



A Descriptive Study to Assessment of Patient's Satisfaction Toward Medical Staff Services in the Hospitals of Babylon Governorate

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Abstract: Background: Patient satisfaction is the most common indicator that has been used for measuring healthcare quality and its survey represents an essential for understanding the needs of the patient and their opinion about the services that they have received. The key to enhancing patient care and satisfaction is recognizing the factors that influence patient satisfaction. The performance of medical assistants, the effectiveness of the care given, the environment's hygienic conditions, and other elements all have an impact on a client's satisfaction, in addition to the patient's own personal variables, such as their age, gender, income, health status, marital status.

Methods: The design of this study is descriptive Cross-sectional and The samples were collected randomly during the direct interview with the patients during their answers to the questionnaires questions of the study. Data were shown in simple measures of frequency, percentage, mean, standard deviation, and range. The mean score was also used in this study to determine the level of overall patient satisfaction.

Results: This study reveals that most patients reported good satisfaction with the medical staff, with an average of 61.73 ± 9.59 . The results also indicated that 55.4% of the participants indicated good levels of satisfaction,

39.6% indicated neutral levels of satisfaction, and 5.0% reported poor levels of satisfaction with the medical staff.

Conclusion: Recognize and address the unique needs of different patient groups, such as the elderly, uneducated individuals, and those with multiple hospital admissions. Tailor services to meet their specific requirements, provide appropriate support systems, and ensure that patients feel respected and cared for throughout their hospital stay.

Key words: Patient satisfaction, Medical services

1. Introduction

Patient satisfaction is the degree of pleasure that customers feel after utilizing the service. It indicates the discrepancy between the service that was provided and what the patient thought of it. Patient satisfaction is increasingly being measured as part of global healthcare service objectives (1). To improve people's health, the governments provided a public health care service. Patients served as the customers of health services. The government's primary objective in creating hospital services was to satisfy the population's expanding health requirements (2). One of the most important aspects of a successful organization or government strategy is satisfaction, which must be maintained by providing high-quality service that increases satisfaction (3). The key to enhancing patient care and satisfaction is recognizing the factors that influence patient satisfaction (4). The performance of medical assistants, the effectiveness of the care given, the environment's hygienic conditions, and other elements all have an impact on a client's satisfaction (5). The effectiveness and continuity of care, as well as the patients' kindness and communication with the medical professionals, were also found to be related to patients' satisfaction with hospital services (6). Long standing quality control and continuous improvement have focused on patient satisfaction as a key component of establishing the best possible connection between patients and healthcare personnel (7). And Identifying patient expectations would enable healthcare organization management to modify the quality of the services they provide to satisfy these expectations (8). In recent years, there has been a lot of discussion and research on the value of patient-physician communication and how it affects patient satisfaction. But there aren't enough systematic reviews to include the results of latest researches into patient satisfaction surveys with physician interaction. Patient satisfaction is strongly influenced by the behavior of the doctor since communications between doctors and patients are, at least some extent, based on how doctors perceive and react to patients (9). Clinical communication is said to resemble therapeutic interaction since it comprises verbal exchanges such as attentive listening, addressing patients' problems, and regular Terminology-free information(10). The other aspects of communication include interpersonal behavior that enhances social relationships, little talking, and normal conversations that benefit patients' safety(11). By speaking clearly, asking the questions, and displaying empathy in their contacts, doctors can dramatically affect their patients' happiness(12). Patients look to their doctors for friendly interactions and courteous conduct. It influences

the patients' choice of whether to continue seeing their doctors. When these expectations are not met, some authors suggested that patients are less satisfied and less motivated to follow their prescribed treatment plans, show up for visits, or otherwise participate in their own care(13). Briefly, according to a review of the literature, there are primarily two characteristics that have an impact on patient satisfaction. One was the patient's own personal variables, such as their age, gender, income, health status and marital status. The second was the hospital's factors, such as the staff, facilities, organizational levels and medical conditions (14).

2. Methodology

Study design: The design of the study is a descriptive cross-sectional study.

Setting of study: The setting of the study include three hospitals of the Babylon governorate (Murjan medical city, Hilla teaching hospital and Imam sadiq teaching hospital)

Population of study: Population study are the patients who are admitted in the surgical and medicine wards of the Babylon governorate hospitals for more than two days and have the ability to talking, movement and their age more than 18 years.

Sample size: The sample size for this study was 201 respondents.

