Assessment of patient satisfaction with medical care in public and private health sectors in Raparin district-Kurdistan Region-Iraq

Dr. Bahzad Waso Hamad
University of Raparin
Director of Research Center
Lecturer in School of Nursing

Dr.Fattah Hama Rahim
University of Sulaimani
Faculty of Medical Sciences
Lecturer in School of Medicine

Abstract:

Background and aim of the study: Patient satisfaction is one of the important measures of the quality of health care services. The aim of this study was to assess the level of patient satisfaction toward medical care provided by different health care facilities in Raparin District and to check any association between different components of satisfaction in relation to public and private health facilities. **Methods:** In this cross sectional descriptive study, 500 patients attended to different public and private health care facilities from 1st Dec. 2015-15th Dec. 2015 in Raparin district are surveyed through a 39 items questionnaire designed especially for patient satisfaction. Data collected by face to face interview and analysis was performed by using Statistical Package for Social Sciences-Version 21.**Results**:Higher level satisfaction of patients was found toward public than private health services from financial aspect with highly significant association ($P < 0.001$).In aspects of time spent with doctor, interpersonal aspects and communication, patients were more satisfied with private clinics medical care ($P < 0.05$).**Conclusions**: patient satisfaction is multi-dimensional issue and patients may be satisfied with some aspects but, dissatisfied with others. Patients were more satisfied with the public health facilities from financial components of satisfaction but from aspects of communication, time spent with doctors and accessibility of care they were more satisfied with private health facilities. Recommendations and actions could be suggested to improve level of satisfaction in both sectors of health care providing.

Key words: patient satisfaction, medical care, public and private health care provider

Introduction:

Health care services are very important issue in the life of people everywhere. Human being cannot give up on medical care from delivery to the death. Medical care is part of the general health service beside nursing care which is provided by health care provider. Health care provider in our country includes governmental and nongovernmental, i.e. public and private sectors. Public health services are free of charge or with little pay, this in reverse to the private one which is totally patient's responsibility. Patient satisfaction with medical care regards as indicator for the success of the health care institution that is why; it takes great concerns specially in those health facilities which run by private sector. Donabedian, a leader in medical quality assurance, described patient satisfaction as “the patient's judgment on the

quality or goodness of care”(Reck, 2010). Patient satisfaction may be also defined as a personal evaluation of health care services and providers (Yildirim et al., 2005). Patient /client satisfaction is an attitude –a person's general orientation towards a total experience of health care(Doherty, 2003).Patient satisfaction with care is an important component in assessing the quality of care(Kane et al., 1997).Satisfaction of Patient was regarded as one of the criteria for evaluation of health care system beside mortality and morbidity by the U.S. National Center for Health Services Research and Development (Villarruz-Sulit et al., 2009). Although there are mixed opinions in literature regarding whether or not satisfaction level are a reflection of quality of health care, but the consensus is that patient satisfaction is reflective of the patient's perception of the quality of the health care they receive (Casserley-Feeney et al., 2008). From all these, it is clear that there is strong relationship between patient satisfaction and quality of health care.

Health care services include both medical and nursing care, its quality can be evaluated through many criteria, patient satisfaction is one of these criteria used for assessing performance of health care provider (Young et al., 2000). Patient satisfaction is not only indicator for quality of health care but it has other benefits.Data obtained from a patient satisfaction survey can be used for different purposes, such as the identification of potential areas for health care services improvement ; the comparison of the quality of different care programs and systems; and the detection of patients likely to disenroll from health care plans (Maria luz Traverso et al., 2007).

Nursing care plays a prominent role in determining the overall satisfaction of patients’ hospitalization experience (Tang et al., 2013).The profession of nursing has been evolved into specialized academic discipline in advanced countries , one of these is Advanced Practice Registered Nurses, in which members are prepared for diverse role in providing varying levels of care for patients (Agosta, 2005).

