suffering from non-communicable diseases such as diabetes and hypertension and special care covering pediatrics, obstetrics, gynecology and cardiology.

#### 1.4 Hospital Service Providers:

The Palestinian health care market today is divided into public and private sectors.

The public sector, which is operated by Ministry of Health (MOH), it suffers from overcrowding and understaffing while the private sector which includes private for profit and not for profit suffers from the opposite.

In 2006, there were 45 general hospitals with 3,700 beds, 10 specialized hospitals with a total bed capacity of 814 beds, 19 maternity hospitals at a total bed capacity of 330 beds and four rehabilitation centers with a total bed capacity of 170 beds.

**Table (4):** The distribution of the hospitals' beds by provider and specialty, Palestine 2006

Provider	General Hospital Beds		Specialized Hospital Beds		Rehabilitation Hospital Beds		Maternity Hospital Beds	
	No.	%	No.	%	No.	%	No.	%
MOH	2262	61.1	573	70.4	0	0	29	8.8
NGOs	1129	30.5	131	16.1	170	100	152	46.1
Private	174	4.7	110	13.5	0	0	149	45.2
UNRWA	63	1.7		0	0	0	0	0
PMS	72	1.9						
Total	3700	73.8	814	16.2	170	3.4	330	6.6

\* Source: health status in Palestine. MOH annual report, 2006

The MOH owns and operates 24 hospitals (12 in GS and 12 in the WB), furnished with 2,864 beds (1,548 in GS and 1,316 in the WB).

**Table (5):** Distribution of MOH hospitals and beds by region, Palestine 2006

<b>Governorate</b>	<b>Hospital</b>	<b>Beds</b>
West Bank	12	1.316
Gaza Strip	12	1.548
Palestine	24	2.864

\* Source: health status in Palestine. MOH annual report, 2006

The MOH hospitals received 274,816 admissions, occupancy rate during 2006 was around (73 %) of their full bed occupancy. the average length of stay was 2.5 days. In GS, it was 2.6 days while in the WB 2.3 days.

The MOH hospitals discharged 273,986 out of which there were 3,592 hospital deaths constituting 1.3% of total discharges. The highest reported hospital death rate was in Al Watani Hospital in Nablus (3.1%).

**Table (6):** Services utilization indicators of MOH hospitals, Palestine 2006

<b>Hospital</b>	<b>Discharged</b>	<b>Admission</b>	<b>Hospital days</b>	<b>Bed occupancy %</b>	<b>ALOS (days)</b>
WB	108.576	108.571	252.326	69.5	2.3
Gaza	159.230	158.344	414.376	75.2	2.6
Palestine	267.806	266.915	606.702	73	2.5
Psychiatric	1036	1031	59526	51.1	57.5
Emergency	5974	6040	8984	58.6	1.5

\* Source: health status in Palestine. MOH annual report, 2006

The non-MOH hospitals furnished with 42.9 % of the total hospital beds (55.6% of the total hospitals beds in the WB and 24.6 % of the total hospitals beds in GS).

**Table (7):** distribution of non-MOH hospitals and beds by provider and region, Palestine 2006

Provider	West Bank		Gaza Strip		Palestine	
	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds
UNRWA	1	63	0	0	1	63
NGOs	20	1183	10	471	30	1654
Private	21	399	2	34	23	433
Total	42	1.645	12	505	54	2150

\* Source: health status in Palestine. MOH annual report, 2006

The NGOs hospitals constitute about 39.5% of the total hospitals and furnished with about 33 % of the total hospital beds in Palestine. They constitute about 37.1% of the total hospitals in the WB and furnished with about 40 % of the hospital beds in the WB. In the GS, they constitute about 45.5% of the total hospitals and furnished with about 22.9 % of the hospital beds in the GS.

**Table (8):** distribution of NGOs hospitals and beds by region in Palestine 2006

Item	WB		GS		Palestine	
	No.	%	No.	%	No.	%
Hospitals	20	37.1	10	45.5	30	39.5
Beds	1.183	40.0	471	22.9	1.654	33

\* Source: health status in Palestine. MOH annual report, 2006

### 1.5 Health status in Palestine

In the last several years, Palestinian Ministry of health has succeeded in preventing and controlling many infectious diseases through the good coverage of vaccination programs, early detection of diseases and health education. Where there are no cases of schistosomiasis, leprosy, diphtheria, plague, poliomyelitis, rabies, relapsing fever or malaria has been reported in the last years, other infectious diseases, such as meningococcal meningitis, brucellosis, AIDS/HIV, hepatitis, tuberculosis,

diarrhea, pneumonia and parasitic infestation remain challenges. Regular notification is needed for the success of their prevention and control programs.

None communicable diseases (NCDs) such as cardiovascular diseases (CVD), hypertension diseases, Diabetes Mellitus (DM) and accidents are the main leading causes of mortality and morbidity. However they are costly for treatment and rehabilitation. Economy condition in Palestine is not enough to cover the standard treatment. For that the main issues should be focused on primordial and primary prevention<sup>7</sup>.

### **1.6 Demography of Nablus district:**

The Nablus Governorate is the home to 336.380 inhabitants, including three refugee camps and surrounding villages. The estimated population of the city in 2006 is 134.116 according to Palestinian Central Bureau of Statistics PCBS.

**Table (9):** Population for Nablus Governorate by Locality 2006

<b>Locality Name</b>	<b>Population 2006</b>
Nablus Governorate	336380
Nablus	134116
Askar Camp	12706
Balata Camp	17645
Ein Beit elMa Camp	5036
Surrounding villages	166877

\*Source: The Palestinian Central Bureau of Statistics (PCBS) 2006

### **1.7 Hospitals in Nablus:**

Out of the 78 hospitals covering the Palestinian health care needs in the year 2006, six of them with a total bed capacity of 485 were in Nablus.

Out of these six hospitals, two hospitals( Rafidia hospital and AL-Watani hospital) with a total bed capacity of 266, serve the public sector while four, with a total bed capacity of 219, serve the private sector. Out of four for private hospitals in Nablus, Two of them (Nablus specialized hospital and specialized Arab hospital) are private for profit hospitals. Others (Itihad hospital and St. Lukes hospital) are private for not profit hospitals which operated by non governmental organization (NGOs).

Ministry of Health (MOH) operates two hospitals Rafidia hospital and AL-Watani hospital. While Al Ittihad Hospital and St. Lukes hospital are considered as NGOs hospitals.

#### **1.7.1 Al Watani Hospital**

The first established hospital in Nablus in the early 19<sup>th</sup> century. It serves half million people of north West Bank.

Al Watani Hospital consists of the following divisions: Internal Medicine, Intensive care unit (ICU), Pediatrics & neonatal ICU, Cardiology, Hematology, Oncology, and Nephrology dialysis.

Al Watani Hospital furnished with 101 beds. It received 9862 admissions and the number of discharged during 2006 was 9893, occupancy rate was around (54.5%), and the average length of stay was 2 days.

#### **1.7.2 Rafidia Hospital**

One of the largest hospitals, established in 1976 in the west of Nablus city. It serves about 300.000 people. Many cases were transferred from other hospitals to Rafedia where unique specialties are provided such

as Pathology, Ophthalmic Surgery, Neurosurgery and Burns. The hospital started with 40 beds, a year later the number reached 83, and nowadays there are 165 beds. Rafidia Hospital provides the following specialties:

Obstetrics & Gynecology, Ophthalmic Surgery, Orthopedic Surgery, Oromaxillary surgery, Neurosurgery, Urology, and Management of Burns.

Rafidia Hospital has the following sub-sections: Orthopedic Department, Intermediate Care unit, Operation room and Intensive Care Units (ICU), Neonatal ICU, Burns Unit, Labor Room, Gynecology Department, Male Surgery, Emergency Unit and Outpatients Clinics.

Supportive Medical Divisions: Lab and Blood Bank, Pathology Lab, Radiology Department, Physiotherapy, Sterilization & Disinfection.

Rafidia Hospital is furnished with 165 beds, it received 13,671 admissions and the number of discharges during 2006 was 13,722, occupancy rate was around (62.4%), and the average length of stay was 2.7 days.

The number of administrative staff members is 148 while the number of nursing Staff members is 150 and the number of doctors is 84.

### **1.7.3 Al Ittihad Hospital**

Al Ittihad hospital is a private, nonprofit, general hospital which was established in 1971.

It has many departments: Obstetric –gynecology dept, Neonatal dept, I.C.U dept, Emergency dept, Internal medicine dept, Surgery dept, medical laboratory and blood bank depts, and X-Ray dept.

It is directed by Arab Women Union Society which is a democratic non governmental organization that was established in 1921 as a charitable Society.

The number of beds in the year 2006 was 71. It received 6,425 admissions and the number of discharges during 2006 was 5,830, occupancy rate was around (52.5%), and the average length of stay was 2.3 days.

#### **1.7.4 St. Lukes Hospital**

This hospital was built in 1901 with a capacity of 45 beds. It is run by the Diocese of Jerusalem of the Episcopal Church in Jerusalem and the Middle East. Hospital has 48 beds, it received 4,091 admissions and the number of discharges during 2006 was 4,055, occupancy rate was around (27.3%), and the average length of stay was 1.2 days.

Also Nablus has two private for profit hospitals (Nablus Specialized Hospital and The Arab Specialized Hospital) which were established in the last years.

#### **1.7.5 Nablus Specialized Hospital**

One of the modern Palestinian health institutions which was established in 2000. It provides many services that meet the needs of the West Bank and Gaza Strip. Many specialized operations like Cardiac Surgery are carried out in this hospital, in addition to Neurosurgery.

Hospital Divisions are Catheterization and Cardiac Surgery, Intensive care unit and Intermediate Care, Internal and General Surgery,

Daily care unit, Obstetrics and Gynecology, Operation room, Lab and Radiology, Emergency Unit, Outpatients Clinics, and Private Division.

Nablus Specialized Hospital is furnished with 70 beds. It received 5,982 admissions and the number of discharged during 2006 was 5,967, occupancy rate was around (38.8%), and the average length of stay was 1.7days.

### **1.7.6 The Arab Specialized Hospital**

Another modern Palestinian health institution established in 2000, where many sophisticated surgeries are carried out. The hospital consists of the following sub-sections:

- ANNOR Eye Center: a set operations are implemented such as
  - \* Corneal transplantation.
  - \* LASIK (Laser assisted insitu keratomileusis
  - \* Cataract Surgery
  - \* Glaucoma Surgery
  - \* Treating diabetic retinopathy by Laser
- Razan Center for Infertility.
- Hematology Center: surgeries like Bone marrow transplantations are carried out.
- Cardiac Surgery : open heart operations, Cardiac Catheterization, Angioplasty

Specialized Arab Hospital furnished with 30 beds. It received 3,715 admissions and the number of discharged during 2006 was 3,695, occupancy rate was around (84.8%), and the average length of stay was 2.5 days.

**Table (10)** Services utilization indicators of Nablus hospitals in 2006

Hospital	No. of Beds	No. of patients		Average durations of stay	Bed Occupancy %	Hospital Days	Treatment without hospitalization
		Discharged	admitted				
Al - Watani	101	9,893	9,862	2	54.5	20,083	61,459
Rafidiah	165	13,722	13,671	2.7	62.4	37,590	64,757
Al - Itihad	71	5,830	6,425	2.3	52.5	13,603	13,936
St. Lukes	48	4,055	4,091	1.2	27.3	4,854	8,493
Nablus Specialized	70	5,967	5,982	1.7	38.8	9,923	6,678
Specialized Arab	30	3,695	3,715	2.5	84.8	9,283	5,237

\* Source: health status in Palestine. MOH annual report, 2006

## **1.8 The significance of involving consumers in improving hospital care:**

There is a growing evidence of the links between consumer feedback and participation in decision-making in individual care leading to improvements in health outcomes<sup>8 9</sup>.

Provision of services in line with the wishes and needs of patients is central to a human health care system. Society has long acknowledged the importance of the views of public in developing every service provided to them<sup>10</sup>. And in the case of the health care system, patients have been found to be aware of health issues to the extent that they have been described as "expert witnesses" to the health care process<sup>11 12</sup>.

So one of the significant trends in the development of modern healthcare is the involvement of patients / clients in the management of their care and treatment<sup>13</sup>.

Mary Drape found that consumer participation in hospital quality management has a number of pluses for hospitals<sup>14</sup>.

Consumer participation:

- Provides the basis of a dialogue between hospitals and consumers about improving hospital services.
- Provides hospitals with information about the impact of hospital services on consumers and their lives.
- Provides hospitals with information about short and longer term outcomes of hospital treatment.

- Means that hospitals are made aware of significant areas of dissatisfaction with care.
- Gives hospital staff new insights into how people perceive aspects of their care.
- Is likely to lead to fewer complaints. and
- Enables hospitals to set priorities about areas of improvement that matter to consumers.

## Chapter Two

### Literature review

#### 2.1 Definition

Patient satisfaction is not a clearly defined concept. Most often satisfaction is defined differently by different individuals as a consequence of varying backgrounds and experiences<sup>15</sup>. Although attempts were made to explain how patients become satisfied, there is not yet any one universal model explaining patient satisfaction.

It has often been argued that patient expectations about health care are the main antecedents to patient satisfaction. Patients are said to enter the health system with a variety of characteristics, attitudes and prior experiences with the services. These, together with the knowledge and information they gained from their previous utilization of the services, will help them define their needs for health care<sup>16</sup>.

Others, however, believe that patient satisfaction is a more complex phenomenon, and results from interactions between the goals of the patients seeking health care in each instance, the level and nature of their past experience with health services, the socio-political ideologies on which the current health system is based, and the images of health held by the patient<sup>17</sup>.

Some believe patient satisfaction is a relative judgment resulting from comparing perceptions of current health status and aspirations<sup>18</sup>.

Numerous questionnaires designed to measure the concept, and several thousand studies, very few published articles have been concerned

with defining “patient satisfaction” or providing any conceptual model to inform its measurement. In an early review, Locker and Dunt indicated that “it is rare to find the concept of patient satisfaction defined and there has been little clarification of what the term means either to the researchers who employ it or respondents who respond to it”<sup>19</sup>.

So that patient satisfaction can be described as:

“The extent of an individual’s experience compared with his or her expectations”<sup>20</sup>.

Also patient /Client satisfaction is an attitude - a person’s general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks<sup>21</sup>.

Susie LinderPelz, in her review of the patient satisfaction literature, offers the following definition: patient satisfaction is “positive evaluations of distinct dimensions of the health care”<sup>22</sup>. (The care being evaluated might be a single clinic visit, treatment throughout an illness episode, a particular health care setting or plan, or the health care system in general).

## **2.2 The importance of patient satisfaction**

Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery.

Over the last years, patient satisfaction has been increasingly used as one indicator of the quality of health care<sup>23</sup>.

Measures of patient satisfaction are used to compare health care programs, to evaluate quality of care<sup>24</sup>, and to identify which aspects of a service need improvement<sup>25</sup>. In addition, patient evaluations can help to educate medical staff about their achievements as well as their failure, assisting them to be more responsive to their patients' needs<sup>26</sup>.

Fitzpatrick F<sup>3</sup> found that there are three reasons why health professionals should take patient satisfaction seriously as a measurement:

Firstly, there is convincing evidence that satisfaction is an important outcome measure. It may be a predictor of whether patients follow their recommended treatments, and is related to whether patients reattend for treatment and change their provider of health care. Evidence has also begun to emerge that satisfaction is related to improvements in health status.

