

Measuring Inpatients Level of Satisfaction about Health Services Provided by Zakho Governmental Hospitals

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Abstract

Background and aim: Patient's satisfaction is a central element in the evaluation of health care services and it's an important indicator for measuring the quality of services and regarded as a component of performance improvement. The aim of present research was to measure patients' satisfaction about health services in Zakho's hospital. Methodology: Descriptive study was conducted in Zakho's hospital. 248 patients were selected from Zakho general hospital, maternity hospital and emergency hospital in Zakho city which are the only hospitals that can receive inpatients in discrete. A validated questionnaire was used to measure patients' satisfaction about health services by interviewing them on day of discharge.

Results: the results of present study in Zakho's hospitals (Zakho General Hospital, Emergency Hospital and Maternity Hospital) showed moderate level of satisfaction with health services that provided to them as overall results were (3.56 out of 5). With highest level of satisfaction in Zakho general hospital and lowest level in emergency hospital. Conclusion: the results indicate the need for further efforts should spend to overcome weakness and barriers for provision of better quality of services and enhance better satisfaction. the results also suggest that serious and effective pains are necessary to increase patient's satisfaction in Emergency hospital.

Keywords: Inpatients Satisfaction, Health Service, Zakho Governmental Hospital.

1-INTRODUCTION

1.1-THEORITICAL BACKGROUND:

Regardless of economical state, governments try to provide better quality of health care services to their citizens. In addition, huge efforts are spent on how to improve medical care and provide high quality of health services (Schroeder, 2016). Therefore, it is necessary for governments to assess and evaluate the quality of health care services in their countries. Recently, patient satisfaction has become an important indicator for assessing the quality of health care in any hospital. According to (Al- Assaf, 2009), and (Rao *et al*, 2014) patient satisfaction is an important indicator of quality of health care. They also added that the ability to meet patients' needs is the central indicator for the quality of health care in any care institution. (Abu Ammo *et al*, 2014) define patient satisfaction as a degree in which patient regard and value the care they deliver. They also state that patient satisfaction is not only an attitude; however, it is also a process which should be watched, observed and evaluated frequently in order to remain competitive. Multidisciplinary team can provide greater role health care to deal with many chronic disease and treatment which are complex and have multifaceted impact of illness on a patient. (Cumming,2014)

1.2- MEDICAL CARE:

1.2.1- THE PATIENT-PHYSICIAN RELATIONSHIP:

Physicians should remember that patients are human beings who have many problems other than their physical complaints (Kasper, 2016). Care failure means that treatment fail to Work

and be effective, not the patient who fail treatment, this is an important and particular point in Practical medicine (Hauser, 2016). Usually the patients are worry, irritable and needs reassurance which can be obtained by physicians in order to alleviate anxiety and encourage patients to share all aspects of their medical history needs professional attitude, coupled with warmth and openness, in addition to Empathy and compassion. The Excellent patient-physician relationship can be obtained thorough patient's information's, the ability to communicate and reciprocal confidence (Jameson, 2016).

1.2.2- ROLE OF PHYSICIAN IN RESPECTING THE PATIENTS' AUTONOMY:

Any diagnostic or therapeutic intervention requires patient's agreement in form of consent form. Therefore, the physicians should advise their patients and offer the essential information about the procedures and treatment. Moreover, they must explain the plan of management, the risks and benefits of treatment in details, and discussing alternative treatment (Fauci, 2016). Unwonted events or any complications may occur with any procedure or medical treatment. Thus, to mitigate misunderstanding in this situation the best way is prior excellent communication and good explanation (Longo, 2016).

1.3-HOSPITAL ENVIRONMENT:

1.3.1- IMPROVEMENT OF INPATIENT CARE:

Over the last few decades a dramatic changes occurred in hospital environment. Critically ill patients can be manage in emergency departments and critical care units, which are now available to provide better interventions and more close monitoring allowing them to survive from diseases which was

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previously fatal (Loscalzo, 2016). he also said that more benefits and care in hospital environment can be obtained by generalist with specific training, skills, and experience who can deal with increased complexities of inpatient medicine.