There are three broad areas that most frequently associated with satisfaction, these are: health care providing setting, health care professional and patient related factors (Collins, 2002). Health care providing setting factors include the distance of the health care provision place from the patient, access and availability, waiting time in doctor's office and type of service (Reck, 2010). Health care professional related factors include interpersonal aspect, communication, time spent with patient by the doctor, technical quality of care, affective responses, and continuity of care and shared decision making (Hays et al., 1987). Patient/client related factors are sociodemographic and socioeconomic status, patient expectation, health status and previous experience (Collins, 2002).

There are many various methods and tools for measuring patient satisfaction, and each of these instruments has their own strength and weakness points (Doherty, 2003). Advantages of questionnaire are, used for both qualitative and quantitative studies, anonymity of participants, and it is relatively inexpensive, that is why it is probably the most common method for measuring satisfaction(Khalid Farooq Danish, 2008).

The objectives of this study was to assess the level of patients' satisfaction toward the medical care received in public and private health care settings in Raparin District and investigate for any association, if present, between socio-demographic characteristics of the patients surveyed and their satisfaction.

Methodology:

Study design and Setting:

This is cross sectional descriptive study conducted in public and private health care facilities, in Raparin District, using locally modified questionnaire.

The sample selected from patients who received medical care as inpatients in the public and private hospitals and as out-patients from primary health care, consultation department and private clinics. The criteria of patients included in the study were the following(1) adults aged 18 and above;(2)conscious, oriented to time, person and place;(3) admitted at least for 24 hours (for inpatients only) ;(4) Received medical care just before the interview(for outpatients)(5)Kurdish citizens (because of difficulty of communication with others, like displaced Arabs, whose residence now in the district due to sectarian violence).

Sampling method:

The sample size was 500 patients selected by convenience sampling method. It was calculated by sample size calculator with 95% confidence level and confidence interval of 4.38%(System, 2016). Approximate population of Raparin District estimated about 350,000. The sample was divided according to ratio of population of Raparin district among cities; 70% (350 patients) in Rania and 30 %(150patients)in Qaladza, and also according to the number of patients visiting these health care providers as following; 30%(150 patients) from PHC, 25% (125 inpatients admitted in the hospitals), 20% (100patients) from OCD, 15%(75 patients) from private clinic and lastly 10%(50 patients) from private hospital.

Table 1. Sample size selection by health care providers

City	Primary Health care	Public Hospital	Outpatient Consultation Dept.	Private Clinic	Private Hospital
Rania	Raparin 10% [50]	Rania General Hospital 13% [65]	Rania General Hospital 10% [50]	[50]	[50
	Kewarash 10% [50]	Maternity Hospital 4% [20]	Maternity Hospital 4% [20]	10%	10%
Qaladza	Bitwia 5% [25]	Qaladza Hospital 8% [40]	Qaladza OCD 6% [30]	[25]	
	Raparin 5% [25]			5%	

Questionnaire:

The instrument used for this study was modified third generation Patient Satisfaction Questionnaire (PSQ-lll).The Patient Satisfaction Questionnaire developed by Ware, Snyder, and Wright (1976a,b) for the National Center for Health Services Research (NCHSR) provided the foundation for PSQ-III(Hays et al., 1987).This questionnaire originally was composed of 51items, constructed as statements of opinion, it was modified so some of the items removed and few others added. So the modified questionnaire remained with 39 items. Each item accompanied by five response categories (strongly agree, agree, uncertain, disagree, strongly disagree) and each one scored from 1 to 5 according to the situation whether the item represent a favourable or unfavourable opinion about medical care.

The 39 items in modified PSQ-lll are used to score seven multi–item subscales or components: general satisfaction, technical quality, interpersonal aspects, communication, financial aspects, time spent with doctor, and access/availability/convenience.

The questionnaire translated into Kurdish language for easiness of communication and collecting data. Although this questionnaire had already previously established reliability and validity but the questionnaire was retested by Pilot study of 10 patients and further changes and modification in terminology of some words and statements done that is more understandable by the patients. Internal consistency Reliability of the questionnaire measured with Cronbach's Alpha which was 82.8%. .