Secondly, patient satisfaction is an increasingly useful measure in assessing consultations and patterns of communication (such as the success of giving information, of involving the patient in decisions about care, and of reassurance).

Thirdly, patient feedback can be used systematically to choose between alternative methods of organizing or providing health care (such as length of consultation or arrangements for out of hours care).

Also the increasing cost of the health services and the need for better use of available resources is a concern for healthcare providers. So that there is a need to measure the efficiency of health care to determine if proper use of available resources is being made.

### **2.3 The significance of the study**

Improving the quality of patient care in hospitals is a vital and necessary activity, therefore we are carrying out this study for Nablus hospitals, trying to study patients' satisfaction with hospital services and to determine the variables that affect satisfaction using questionnaire aiming at coming up with recommendations for centered health care centers and decision makers, and producing data that can help managers and doctors to identify and solve problems. Results of the patient satisfaction survey thus have broad implications for improving patient care in both the public and private health sectors.

### **2.4 Patient's satisfaction in Arab countries**

A study was implemented by the Partners for Health Reformplus project in Jordan during the month of August 2005 among Ministry of Health (MOH) adult hospital inpatients using patient satisfaction survey. Overall, MOH hospitals in Jordan appear to be doing a relatively good job at providing services to their patients. Patients were generally satisfied with the admissions process, safety and privacy issues, and the cleanliness of their rooms, and they were very impressed with the technical knowledge of physicians and nurses. On the other hand, significant gaps in communication exist among MOH physicians, nurses, and patients<sup>27</sup>.

A descriptive comparative study was conducted at Bethlehem and Arroub camp involving two UNRWA medical centers to assess refugees clients' satisfaction by using questionnaire.

A systemic sample of 200 clients participated in the study. The study showed that the elderly were most satisfied with total services. Females were

also more satisfied than males. High educated clients were the least satisfied and those who had no medical insurance showed unremarkable differences with those who had medical insurance<sup>28</sup>.

Across sectional survey was conducted between January and August 2003 in primary health care centers at Capital Health Region, Kuwait, using a questionnaire included socio-demographic characteristics as well as the overall and differential satisfaction with the different aspects of services. A sample of 1250 patients attending PHCC aged 18 years and above was included in the study.

Subjects aged above 50 years showed the highest overall and differential satisfaction. Male subjects and those who completed primary school showed the highest overall satisfaction. Other socio- demographic characteristics were not significantly related to overall satisfaction scores<sup>26</sup>.

## **2.5 Methods of measurement**

There are two broad categories of methods that can be considered to evaluate patient satisfaction: the interview and the questionnaire<sup>13</sup>.

### **2.5.1 Interviews:**

Interviews are a more personal form of surveys than questionnaires. Interviews can occur on an individual basis or within groups and either over the telephone or in person. Properly conducted interviews can provide managers and decision makers with a deeper understanding of patient perceptions about their hospital environment.

The advantage of interviews is their personal form. The interviewer has the opportunity to probe or ask follow -up questions, allows interviewer

the opportunity to correct misunderstandings, provides for a wide variety of views and high levels of flexibility and interviews are generally easier for the respondent, especially if what is sought is opinions or impressions.

Disadvantages of the personal interviews are that time consuming for both parties involved, skilled interviewer is required, costly, interviewer bias can influence and must be conducted in conducive environment<sup>13</sup>.

### **2.5.2 Questionnaires**

The most typical method of eliciting patient satisfaction is by a questionnaire, typically administered after in-patient treatment in a hospital

There are many advantages to a written survey. They are relatively inexpensive to administer and can send the exact same survey to a wide number of people. They allow the respondent to fill it out at their own convenience. They can be completely anonymous and confidential, removing the fear of responding honestly. However, the disadvantages are that response rates from written surveys are often very low and they are not the best vehicles for asking for detailed written responses. In addition, poorly designed questions can be mis-interpreted by respondents and incorrectly designed surveys may produce invalid and misleading results<sup>13</sup>.

### **2.6 Elements that can be used to determine satisfaction:**

The suggestion by Linder-Pelz (1982) is that satisfaction must be understood within the context in which a variety of elements may be more or less satisfying to the patient. She identified 10 elements that can be used to determine satisfaction: Accessibility/convenience, availability of

resources, continuity of care, efficacy/outcomes of care, finances, humaneness, information gathering information giving, pleasantness of surroundings, and quality<sup>22</sup>.

Various dimensions of patient satisfaction of hospital care have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc <sup>29-32</sup>.

Ware et al (1983) argued that patient characteristics are the determinants of satisfaction, whereas interpersonal manner, technical quality, accessibility, cost, efficacy, continuity, the physical environment, and availability of resources are the components of satisfaction<sup>33</sup>.

## **2.7 Factors that effect patient satisfaction:**

Previous measurements of patient satisfaction show that the majority of consumers, usually 80% or more, express overall satisfaction with their care, with few respondents responding negatively to any given item. Satisfaction is, however, a relative measure which research literature shows, may be influenced by many factors that should be considered.

- Patient/client expectation:

Patient expectations are defined in terms of patients' needs, requests or desires prior to seeing the doctor.

Meeting patient/client expectations is assumed to play a role in the process by which an outcome can be said to be satisfactory or unsatisfactory. Expectations have important influence on the

patient/client's overall measurement of satisfaction with a health care experience. Patient/client satisfaction is influenced by the degree to which care fulfils expectation<sup>34</sup>. Availability of customer needs and expectations will increase his satisfaction<sup>35</sup>.

Some literature however suggests that a link between satisfaction and fulfillment of patient/client expectations is not necessarily the case, since it is possible that the patient/client's evaluation of a service may be largely independent of actual care received<sup>36</sup>.

- Age

Elder respondents generally record higher satisfaction<sup>37-39</sup>.

Age is a well known determinant of the patient satisfaction index (PSI) with older patients scoring more highly and being more satisfied than young and middle aged patients<sup>40 41</sup>.

On the contrary Jenkinson et al (2002) found age was only weakly associated with satisfaction<sup>42</sup>.

- Illness and health status

The extent to which a patient health status correlates with patient satisfaction has been investigated, but results are inconsistent.

Some studies found that perceived health status is one of the factors which were found to be positively associated with satisfaction with the quality of health care<sup>43</sup>.

Sicker patient/clients and those experiencing psychological stress are less satisfied, poor health and pain decreased patient satisfaction<sup>44 45</sup>.

Zapka et al (1995) found that healthier patients were more satisfied but also, on the contrary that patients with chronic illness were more satisfied<sup>46</sup>. While Hsieh and Kagle (1991) found that health status was not a strong predictor<sup>47</sup>.

- Prior experience of satisfaction:

Crow et al, (2003) in their review of literature identified that satisfaction was linked to prior satisfaction with health care and granting patient/clients' desires<sup>48</sup>. Past experiences of the patient, family or acquaintances with health care what other people have told them about a particular disease, practitioner, or institution impacts a person's perceptions, expectations and response to treatment<sup>49</sup>.

- Patient/client - professional relationship:

There is consistent evidence across settings that the most important health service factor affecting satisfaction is the patient/client-practitioner relationship, including information and technical competence<sup>50</sup>.

- Waiting time:

Excessive waiting is perhaps the greatest irritation and dissatisfaction<sup>50</sup>.

Several studies have been documenting the negative association between increased waiting time and patient satisfaction with primary care<sup>51 52 53</sup>.

Anderson et al (2002) found that time spent with the physician is most powerful determinant of overall patient satisfaction. However, the combination of long wait times and short visit times produced the lowest

level of patient satisfaction observed in the study, and suggests that both measures are important<sup>54</sup>.

- Choice of service provider

Choice of service provider is associated with higher satisfaction<sup>49</sup>.

- Gender, ethnicity, and socio-economic status:

Evidence about the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available on each<sup>49 55</sup>.

Some studies have indicated that female report greater satisfaction than male. While other studies have contradicted this finding<sup>56</sup>.

- Continuity of care:

In the context of quality of care an important concept is continuity in the care process. Shortell (1976) defines the concept of continuity of care as (the extent to which services are received as part of a coordinated and uninterrupted succession of events consistent with the needs of the patient)<sup>57</sup>.

Fan et al (2004) found continuity of care is strongly associated with higher patient satisfaction. This suggests that improving continuity of care may improve patient satisfaction with providers as well as with their health care organization<sup>58</sup>.

- Accessibility to needed services:

Patients who have difficulty with accessibility are less satisfied<sup>59</sup>.

- Other factors :

Jenkinson et al (2004) indicated that the major determinants of patient satisfaction were physical comfort, emotional support, and respect for patient preferences<sup>42</sup>.

## **2.8 Factors that affect patient's assessment of hospital performance:**

### **2.8.1 Patient Characteristics**

Determinants of patient satisfaction have been reported extensively. According to previous studies, patient characteristics such as age and education may influence a patient's assessment of hospital performance<sup>55 60</sup>. A patient's health status and the severity of illness are also important predictors of the patient's overall satisfaction level<sup>31 61</sup>.

- Age and Health status:

Virtually every study reviewed found these two characteristics to be strongly related to hospital satisfaction. In general, older patients tended to report greater satisfaction, and sicker patients tended to be less satisfied<sup>62-75</sup>.

- Gender:

Women tended to rate their care more negatively than men in some studies<sup>65 67 71</sup>.

- Education level:

More education was associated with less satisfaction with care in a study of 189 patients at a psychiatric hospital<sup>71</sup>.

- Income<sup>69 75</sup>: A study of 38,789 hospitalized Veterans Affairs VA patients found that those with higher income and married respondents were more positive in their assessment of care<sup>67</sup>.
- Other patient characteristics that have been significantly related to hospital patient satisfaction include: race/ethnicity<sup>66 69 75</sup>, insurance status,<sup>66 69</sup> and having a regular physician<sup>69</sup>.

### **2.8.2 Patient Satisfaction Measures**

One factor that can account for variation in patient perceptions of hospital care is differences in the measures of satisfaction. The patient satisfaction surveys developed by the Picker Institute focus on “experience of care” and take a problem-oriented approach, asking questions about what did or did not happen during the hospitalization with regard to various aspects of care<sup>15</sup>. Other satisfaction surveys take a “satisfaction with care” approach, asking individual to rate their satisfaction with various aspects of care while they were hospitalized<sup>60 64</sup>.

### **2.8.3 Hospital characteristics**

A few studies found that hospital characteristics were related to patient reports of satisfaction. For example, differences by hospital service have been noted, with obstetrical patients most satisfied and surgical patients more satisfied than medical patients<sup>69 75</sup>. Other hospital characteristics include: teaching status<sup>75</sup>, rural location<sup>75</sup>, and nurse staffing levels<sup>69</sup>.

Length of stay was associated with higher satisfaction in a study of 4,948 veterans discharged from VA medical centers with a diagnosis of psychiatric or substance abuse disorder<sup>70</sup>, but negatively associated with

satisfaction in a study of 38,789 hospitalized VA patients<sup>67</sup>. In addition, several other studies have not found a significant association between length of stay and ratings of care<sup>64 65</sup>.

Charles, et al. (1994) found that number of previous admissions was unrelated to number of reported problems<sup>63</sup>. But Gasquet, et al., (2001) reported that patients with two or more prior hospitalizations were more satisfied with care than those with no or only one prior hospitalization<sup>72</sup>. A study of 148 patients admitted to the hospital as a result of CHF revealed that satisfaction was similar for those who had one or more readmissions over a 12-month interval following data collection compared to those who did not<sup>73</sup>.

## **2.9 Objectives of study:**

Objectives of our study are:

1. To measure patients' satisfaction with services provided by hospitals at Nablus city.
- 2- To determine factors affecting patient's satisfaction including room services, staff communications skills, physicians' explanations, technical quality of health care providers, waiting time, and availability of health services.
- 3- To determine the differences of satisfaction according to socio-demographic characteristics (age, gender, income, marital status, and education level).

## 2.10 Hypotheses of the study

1. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to age.
2. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to gender.
3. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to monthly income.
4. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to health insurance.
5. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to health status of the patient.
6. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to department.
7. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to amount of time spent for waiting in reception area to admission.

8. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to level of education.
9. There is no statistically significant difference at  $\alpha = 0.05$ , of the general satisfaction with hospital services at Nablus district according to marital status.
10. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and room services in the hospitals.
11. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and interpersonal skill in the hospitals.
12. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and technical quality in the hospitals.
13. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and accessibility in the hospitals.
14. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and hospitals.
15. There is no significant relationship at  $\alpha = 0.05$ , between the general satisfaction and the services in patient room, interpersonal skills, technical quality, and accessibility.

**2.11 Limitations:**

- Patients' refusal to participate, or feel uncomfortable during the structured interview.
- The study carried out only in Nablus Hospitals and therefore we may not be able to generalize its results to all hospitals in Palestine.
- The study carried out on patients still admitted to the hospitals, there might be a tendency to underreport unsatisfactory areas for fear of reprisal from the doctors.

## **Chapter Three**

### **(Methodology)**

#### **3.1 Introduction**

The study was conducted during the period of January to March 2008 in governmental and nongovernmental hospitals in Nablus using questionnaire which was designed for measuring patient satisfaction.

Data collection was conducted through face to face structured interviews with patients. Patients matching the inclusion criteria were included in the study and were administered the questionnaire during their stay in the hospitals.

#### **3.2 Research design**

A cross- sectional study was conducted on a sample of patients who were attending hospitals at Nablus city during the period of January to March 2008.

#### **3.3 Ethical consideration**

- A formal letter: from coordinate for public health program at An-Najah University was sent to each hospital requesting the director of hospital as applicable to allow the researcher to conduct the study.
- Patients were informed about the purpose of the study before conducting the interview and were told that their participation will be voluntary.

### **3.4 Instrument**

A questionnaire designed by adopting using 23 points from the Patient Satisfaction Questionnaire PSQ-III. The National Center for Health Services Research (NCHSR) provided the foundation for PSQ-III. (50 items in PSQ-III are used to score seven multi-item subscales: general satisfaction, technical quality, interpersonal care, communication, financial aspects, time spent with provider, and access/availability/ convenience). The questionnaire was translated to Arabic, then modified after pilot testing on ten patients.

#### **3.4.1 Questionnaire components**

Our final questionnaire included questions on various aspects of inpatient care that play important role in patients' satisfaction as follows:

- 1) Socio- demographic component: (age, gender, marital status, education, and income). Also patients were asked about insurance coverage.
- 2) Admission information: patients asked about the process of the admission, and waiting time in reception area to admission.
- 3) Patient's room services: patients asked to rate the level of cleanliness, safety, meals, and comfort in patients room.
- 4) The relationship between patient and medical staff:
  - Interpersonal skills: staff's communication and social skills.

- Technical quality: presence\ absence of needed medical equipment and staff's technical ability such as staff's medical knowledge, skills, quality examinations and diagnosis
- 5) Accessibility and availability of services: services conditions such as access to specialist, easy of getting lab and radiology work, easy to get care in an emergency, and availability of drugs.
  - 6) General satisfaction: which include three items, overall quality of services, recommend the hospital to friends and family members, and satisfied with the visit of hospital.

At the end patients were asked to rate their health as very good, good, fair, bad and very bad.

Patients were asked to grade the services they received by 5 point Likert Scale from very bad to very good, dissatisfaction was that of score 1 & 2 while satisfaction was that of score 4 & 5 and the score 3 for those who were fair or neutral.

The questionnaire was filled by direct face to face structured interview, and in order to maintain complete confidentiality no names recorded on the questionnaire.