1.3.2-RECOGNITION OF THE PATIENT'S HOSPITAL EXPERIENCE:

There are numerous members of the health care team who works in hospital and attached closely to admitted patients. these may include; specialists, house officers, attending and consulting physicians, physicians assistants, nurses and nurses aides, social workers, technologists, physical therapists, medical students ...etc. In addition admitted patients find themselves surrounded by air jets, buttons, and glaring lights; invaded by tubes and wires, which make hospital an intimidating environment. Inpatients may also need investigation so they may be transported to special laboratories and take different images including; X-ray, CT scanning replete with blinking lights, strange sounds, and anomalous personnel. They may be obligated to be with other patients who have their own health problems at the same room (Jameson, 2016). It is little wonder that a patient's sense of reality may be compromised. Besides, Stressful situation can be more tolerable for inpatient by appreciating the hospital experience from the patient's perspective and making good communication, strong relationship between hospital staff and admitted patient (Fauci, 2016).

1.4-EVALUATION OF PATIENT'S SATISFACTION:

Patient's satisfaction is an enunciation of the break between the expected and perceived quality of a service. Simply by asking patients if satisfied or not about different aspect of services Satisfaction can be elicited and so is subjective phenomenon (Lochoro, 2004). Subjective experience of the patient during provision of care determines patient satisfaction. In order to assess the performance of physicians, nurses, hospitals and health plans, patient's satisfaction can be an excellent measurement. Recently, traditional evaluations of medical care were conducted purely in terms of technical and physiological reports of disease outcomes (Lochoro, 2014; Mawajdeh *et al.* 2001). There are several methods to study patient perception about health care, such as conventional complaints, suggestion boxes and others. Yet, the most commonly used method is satisfaction questionnaires. Inpatients are common target group, because they may expose to stressful situations and this will elicit dissatisfaction (Snyder and Ware, 1974). An important point to interpret patient satisfaction data is an understanding of how patient's baseline characteristics affect patient satisfaction. As noted, number of factors can affect level of satisfaction, which may vary from one society to another (González *et al.* 2005). Previously, assessment of objective outcomes of patients' physical condition was used to evaluate the quality of medical services. More recently, researchers start to pay close attention to patients' satisfaction as a standard way for evaluating the effectiveness and quality of health services (Cleary *et al.*, 1991).

A large number of questionnaires have been developed over the last decades, which cover all types of patients and different units of medical care particularly in well developed country (Halcomb, 2011; Weston, 2010). To determine that health services meet the patient's expectations and to judge their satisfaction, assessment of patient attitudes towards health services, health cadres and resources are the main and important aspect (Petersen, 1989; Greenhow *et al.* 1998). The institution which provide care and health services is hospitals and it challenged to offer the quality of care that meets the expectations and needs of patients. Therefore, many survey and research conducted by hospital managers and governments o health services to identify the defect area within the multidimensional hospital system that need remedial interference (Mawajdeh *et al.* 2001). Most of the researches which conducted on quality of hospital environment they focus on sanitations, admission procedures and discharge plans, nurse care, quality of nutrition, physician care, housekeeping, the principal care providers, especially physicians and nurses focused by most research enrolled on patients satisfaction with quality of hospital services (Snyder and Ware, 1974; Madhok, 1998).

The main reasons behind patient dissatisfaction about health care are; inability to identify patient expectation, misuse of medical resources and absence of complains (Qidwai, 2005). For assessing and improving health services, the best realistic implement is the obtainment viewpoint of patients on health care (DeSilva, 2006). Policy makers and planer get much help from patients suggestion to identify critical situations in system, thereby, introducing improvements in services upon request (Farooqi, 2005; Jawaid *et al.* 2009). Socio-cultural background of patients, their attitude, beliefs and degree of understanding affects the patients experience and estimations (Aldana *et al.*, 2001; Perron *et al.*, 2003). The level of doctor understood about these expectations and social circumstance of his or her illness determine how much the outcome will be successful (Farooqi, 2005).