Tool of study: After carefully reviewing the literature, the questionnaire was created and then translated into Arabic. Professional translator with knowledge of the topic handled the translation. Other translator then translated the tool back into English, where it had been compared with the original. This process ensured that the items were understandable and clear and necessary corrections were made. The questionnaire was then reviewed by two family medicine and three community medicine consultants to verify the validity of the content.

Reliability of questionnaire: To evaluate the language and reliability of the created questionnaire, a pilot study was undertaken. This pilot study's findings were excluded since it was carried out at a hospital other than those that made up the study's study setting.

Content of questionnaire: The tool we used for data collection was divided into three sections: the first section dealt with the participant's socio demographic characteristics; the second section asked general questions about patients' admission; and the third section asked about the participant's satisfaction with the medical staff.

2.11. Ethical Considerations: The Babylon Health Department was addressed by the Southern Technical University. In order to obtain approval to allow the researcher to collect samples from the governorate hospitals. Approvals were obtained from the (Training and Human Development Center) of the Babylon Health Department. Also, approval was obtained from the hospitals (Hilla teaching hospital, murjan medical city and imam sadiq teaching hospital) concerned with the study, as well as from the officials of the inpatient wards, before proceeding with the process of the collection

3. Results

Table (3.1) represents the distribution of participating patients according to socio-demographic characteristics. The current results indicate that the highest percentage reached 57 (28.3%) of the participants belonging to the age group less than 30 years, while the lowest percentage of participants was 29 (14.4%) belonging to the age group ≥ 60 years. The mean age of the participants was 41.97 ± 14.45 years and ranged from 20-68. Concerning gender, the results found that more than half of the participants were male, 53.5%. Also, this study shows that the highest percentage of uneducated participants was 51 (25.2%), while only 1 (0.5%) of the patients have postgraduate. Regarding the monthly income, the results reveal that the highest percentage was 35.1% of the participants whose monthly income is sufficient to some extent. As for the occupation, the study found that 29.2% of the participants were housewives, followed by 21.3% of employed patients

Table (3.1) Distribution of participating patients according to socio-demographic characteristics

Socio-demographic characteristics		No.	Percent
Age groups	< 30 years	57	28.2%
	30-39 years	33	16.3%
	40-49 years	43	21.3%
	50-59 years	40	19.8%
	≥ 60 years	29	14.4%
	Mean \pm SD (Range)	41.97 \pm 14.45 (20-68)	
Gender	Male	108	53.5%
	Female	94	46.5%
Education level	Not educated	51	25.2%
	Primary school	36	17.8%
	Middle school	25	12.4%
	High school	37	18.3%
	Diploma	25	12.4%
	Bachelors	27	13.4%
	Postgraduate	1	0.5%
Monthly income	Not enough	63	31.2%
	Enough to some extent	71	35.1%
	Enough	68	33.7%
Occupation	Employed	43	21.3%
	self-employed	39	19.3%
	Retired	18	8.9%
	Housewife	59	29.2%
	Student	17	8.4%
	Not work	26	12.9%

In Table (3.2), the results demonstrate that 55.4% of the patients who were admitted to the hospital did not have a history of previous or current admission to the hospital. In comparison, 29.7% of the patients had 1-2 hospital admissions. In addition, the results indicate that 62.9% of the participating patients were lying in the surgical wards, and 37.1% were in the medicine wards. Concerning the source of referral to the hospital, the study reveals that the highest percentage was 58.4% of patients referred to the hospital by a specialist doctor. Finally, a high percentage (53.0%) of the participants reported that their entry process was easy. These findings can be interpreted based on the data collected, revealing that most patients in the study were non-residents of the hospital. Additionally, most patients sought medical attention for surgical procedures, with a significant portion being referred by specialist doctors of the hospital. These observations suggest that most cases were non-life-threatening and did not necessitate hospital admission.

Table (3.2) shows the distribution of participating patients according to information on admission

Information of admission		N o.	Per cent
Number of admissions	Non	112	55.4%
	1-2 times	60	29.7%
	3-4 times	25	12.4%
	>4 times	5	2.5%
Admission ward	Medicine	75	37.1%
	Surgical	127	62.9%
Referral source	Emergency	30	14.9%
	Other hospitals	50	24.8%
	Outpatient clinic	4	2.0%
	Specialist doctor of the hospital	118	58.4%
How was your admission process?	Very easy	58	28.7%
	Easy	107	53.0%
	Moderate	35	17.3%
	Difficult	2	1.0%

Table (3.3) represents the assessment of patients' level of satisfaction with the medical staff according to their answers. The current results reveal that there are poor levels of dissatisfaction with the doctor who uses language that is not understandable by the patient, which makes the patient worried about the seriousness of their condition, with an average score of 2.32 ± 1.483 . While the participants reported that there are indicators have neutral levels of satisfaction (MS; 3-4) regarding explaining the management plan to the patient clearly by a doctor, The mentions of the treatment side effect, the takes enough time to examine the patient, the explanation of the objectives of asking for specific laboratory and medical imaging tests, and easily accessible to the specialist doctor. As for the other indicators, it achieved good levels of patient satisfaction, as the average of these indicators was more than 4.