### **3.5 Pilot Testing**

In order to test the instrument. A pilot testing was performed. Ten questionnaires were submitted to patients in Rafidia Hospital. The data were analyzed to clarify any unclear question. These ten patients were excluded from the study.

### **3.6 Sample size**

A total of 365 patients were interviewed, sample size was calculated with a margin of error of 5%, and a confidence level of 95%. The number of the admissions in the year 2006 in Nablus Hospitals was 43746<sup>74</sup>. So the number of the admissions during two months was 7291.

### **3.7 Sample Frame**

List of patients who are admitted to Nablus hospitals for medical, surgical, or obstetric treatment, observation or care and stay at least two nights during two months.

### **3.8 Inclusion criteria**

Patients over the age of 15 years admitted to the hospital for a minimum of two days were included in the study.

### **3.9 Exclusion criteria**

Patients admitted to Intensive Care Unit (ICU) and those who were unable to communicate because of their severe illness were excluded from the study. Patients under 15 years also excluded.

### **3.10 Sampling procedures**

The results of this survey based upon information obtained from a randomly drawn sample of 365 hospital inpatients in Nablus. Patients in our study were chosen randomly from the following hospitals:

1. Ittihad Hospital
2. Nablus specialty Hospital

3. Specialized Arab Hospital
4. St. Lukes Hospital
5. Al-Watani Hospital
6. Rafidia Hospital

The sample selection process consisted of a two-stage process employing the methods of probability by proportionate sampling (stratified random sampling).

The first stage: The population divided into six parts or strata (hospital) according to number of beds that each one of hospital had. The researcher made interview with (365) patients as follow:

<b>Hospital</b>	<b>No. of Beds</b>	<b>No. of interviewees</b>
AL-Watani	101	76
Rafidiah	165	124
Al-Ittihad	71	54
St. Lukes	48	36
Nablus Specialized	70	52
Specialized Arab	30	23
<b>Total</b>	<b>485</b>	<b>365</b>

The second stage involved the random selection of the appropriate numbers of patients from each one of strata (hospital). We used simple random sampling for selection of the patients by using the beds and room numbers.

### **3.11 Data collection**

Interviews were conducted with patients through face to face structured interviews. The researcher interviewed the patients in patient's room far away from employees to assure confidence and anonymity.

### **3.12 Data analysis**

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) program and applying Independent Sample T-Test, cross tab, chi square test, one way ANOVA test, and regression test.

### **3.13 Study variables:**

The study includes these variables:

#### **Independent variables**

- Age
- Gender
- Marital status
- Educational level
- Income
- Health insurance
- Waiting time
- Health status

#### **Dependent variables**

- Room services (5 items)

- Interpersonal skills(11items)
- Technical quality (10 items)
- Accessibility (8 items)
- General satisfaction (3 items)

### **3.14 Measurements:**

Each item had 5 point Likert Scale which ranged between 1 and 5; the scores for each domain were calculated by summing the answers to all items in each domain. Room services (range, 5-25), interpersonal skills (range, 11-55), technical quality (range, 10-50), accessibility (range, 8-40) and general satisfaction (range 3-15).

## Chapter Four

### Results

#### 4. Introduction:

The first section of this chapter presents a demographic description of the sample in term of type of hospital, department, age, gender, marital status, level of education, monthly income, health status, health insurance, admission process, and waiting time.

The second section includes the level of patient satisfaction with hospital services in relation to dependent variables.

The third section includes results of hypotheses and description of the statistical significance and insignificance between dependent and independent variables.

#### 4.1 Descriptive analysis of the sample

##### 4.1.1 Study sample according to type of hospital

**Table (11):** Distribution of study sample according to the type of hospital

<b>Type of hospital</b>	<b>Frequency</b>	<b>Percent</b>
Governmental hospital	198	54.2
Non Governmental hospital	159	43.6
Total	357	97.8
Missing System	8	2.2
Total	365	100.0

We notice from table (11) that 54.2% of cases were from governmental hospitals and 43.6% were from non-governmental hospitals.

#### 4.1.2 Study sample according to department

**Table (12):** Distribution of study sample according to the department

<b>Department</b>	<b>Frequency</b>	<b>Percent</b>
Internal medicine	134	36.7
Surgery	134	36.7
Obstetric/gynecology	56	15.3
Orthopedic	35	9.6
Total	359	98.4
Missing System	6	1.6
Total	365	100.0

From table (12) we notice that 36.7% of cases were from internal medicine department, 36.7% of the cases were from surgery department, 15.3% were from obstetric/ gynecology and 9.6% were from orthopedic department.

#### 4.1.3 Study sample according to demographic data

**Table (13):** Distribution of study sample according to sociodemographic data

<b>Gender</b>	<b>Frequency</b>	<b>Percent</b>
Male	104	28.5
Female	259	71
Missing value	2	0.5
Total	365	100
<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
15-30	128	35.1
31-45	116	31.8
46-60	64	17.5
Over 60 years	57	15.6
Missing value	0	0
Total	365	100

<b>Marital Status</b>	<b>Frequency</b>	<b>Percent</b>
Single	56	15.3
Married	282	77.3
Divorced	4	1.1
Widow\er	22	6
Missing value	1	0.3
Total	365	100
<b>Level of education</b>	<b>Frequency</b>	<b>Percent</b>
Illiterate	51	14
Less than Tawjihi	209	57.3
Diploma	44	12.1
Baccalaureate	55	15.1
Masters degree	5	1.4
Missing value	1	0.3
Total	365	100
<b>Monthly income</b>	<b>Frequency</b>	<b>Percent</b>
up to 200 JD	154	42.2
200-400 JD	137	37.5
400-600 JD	48	37.5
Over 600 JD	15	4.1
Missing value	11	3
Total	365	100

We notice from the table (13) that:

- 35.1% of the cases their age were between 15 – 30 years, 31.8% were from 31 – 45 years, 17.5% were from 46 – 60 years, and 15.6% were over 60 years.
- 71.0 % of the cases were females, and 28.5% were males

- 77.3 % was married, single was 15.3%, widow was 6.0%, and divorced was 1.1%
- The level of education of the cases less than tawjehi was 57.3%, baccalaureate was 15.1%, illiterate was 14.0%, diploma was 12.1%, and masters degree was 1.4%.
- 42.2% of cases their monthly income were up to 200 JD, 37.5% were from 200 – 400 JD, 13.2% were from 400 – 600 JD, and 4.1% were over 600 JD.

#### 4.1.4 Health status of the patient

**Table (14):** Distribution of study sample according to health status of the patient

<b>Health status</b>	<b>Frequency</b>	<b>Percent</b>
Very poor	17	4.7
Poor	51	14.0
Fair	79	21.6
Good	172	47.1
Very good	43	11.8
Total	362	99.2
Missing value	3	.8
Total	365	100.0

We notice from the table (14) that 47.1% of the cases perceived their health good, 21.6% of the cases were fair, 14.0% of the cases were poor, 11.8 % of the cases were very good, and 4.7% of the cases were very poor.

#### 4.1.5 Study sample according to health insurance

**Table (15):** Distribution of study sample according to health insurance

<b>Health insurance</b>	<b>Frequency</b>	<b>Percent</b>
None	74	20.3
Governmental Health Insurance	129	35.5
Private insurance	77	21.1
Al- aqsa insurance	85	23.3
Missing value	0	0
Total	365	100
<b>Coverage</b>	<b>Frequency</b>	<b>Percent</b>
Up to 25%	10	2.7
25-50%	17	4.7
50-75%	46	12.6
100%	217	59.5
Missing value	75	20.5
Total	265	100

We notice from the table (15) that majority of study sample are insured with 59.5% having total coverage.

#### 4.1.6 The admission process:

**Table (16):** Distribution of study sample according to their responses to the statement "the admission process clearly explained to patient"

"The admission process clearly explained to patient"	<b>Frequency</b>	<b>Percent</b>
Yes	316	86.6
No	20	5.5
Total	336	92.1
Missing System	29	7.9
Total	365	100.0

We notice from the table (16) that 86.6% of cases the admission process was clearly explained, and 5.5% of the cases the admission process wasn't clearly explained.

#### 4.1.7 Amount of time spent for waiting in reception area to admission

**Table (17):** Distribution of study sample according to amount of time spent for waiting in reception area to admission

<b>Waiting time</b>	<b>Frequency</b>	<b>Percent</b>
Less than 30 minutes	180	49.3
30-45 minutes	51	14.0
45-60 minutes	34	9.3
More than 60 minutes	99	27.1
Total	364	99.7
Missing System	1	.3
Total	365	100.0

We notice from the table (17) that 49.3% of the cases waiting time were less than 30 minutes, 27.1% of the cases were more than 60 minutes, 14.0 % of the cases were between (30-45) minutes, and 9.3 % of the cases were between (45-60) minutes.

#### 4.1.8 Demographic Profile of Nablus hospital Inpatients

The study findings show that Nablus hospital inpatients are females, married, aging between 15-30 years old, unemployed with less than tawjihi, and monthly income up to 200 JD.

The patients participating in this survey were selected from governmental and non-governmental hospitals in Nablus. 54.2% of cases were from governmental hospitals and 43.6% were from non governmental hospitals.

About 80 % of hospital inpatients were insured, the remaining 20 % were not. The majority of the insured patients (59.5%) treatment was covered up to 100 %, the remaining covered by different percentages ranged from 25% to 75%.

Overall a majority of survey respondents rated their health status as being good.

86.6 % stated that the admission process was clearly explained to them while 5.5 % indicated that it was not, 49.3 % waited less than 30 minutes in reception area to admission while 27.1 % waited more than one hour in length.

## 4.2 The level of the patient satisfaction with hospital services

### 4.2.1 Room services

**Table (18):** Patient satisfaction with room services according to hospital type

Type of hospital		Room services					Total
		Very poor	Poor	Fair	Good	Very good	
Governmental hospital	Frequency	2	10	67	106	13	198
	%	1.0%	5.1%	33.8%	53.5%	6.6%	100%
Non-governmental hospital	Frequency		1	20	68	70	159
	%		0.6%	12.6%	42.8%	44.0%	100%
Total	Frequency	2	11	87	174	83	357
	%	.6%	3.1%	24.4%	48.7%	23.2%	100%

From table (18) we notice that 60.1% rated room services in governmental hospitals as being good to very good and 86.8% rated it as good to very good in non-governmental hospitals.

**Table (19):** Patient satisfaction with some items of room services

Items	Hospitals	V. poor		Poor		Fair		Good		V. good	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Level of cleanliness	Gov	14	7.1	34	17.2	67	33.8	72	36.4	11	5.6
	Non.Gov	1	0.6	10	6.3	20	12.6	91	57.2	37	23.3
	Total	15	4.2	44	12.3	87	24.4	163	45.7	48	13.4
Level of satisfaction with meals	Gov	14	7.1	41	20.8	86	43.7	53	26.9	3	1.5
	Non.Gov	3	1.9	11	7.1	42	26.9	67	42.9	33	21.2
	Total	17	4.8	52	14.7	128	36.3	120	34	36	10.2
Level of comfort in sleeping in room	Gov	14	7.1	54	27.3	44	22.2	80	40.4	6	3
	Non.Gov	2	1.3	20	12.7	13	8.2	85	53.8	38	24.1
	Total	16	4.5	74	20.8	57	16	165	46.3	44	12.4
Level of satisfaction With hospital room	Gov	15	7.6	29	14.6	76	38.4	73	36.9	5	2.5
	Non.Gov	2	1.3	4	2.5	26	16.4	90	56.6	37	23.3
	Total	17	4.8	33	9.2	102	28.6	163	45.7	42	11.8

Table (19) showed that 80.5 % of respondents rated the level of cleanliness of the toilets, showers and floors from good to very good in non-governmental hospitals. While 58.1% of respondents in governmental hospital rated the cleanliness of these areas from very poor to fair.

It becomes apparent from these results that the overall cleanliness of the common areas to be of poor hygiene especially in governmental hospitals. Most of patients refer that not only to the cleaning staff but also due to the patients themselves and their attendants.

Also one of the most important services offered by hospital is the meals that are served patients. Of the patients interviewed 44.2% rated the level of satisfaction with meals as being good to very good. While 19.5% of respondents indicating that it was poor as shown in table (19). Some patients complained that the quality and the quantity of meals were not enough and the meals that provided to them were not covered in suitable form.

Of the patients surveyed 58.7% stated that they were able to sleep comfortably in their hospital rooms while 41.3 % indicated the level of comfortable as being very poor to fair as shown in table (19). The reason for not being able to sleep comfortably in hospital rooms was the noise level of other patients, their attendants and visitors.

About 43 % of respondents rated the level of satisfaction of the hospital room from very poor to fair. Many complained rooms' overcrowdness and bad furniture.

### 4.2.2 Interpersonal skills

**Table (20):** Patient satisfaction with interpersonal skill according to hospital type

Type of hospital		Interpersonal skill				
		Poor	Fair	Good	Very good	Total
Governmental hospital	Frequency	7	51	109	31	198
	%	3.5%	25.8%	55.1%	15.7%	100%
Non-governmental hospital	Frequency	2	6	44	107	159
	%	1.3%	3.8%	27.7%	67.3%	100%
Total	Frequency	9	57	153	138	357
	%	2.5%	16.0%	42.9%	38.7%	100%

Nurses and physicians are integral parts of the health care system. About 70.8 % rated interpersonal skill in governmental hospitals as being good to very good, 95 % rated it as such in non-governmental hospitals. And in total 81.6 % rated the interpersonal skills with these health professionals in Nablus hospitals to be in range of good to very good, while 18.5% rated it as poor to fair as shown in table (20).

**Table (21)** Patient satisfaction with some items of interpersonal skills

Items	Hospitals	V. Poor		Poor		Fair		Good		V. Good	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Communication between patient and doctor	Gov	18	9.1	31	15.7	21	10.6	113	57.1	15	7.6
	Non.Gov	3	1.9	12	7.5	7	4.4	95	59.7	42	26.4
	Total	21	5.9	43	12	28	7.8	208	58.3	57	16
Communication between patient and nursing staff	Gov	7	3.6	20	10.2	33	16.8	97	49.2	40	20.3
	Non.Gov	0	0	6	3.8	5	3.1	66	41.5	82	51.6
	Total	7	2	26	7.3	38	10.7	163	45.8	122	34.3
Nursing staff listening to what patients say	Gov	10	5.1	37	18.8	32	16.2	92	46.7	26	13.2
	Non.Gov	0	0	6	3.8	7	4.4	81	50.9	65	40.9
	Total	10	2.8	43	12.1	39	11	173	48.6	91	25.6
Friendless and courtesy shown to patient by nurses	Gov	14	7.1	31	15.7	48	24.2	82	41.4	23	11.6
	Non.Gov	1	0.6	4	2.5	22	13.8	75	47.2	57	35.8
	Total	15	4.2	35	9.8	70	19.6	157	44	80	22.4
Doctors explanation about medical terms	Gov	18	9.1	48	24.4	33	16.8	89	45.2	9	4.6
	Non.Gov	1	0.6	10	6.3	14	8.8	92	57.9	42	26.4
	Total	19	5.3	58	16.3	47	13.2	181	50.8	51	14.3
Confidence and trust in medical staff	Gov	11	5.6	32	16.4	39	20	74	37.9	39	20
	Non.Gov	4	2.5	3	1.9	12	7.6	68	43	71	44.9
	Total	15	4.2	35	9.9	51	14.4	142	40.2	110	31.2
Doctors spend plenty of time with patient by nurses	GOV	25	13	48	14.9	49	25.4	62	32.1	9	4.7
	Non.Gov	4	2.5	19	11.9	24	15.1	88	55.3	24	15.1
	Total	29	8.2	67	19	73	20.7	150	42.6	33	9.4

The level of patient satisfaction with communication of physicians (64.7%) and of nurses (69.4%) were rated good to very good by MOH hospital patients while the level of patient satisfaction with communication of physicians (86.1%) and nurses (93.1%) were rated as good to very good by non MOH hospital patients as shown in table (21).