Prior to leaving the hospital, an individualized discharge plan for the patient should be ready to insure that the patient discharged at suitable time and with provision of enough post-discharge services (Shepperd and McClaran, 2010). They also said that there is limited impaction of discharge planning on the outcomes, greater patient's satisfaction and small decrease in length of stay and readmission rate with discharge planning was identified by 2010 system review, but mortality rate were unchanged (Shepperd and McClaran, 2010). Discharged patients required appropriate level of services and then matching the patient to an appropriate situation of care. This can be determined by coherent discharge planning which is complex process (Meyer, 2007). The following Table illustrates the previous related study:

Table 1: previous studies

| Title | Author | Research Sample | Result |
|---|--|---|--------------------------------|
| Factors related to patient satisfaction with hospital health care | Al- Assaf 2009 | Patient discharged form Ibn – Sena teaching hospital in Mosul city- Iraq 2009 | Moderate level of satisfaction |
| Patient satisfaction in emergency department at king hussein medical center | Shakhatreh and Al-Issa 2009 | Patients attending the Emergency Department at King Hussein Medical Center, Amman, Jordan. | High level of satisfaction |
| Patients' satisfaction with services obtained from aminu kano teaching hospital, kano, northern nigeria | Iliyasu <i>et al.</i> , 2010 | Patients and their relatives who were attending Aminu Kano Teaching Hospital - Nigerian | Moderate level of satisfaction |
| Patients' satisfaction with medical services in the Qassim area | Aldebasi and Ahmed, 2011 | patients who were admitted in five major hospitals of the Qassim region -Saudi | Moderate level of satisfaction |
| Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany | Schoenfelder <i>et al.</i> , 2011 | Patient attending different department in 39 hospitals in Germany | High level of satisfaction |
| An instrument assessing patient satisfaction with day care in hospitals. | Kleefstra SM. <i>et al.</i> , 2012 | Patients who admitted in five general Dutch hospitals - Dutch | Moderate level of satisfaction |
| Assessment of patient satisfaction in public hospitals in Cyprus | Anastasios Merkouris. <i>et al.</i> 2013 | Patients from Five public hospitals in Cyprus who spend at least 3 days of admission - Cyprus | High level of satisfaction |
| Determinants of patient satisfaction at tertiary care centers in Lebanon | Abu Ammo <i>et al.</i> , 2014 | patients ≥ 18 years old with full or partial unconsciousness of both genders and different age groups who spent at least one night in Lebanese hospitals | High level of satisfaction |
| Patient satisfaction with medical services provided by hospital | Ziapour . <i>et al.</i> 2016 | inpatients that had been hospitalized for 24-72 hours at different wards of Imam Reza hospital-Kermanshah-Iran | Moderate level of satisfaction |

2- METHODOLOGY:

2.1- DESIGN:

Descriptive study was conducted in Zakho's governmental hospitals in order to investigate the level of satisfaction among inpatients about health services provided by those hospitals.

2.2- Procedures:

Zakho health sector is part of general director of Duhok Governorate, which belongs to ministry of health of Kurdistan region-Iraq. Director of health in Zakho consists of three main hospitals, which receive inpatients, including; Zakho General Hospital contains 202 beds, Emergency Hospital contains 157 beds and Maternity Hospital contains 102 beds. Moreover, it also includes seventeen primary health center along with Diabetes center, center of chronic disease, Prevention Unit and death-delivery unit. 1288 individuals work overall Zakho

health sector and this includes; 213 doctors in deferent specialties, 446 nurses, 144 laboratory assistant, 17 assistant anesthetic, 19 radiographer, 27 Pharmacist assistant, 18 dental assistant and 404 office workers.

A sample of 248 patients was selected from Zakho general hospital, maternity hospital and emergency hospital in Zakho which are the only hospitals that can receive inpatients in discrete. Inclusion criteria for the study were patients from Zakho district who are fully conscious aged >18 year and <75 year and who spend at least one night in hospital. Exclusion criteria were patients who are from outside of Zakho district, critically ill patients, patients discharged against medical advices and patients who are under 18 year or above 75 year. The following table illustrates the demographic factors and other personal characteristics of respondents:

Table 2: demographic factors and other personal characteristics of respondents

| N | Items | Categories | N | % |
|---|------------------|--------------------|-----|------|
| 1 | Age | Under 30 year | 98 | 39.5 |
| | | 30 year to 39 year | 55 | 22.2 |
| | | 40 year to 49 year | 21 | 8.5 |
| | | 50 year and above | 74 | 29.8 |
| | | Total | 248 | 100 |
| 2 | Gender | Male | 74 | 29.8 |
| | | Female | 174 | 70.2 |
| | | Total | 248 | 100 |
| 3 | Number of Visits | Once | 120 | 48.4 |
| | | Twice and more | 128 | 51.6 |
| | | Total | 248 | 100 |
| 4 | Hospitals Name | Maternity | 74 | 29.8 |
| | | Emergency | 84 | 33.9 |
| | | Zakho General | 90 | 36.3 |
| | | Total | 248 | 100 |

Table (2) illustrates the demographic factors of the respondents. As it can be seen that participants in this research came from different age levels, age group with high level of participants were under 30 year that held for 39.5% of respondents, while the lower level of participants were from age group 40 year to 49 year with only 8.5% of respondents. As represented in the above table, among 248 participants, 74 were male which accounts for only 29.8% of all participants while 174 of them were female with the percentage of 70.2%. In terms of number of visits, the respondents were nearly equal between once and twice and more, 48.4% and 51.6% respectively. With hospital Names, the rate of the respondents from the research sample place which the questionnaire is been distributed (Maternity), (Emergency) and (Zakho General) were 29.8%, 33.9% and 36.3% respectively.

2.3-MESURMENT:

A validated questionnaire was used to evaluate patients' satisfaction about health services using interviewer-administered questionnaires on day of discharge. Inpatients

were given an oral concept and full explanation about the items included in questionnaire and the aim of study. The questionnaire focused on 4 key indicators evaluating inpatients level of satisfaction. Each indicator consists of 5 items to determine their level of satisfaction with (physician care, nurse care, hospital environment and discharge plan). Response to all items was based on a five-point Likert-type scale: 1- strongly disagrees; 2-diagree; 3-nutral; 4-agree; 5-strongly agree. The reliability of the questionnaire was calculated by utilizing Cronbach's alpha and it was (0.75) which indicates that the scales' internal consistency is acceptable.

2.4- DATA ANALYSIS:

In order to meet the research objectives, all primary data were quantitatively analyzed using SPSS version 23. Descriptive statistics (means, standard deviation and one sample t-test) were used to measure the level of satisfaction among inpatients at Zakho governmental hospitals.

3. RESULTS

Table 3: Descriptive statistics (comparison among hospitals)

| Variables | Emergency | | | Zakho General | | | Maternity | | |
|----------------|-----------|--------|--------|---------------|--------|--------|-----------|--------|--------|
| | Mean | Std. | t. | Mean | Std. | t. | Mean | Std. | t. |
| Physician Care | 3.4643 | .45327 | 9.388 | 3.7022 | .29565 | 22.533 | 3.6514 | .26906 | 20.825 |
| Nurse Care | 3.7000 | .40300 | 15.920 | 3.8022 | .27395 | 27.780 | 3.7486 | .25655 | 25.102 |
| Environment | 3.0810 | .49198 | 1.508 | 4.0689 | .38296 | 26.479 | 3.5162 | .35809 | 12.401 |
| Discharge Plan | 3.0952 | .51622 | 1.691 | 3.4200 | .38048 | 10.472 | 3.5811 | .28510 | 17.533 |

t-tabulated= 1.66

Table (3) illustrates the level of inpatient satisfaction toward studied variables at all researched hospital including;

Emergency Hospital, Zakho General Hospital and Maternity Hospital in Zakho. Mean values from the above table refer to

a moderate level of satisfaction among inpatients toward all Zakho’s governmental hospitals, since they are above the midpoint of the 5-point Likert scale. However, there is a noticeable variance in level of satisfaction among inpatients toward researched hospitals. The highest level of satisfaction has been recorded by Zakho General Hospital followed by Maternity Hospital which showed slightly lower level of satisfaction. Nevertheless, Emergency Hospital recorded the lowest level of satisfaction among the researched sample. In addition, overall results refer to a moderate level of satisfaction among inpatients toward the health services provided by Directorate of Health in Zakho Town at all its hospitals that receive inpatients. The following tables provide detailed results regarding inpatients’ level of satisfaction towards each hospital separately.