Table (3.3): The level of patients' satisfaction towards the medical staff according to their answers

	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Mean \pm SD	Assessment
	No .	%	No .	%	No .	%	No .	%	No .	%		
The doctor listens to the patient's claims	129	63.9 %	38	18.8 %	24	11.9 %	11	5.4%	0	0.0%	4.41 \pm 0.900	Good
The doctor answers the patient's questions clearly	132	65.3 %	36	17.8 %	23	11.4 %	11	5.4%	0	0.0%	4.43 \pm 0.896	Good
The doctor respects the patient's confidentiality	162	80.2 %	40	19.8 %	0	0.0%	0	0.0%	0	0.0%	4.80 \pm 0.399	Good
The doctors respect their patients	141	69.8 %	41	20.3 %	20	9.9%	0	0.0%	0	0.0%	4.60 \pm 0.664	Good
The doctor explains the management plan for the patient clearly	99	49.0 %	25	12.4 %	35	17.3 %	40	19.8 %	3	1.5%	3.88 \pm 1.258	Neutral
The doctor mentions the treatment side effects	80	39.6 %	15	7.4%	10	5.0%	78	38.6 %	19	9.4%	3.29 \pm 1.532	Neutral

The doctor uses language that is not understandable by the patient, the matter which makes the patient worried about the seriousness of their condition	90	44.6 %	44	21.8 %	3	1.5%	43	21.3 %	22	10.9 %	2.32±1.483	Poor
I trust the medical staff who treat me	148	73.3 %	48	23.8 %	6	3.0%	0	0.0%	0	0.0%	4.70±0.519	Good
The doctor takes enough time to examine the patient	87	43.1 %	31	15.3 %	48	23.8 %	33	16.3 %	3	1.5%	3.82±1.196	Neutral
I trust the diagnosis of the specialist doctor	142	70.3 %	54	26.7 %	6	3.0%	0	0.0%	0	0.0%	4.67±0.530	Good
I trust the rotator resident who is in charge of my management	150	74.3 %	47	23.3 %	4	2.0%	1	0.5%	0	0.0%	4.71±0.525	Good
The doctors explain to me the objectives of asking for specific laboratory and medical imaging tests	82	40.6 %	14	6.9%	14	6.9%	72	35.6 %	20	9.9%	3.33±1.533	Neutral

I find the sympathy of doctors with their patients clear inside the hospital	11 9	58.9 %	33	16.3 %	44	21.8 %	6	3.0%	0	0.0%	4.31± 0.912	Good
It is easily accessible to the specialist doctor	98	48.5 %	20	9.9%	19	9.4%	49	24.3 %	16	7.9%	3.67± 1.471	Neutral
The rotator resident attends the patient's room quickly enough when needed	16 5	81.7 %	30	14.9 %	6	3.0%	1	0.5%	0	0.0%	4.78± 0.513	Good

4. Discussion

According to our findings, the largest proportion, comprising 57 individuals (28.3% of the total participants), falls within the age bracket below 30 years. These results agreed with the study findings done by Amporfro *et al.* (2021), which found that the highest percentage (37.5%) of patients belonged to the age group (26-35) years(15). In many hospitals, the age distribution of participants can vary depending on factors such as the type of hospital (general hospital, specialized hospital, pediatric hospital, etc.) and the specific healthcare services provided. But, the possible explanation for these results may be that the hospitals may have a significant number of younger participants due to factors such as accidents, sports injuries, and various acute illnesses that can affect individuals in their 20s and 30s.

The study findings indicate that the male participants accounted for the majority, with 53.5% of the total, while the female participants constituted 46.5%. These results agreed with the study findings conducted in hospitals of North Gondar, Northwest Ethiopia (16), which found that most participants were males. There is no clear explanation for the cause of the increase or decrease in either sex in this study because the demographics of the sex can vary depending on the specific hospital, area, and even the type of medical condition being treated.