The results of this survey clearly demonstrate that both physician and nurses need to be improve their communication skills in MOH hospitals.

The interpersonal skills of physician might be improved by speaking in simpler terms. 34.8% of respondents rated the doctor using the terms without explain what they mean as being very poor to fair (See table (21)).

Also doctors must spend more time with patient. Table (21) showed that approximately 47.9 % of respondents rated that the doctors spend plenty of time with patient as being very poor to fair, and that is due to the doctor's inability to give the patient adequate time because of large numbers of clients.

Nursing staff might increase the level of interpersonal skills by increasing the friendless and courtesy shown to patient. 66.4% of respondents rated the level of friendless and courtesy shown to patient by nurses as being good to very good. 33.6 % rated this level of friendless as being very poor to fair (See table (21)).

The study showed that 25.9% of respondents rated the level of listening to what patients say by nursing staff as being very poor to fair.

It was encouraging to know that most of patient stated that the medical staff treats patients with respect. About 71.4% of respondents rated

the confidence and trust in medical staff treating patient as being good to very good (See table (21)).

#### 4.2.3 Technical quality

**Table (22):** Patient satisfaction with technical quality according to hospital type

Type of hospital		Technical quality					
		Very poor	Poor	Fair	Good	Very good	Total
Governmental hospital	Frequency	1	8	72	106	11	198
	%	.5%	4.0%	36.4%	53.5%	5.6%	100%
Non-governmental hospital	Frequency		1	9	115	34	159
	%		.6%	5.7%	72.3%	21.4%	100%
Total	Frequency	1	9	81	221	45	357
	%	.3%	2.5%	22.7%	61.9%	12.6%	100%

Table (22) showed that 59.1% rated technical quality in governmental hospitals as being good to very good and 93.7 % rated it as good to very good in non-governmental hospitals. In total (74.5%) rated the technical quality of medical staff to be in range of good to very good, while 25.5% rated it as very poor to fair.

**Table (23):** Patient satisfaction with some items of technical quality

Items	Hospitals	V. poor		Poor		Fair		Good		V. good	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Training, of the nursing staff	Gov	18	9.1	36	18.2	46	23.2	82	41.4	16	8.1
	Non.Gov	1	0.6	18	11.3	43	27	45	28.3	52	32.7
	Total	19	5.3	54	15.1	89	24.9	127	35.6	68	19
Doctor advice to avoid illness	Gov	33	17	53	27.3	34	17.5	65	33.5	9	4.6
	Non.Gov	6	3.8	31	19.5	28	17.6	71	44.7	23	14.5
	Total	39	11	84	23.8	62	17.6	136	38.5	32	9.1
Accuracy of diagnoses	Gov	14	7.1	32	16.2	21	10.7	108	54.8	22	11.2
	Non.Gov	3	1.9	4	2.5	6	3.8	98	61.6	48	30.2
	Total	17	4.8	36	10.1	27	7.6	206	57.9	70	19.7
Doctors are good about explaining the medical tests	Gov	23	11.7	77	39.1	43	21.8	51	25.9	3	1.5
	Non.Gov	6	3.8	38	23.9	56	35.2	52	32.7	7	32.7
	Total	29	8.1	115	32.3	99	27.8	103	28.9	10	2.8
The patient was given enough information	Gov	25	12.6	61	30.8	41	20.7	59	29.8	12	6.1
	Non.Gov	5	3.2	18	11.4	26	16.5	96	60.8	13	8.2
	Total	30	8.4	79	22.2	67	18.8	155	43.5	25	7
Quality of treatment	Gov	4	2.1	29	15.2	64	33.5	90	47.1	4	2.1
	Non.Gov	0	0	6	3.9	14	9.2	116	76.3	16	10.5
	Total	4	1.2	35	10.2	78	22.7	206	60.1	20	5.8

Table (23) showed that 45.3 % of the patients surveyed rated the training and skills of nursing staff as being very poor to fair. While 52.4% of respondents rated the doctors advice as being very poor to fair.

About 50% of the respondents indicated that they would prefer to have enough information from physicians about type of illness, treatment options, duration of stay, length of recovery and reason of medical test, (68.2% rated the doctors explanation about reason medical test from very poor to fair) as shown in table (23).

#### 4.2.4 Accessibility

**Table (24):** Patient satisfaction with accessibility according to hospital type

Type of hospital		Accessibility				
		Poor	Fair	Good	Very good	Total
Governmental hospital	Frequency	6	51	130	11	198
	%	3.0%	25.8%	65.7%	5.6%	100.0%
Non-governmental hospital	Frequency		9	82	68	159
	%		5.7%	51.6%	42.8%	100.0%
Total	Frequency	6	60	212	79	357
	%	1.7%	16.8%	59.4%	22.1%	100.0%

Table (24) showed that 71.3% rated accessibility in governmental hospitals as being good to very good and 94.4 % rated it as such in non-governmental hospitals. While in total more than 80% of respondents rated accessibility of services in hospital to be in range of good to very good.

**Table (25)** Patient satisfaction with some items of accessibility

Items	Hospitals	V. poor		Poor		Fair		Good		V. good	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Easy of getting hospital care	Gov	7	3.6	34	17.3	43	21.8	104	52.8	9	4.6
	Non.Gov	0	0	5	3.1	5	3.1	120	75.5	29	18.2
	Total	7	2	39	11	48	13.5	224	62.9	38	10.7
Easy of getting medical care in an emergency	Gov	3	1.6	11	6	27	14.7	131	71.2	12	6.5
	Non.Gov	1	0.7	1	0.7	11	7.2	121	79.1	19	12.4
	Total	4	1.2	12	3.6	38	11.3	252	74.8	31	9.2
Easy of getting lab and radiology work	Gov	7	3.6	37	18.8	22	11.2	116	58.9	15	7.6
	Non.Gov	2	1.3	11	7	20	12.7	84	53.2	41	25.9
	Total	9	2.5	48	13.5	42	11.8	200	56.3	56	15.8
Drugs in pharmacy are available	Gov	12	6.1	42	21.2	29	14.6	99	50	16	8.1
	Non.Gov	0	0	5	3.1	12	7.5	82	51.6	60	37.7
	Total	12	3.4	47	13.2	41	11.5	181	50.7	76	21.3
Laboratory tests are available	Gov	3	1.6	17	9.1	21	11.2	137	73.3	9	4.8
	Non.Gov	0	0	4	2.7	13	8.8	101	68.2	30	20.3
	Total	3	0.9	21	6.3	34	10.1	238	71	39	11.6

About 28.8% of respondents in governmental hospitals rated the accessibility as being poor to fair as shown in table (24). So the level of accessibility may be increased by improved availability of services in hospitals such as:

Availability of drugs: there is some shortage of drugs in hospitals. About 72% rated the availability of drugs in hospital as good to very good while 28% rated it as very poor to fair as shown in table (25).

Availability of laboratory tests and radiology work: the results showed that more than 80 % of respondents getting laboratory test as being good to very good. While 72.1% of respondents rated getting radiology work in hospital from good to very good, and 27.9% rated it as very poor to fair (See table (25)).

Providing some types of radiology such as MRI and CT scan are not easy task in Nablus hospitals.

Getting hospital care when needed: About 73.6% of the respondents rated that easiness of getting hospital care when needed from good to very good, while 26.4 % rated it from very poor to fair. 42.7% of the patients in governmental hospitals rated it from very poor to fair.

#### 4.2.5 General satisfaction

**Table (26):** Patient satisfaction with general satisfaction according to hospital type

Type of hospital		General satisfaction				
		Poor	Fair	Good	Very good	Total
Governmental hospital	Frequency	14	45	49	90	198
	%	7.1%	22.7%	24.7%	45.5%	100%
Non-governmental hospital	Frequency	1	5	12	141	159
	%	.6%	3.1%	7.5%	88.7%	100%
Total	Frequency	15	50	61	231	357
	%	4.2%	14.0%	17.1%	64.7%	100%

Table (26) showed that 70.2 % of respondents in governmental hospitals rated the general satisfaction from good to very good, while in non-governmental hospitals 96 % of respondents rated it as good to very good.

**Table (27)** Patient satisfaction with items of general satisfaction

Items	Hospitals	V. poor		Poor		Fair		Good		V. good	
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Overall quality of service provided by hospital	Gov	7	3.6	24	12.2	91	46.4	65	33.2	9	4.6
	Non.Gov	0	0	5	3.1	21	13.2	95	59.7	38	23.9
	Total	7	2	29	8.2	112	31.5	160	45.1	47	13.2
you will recommend this hospital to your friends	Gov	14	7.1	42	21.2	53	26.8	75	37.9	14	7.1
	Non.Gov	4	2.5	7	4.4	17	10.7	46	28.9	85	53.5
	Total	18	5	47	13.7	70	19.6	121	33.9	99	27.7
you are satisfied with your visit to this hospital	Gov	22	11.1	37	18.7	34	17.2	88	44.4	17	8.6
	Non.Gov	2	1.3	8	5	16	10.1	41	25.8	92	57.9
	Total	24	6.7	45	12.6	50	14	129	36.1	109	30.5

When asked to rate their overall quality of all services they received from hospitals, nearly 58 % of respondents rated that overall quality of all services they received from hospitals as being good to very good. About 38% of the patients in MOH hospitals rated that overall quality of all services as good to very good, while approximately 84 % of the patients in non- governmental hospitals rated it as good to very good as shown in table (27).

In total 15.8 % of respondents rated the overall quality of care and services from very poor to poor.

When asked if they would recommend the hospitals to friends and family members when needed, 45% of respondents from MOH hospital would recommend it, while about 28 % would not. In non-governmental hospitals 82 % of respondents would recommend it, while only 7 % would not as shown in table (27).

When asked if the patients are satisfied with their visit to the hospital, 53 % of respondents in MOH hospitals were satisfied while 29.8% were not. While in non-governmental hospitals 83.7 % were satisfied, only 6.3 % were not as shown in table (27).

### **4.3 Hypotheses Results**

#### **4.3.1 Results of hypotheses (hypotheses 1-9)**

To calculate significant value we use Independent Sample T-Test For gender Variable and one way ANOVA Test with the other variables.

**Table (28):** T- Test and ANOVA Test of the general satisfaction and other independent variables

<b>Variables</b>	<b>t</b>	<b>Sig value</b>
Gender	-0.222	0.006
	<b>F</b>	<b>Sig value</b>
Age	3.763	0.011
Marital status	1.856	0.137
Educational Level	0.661	0.619
Income	5.078	0.002
Health insurance	21.068	0.001
Department	3.504	0.016
Health Status	9.623	0.001
waiting time	3.092	0.027

\* at  $\alpha = 0.05$ .

The study findings show that gender, age, income, Health insurance, Health Status, department, and waiting time were statistically significant different so that we reject the hypotheses and conclude that there is a significant differences of these variables (gender, age, income, Health insurance. Health Status, department, waiting time) and general satisfaction.

While educational level and marital status were not significantly different so that we accept the hypothesis and conclude that there is no significant differences of these variables (educational level, marital status) and general satisfaction.

#### **4.3.2 Result of the tenth hypothesis:**

Relationship between General satisfaction variable and services in patients' room variable in hospitals

**Table (29):** Pearson Chi Square test between general satisfaction and room services in hospitals

<b>Hospital</b>		<b>Value</b>	<b>Asymp. Sig.</b>
Governmental hospital	Pearson Chi-Square	54.057	0.001
	N of Valid Cases	198	
Non-governmental hospital	Pearson Chi-Square	13.356	0.147
	N of Valid Cases	159	

- Since the level of significance is smaller than 0.05, so there is significant relationship between general satisfaction and room services in governmental hospitals.
- And since the level of significance is bigger than 0.05, so there is no significant relationship between general satisfaction and room services in non-governmental hospitals.

#### 4.3.3 Result of the eleventh hypothesis:

Relationship between general satisfaction variable and interpersonal skills variable in hospitals

**Table (30):** Pearson Chi Square test between general satisfaction and interpersonal skill in hospitals

<b>Hospital</b>		<b>Value</b>	<b>Asymp. Sig.</b>
Governmental hospital	Pearson Chi-Square	81.005	0.001
	N of Valid Cases	198	
Non-governmental hospital	Pearson Chi-Square	58.096(b)	0.001
	N of Valid Cases	159	

Since the level of significance is smaller than 0.05, so there is significant relationship between general satisfaction and interpersonal skill in governmental hospitals and non-governmental hospitals.

#### 4.3.4 Result of the twelfth hypothesis:

Relationship between general satisfaction variable and technical quality variable in hospitals

**Table (31):** Pearson Chi Square test between general satisfaction and technical quality in hospitals

<b>Hospital</b>		<b>Value</b>	<b>Asymp. Sig</b>
Governmental hospital	Pearson Chi-Square	59.685	0.001
	N of Valid Cases	198	
Non-governmental hospital	Pearson Chi-Square	64.803	0.001
	N of Valid Cases	159	

Since the level of significance is lesser than 0.05, that there is significant relationship between general satisfaction and technical quality in governmental hospitals and non-governmental hospitals.

#### 4.3.5 Result of the thirteenth hypothesis

Relationship between general satisfaction variable and accessibility variable in hospitals

**Table (32):** Pearson Chi Square test between general satisfaction and accessibility in hospitals

<b>Hospital</b>		<b>Value</b>	<b>Asymp. Sig</b>
Governmental hospital	Pearson Chi-Square	51.163	0.001
	N of Valid Cases	198	
Non-governmental hospital	Pearson Chi-Square	8.663	0.193
	N of Valid Cases	159	

- Since the level of significance is lesser than 0.05, so there is significant relationship between general satisfaction and accessibility in governmental hospitals.
- And since the level of significance is bigger than 0.05, so there is no significant relationship between general satisfaction and accessibility in non-governmental hospitals.

#### 4.3.6 Result of the fourteenth hypothesis

Relationship between general satisfaction and the hospital

**Table (33):** The regression between general satisfaction and type of hospital

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	6.994	.529		13.226	.001
Hospital	4.581	.346	.575	13.242	.001

\* at  $\alpha = 0.05$ .

There is significant relationship between general satisfaction and the type of hospital.

**Table (34):** Independent T test between the general satisfaction and the type of hospital.

	hospital	N	Mean	Std. Deviation	Std. Error Mean
General satisfaction	Governmental hospitals	198	7.5758	3.41716	.24285
	Non-governmental hospitals	159	11.1572	3.02633	.24000

Since the mean of the non governmental hospitals (11.1572) is bigger than the mean of governmental hospitals (7.5758) which reflects that nongovernmental hospitals are more satisfied.