Data collection method:

All patients were interviewed with trained registered nurses (graduated from college of Nursing) and unemployed newly graduated nurses from medical institutes, by direct face to face interview in 2 weeks from 1st December to 15th Dec.2015. The interviewers were trained for collecting data and filling the questionnaire properly.

Demographic data that had been considered were, age, gender, educational level, marital status, institution's type and place. Personal details from respondents were not taken and for the provided data, confidentiality was taken in consideration. Permission from the Raparin Health directorate was obtained to facilitate data collection. Individual verbal informed consent was taken.

The 39 items questionnaire could not be applied to all patients in the different health care settings due to the difference in the situations, and variability of the questions according to each one, so selection of 5 types of statements done on the questionnaire according to the health care setting type but nearly 75% of the statements were common and similar for all the 5 groups, i.e. only 25% of statements were health care provider specific.

Accordingly, 5 different copies were prepared and the specific statements have been selected in order that the interviewer only ask and take response of the patients for the selected statement.

After data collection, responses were encoded; quantitative analysis was done by using descriptive statistics. Percentages were computed for each variable and the level of satisfaction was computed for each sub-scale. Descriptive statistics, including frequencies, percentages, means and standard deviations (SDs), were calculated for the demographic variables.

The statements of hypothesis of the study from the researcher point of view were as follows:

1. Patient Satisfaction with medical care is low in Raparin District.
2. There is significant difference between patient satisfaction with medical care in public and private sector especially in the interpersonal and communication component of quality of care.

Analysis of the results was done by using the SPSS version 21. Pearson Chi-square test was performed to evaluate the significance of socio-demographic data and satisfaction rate for each sub-scale. P value less than 0.05 was considered statistically significant.

Results:

Demographic characteristics:

This study included 500 patients with the response rate was 100%.Table 2 shows demographic characteristics in detail. The age of the respondents was between 18 and 85 years old (mean 35.12;SD 13.29), 90% of the patients aged below 55 years old and only 10% of them aged 55 years and above . There were 5 missing values for occupation of patients and one missing value was for the marital status.

Table 2. Sociodemographic characteristics of the study population.

Socio-demographic characteristics	Frequencies	Percentages
Gender of patients		
Male	169	33.8
Female	331	66.2
Level of educations		
Illiterate	121	24.2
Literate but no certificate	63	12.6
Primary school	67	13.4
Intermediate school	50	10.0
Secondary school	55	11.0
Institute	75	15.0
University	63	12.6
Postgraduate	6	1.2

Occupation of patients		
Unemployed	302	60.4
Self employed	51	10.2
Employed in private sector	8	1.6
Employed in Public sector	134	26.8
Missing value	05	1.0
Marital status of patients		
Single	108	21.6
Married	366	73.2
Separated-divorced	5	1.0
Widowed	20	4.0
Missing value	01	0.2
Health care provider type		
Primary health care	150	30.0
Public outpatient consultation	100	20.0
Public hospital	125	25.0
Private hospital	50	10.0
Private clinic	75	15.0
Place of health care provider		
Rania	350	70.0
Qaladza	150	30.0
Total	500	100.0

Patient satisfaction with medical care in primary health care as seen in Table 3, it revealed highest satisfaction of the sample surveyed from the financial aspects component (73.3%) and to general satisfaction component (42.0%). The rest of components of satisfaction were neutral i.e. neither satisfied nor dissatisfied, as all the components are above 50%.

Table 3. Patient satisfaction with medical care in primary health care

Satisfaction components at the level of PHCs	**Dissatisfied N(%)**	**Neutral N(%)**	**Satisfied N(%)**
General satisfaction	45(30.0)	42(28.0)	63(42.0)
Technical Quality	34(22.7)	86(57.3)	30(20.0)
Interpersonal Aspects	26(17.3)	83(55.3)	41(27.3)
Communication	23(15.4)	83(55.7)	43(28.9)
Financial Aspects	32(21.3)	8(5.3)	110(73.3)
Time Spent with Doctor	46(30.7)	69(46.0)	35(23.3)
Access/Availability/Convenience	25(16.7)	87(58.0)	38(25.3)

Figure 1. Reveals opinion of study population toward quality of medical supplies. It shows that 50% of patients from 375 patients who had been asked and responded

are dissatisfied with the quality of drugs and medical supplies in public health care settings, and only 37% of them are satisfied with them.