Table 4: Descriptive statistics for (Zakho General Hospital)

| Item | Mean | Std. Deviation | t |
|----------------|--------|----------------|--------|
| Physician Care | 3.7022 | 0.29565 | 22.533 |
| Nurse Care | 3.8022 | 0.27395 | 27.780 |
| Environment | 4.0689 | 0.38296 | 26.479 |
| Discharge Plan | 3.4200 | 0.38048 | 10.472 |

N= 90 t-tabulated = 1.66

Table (4) illustrates the level of inpatient satisfaction toward physician care, nurse care, environment, and discharge plan at Zakho General Hospital in Zakho. As it can be seen from the above table the means values for the physician care, nurse care, environment, and discharge are (3.70), (3.80), (4.06) and (3.40) respectively. Since the mean values for physician care, nurse care, and discharge plan are above the midpoint of the 5-point Likert scale, it can be stated that the inpatient at the Zakho General Hospital showed a moderate level of satisfaction toward those variables. However, Environment recorded the highest mean value, which indicates that inpatients at Zakho General Hospital are highly satisfied with hospital Environment. Standard deviation values (.295, .273, .382, and .380) refer to a standard distribution of responses within the studied variables. Finally, t-calculated values for all researched variables (22.533, 27.780, 26.479 and 10.472) are bigger than t-tabulated (1.66). This means that all Mean values are statistically significant.

Table 5: Descriptive statistics for (Maternity Hospital)

| Item | Mean | Std. Deviation | t |
|----------------|--------|----------------|--------|
| Physician Care | 3.6514 | .26906 | 20.825 |
| Nurse Care | 3.7486 | .25655 | 25.102 |
| Environment | 3.5162 | .35809 | 12.401 |
| Discharge Plan | 3.5811 | .28510 | 17.533 |

N= 74 t-tabulated= 1.66

Table (5) illustrates the level of inpatient satisfaction toward physician care, nurse care, environment, and discharge plan at Maternity Hospital in Zakho. As it can be seen from the above table the means values for the physician care, nurse care, environment, and discharge are (3.65), (3.74), (3.51) and

(3.58) respectively. Since the mean values are slightly above the midpoint of the 5-point Likert scale, it can be stated that the inpatient at the Emergency Hospital showed a moderate level of satisfaction toward the study variables. Nurse care recorded the highest level of satisfaction at this hospital also, which is approximately same as the level of satisfaction at Emergency Hospital followed by physician's care, discharge plan, and environment. Finally, standard deviation values (.269, .256, .258, and .285) refer to a standard distribution of responses within the studied variables. Finally, t-calculated values for all researched variables (20.825, 25.102, 12.401 and 17.533) are bigger than t-tabulated (1.66). This means that all Mean values are statistically significant.

Table 6: Descriptive statistics for (Emergency Hospital)

| Item | Mean | Std. Deviation | t |
|----------------|--------|----------------|--------|
| Physician Care | 3.4643 | .45327 | 9.388 |
| Nurse Care | 3.7000 | .40300 | 15.920 |
| Environment | 3.0810 | .49198 | 1.508 |
| Discharge Plan | 3.0952 | .51622 | 1.691 |

N= 84 t-tabulated= 1.66

Table (6) illustrates the level of inpatient satisfaction toward physician care, nurse care, environment, and discharge plan at Emergency hospital in Zakho. As it can be seen from the above table the means values for the physician care, nurse care, environment, and discharge are (3.46), (3.70), (3.08) and (3.09) respectively. Since the mean values are slightly above the midpoint of the 5-point Likert scale, it can be stated that the inpatient at the Emergency Hospital showed a moderate level of satisfaction toward the study variables. However, this does not mean that those inpatients are satisfied with the health services they deliver. Especially with Environment which showed the lowest level of satisfaction among the studied variables with mean (3.08), followed by discharge plans which also showed relatively lower level of satisfaction than physician care and nurse care. Hence, the highest level of satisfaction recorded by nurse care (3.70) followed by physician care and discharge plan and the lowest level recorded by environment. Finally, standard deviation values (.453, .403, .491, and .516) refer to a standard distribution of responses within the studied variables.