#### 4.3.7 Result of the fifteenth hypothesis:

Relationship between general satisfaction and room services, interpersonal skills, technical quality, and accessibility

**Table (35):** ANOVA test between the general satisfaction and room services, interpersonal skills, technical quality, and accessibility

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Regression	3503.839	4	875.960	145.793	0.001
Residual	2162.967	360	6.008		
Total	5666.805	364			

Since the level of significance is lesser than 0.05, we reject the hypothesis and conclude that "There is significant relationship between general satisfaction and room services, interpersonal skills, technical quality, and accessibility" And the table (36) shows the result of regression test between the variables

**Table (36):** The regression between variables

	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t</b>	<b>Sig.</b>
	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
Model					
(Constant)	-6.131	.875		-7.009	.000
Room services	.323	.041	.304	7.803	.000
Interpersonal skills	.187	.025	.371	7.597	.000
Technical quality	0.06895	.031	.108	2.260	.024
Accessibility	.142	.037	.170	3.809	.000

\* at  $\alpha = 0.05$ .

From the table the equation of the regression is

$$Y = 0.323 X1 + 0.187 X2 + 0.06895 X3 + 0.142 X4 - 6.131$$

Where

Y = is the general satisfaction

X1 = room services

X2 = interpersonal skills

X3 = technical quality

X4 = Accessibility

So we can calculate the general satisfaction of each patient by using this equation according to these variables.

## Chapter Five

### Discussion

#### 5.1 Discussion of the results

As the result of the services provided to the patients in hospitals, 70.2% of respondents in governmental hospitals in Nablus rated the general patients' satisfaction from good to very good, while in non-governmental hospitals more than 90 % of respondents rated it as good to very good. This is consistent with the study done by Williams SJ et al which showed that general levels of consumer satisfaction are high, but when respondents were asked about satisfaction for each item individually the mean satisfaction dropped. However questions of a more detailed and specific nature reveal greater levels of expressed dissatisfaction<sup>75</sup>.

In general and according to previous study patients receiving care through health insurance programs for low-income individuals are generally satisfied with the services<sup>76</sup>. About 80 % of hospital inpatients in this study are insured with different kinds of health insurance, 59.5 % of the insured patients treatment was covered up to 100 %, the remaining covered by different percentages ranged from 25% to 75%. So this may increase the level of satisfaction related to patient expectation " you pay low so your expectation is low" and when expectation is low satisfaction is high.

Also the poor economical condition and living below the poverty line with low monthly income of respondents (42.2% of cases' monthly income were up to 200 JD) made them unable to deal with modern medical

services or exposure to other kind of services. This made patients satisfied with any services that they were provided.

To investigate this study more robustly, ANOVA test and chi test were applied in an attempt to better find out factors influencing level of general satisfaction with the services produced by both MOH hospitals and Non MOH hospitals.

The results found statistically significant differences in level of satisfaction according to age, gender, income, health insurance, health status, waiting time, department and general satisfaction.

## **5.2 Discussion of the results of the hypotheses**

### **5.2.1 Discussion of the result of the first hypothesis (Age and general satisfaction)**

The study indicated that older patients were more satisfied than the younger ones (see table (1) in annex A) which agreed with study of Williams and Calnon<sup>38</sup>, and other previous studies<sup>37 39</sup>.

The age related differences is due to younger patients being inherently more able to express criticism than older patients. Perhaps due to differences in education between cohorts. Elderly had less education and their knowledge and information about modern medical care was little. Also older patients were simply more likely to give high satisfaction ratings, usually these patients have good interpersonal skills for health care providers, high level of friendless and courtesy shown to them by doctors and nurses. Also they have high confidence and trust in medical staff who treated them and believe that doctors and nurses are skilled staff.

### **5.2.2 Discussion of the result of the second hypothesis (Gender and general satisfaction)**

The results found that there was significant differences of gender and general satisfaction, in this study female were found more satisfied than male(see table (2) in annex A). Some studies have shown that females report greater satisfaction than male while other studies have contraindicated this finding.<sup>56</sup>

Females were more satisfied because high number of them was housewives with low educational level depriving them from seeing other alternatives of modern medical services to compare with. Also females have more social confidence with the health care providers especially doctors and nurses.

### **5.2.3 Discussion of the result of the third hypothesis (income and general satisfaction)**

Patients with high income in this study were more satisfied than others with low income (see table (3) in annex A), and this is agreed with the study of 38,789 hospitalized VA patients, which found that those with higher income respondents were more positive in their assessment of care<sup>69</sup>. This due to high income patients usually go to private hospitals and receive high quality of services, also if they deal with governmental hospitals they receive better services than low income patients.

#### **5.2.4 Discussion of the result of the fourth hypothesis (health insurance and general satisfaction)**

The results indicated that there were significant differences of insurance status and general satisfaction

All insured groups were generally satisfied with the care received, but insured patients through private health companies were significantly higher satisfied than the other insured groups with governmental or AL-aqsa insurance. While patients who had not any kind of insurance were most satisfied (see table (4) in annex A).

This is due to high income of the private insurance group and uninsured patients, and because of this, they received high quality of services by private hospitals. This was supported by Mainous et al who found that those with higher income were more positive in their assessment of care while low-income individuals, regardless of insurance type, are less satisfied with the care they received<sup>81</sup>.

#### **5.2.5 Discussion of the result of the fifth hypothesis (Health status and general satisfaction)**

Perceived health status is one of the factors that was found to be positively associated with general satisfaction with the services provided by hospitals. Results in this study indicated that healthier patients were more satisfied while patients with poor health were more dissatisfied (See table (5) in annex A). This result is consistent with findings at Zapk et al who showed that healthier patients were more satisfied<sup>46</sup>. Many studies indicated that sicker patients tended to be less satisfied<sup>62-74</sup>.

There are numerous possible explanations for this, since sicker patients are more likely to be admitted under emergency conditions, it might be that there were fewer opportunities for communication, education, and involvement in their care. Alternatively, it could be that since sicker patients have longer lengths-of-stay, there were more opportunities for problems to occur and had a greater likelihood of suffering from medical complications, on the contrary of healthier patients who are admitted for a minor surgery. So sicker patients trend to give lower rating.

Other two hypotheses have been proposed to explain the negative impact of poor health on satisfaction. The first assumes that poor health may reduce satisfaction directly to the effect that negative satisfaction may be associated with care providers as well as other aspects of life<sup>77</sup>. The second hypothesis is labelled the ‘physician mediation hypothesis’, which proposes that physicians react to sicker patients in a way that produces lower levels of satisfaction<sup>78 79</sup>. One explanation for this hypothesis is that sicker patients may be physically and emotionally unrewarding, since the patient may have poor hygiene, may be irritable and unresponsive, or may behave erratically or unappreciatively. Thus, physicians sometimes find difficult cases to be upsetting and frustrating, especially if diagnosis or effective treatment is not helping the patient.

#### **5.2.6 Discussion of the result of the sixth hypothesis (Department and general satisfaction)**

In this study obstetrical patients were more satisfied than medical and surgical patients (see table (6) in annex A), the finding of other studies showed that obstetrical patients were the most satisfied, and surgical patients were more satisfied than medical patients<sup>69 75</sup>.

Patients in obstetric department were most satisfied may be due to several factors: first, all patients in this department were females who were more satisfied according to previous studies indicating that females report greater satisfaction than males<sup>56</sup>.

Second, obstetrical patients usually have several readmissions to the hospital, Gasquet, et al., (2001) who reported that patients with two or more prior hospitalizations were more satisfied with care than those with no or only one prior hospitalization<sup>77</sup>.

Third, obstetrical patients usually have short lengths-of-stay with little opportunities for problems of medications to occur.

Also, the emotional factor plays a main role in satisfaction because most of them are waiting for new babies.

#### **5.2.7 Discussion of the result of the seventh hypothesis (Waiting time and general satisfaction).**

The results showed that patients who waited for long time (more than one hour) in the reception area to get a bed in the hospital in our study were less satisfied than the others. While patients with less waited time were most satisfied (see table (7) in annex A ). Previous study showed that excessive waiting time is perhaps the greatest cause of irritation and dissatisfaction<sup>50</sup>.

#### **5.2.8 Discussion of the results of the eighth and ninth hypotheses (Educational level, marital status and general satisfaction)**

Previous studies indicated that patients with more education were less satisfied with care<sup>74</sup>. While less educated patients were generally

more satisfied since they were less demanding<sup>80</sup>. Also married respondents were found more positive in their assessment of care<sup>67</sup>. But results in this study found no statistically significant differences due to educational level, marital status and general satisfaction.

### **5.2.9 Discussion of the results of the tenth, eleventh, twelfth, and thirteenth hypotheses (hypotheses 10-13)**

#### **(Relation between general satisfaction and room services, interpersonal skills, technical quality, accessibility in the hospitals)**

The analysis of data indicated that there were significant relationships between room services, interpersonal skills, technical quality, accessibility and general satisfaction in governmental hospitals ( $p = 0.001$ ). Here MOH hospitals should work at these points on how to improve these services because these four domains are the components of satisfaction in governmental hospitals.

Also Ware et al argued that interpersonal manner, technical quality, accessibility, cost, efficacy, continuity, the physical environment, and availability of resources are the components of satisfaction<sup>33</sup>.

Other studies reported that various dimensions of patient satisfaction of hospital care have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc<sup>29-32</sup>.

Chi square test showed that there were significant relationships between interpersonal skills, technical quality of medical staff (especially

nurses and physicians) and general satisfaction in non-governmental hospitals ( $p = 0.001$ ).

This means that the variables that seem to be more important to patients in determining the level of general satisfaction in non-governmental hospitals are interpersonal skills and technical quality of physicians and nurses.

Similar findings were reported in a study in Japanese public and private hospitals which found that the interpersonal skills and technical quality of health care providers are two unique dimensions involved in patient assessment<sup>81 82</sup>.

On the other hand the results indicated that there were no significant relationships between room services, accessibility of services and general satisfaction in non-governmental hospitals ( $P > 0.05$ ).

This refers to the room services in non-governmental hospitals which are usually good, there is no differences in the level of services in patients' rooms in all non-governmental hospitals, (level of cleanliness, quality of meals, level of comfortable, safety and furniture of the rooms are the same in non-governmental hospitals).

Patients usually choose and select the private hospitals according to the personal and clinical skills of medical staff especially doctors and nurses. Doctors usually refer the patients to the hospital (in the study 55.6% of patients were referred to hospitals by a doctor). So these two dimensions are the most important components of satisfaction in non-governmental hospitals.

### **5.2.10 Discussion of the result of the fourteenth hypothesis**

#### **(Relation between general satisfaction and hospitals)**

The study found that there was significant relationship between general satisfaction and the type of hospital. This means that the type of hospital play role in the level of patients satisfaction.

Patients in non-governmental hospitals were more satisfied than patients in governmental hospitals (see table 34). Similar was found in the study in Turkey. The study indicated that inpatients in the private hospitals were more satisfied with service quality than those in the public hospitals<sup>83</sup>.

### **5.2.11 Discussion of the result of the fifteenth hypotheses**

#### **(Relation between general satisfaction and room services, interpersonal skills, technical quality, accessibility)**

The study found significant relationship between the general satisfaction and room services, interpersonal skills, technical quality, and accessibility in hospitals. That mean "every one of these variables have influence on the level of patients satisfaction" and equation was found by regression test to calculate the general satisfaction of each patient according to these variables.

**Conclusion:**

Patient satisfaction is an increasingly important issue both in evaluation and shaping of health care, it should be carried out routinely in all aspects of health care to improve the quality of health services.

This is the first study in Nablus that has asked hospitalized patients about specific aspects of hospital care and to rate the level of satisfaction of services provided by hospitals.

The study highlighted for policy makers several shortcomings that need to be improved. For example the level of hygiene in common areas such as toilets, showers and floor appears to be of concern to a significant number of patients. In addition to this, various hotel services offered have to be improved.

Moreover, in this study, it is clear that significant gaps in interpersonal skills and technical quality exist among physicians and nurses. According to the analysis there are significant relationships between interpersonal skills, technical quality of medical staff and general satisfaction in non-governmental hospitals.

While room services, interpersonal skills, technical quality and accessibility have significant relationships with general satisfaction in governmental hospitals.

The results of this study agreed with previous studies in that:

- Older patients were more satisfied than the younger ones.
- Females were found to be more satisfied than males.

- High income patients were more satisfied than low income.
- Healthier patients were more satisfied than poor health.
- Obstetrical patients were most satisfied of medical and surgical patients.
- Patients with long waiting time less satisfied than the others.
- Patients in non-governmental hospitals were more satisfied than patients in governmental hospitals.

## **Recommendation**

- The waiting time in reception area before getting bed in ward should be decreased by better use of resources and facilities, and by changing appointment system.
- To improve the level of satisfaction in room services:
  - \* Hospital directors might put policies for better supervision of contract workers who are assigned for cleaning and food preparation.
  - \* Guests should follow the hospitals' instructions pertaining to visiting rules.
  - \* The modernization of hospital buildings and the furniture of the rooms have to meet the patient's needs.
- Better interpersonal skills of medical staff were linked to higher patient satisfaction so that make workshops with an aim of training medical staff about communication skills and attitude of medical staff will increase the rate of satisfaction.
- Well-trained team is critical to providing high quality of care to increase the rate of satisfaction
- Doctor's advice, and enough information from physicians about type of illness, treatment options, duration of stay and length of recovery should be given to patients.

- Few patients knew about the regulation on patients' rights, indicating a need for extensive education of patients and healthcare professionals.
- Patients' satisfaction surveys should be carried out routinely in all aspects of health care to improve quality of services. If a hospital were to collect regularly the type of information described here, it would provide clinicians, management and trustees with focused usable information about areas in which care could be improved.

## References

1. Shikiar R, Rentz AM. **Satisfaction with medication. An overview of conceptual, methodological, and regulatory issues.** Value Health 2004; 7:204–15.
2. Press, I., Ganey, R.F., Malone, M.P, “**Satisfied patients can spell financial well-being,**” Healthcare financial management, (1991); 45, 2, pp. 34-42.
3. Fitzpatrick R. **Surveys of patient satisfaction 1: important general considerations.** British Medical Journal (1991); 302:887.
4. Palestinian Central Bureau of Statistics (PCBS). **Demographic Statistics Revised Estimates**, 2005.
5. The World Bank. **Investing in Palestinian Economic reform and development.** Paris, Report for the Pledging Conference, December 2007.
6. Survey of economic and social developments in ESCWA rejoin, 2007  
[www.escwa.un.org/information/publications/edit/upload/ead-07-tm2](http://www.escwa.un.org/information/publications/edit/upload/ead-07-tm2)
7. Palestinian National Authority. Ministry Of Health, Annual Report, 2006.
8. England, S., Evans, J., ‘**Patients’ choices and perceptions after an invitation to participation in treatment decisions,** Social Science Medicine, 1992 ; 34:1217-1225.

9. Fallowfield, L., Hall, A., Maguire G., Baum, M., **Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial.** British Medical Journal, 1990; 301:575-580.
10. Delbanco TL: **Quality of care through the patients' eyes.** British Medical Journal, 1996; 313:832-833.
11. Bruster S, Jarman B, Bosanquet N, Weston D, Erens R, Delbanco TL: **National survey of hospital patients.** British Medical Journal, 1994; 309:1542-154
12. Delbanco TL: **Enriching the doctor-patient relation: inviting the patient's perspective.** Annals Of Internal Medicine, 1992; 116:414-8
13. Grimes, F **Patient Satisfaction. Guidelines. The Measurement of Patient Satisfaction.** Health Strategy Implementation Project 2003.
14. Draper, M. **Involving consumers in improving hospital care: lessons from Australian hospitals.** Canberra, Commonwealth of Australia; 1997.
15. Ware JE, Davies-Avery A., Stewart A. **The measurement and meaning of patient satisfaction with medical care,** Health and Medical Care Services Review. 1978; 1:1-15.
16. Williams S, Weinman J, Dale J, Newman S. **Patient expectations: what do primary care patients want from the GP and how far does meeting expectations affect patient satisfaction.** Family Practice, 1995; 12(2): 193-201.