Additionally, a study revealed that 25.2% of participants were uneducated, representing the highest percentage in the sample. This result agrees with Lotfi *et al.* (2019), who found that the highest percentage (42.12%) of participants were illiterates(17). This result disagreed with the study findings by Yusoff *et al.* (2021), which found that 59.% of patients have secondary education(18). The findings of this study can be attributed to the fact that the educational backgrounds of hospital patients can significantly differ due to various factors, including geographic location, socioeconomic status, and the specific medical conditions they are being treated for.

In terms of monthly income, the findings indicate that the most significant proportion, accounting for 35.1% of the participants, had a moderate level of income that was considered sufficient. Regarding occupation, the research revealed that the majority of participants, constituting 29.2%, were housewives, while 21.3% were employed individuals. This result agrees with Lotfi *et al.*, (2019) which found that most participants (27.63%) were housewives(17). But, these results disagreed with(19). A possible explanation for the increase in the number of patients with average monthly income and not with high income may be influenced by several factors, including the profession. Both occupation and income may be interpreted according to health status; this explains that Illnesses or medical conditions may lead to decreased work hours, loss of employment, or a shift to lower-paying jobs. Additionally, certain medical conditions may disproportionately affect individuals in specific occupations.

Our findings also showed that patients expressed significant dissatisfaction with doctors who used language that was difficult to understand. The average score for this dissatisfaction was 2.32 ± 1.483 . These results agreed with McCabe and Healey (2018) (20), which found that patients expressed significant satisfaction with doctors who used language that was easy to understand. These outcomes can explain that patients already experiencing health issues may be anxious or worried about their condition. When doctors use language that is difficult to understand, it can exacerbate these feelings, causing additional stress and concern. Patients may feel uncertain about the severity of their condition or the recommended treatment plan, leading to dissatisfaction.

The present study reported a neutral level of satisfaction (MS; 3.88 ± 1.258 ; with a response rate of 77.6%) regarding explaining the management plan to the patient clearly by a doctor. These results agreed with Toole *et al.* (2020), which reported that 68.5% of participants had a clear idea of the management plan for their condition(21). The possible explanation of these results is that the doctor may present the management plan in a standardized or generic manner without tailoring it to the specific needs or concerns of the patient. The patient may feel less empowered or engaged, leading to a neutral satisfaction level.

Regarding mentions of the treatment side effects by the doctor, these results found a neutral level of satisfaction (MS; 3.29 ± 1.532 ; with a response rate of 65.8%). This result is inconsistent with Nawaz *et al.* (2022), which found that 85.9% of patients reported that doctors not explained the side effects of drugs(22). The variation observed between the two studies could be attributed to differences in their research design, sample size, inclusion criteria, and data collection methods. These factors may have influenced the outcomes and findings of each study.

The findings of this study indicate a neutral level of satisfaction (MS; 3.82 ± 1.196) regarding the indicator "the doctor takes enough time to examine the patient." This result is in agreement with(23). But, these results disagreed with the previous study findings conducted in a Tertiary Care Hospital of Kathmandu (24), which found enough time and communication to examine the patient. The possible explanation of these results is that doctors often face time constraints and heavy workloads, which can limit the amount of time available for each patient. While doctors may genuinely intend to provide comprehensive care, external factors may result in limited time for examination, leading to a neutral level of satisfaction among patients

The findings of this study indicate a neutral level of satisfaction (MS; 3.33 ± 1.533 ; with response rate 66.6%) with regards to the indicator " The doctors explain to the objectives of asking for specific laboratory and medical imaging tests " This result is higher than the published study findings done in

Taiwan by See *et al.* (2010), which found that only 42.0% of participants indicate explain examination results by the physician(25). The possible explanation may be that the doctor's explanation of the test objectives may lack personalization to the individual patient's case. Suppose the explanation is generic and not tailored to the patient's specific condition or concerns. In that case, it may result in a neutral satisfaction level as the patient may not feel a strong connection or relevance to their situation.

Regarding easily accessible to the specialist doctor, these results found a neutral level of satisfaction (MS; 3.67 ± 1.471 ; with a response rate of 73.4%). These results agreed with Putri & Aulia, (2020), which found the same of the present study(26). This result can discuss how obtaining a referral to see a specialist can impact satisfaction. Suppose patients encounter difficulties or delays in obtaining referrals from their primary care physicians or navigating the referral process. In that case, it may affect their perception of accessibility and result in a neutral satisfaction level.

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