Finally, t-calculated values for physician care, Nurse Care and Discharge Plan variables (9.388, 15.920 and 1.691) are bigger than t-tabulated (1.66) which indicate to be statistically significant. However, t-calculated value (1.508) for Environment variable is less than t-tabulated (1.66) which shows to be statistically insignificant.

4-DISCUSSION

The purpose of this study was to measure the level of satisfaction among inpatients at Zakho governmental hospitals including; Zakho General Hospital, Maternity Hospital, and Emergency Hospital. Mainly, the study focused on measuring the extent to which inpatients were satisfied with hospitals’ physician care, nurse care, environment, and discharge plans. The use of standardized instrument, which are largely used

around the globe in measuring inpatient satisfaction, have yielded results that provide an understanding into a culture has not previously been studied in the inpatient satisfaction literature.

For determination of inpatients satisfaction deferent aspect have been measured including: hospital environment, parking, nursing care, parking, convenience services, satisfaction with support staff (Davies, A.R. and Ware Jr., J.E. 1991; Arahoney, L. and Strasser, S. 1993) and physicians (Linder-Pelz, S. and Struening, E.L. 1985; Baker, R. 1990). A study conducted by Zineldine reported that patient satisfaction is a cumulative construct embracing satisfaction with various hospital facets (Zineldin, M. 2006). The idea of patient-centeredness and the conception of modifying medical care towards patient expectations have recently appear in developing country (Imam SZ *et al.* 2007).

Findings from the present study demonstrate a moderate level of satisfaction about health services at Zakho general hospital with all four measured items. The highest level recorded with hospital environment and this attributed to good hygiene, cleaning services, comfortable beds, quite rooms and appropriate ward design. Both nurse care and physician care also showed moderate level of satisfaction which can be attributed to organized process of admission, enough number of medical staff to a certain degree and proper communication. However, as it can be seen satisfaction with nurse care is higher than physician care and this could be due to fact that nurses spend more time with inpatients by taking care of them, administering their medication and became more familiar with their behavior. Regarding discharge plan which record the lowest level of satisfaction compared to other items. This means that the process of discharged is not well planned, as it is noted there is a clear defect in discharge card and most of patients do not receive it. In addition, information given to them about diagnosis and treatment on discharge are not adequate.)

Results also showed moderate level of satisfaction with health services in Maternity Hospital and were nearly compatible with results from Zakho General Hospital. However, satisfaction with environment was higher at Zakho General Hospital than Maternity which could be due to new design of the building which provided by high quality and modern specification and more quiet rooms and wards in former than later. In reverse, satisfaction with discharge plan was higher in maternity than Zakho general hospital. This indicated that the discharge process is more organized in maternity hospital and as it was noted during interview all patients on discharge day they receive discharge card with good advice about their problems and follow-ups.

Concerning Emergency hospital, experimental findings from this research refer also to moderate level of satisfaction with health services. However, the mean value was very close to the neutral which indicate that inpatients are neither satisfied nor unsatisfied with the health services they deliver. This can be attributed to many factors including; significant defect in number of junior house officer, absence of senior house officer, uncoordinated working among medical staff as they deal with large number of patient at same time, poor quality of environment which record lowest level of satisfaction, and poor discharge plan (lack of adequate advice and information, absent of discharge card and poor follow-up).

The level of satisfaction toward nurse care and physician care at Zakho General Hospital were fairly adjacent to their level at

emergency hospital. This indicates that improvement in one aspect -environment- only cannot increase inpatient level of satisfaction toward the whole process of health care.

Finally, results about inpatients level of satisfaction toward health services at all Zakho's hospitals including; Zakho General Hospital, Emergency Hospital and Maternity Hospital showed moderate level of satisfaction with health services they deliver. These results are consistent with result of (Ziapour *et al.*, 2016) in Kermanshah-Iran, (Aldehbi and Ahmed, 2011) in Qassim area-Saudi Arabia, (Al- Assaf, 2009) in Mosul-Iraq, (Kleefstra SM. *et al.*, 2012) in Dutch, and (Merkouris. *et al.* 2013) which was conducted in Cyprus.