17. Calnan M. **Towards a conceptual framework of lay evaluation of health care.** *Social Science & Medicine* 1988; 27(9): 927-933
18. Wright S. **Health satisfaction: a detailed test of the multiple discrepancies.** *Social Indicators Research* 1985; 17: 299-313.
19. Locker D, Dunt D. **Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care.** *Social Science & Medicine* 1978; 12:283–92
20. Asadi-Lari M, Tamburini M, Gray D. **Patients' needs, satisfaction, and health related quality of life: towards a comprehensive model.** *Health and Quality of Life Outcomes* 2004; 2:32.
21. Keegan, O., McDarby, V, Tansey, A., McGee, H., **Community involvement in A/E satisfaction survey.** 2003
22. Linder-Pelz S. **Toward a theory of patients' satisfaction.** *Social Science & Medicine* 1982; 16: 577–582. 37.
23. Baker R. **Audit and standards in new general practice.** *British Medical Journal* (1991); 303, 332-334.
24. Rubin HR, Gandek B, Rogers WH. **Patients' ratings of outpatient visits in different settings.** Results from the Medical Outcomes Study. *Journal of the American Medical Association JAMA.* 1993; 270:835-340.
25. Jackson JL, Kroenke K. **Patient satisfaction and quality of care.** *Mil Med.* 1997; 162:273-277.

26. Al-Eisa, I., Al-Mutar, M., Radwan, M., Al-Terkit, A. **Patients' Satisfaction with Primary Health Care Services at Capital Health Region**, Kuwait, Middle East Journal of Family Medicine, 2005, Vol 3.
27. Banks DA; Halasa Y . **Patient satisfaction and pain management in Ministry of Health hospitals in Jordan**. Partners for Health Reform Plus, 2005 Aug. [70] p.
28. Qannam, Ahmad Saleh Salman: **Clients satisfaction of health services at UNRWA clinics in Bethlehem & Arroub camp**. (Unpublished Master thesis). Al-Quds University. Al -Quds. Palestine, 2001.
29. Rubin HR. **Can patients evaluate the quality of hospital care?** Medical Care Research and Review 1990; 47: 267–326
30. Carey RG, Seibert JH. **A patient survey system to measure quality improvement: Questionnaire reliability and validity**. Medical Care 1993; 31: 834–845.
31. Cleary PD, Edgman-Levitan S, Roberts M. **Patients evaluate their hospital care: A national survey**. Health Affairs 1991; 10: 254–267.
32. Rubin HR, Ware JE, Hays RD. **The Patient Judgments of Hospital Quality (PJHQ) questionnaire**. Medical Care 1990; 28: S22–S29.
33. Ware JE, Snyder MK, Wright WR, Davies AR. **Defining and measuring patient satisfaction with medical care**. Evaluation and Program Planning 1983; 6: 247–263.

34. Young-Mahon, P., **An analysis of the concept 'patient satisfaction' as it relates to contemporary nursing care.** Journal of Advanced Nursing 1996; 24:1241-1248.
35. Hall JA, Feldstein M, Fretwell MD, Rowe JW, Epstein AM. **Older patients' health status and satisfaction with medical care in an HMO population.** Medical care 1990; 28:261-270
36. Williams, B., **Patient satisfaction: a valid concept?** Social Science & Medicine 1994; 38(4):509-516.
37. Pope C, Mays N. **Opening the black box: an encounter in the corridors of health services research.** British Journal Medical, 1993; 306:315-318.
38. Williams, S.J. and Calnan, M. **Convergence and divergence: assessing criteria of consumer satisfaction across general practice, dental and hospital care settings.** Social Science & Medicine 1991; 33(6):707-716
39. Owens, D. and Batchelor, C. **Patient Satisfaction and the Elderly.** Social Science & Medicine 1996; 42(11):1483-1491.
40. Cohen G. **Age and health status in a patient satisfaction survey.** Social Science & Medicine 1996; 42: 1085–1093.
41. Wilde, B., Larsson, G., Larsson, M., Starrin, B. **"the patient evaluates health care (in Swideth),** Fou Report (1994).
42. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. **Patients' experiences and satisfaction with health care: results of a**

**questionnaire study of specific aspects of care.** *Quality and Safety in Health Care* 2002;11:335-339

43. Patrick DL, Scrivens E, Charlton JR. **Disability and patient satisfaction with medical care.** *Medical Care.* 1983; 21: 1062–1075
44. Marshall GN, Hays RD, Mazel R. **Health status and satisfaction with health care: results from the Medical Outcomes Study.** *Consulting and Clinical Psychology* 1996; 64: 380-390.
45. Johnson JA, Coons SJ, Hays RD, Pickard AS. **Health status and satisfaction with pharmacy services.** *American Journal of Managed Care* 1999; 5: 163–170.
46. Zapka JG, Palmer RH, Hargraves JL, Nerenz D, Frazier HS, Warner CK. **Relationships of patient satisfaction with experience of system performance and health status.** *Ambulatory Care Management* 1995; 18:73-83.
47. Hsieh M, Doner Kagle J **Understanding patient satisfaction and dissatisfaction with health care.** *Health and Social Work.* (1991); 16, 4, 281-290.
48. Crow, R., Storey, L., and Page, H., **The measurement of patient satisfaction: Implications for health service delivery through a systematic review of the conceptual, methodological and empirical literature.** *Health Technology Assessment* 2003; 6(32).
49. Lazarus, R.S. **The Stress and Coping Paradigm'**, in L. A. Bond and J. C. Rosen (eds) **Competence and Coping During Adulthood,** (1980); pp. 28—74. Hanover, NH University Press of New England.

50. Scott, L. **Its dogs world.** Carlsbad, CA:CRM Films Leaders Guide (1993).
51. Dansky KH, Miles J: **Patient satisfaction with ambulatory healthcare services: waiting time and filling time.** Hospital & Health Services Administration 1997, 42(2):165-177.
52. Huang XM: **Patient attitude towards waiting in outpatient clinic and its applications.** Health Services Management Research 1994, 7(1):2-8.
53. Zoller JS, Lackland DT, Silverstein MD: **Predicting patient intent to return from patient satisfaction scores.** Ambulatory Care Management 2001, 24(1):44-50.
54. Anderson RT, Weisman CS, Scholle SH, Henderson JT, Oldendick R, Camacho F: **Evaluation of the quality of care in the clinical care centers of the National Centers of Excellence in Women's Health.** Women's Health Issues 2002, 12(6):287-90.
55. McGee, H. **Patient Satisfaction Surveys: Are they useful as indicators of quality of care?** Journal of Health Gain June 1 998; 5-7
56. Hall JA, Dornan MC. **Patient socio-demographic characteristics as predictors of satisfaction with medical care: a meta-analysis.** Social Science & Medicine 1990; 30: 811–818.2
57. Shortell S.M. **Continuity of medical care: conceptualization and measurement.** Medical Care (1976); 14 (5), 377 Ð 391.

58. Fan VS, Burman M, McDonnell MB, Fihn SD. **Continuity of care and other determinants of patient satisfaction with primary care.** General Internal Medicine. 2004
59. Padberg, R.M., & Padberg L.F.. **Strengthening the effectiveness of patient education : Applied principles of adult education.** (1990); 17 (1), 65.
60. Hargraves JL, Wilson IB, Zaslavsky A. **Adjusting for patient characteristics when analyzing reports from patients about hospital care.** Medical Care 2001; 39: 635–641.
61. Kane RL, Maciejewski M, Finch M. **The relationship of patient satisfaction with care and clinical outcomes.** Medical Care 1997; 35: 714–730.
62. Arnetz, J.E., and Arnetz, B.B. **The development and application of a patient atisfaction measurement system for hospital-wide quality improvement.** International Journal for Quality in Health Care, (1996); 8, 555-566.
63. Charles, C., Gault, M., Chambers, L., O'Brien, B., Haynes, R.B., and Labelle, R. **How was your hospital stay? Patients' reports about their care in Canadian hospitals.** Canadian Medical Association Journal, (1994); 150, 1813-1822.
64. Cleary, P.D., Keroy, L., Karapanos, G., McMullen, W. **Patient assessments of hospital care.** Quality Review Bulletin, (1989); 15, 172-179.

65. Ehnfors, M., and Smedby, B. **Patient satisfaction surveys subsequent to hospital care: Problems of sampling, non-response and other losses.** *Quality Assurance in Health Care*, (1993); 5, 19-32.
66. Finkelstein BS, Singh J, Silvers JB. **Patient and Hospital Characteristics Associated with Patient Assessments of Hospital Obstetrical Care.** *Medical Care* 1998; 36(8): AS68-AS78.
67. Hoff, R.A., Rosenheck, R.A., Meterko, M., and Wilson, N.J. **Mental illness as a predictor of satisfaction with inpatient care at Veterans Affairs hospitals.** *Psychiatric Services*, (1999); 50, 680-685.
68. McNeill, J.A., Sherwood, G.D., Stark, P.L., and Nieto, B. **Pain management outcomes for hospitalized Hispanic patients.** *Pain Management in Nursing*, (2001); 2, 25-36.
69. Rogut L, Newman LS & Cleary PD. **Variability in Patient Experiences at 15 New York City Hospitals.** *Bulletin of the New York Academy of Medicine* 1996; 73(2): 314-334.
70. Rosenheck R, Wilson NJ & Meterko M. **Influence of Patient and Hospital Factors on Consumer Satisfaction with Inpatient Mental Health Treatment.** *Psychiatric Services* 1997; 48(12):1553- 1561.
71. Thi PL, Briancon S, Empereur F, & Guillemin F. **Factors Determining Inpatient Satisfaction with Care.** *Social Science and Medicine* 2002; 54(4): 493-504.
72. Ware, J.E., and Berwick, D.M. **Conclusions and recommendations.** *Medical Care*, (1990); 28, S39-S44

73. Wilson, I.B., Ding, L., Hays, R.D., Shapiro, M.F., Bozzette, S.A., and Cleary, P.D. **HIV patients' experiences with inpatient and outpatient care: Results of a national survey.** *Medical Care* (2002); 40, 1149-1160.
74. Woodbury, D., Tracy, D., and McKnight, E. **Does considering severity of illness improve interpretation of patient satisfaction data?** *Journal for Healthcare Quality*, (1998); 20, 33-40.
75. Young GJ, Meterko M & Desai KR. **Patient Satisfaction with Hospital Care: Effect of Demographic and Institutional Characteristics.** *Medical Care* 2000; 38(3): 325-334.
76. Howard, P.B., Clark, J.J., Rayens, M.K., Hines-Martin, V., Weaver, P., and Littrell, R, **Consumer satisfaction with services in a regional psychiatric hospital: A collaborative research project in Kentucky.** *Archives of Psychiatric Nursing*, (2001); 15, 10-23
77. Gasquet, I., Falissard, B., and Ravaud, P. **Impact of reminders and method of questionnaire distribution on patient response to mail-back satisfaction survey.** *Journal of Clinical Epidemiology*, (2001); 54, 1174-1180
78. Candish, P., Watts, P., Redman, S., Whyte, P., and Lowe, J. **Elderly patients with heart failure: A study of satisfaction with care and quality of life.** *International Journal for Quality in Health Care*, (1998); 10, 141-146.
79. Palestinian National Authority. Ministry Of Health, Annual Report, 2007.

80. Williams SJ, Calnan M. **Key determinants of consumer satisfaction with general practice.** Family Practice 1991; 8: 237
81. Mainous A, Griffith CH, Love M. **Patient Satisfaction with Care in Programs for Low Income Individuals.** Journal of Community 1999; 24: 381–391.
82. Robert RE, Pascoe GC, Attkisson CC. **Relationship of service satisfaction to life satisfaction and perceived well-being .** Evaluation and Program Planning 1983; 6: 373–383.
83. Greenley JR, Young TB, Schoenherr RA. **Psychological distress and patient satisfaction.** Medical Care 1982; 20: 373–385.
84. Hall JA, Milburn MA, Epstein AM. **A causal model of health status and satisfaction with medical care.** Medical Care 1993; 31: 84–94.
85. Babic-Banaszak A, Kovacic L, Mastilica M, Babic S, Ivankovic D, Budak A. **The Croatian health survey- patient's satisfaction with medical service in primary health care in Croatia.** Collegium Antropologicum 2001;25(2): 449-58.
86. Donabedian A. **The quality of care: How can it be assessed.** American Medical Association 1988; 260: 1743–1748.

92  
ANNEX A

**Table (1):** the means of the patient satisfaction with hospital services at Nablus district according to the age variable

Variable	15 – 30 years	30 – 45 years	45 – 60 years	Over 60 years
Room services	3.5438	3.5625	3.5492	3.7781
Interpersonal skill	3.6831	3.6714	3.7599	3.9247
Technical skill	3.5030	3.3625	3.5475	3.6024
Accessibility	3.7132	3.6324	3.6664	3.7356
General satisfaction	3.6471	3.5546	3.5052	4.0468

**Table (2)** Independent Sample T-Test For gender Variable and the patient satisfaction with hospital services at Nablus district

Variable	gender	N	Mean	Std. Deviation	df	t	Sig value
Room services	male	104	3.5723	.76962	361	.103	.245
	female	259	3.5838	.68498			
Interpersonal skill	male	104	3.7802	.75919	361	1.065	.222
	female	259	3.7949	.66076			
Technical skill	male	104	3.4752	.71335	361	.268	.010
	female	259	3.4965	.55044			
Accessibility	male	104	3.7055	.61765	361	.459	.179
	female	259	3.7751	.54778			
General satisfaction	male	104	3.5346	1.15798	361	-.222	.006
	female	259	3.6609	.95713			
Total	male	104	3.6436	.71304	361	.331	.004
	female	259	3.6202	.55951			

- in the significance level 0.05

**Table (3):** the means of the patient satisfaction with hospital services at Nablus district according to the monthly income variable

Variable	Up to 200 JD	200 – 400 JD	400 – 600 JD	Over 600 JD
Room services	3.4347	3.6511	3.8344	4.0400
Interpersonal skill	3.5600	3.7996	4.0193	4.0818
Technical skill	3.3100	3.5013	3.7907	4.0167
Accessibility	3.5274	3.7300	3.9912	4.0476
General satisfaction	3.4610	3.7190	3.9347	3.9778

**Table (4):** the means of the patient satisfaction with hospital services at Nablus district according to kind of health insurance

Variable	None	Governmental Health Insurance	Private Health Insurance	Al – Aqsa Insurance
Room services	3.9405	3.4357	3.8916	3.2341
Interpersonal skill	4.0409	3.6239	3.9839	3.3928
Technical skill	3.7951	3.4221	3.6313	3.1638
Accessibility	4.0181	3.5513	3.8956	3.3979
General satisfaction	4.1532	3.4574	4.0498	3.1647

**Table (5)** the means of the patient satisfaction with hospital services at Nablus district according to the health status of the patient variable

Variable	Very poor	Poor	Fair	Good	Very good
Room services	3.4765	3.4588	3.5234	3.5587	3.9767
Interpersonal skill	3.5497	3.4113	3.5669	3.8181	4.1727
Technical skill	3.1147	3.2435	3.4146	3.5177	3.8475
Accessibility	3.5221	3.5243	3.5609	3.7288	4.1042
General satisfaction	3.4510	3.3007	3.3017	3.7733	4.2791

**Table (6)** the means of the patient satisfaction with hospital services at Nablus district according to the department variable

Variable	Internal Medicine	Surgery	Obstetric	Others
Room services	3.5854	3.4955	3.5902	3.325
Interpersonal skill	3.7950	3.6627	3.8994	3.4626
Technical skill	3.4899	3.4756	3.6412	3.2267
Accessibility	3.7216	3.6266	3.8085	3.5656
General satisfaction	3.7536	3.5759	3.8821	3.2381

**Table (7)** the means of the patient satisfaction with hospital services at Nablus district according to the amount of time spent for waiting in reception area to admission variable

Variable	Less than 30 minutes	Less than 45 minutes	Less than 60 minutes	More than 60 minutes
Room services	3.6761	3.5994	3.5838	3.4884
Interpersonal skill	3.8247	3.6317	3.7538	3.6115
Technical skill	3.6204	3.4070	3.3467	3.3162
Accessibility	3.7675	3.6225	3.6854	3.5660
General satisfaction	3.8148	3.5686	3.4804	3.4697

**ANNEX B****Patient's Satisfaction With Hospital Services At****Nablus District, West Bank, Palestine**

Survey number \_\_\_\_\_

Hospital \_\_\_\_\_

a. Governmental hospital

b. Non-governmental hospital

Department:

a. Internal medicine

b. Surgery

c. Obstetric\ Gynecology

d. orthopedic

**A- Background information:**

Age:

a. 15-30 years

b. 30-45 years

c. 45-60 years

d. over 60 years.

Gender:

a. Male

b. Female

Marital status:

a. Single

b. Married

c. Divorced

d. Widow| Widower

Level of education:

a. Illiterate

b. Less than Tawjihi

c. Diploma

d. Baccalaureate

e. Masters Degree

Monthly income\range:

a. Up to 200 JD

b. 200-400 JD

c. 400-600 JD

d. Over 600 JD

2. What kind of health insurance do you have?
  - a. None
  - b. Governmental Health Insurance.
  - c. Private Health Insurance
  - d. AL-aqsa insurance
  
3. What percentage of your treatment do your health insurance providers will be covering?
  - a. Up to 25%
  - b. Up to 50%
  - c. Up to 75%
  - d. 100% of treatment

**B - Admission information:**

1. Did a doctor refer you to this hospital?
  - a. Yes
  - b. No
  
2. Were you transferred to this hospital from another hospital?
  - a. Yes
  - b. No
  
3. Was the admission process clearly explained to you?
  - a. Yes
  - b. No
  
4. Amount of time spent for waiting in reception area to admission
  - a. Less than 30 minutes
  - b. Less than 45 minutes
  - c. Less than 60 minutes
  - d. more than 60 minutes

**C- Inpatient room information**

How do you rate?

No	Room services	Very Poor	Poor	Fair	Good	Very Good
1	The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	1	2	3	4	5
2	Level of the safety of your hospital room	1	2	3	4	5
3	Level of satisfaction with meals that were provided	1	2	3	4	5
4	Level of comfort in sleeping in your room	1	2	3	4	5
5	Level of satisfaction with your hospital room	1	2	3	4	5

**D- How do you rate?**

NO	Interpersonal skills	Very Poor	Poor	Fair	Good	Very Good
6	The level of communication between your self and doctors	1	2	3	4	5
7	The level of communication between your self and nursing staff	1	2	3	4	5
8	Nursing staff listening to what you say	1	2	3	4	5
9	Nursing staff answers to your questions	1	2	3	4	5
10	Nursing staff effort to make your visit comfortable and pleasant	1	2	3	4	5
11	Friendliness and courtesy shown to you by nurses	1	2	3	4	5
12	Sometimes doctors use medical terms without explaining what they mean	1	2	3	4	5
13	The medical staff who treat you give you respect	1	2	3	4	5
14	The confidence and trust in medical staff Treating you	1	2	3	4	5
15	Doctors usually spend plenty of time with you	1	2	3	4	5
16	The receptionist explain things quietly	1	2	3	4	5
17	The medical knowledge of physician staff at this hospital	1	2	3	4	5

No	Technical quality	Very Poor	Poor	Fair	Good	Very Good
18	The medical knowledge of nursing staff at this hospital	1	2	3	4	5
19	Training, skill and experience of the nursing staff	1	2	3	4	5
20	Doctor advice you about ways to avoid illness and stay healthy	1	2	3	4	5
21	Accuracy of diagnoses	1	2	3	4	5
22	Quality of examinations you receive	1	2	3	4	5
23	Doctors are good about explaining the reason of medical tests	1	2	3	4	5
24	Doctor is careful to check every thing when examining me	1	2	3	4	5
25	The patient was given enough information About his condition and treatment	1	2	3	4	5
26	Quality of treatment you receive	1	2	3	4	5
	Accessibility	Very Poor	Poor	Fair	Good	Very Good
27	Easy of reaching the medical staff when you have problem	1	2	3	4	5
28	Easy of getting hospital care when you need	1	2	3	4	5
29	Easy of getting medical care in an emergency	1	2	3	4	5
30	Access to specialist when needed	1	2	3	4	5
31	Easy of getting lab and radiology work	1	2	3	4	5
32	Drugs in pharmacy are available	1	2	3	4	5
33	Laboratory tests are available	1	2	3	4	5
34	Convenience of location where you get Care	1	2	3	4	5
35	Overall quality of care and service provided by hospital	1	2	3	4	5
36	You will recommend this hospital to your friends and family member	1	2	3	4	5
37	you are satisfied with your visit to this Hospital	1	2	3	4	5
38	Health status of the patient	1	2	3	4	5

## استبيان

قياس مدى رضى المريض عن الخدمات الطبية المقدمة في مستشفيات نابلس

استبيان رقم: \_\_\_\_\_

اسم المستشفى: \_\_\_\_\_

ا. حكومي      ب. غير حكومي

القسم:      ا.باطني      ب. جراحة  
ج. نساء و ولادة      د. قسم العظام

ا. معلومات شخصية:

العمر :      ا. 15-30 سنة      ب. 30-45 سنة

ج. 45-60 سنة      د. فوق 60 سنة

الجنس:      ا. ذكر      ب. انثى

الحالة الاجتماعية:      ا. اعزب ا عزباء      ب. متزوج ا متزوجة

ج. مطلق ا مطلقة      د. ارمل ا ارملة

مستوى التحصيل العلمي:      ا. غير متعلم (أمي)      ب. اقل من توجيهي

ج. دبلوم      د. بكالوريوس      ه. ماجستير

الدخل الشهري:      ا. اقل من 200 دينار      ب. 200-400 دينار

ج. 400-600 دينار      د. اكثر من 600 دينار

2. ما هو نوع التأمين الصحي الذي تمتلكه؟

ا. لا املك.

ب. تأمين حكومي.

ج. تأمين خاص.

د. تأمين الاقصى.

3. ماهي النسبة المئوية من العلاج التي يغطيها التأمين؟

ب. لغاية 50%

ا. لغاية 25%

د. 100% من العلاج.

ج. لغاية 75%

### ب. عملية الدخول للمستشفى:

1. هل حولت الى هذه المستشفى من قبل الطبيب؟

ا. نعم

ب. لا

2. هل تم تحويلك الى هذه المستشفى من قبل مستشفى اخر؟

ا. نعم

ب. لا

3. هل عملية الدخول الى المستشفى كانت واضحة بالنسبة لك او لمن كان معك؟

ا. نعم

ب. لا

4. الوقت الذي انتظرت و انت في غرفة الاستقبال للسماح بدخولك الى المستشفى؟

ا. اقل من 30 دقيقة

ب. 30-45 دقيقة.

ج. 45-60 دقيقة

د. اكثر من ساعة

### ج. معلومات حول غرفة المريض:

الرقم	معلومات حول غرفة المريض	سيء جدا	سيء	متوسط	جيد	جيد جدا
1	مستوى العناية بالنظافة في غرفة المريض، الحمامات، ارض المستشفى	1	2	3	4	5
2	مستوى الشعور بالامان في غرفة المريض	1	2	3	4	5
3	مستوى الرضى عن الوجبات الغذائية المقدمة للمريض	1	2	3	4	5
4	مستوى الراحة وعدم الازعاج اثناء النوم في غرفة المريض.	1	2	3	4	5
5	مستوى رضى المريض عن غرفته بشكل عام	1	2	3	4	5

جدا	جيد	متوسط	سيء	سيء جدا	مهارات الاتصال و التواصل	
5	4	3	2	1	مستوى التواصل بين المريض و الاطباء	6
5	4	3	2	1	مستوى التواصل بين المريض و طاقم التمريض	7
5	4	3	2	1	الطاقم التمريضي يستمع الى شكوى المريض	8
5	4	3	2	1	الطاقم التمريضي يجيب على اسئلة المريض	9
5	4	3	2	1	الطاقم التمريضي يبذل جهدا لجعل اقامة المريض في المستشفى مريحة	10
5	4	3	2	1	العلاقة ما بين المريض و افراد الطاقم الطبي كالمرضى وغيره تمتاز بالاخوة و الصداقة.	11
5	4	3	2	1	الطبيب يستخدم في حديثه مع المريض بعض المصطلحات الطبية دون توضيح لمعناها	12
5	4	3	2	1	الطاقم الطبي يعطي المريض مقدار من الاحترام في تعامله	13
5	4	3	2	1	مقدار ثقة المريض بالطاقم الطبي الذي يتولى علاجه	14
5	4	3	2	1	الطبيب يعطي المريض وقتا كافيا في فحصه و اعطائه التعليمات الطبية	15
5	4	3	2	1	موظف الاستقبال يوضح الامور بهدوء	16
جدا	جيد	متوسط	سيء	سيء جدا	الجودة النوعية و الفنية	
5	4	3	2	1	مستوى المعلومات الطبية للاطباء في المستشفى	17
5	4	3	2	1	مستوى المعلومات الطبية لطاقم التمريض في المستشفى	18
5	4	3	2	1	مستوى تدريب و مهارة و خبرة طاقم التمريض	19
5	4	3	2	1	الطبيب يعطي المريض نصائح لوقايته من المرض و مساعدته ان يتمتع بصحة جيدة	20
5	4	3	2	1	دقة التشخيص الطبي للمرض	21
5	4	3	2	1	نوعية الفحوصات الطبية التي يتلقاها المريض في المستشفى	22
5	4	3	2	1	الاطباء يقومون بتوضيح سبب اجراء هذه الفحوصات بشكل جيد	23

5	4	3	2	1	الطبيب حريص ان يتفحص كل شيء عندما يتفحصني	24
5	4	3	2	1	المريض يعطى تعليمات واضحة حول حالته الصحية و العلاج	25
5	4	3	2	1	مستوى الجودة في العلاج المقدم للمريض من قبل المستشفى	26
جيد جدا	جيد	متوسط	سيء	سيء جدا	سهولة الوصول للخدمات و توفرها	
5	4	3	2	1	سهولة الوصول الى الطاقم الطبي عند حدوث مشكلة	27
5	4	3	2	1	سهولة توفير العلاج و العناية اللازمة في المستشفى عند الحاجة اليها	28
5	4	3	2	1	سهولة الحصول على العلاج الطبي في الطوارئ	29
5	4	3	2	1	سهولة الوصول الى الطبيب الاخصائي عند الحاجة اليه	30
5	4	3	2	1	سهولة اجراء الفحوصات المخبرية و الصور الاشعاعية عند الحاجة	31
5	4	3	2	1	الدواء متوفر في الصيدلية	32
5	4	3	2	1	الفحوصات المخبرية متوفرة	33
5	4	3	2	1	موقع المستشفى الذي تتلقى فيه العلاج مناسب و مريح	34
جيد جدا	جيد	متوسط	سيء	سيء جدا	الرضى العام	
5	4	3	2	1	مستوى الجودة في جميع الخدمات المقدمة في المستشفى بشكل عام	35
5	4	3	2	1	سوف تتصح اصدقاءك و معارفك بدخول هذه المستشفى عند الحاجة	36
5	4	3	2	1	انت راض عن زيارتك لهذا المشفى	37
5	4	3	2	1	الحالة الصحية للمريض	38

جامعة النجاح الوطنية  
كلية الدراسات العليا

مدى رضى المرضى عن الخدمات في المشافي  
في منطقة نابلس، الضفة الغربية، فلسطين

إعداد  
بشائر فتحي توفيق الشريف

إشراف  
الدكتور محمد جواد مسمار  
الدكتور سامر حمايده

قدمت هذه الأطروحة إستكمالاً لمتطلبات درجة الماجستير في الصحة العامة بكلية الدراسات  
العليا في جامعة النجاح الوطنية في نابلس، فلسطين  
2008

ب

مدى رضى المرضى عن الخدمات في المشافي  
في منطقة نابلس، الضفة الغربية، فلسطين

اعداد

بشائر فتحي توفيق الشريف

اشراف

الدكتور محمد جواد مسمار

الدكتور سامر حمادة

### الملخص

إن رضى المريض ما هو إلا موقف أو توجه عام نحو تجربة عايشها الشخص في حقل الخدمات الصحية، ويتضمن الرضى المظاهر الإدراكية والعاطفية المتعلقة بخبرات سابقة وتوقعات وعلاقات إجتماعية، إنه تقييم إيجابي لأبعاد جليلة للرعاية الصحية.

تم تنفيذ الدراسة في مشافي نابلس (الحكومية والخاصة) في الفترة الواقعة من يناير إلى مارس 2008، وذلك من اجل قياس رضى المرضى عن الخدمات التي توفرها المشافي في مدينة نابلس، وايضا لتحديد العوامل المؤثرة فيه بما في ذلك خدمات غرف المرضى، النواحي الفنية والمهارات الذاتية للقائمين على تقديم الخدمات الصحية، بالإضافة إلى مدى توافرها وسهولة تواجدها.

من أجل ذلك تم اجراء مقابلات مع 365 مريض مقيم، تم اختيارهم عشوائيا بالطريقة الطبقيّة العشوائية، حيث استخدم استبيان شامل لقياس مستوى الرضى المتعلق بالخدمات المتلقاة وفق تدرج ليكرت الخماسي وتم تعبئة الاستبيانات بمقابلة الفئة المستهدفة وجهاً لوجه ومن ثم تم تحليل البيانات باستخدام برنامج المعالجة الإحصائية.

وجد أن المرضى في المستشفيات غير الحكومية أكثر رضى منهم في المستشفيات الحكومية، حوالي 70.2% من الفئة المستهدفة قدرت الرضى العام في المشافي الحكومية ما بين جيد إلى جيد جداً، بينما في المشافي غير الحكومية وصلت النسبة إلى أعلى من 90%.

ج

أظهرت النتائج ان كبار السن كانوا أكثر رضى من المرضى الأصغر عمراً، وأن الإناث منهم كانوا أكثر رضى من الذكور، بالإضافة إلى أن المرضى من أصحاب الدخل المرتفع كانوا أكثر رضى من أصحاب الدخل المتدني، كما أن المرضى أصحاب الأمراض البسيطة كانوا أكثر رضى، من ناحية اخرى، فإن المرضى الذين ينتظرون طويلاً (أكثر من ساعة) في قاعة الاستقبال إلى حين توفير سرير لهم في المشفى كانوا أقل رضى من الآخرين، أما مرضى قسم الولادة كانوا الأكثر رضى.