In contrast, findings from the present research are not in line with results of (Abu Ammo, *et al.* 2014) who found high level of satisfaction in study conducted in Lebanon. Another study done in King Hussein Medical Center in Amman-Jordan by (Shakhatreh and Al-Issa, 2009) also showed to be inconsistent with the results from this study which showed high level of satisfaction. In addition, our results are not in line with findings of (schonefelder *et al.*, 2011; Iliyasa *et al.*, 2010) who also found high level of satisfaction among inpatients in district of Dresden- Germany and in Kano-northern Nigeria respectively. This indicates that the quality of health services at mentioned area is relatively better than the quality of health services in researched area in the current study.

5. LIMITATION AND FURTHER STUDIES

The present study has few limitations which include:

- 1- Questionnaire utilized four main items of measuring inpatient's satisfaction but not all of them. Therefore, it is suggested that future studies may include more other items.
- 2- The interview done on the day of discharge, so patient who discharged without physician permission (i.e. against medical advice) and those who referred to tertiary center where not included in research sample.
- 3- The study conducted during three month period and so the result may not be reflective of all patients admitted to the hospital. It is suggested for future researchers to expand the period of time for a whole year.

6. CONCLUSION

Generally, there is moderate level of satisfaction among patients in Zakho's hospitals. The maximum level of satisfaction was with nurse care and minimum level with discharge plan. These results indicate the need for further efforts should spend to overcome weakness and barriers for provision of better quality of services and thence better satisfaction. The results also suggest that serious and effective pains are necessary to increase patient's satisfaction in Emergency hospital.

7. RECOMMENDATIONS

- 4- The study was descriptive evaluating the inpatients satisfactions generally about health service, and so we suggest more research in each hospital and also in specific department like emergency reception, delivery room, dialysis unit, post operative care unit, imaging and laboratory unit ...etc.
- 5- Current study evaluate four main items related to inpatients management, but additional researches are essential to evaluate more items like: patients transport, psychological support, waiting time for admission, work coordination, dealing and behavior of non-medical staff ...etc. and also each item Alone in this study needs more research to measure

further details to recognize patients' experience and determine the critical area more specifically.

6- Other research is essential to determine the factors which affect patient's satisfaction for example; age, gender, educational state, frequency of admission, duration of hospital stay...etc.

7- The ministry of health and general Directorate should actively work to translate the researches results into action to manage the weak area and improve health work.

8- Organize plan and specific efforts are needed for emergency hospital to improve satisfaction of patients who visiting and admitting to their department, focusing on environment, reception room and coronary care unit.

9- An organized and suitable plan for Discharge is essential and will required input from many source including at least patients, family, physician, nurse. They also should take into consideration medical function and social aspects of the patient's illness and to be prepared by Heads of departments and hospital managers.

10- It is recommended sticking ward and rooms in hospital by posters which contain patients' right and duties.

11- In Surgical departments the surgeons should explain all risks and benefits of each surgical intervention and they should make sure that patients listen and answer their question before obtaining signed consent form for all procedures.

12- Physicians in medical department should explain the plan of management to their patients with respecting their autonomy and building mutual trust by excellent communications.

13- Study results recommend specialized training course for nurses in all department to make patient-centered caring skills which will improve health care work and thence increase patient's satisfactions.

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پيڦانا ئاستى رازيبون يان تيرونه نه خوشين رازاندى ده باره خزمه تين تندرستى ئويين دئينه پيشكيشكرن ژ لايى نه خوشخانين زاخو يين فهرمى

پوخته:

بنه كوك و ئارمانج: رازيبون يان تيرونه نه خوشا ژ خزمه تين تندرستى گه وهري ناهه ديه ژبو هه لسه نگاندا خزمه تين تندرستى و نيشانده ره كى گرنگه بو پيڦانا جورى يان چاوه تيا خزمه تا و دئيه هه ژمارتن وهك پيكرهك بو باشتركرن و پيشغه برنا كاركرنى . ئارمانجا قى فهكولينى پيڦانا ئاستى رازيبون يان تيرونه نه خوشين رازاندى ده باره خزمه تين تندرستى ئويين دئينه پيشكيشكرن ژ لايى نه خوشخانين زاخو يين فهرمى .
ريپاز: فهكولينه كا پئاسدار هاته نه خجمدان ل نه خوشخانين زاخو يين فهرمى، 248 نه خوش هاتن ژيگرتن ژ نه خوشخان زاخو يا گشتى، نه خوشخان ئافرهت و زاروك بوونى و نه خوشخان تهنگافيا ل باژيري زاخو ، ژبه ر ههف نه خوشخانه بنتى دشين نه خوشا رازينن . نمونه يه كى راپرسينى يى ره واكرى هاته ب كارئينان بو پيڦانا ئاستى رازيبون و تيرونه نه خوشا ده باره ي خزمه تين دئينه پيشكيشكرن ب ريا چاف بيكه فتنى ل روژا ده ركه فتنى ژ نه خوشخانى .
هه نجام: هه نجامين قى فهكولينى ل نه خوشخانين زاخو يين فهرمى (نه خوشخان زاخو يا گشتى، نه خوشخان ئافرهت و زاروك بوونى و نه خوشخان تهنگافيا) ئاسته كى نافي نيشاندا ده باره ي خزمه تين تندرستى ئويين ژلايى فان نه خوشخانا فه دئينه پيشكيشكرن . هه نجامى سه رتاسه رى (3.56 ژ 5) بى ، بلندترين ئاستى رازيبونى ل نه خوشخان زاخو يا گشتى بى و نزمترين ئاست ل نه خوشخان تهنگافيا بى .
رادهر: هه نجامين قى فهكولينى ئامازى ب هندى دكن كو دقيت زنده تر شيان بينه مه زاختن بو زالبينى ل سه ر خالين لاواز و راكرنا ئاسته نكا ژبو پيشكيشكرنا خزمه تا ب جوريا باشتر كو دبه هه گهر بو بلندكرنا ئاستى رازيبون نه خوشا . وههف هه نجام ديسا پيشنيار دكن كو پينگافين كاربه ر و راسته قين دقيت بينه هافيتن ژ بو باشتركرنا ئاستى رازيبونى ل نه خوشخان تهنگافيا ب شيوه يه كى تايبه ت .
په يقين سه ره كى: رازيبون نه خوشا، خزمه تين تندرستى، نه خوشخانين زاخو يين فهرمى .

قياس مستوى الرضى لدى المرضى الراقدين في المستشفيات الحكومية في قضاء زاخو

الملخص:

الخلفية والهدف: يعتبر رضى المرضى عن الخدمات الصحية العامل المركزي لتقييم الخدمات الصحية وهو مؤشر مهم لقياس جودة الخدمات ويعتبر عنصر لتحسين العمل. هدف هذا البحث هو لقياس مستوى الرضى لدى المرضى الراقدين في المستشفيات الحكومية في قضاء زاخو .
المنهجية: بحث وصفي تم إجرائه في المستشفيات الحكومية في قضاء زاخو. تم فيه اختيار 248 مريض من مستشفى زاخو العام، مستشفى أمراض النسائية والتوليد و مستشفى الطوارئ. باعتبارها المستشفيات الوحيدة التي يرقد فيها المرضى. نوزج من مستفهم محقق من صلاحيته تم استعماله لقياس مستوى رضى المرضى عن الخدمات الصحية المقدمة لهم عن طريق إجراء مقابلة معهم في يوم الخروج من المستشفى.
النتائج: أظهرت نتائج البحث في مستشفيات قضاء زاخو (مستشفى زاخو العام، مستشفى أمراض النسائية والتوليد و مستشفى الطوارئ) مستوى متوسط من الرضى عن الخدمات الصحية المقدمة من قبل المستشفيات الثلاثة، حيث ان النتائج العامة كانت (3.56 من 5) . وكان أعلى مستوى للرضى في مستشفى زاخو العام وأدنى مستوى في مستشفى الطوارئ.
الاستنتاج: نتائج هذا البحث تشير الى وجوب صرف المزيد من الجهود للتغلب على نقاط الضعف والعقبات بهدف تحسين مستوى الرضى لدى المرضى. والنتائج تقترح ايضا القيام بخطوات جدية و فعالة لرفع مستوى الرضى في مستشفى الطوارئ بشكل خاص .
الكلمات الدالة: رضى المرضى، الخدمات الصحية، المستشفيات الحكومية في قضاء زاخو.