## ANNEX A

### References

- 
- <sup>1</sup> Shikiar R, Rentz AM. **Satisfaction with medication. An overview of conceptual, methodologic, and regulatory issues.** Value Health 2004; 7:204–15.
- <sup>2</sup> Press, I., Ganey, R.F., Malone, M.P, “**Satisfied patients can spell financial well-being,**” Healthcare financial management, (1991); 45, 2, pp. 34-42.
- <sup>3</sup> Fitzpatrick R. **Surveys of patient satisfaction 1: important general considerations.** British Medical Journal (1991); 302:887.
- <sup>4</sup> Palestinian Central Bureau of Statistics (PCBS) **Demographic Statistics Revised Estimates, 2005.**
- <sup>5</sup> The World Bank. **Investing in Palestinian Economic reform and development.** Paris, Report for the Pledging Conference, December 2007
- <sup>6</sup> Survey of economic and social developments in ESCWA rejoin, 2007  
**[www.escwa.un.org/information/publications/edit/upload/ead-07-tm2](http://www.escwa.un.org/information/publications/edit/upload/ead-07-tm2)**
- <sup>7</sup> Palestinian National Authority. Ministry Of Health, Annual Report. 2006.

---

<sup>8</sup> England, S., Evans, J., **'Patients' choices and perceptions after an invitation to participation in treatment decisions**, Social Science Medicine, 1992 ; 34:1217-1225.

<sup>9</sup> Fallowfield, L., Hall, A., Maguire G., Baum, M., **Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial**. British Medical Journal, 1990; 301:575-580.

<sup>10</sup> Delbanco TL: **Quality of care through the patients' eyes**. British Medical Journal, 1996; 313:832-833.

<sup>11</sup> Bruster S, Jarman B, Bosanquet N, Weston D, Erens R, Delbanco TL: **National survey of hospital patients**. British Medical Journal, 1994; 309:1542-154

<sup>12</sup> Delbanco TL: **Enriching the doctor-patient relation: inviting the patient's perspective**. Annals Of Internal Medicine, 1992; 116:414-8

<sup>13</sup>Grimes, F **Patient Satisfaction. Guidelines. The Measurement of Patient Satisfaction**. Health Strategy Implementation Project 2003.

<sup>14</sup>Draper, M .Involving consumers in improving hospital care: lessons from Australian hospitals. Canberra, Commonwealth of Australia; 1997.

<sup>15</sup> Ware JE, Davies-Avery A., Stewart A. **The measurement and meaning of patient satisfaction with medical care**, Health and Medical Care Services Review. 1978; 1:1-15.

---

<sup>16</sup> Williams S, Weinman J, Dale J, Newman S. **Patient expectations: what do primary care patients want from the GP and how far does meeting expectations affect patient satisfaction.** Family Practice, 1995; 12(2): 193-201.

<sup>17</sup> Calnan M. **Towards a conceptual framework of lay evaluation of health care.** Social Science & Medicine 1988; 27(9): 927-933

<sup>18</sup> Wright S. Health satisfaction: **a detailed test of the multiple discrepancies.** Social Indicators Research 1985; 17: 299-313.

<sup>19</sup> Locker D, Dunt D. **Theoretical and methodological issues in sociological studies of consumer satisfaction with medical care.** Social Science & Medicine 1978;12:283–92

<sup>20</sup> Asadi-Lari M, Tamburini M, Gray D. **Patients' needs, satisfaction, and health related quality of life: towards a comprehensive model.** Health and Quality of Life Outcomes 2004; 2:32.

<sup>21</sup> Keegan, O., McDarby, V, Tansey, A., McGee, H., **Community involvement in A/E satisfaction survey.** 2003

<sup>22</sup> Linder-Pelz S. **Toward a theory of patients' satisfaction.** Social Science & Medicine 1982; 16: 577–582. 37

<sup>23</sup> Baker R. **Audit and standards in new general practice.** British Medical Journal (1991); 303, 332-334.

---

<sup>24</sup>Rubin HR, Gandek B, Rogers WH. **Patients' ratings of outpatient visits in different settings.** Results from the Medical Outcomes Study. Journal Of the American Medical Association JAMA. 1993; 270:835-340.

<sup>25</sup> Jackson JL, Kroenke K. **Patient satisfaction and quality of care.** Mil Med. 1997; 162:273-277.

<sup>26</sup> Al-Eisa, I., Al-Mutar, M., Radwan, M., Al-Terkit, A. **Patients' Satisfaction with Primary Health Care Services at Capital Health Region,** Kuwait, Middle East Journal of Family Medicine, 2005,Vol 3.

<sup>27</sup> Banks DA; Halasa Y . **Patient satisfaction and pain management in Ministry of Health hospitals in Jordan.** Partners for Health Reform Plus, 2005 Aug. [70] p.

<sup>28</sup> Qannam, Ahmad Saleh Salman: **Clients satisfaction of health services at UNRWA clinics in Bethlehem & Arroub camp.** (Unpublished Master thesis). Al-Quds University. Al -Quds. Palestine, 2001.

<sup>29</sup> Rubin HR. **Can patients evaluate the quality of hospital care?** Medical Care Research and Review 1990; 47: 267–326

<sup>30</sup> Carey RG, Seibert JH. **A patient survey system to measure quality improvement: Questionnaire reliability and validity.** Medical Care 1993; 31: 834–845.

- 
- <sup>31</sup> Cleary PD, Edgman-Levitan S, Roberts M. **Patients evaluate their hospital care: A national survey.** Health Affairs 1991; 10: 254–267.
- <sup>32</sup> Rubin HR, Ware JE, Hays RD. **The Patient Judgments of Hospital Quality (PJHQ) questionnaire.** Medical Care 1990; 28: S22–S29.
- <sup>33</sup> Ware JE, Snyder MK, Wright WR, Davies AR. **Defining and measuring patient satisfaction with medical care.** Evaluation and Program Planning 1983; 6: 247–263.
- <sup>34</sup> Young-Mahon, P., **An analysis of the concept ‘patient satisfaction’ as it relates to contemporary nursing care.** Journal of Advanced Nursing 1996; 24:1241-1248.
- <sup>35</sup> Hall JA, Feldstein M, Fretwell MD, Rowe JW, Epstein AM. **Older patients' health status and satisfaction with medical care in an HMO population.** Medical care 1990; 28:261-270
- <sup>36</sup> Williams, B., **Patient satisfaction: a valid concept?** Social Science & Medicine 1994; 38(4):509-516.
- <sup>37</sup> Pope C, Mays N. **Opening the black box: an encounter in the corridors of health services research.** British Journal Medical, 1993; 306:315-318.
- <sup>38</sup> Williams, S.J. and Calnan, M. **Convergence and divergence: assessing criteria of consumer satisfaction across general practice, dental and hospital care settings.** Social Science & Medicine 1991; 33(6):707-716

- 
- <sup>39</sup> Owens, D. and Batchelor, C. **Patient Satisfaction and the Elderly.** Social Science & Medicine 1996; 42(11)1483-1491
- <sup>40</sup> Cohen G. **Age and health status in a patient satisfaction survey.** Social Science & Medicine 1996; 42: 1085–1093.
- <sup>41</sup> Wilde, B., Larsson, G., Larsson, M., Starrin, B. **"the patient evaluates health care (in Swideth),** Fou Report (1994).
- <sup>42</sup> Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. **Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care.** Quality and Safety in Health Care 2002;11:335-339
- <sup>43</sup> Patrick DL, Scrivens E, Charlton JR. **Disability and patient satisfaction with medical care.** Medical Care. 1983; 21: 1062–1075
- <sup>44</sup> Marshall GN, Hays RD, Mazel R. **Health status and satisfaction with health care: results from the Medical Outcomes Study.** Consulting and Clinical Psychology 1996; 64: 380-390
- <sup>45</sup> Johnson JA, Coons SJ, Hays RD, Pickard AS. **Health status and satisfaction with pharmacy services.** American Journal of Managed Care 1999; 5: 163–170.
- <sup>46</sup> Zapka JG, Palmer RH, Hargraves JL, Nerenz D, Frazier HS, Warner CK. **Relationships of patient satisfaction with experience of system**

---

**performance and health status.** Ambulatory Care Management 1995; 18:73-83.

<sup>47</sup> Hsieh M, Doner Kagle J **Understanding patient satisfaction and dissatisfaction with health care.** Health and Social Work. (1991); 16, 4, 281-290.

<sup>48</sup> Crow, R., Storey, L., and Page, H., **The measurement of patient satisfaction: Implications for health service delivery through a systematic review of the conceptual, methodological and empirical literature.** Health Technology Assessment 2003; 6(32).

<sup>49</sup> Lazarus, R.S. **The Stress and Coping Paradigm'**, in L. A. Bond and J. C. Rosen (eds) **Competence and Coping During Adulthood**, (1980); pp. 28—74. Hanover, NH University Press of New England

<sup>50</sup> Scott, L. **Its dogs world.** Carlsbad, CA:CRM Films Leaders Guide (1993).

<sup>51</sup> Dansky KH, Miles J: **Patient satisfaction with ambulatory healthcare services: waiting time and filling time.** Hospital &. Health Services Administration 1997, 42(2):165-177.

<sup>52</sup> Huang XM: **Patient attitude towards waiting in outpatient clinic and its applications.** Health Services Management Research 1994, 7(1):2-8.

<sup>53</sup> Zoller JS, Lackland DT, Silverstein MD: **Predicting patient intent to return from patient satisfaction scores.** Ambulatory Care Management 2001, 24(1):44-50.

<sup>54</sup> Anderson RT, Weisman CS, Scholle SH, Henderson JT, Oldendick R, Camacho F: **Evaluation of the quality of care in the clinical care centers of the National Centers of Excellence in Women's Health.** Women's Health Issues 2002, 12(6):287-90.

<sup>55</sup> McGee, H. **Patient Satisfaction Surveys: Are they useful as indicators of quality of care?** Journal of Health Gain June 1 998; 5-7

<sup>56</sup> Hall JA, Dornan MC. **Patient socio-demographic characteristics as predictors of satisfaction with medical care: a meta-analysis.** Social Science & Medicine 1990; 30: 811–818.2

<sup>57</sup> Shortell S.M. **Continuity of medical care: conceptualization and measurement.** Medical Care (1976); 14 (5), 377 Đ 391.

<sup>58</sup> Fan VS, Burman M, McDonell MB, Fihn SD. **Continuity of care and other determinants of patient satisfaction with primary care.** General Internal Medicine. 2004

<sup>59</sup> Padberg, R.M., & Padberg L.F.. **Strengthening the effectiveness of patient education :** Applied principles of adult education. (1990); 17 (1), 65.

---

<sup>60</sup> Hargraves JL, Wilson IB, Zaslavsky A. **Adjusting for patient characteristics when analyzing reports from patients about hospital care.** *Medical Care* 2001; 39: 635–641.

<sup>61</sup> Kane RL, Maciejewski M, Finch M. **The relationship of patient satisfaction with care and clinical outcomes.** *Medical Care* 1997; 35: 714–730.

<sup>62</sup> Arnetz, J.E., and Arnetz, B.B. **The development and application of a patient atisfaction measurement system for hospital-wide quality improvement.** *International Journal for Quality in Health Care*, (1996); 8, 555-566.

<sup>63</sup> McNeill, J.A., Sherwood, G.D., Stark, P.L., and Nieto, B. **Pain management outcomes for hospitalized Hispanic patients.** *Pain Management in Nursing*, (2001) ; 2, 25-36.

<sup>64</sup> Rogut L, Newman LS & Cleary PD. **Variability in Patient Experiences at 15 New York City Hospitals.** *Bulletin of the New York Academy of Medicine* 1996; 73(2): 314-334.

<sup>65</sup> Rosenheck R, Wilson NJ & Meterko M. **Influence of Patient and Hospital Factors on Consumer Satisfaction with Inpatient Mental Health Treatment.** *Psychiatric Services* 1997; 48(12):1553- 1561.

<sup>66</sup> Thi PL, Briancon S, Empereur F, & Guillemin F. **Factors Determining Inpatient Satisfaction with Care.** *Social Science and Medicine* 2002; 54(4):

---

493-504.

<sup>67</sup> Ware, J.E., and Berwick, D.M. **Conclusions and recommendations.** Medical Care, (1990); 28, S39-S44

<sup>68</sup> Wilson, I.B., Ding, L., Hays, R.D., Shapiro, M.F., Bozzette, S.A., and Cleary, P.D. **HIV patients' experiences with inpatient and outpatient care: Results of a national survey.** Medical Care (2002); 40, 1149-1160.

<sup>69</sup> Woodbury, D., Tracy, D., and McKnight, E. **Does considering severity of illness improve interpretation of patient satisfaction data?** Journal for Healthcare Quality, (1998); 20, 33-40.

<sup>70</sup> Young GJ, Meterko M & Desai KR. **Patient Satisfaction with Hospital Care: Effect of Demographic and Institutional Characteristics.** Medical Care 2000; 38(3): 325-334.

<sup>71</sup> Howard, P.B., Clark, J.J., Rayens, M.K., Hines-Martin, V., Weaver, P., and Littrell, R, **Consumer satisfaction with services in a regional psychiatric hospital: A collaborative research project in Kentucky.** Archives of Psychiatric Nursing, (2001); 15, 10-23

<sup>72</sup> Gasquet, I., Falissard, B., and Ravaud, P. **Impact of reminders and method of questionnaire distribution on patient response to mail-back**

---

**satisfaction survey.** Journal of Clinical Epidemiology, (2001); 54, 1174-1180

<sup>73</sup> Candish, P., Watts, P., Redman, S., Whyte, P., and Lowe, J. **Elderly patients with heart failure: A study of satisfaction with care and quality of life.** International Journal for Quality in Health Care, (1998); 10, 141-146.

<sup>74</sup> Annual report Ministry of health 2006

<sup>75</sup> Williams SJ, Calnan M. **Key determinants of consumer satisfaction with general practice.** Family Practice 1991; 8: 237

<sup>76</sup> Mainous A, Griffith CH, Love M. **Patient Satisfaction with Care in Programs for Low Income Individuals.** Journal of Community 1999; 24: 381–391.

<sup>77</sup> Robert RE, Pascoe GC, Attkisson CC. **Relationship of service satisfaction to life satisfaction and perceived well-being .**Evaluation and Program Planning 1983; 6: 373–383.

<sup>78</sup> Greenley JR, Young TB, Schoenherr RA. **Psychological distress and patient satisfaction.** Medical Care 1982; 20: 373–385.

<sup>79</sup> Hall JA, Milburn MA, Epstein AM. **A causal model of health status and satisfaction with medical care.** Medical Care 1993; 31: 84–94.

---

<sup>80</sup> Babic-Banaszak A, Kovacic L, Mastilica M, Babic S, Ivankovic D, Budak A. **The Croatian health survey- patient's satisfaction with medical service in primary health care in Croatia.** Collegium Antropologicum 2001;25(2): 449-58.

<sup>81</sup> Donabedian A. **The quality of care: How can it be assessed.** American Medical Association 1988; 260: 1743–1748.

<sup>82</sup> Tokunaga J, Imanaka Y, Nobutomo K. **Effects of patient demands on satisfaction with Japanese hospital care.** International Journal for Quality in Health Care 2000; 12: 395–401

<sup>83</sup> Taner T; Antony J .**Comparing public and private hospital care service quality in Turkey:** Leadership in Health Services, 2006; Volume 19, Number 2, , pp. 1-10(10)