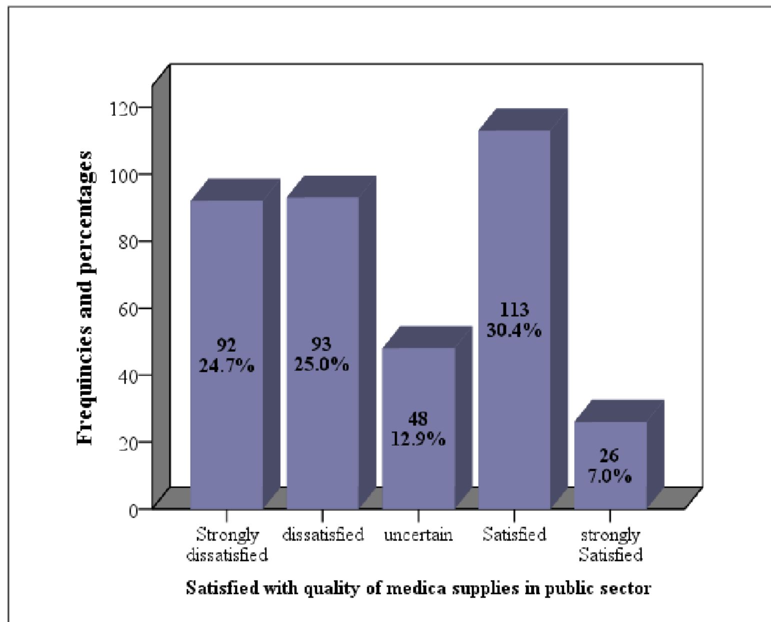

Figure 1. Percentage and frequency of study population opinion toward quality of medical supplies in public health care setting.

Figure 2. Reveals that 52% of the patients from the 375 patients were dissatisfied with the public health services, and 40% were satisfied i.e. prefer public over private sector of health.

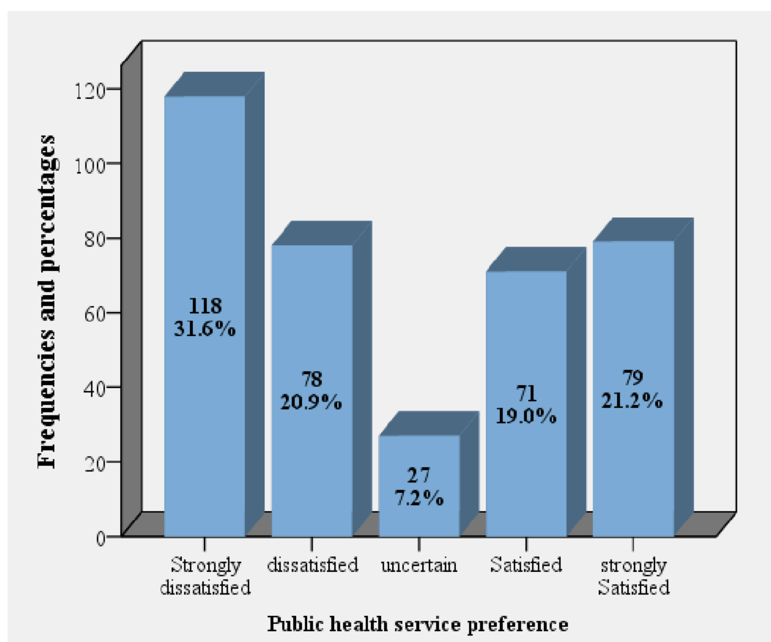

Figure 2.Preference of study population toward private sector of health system .

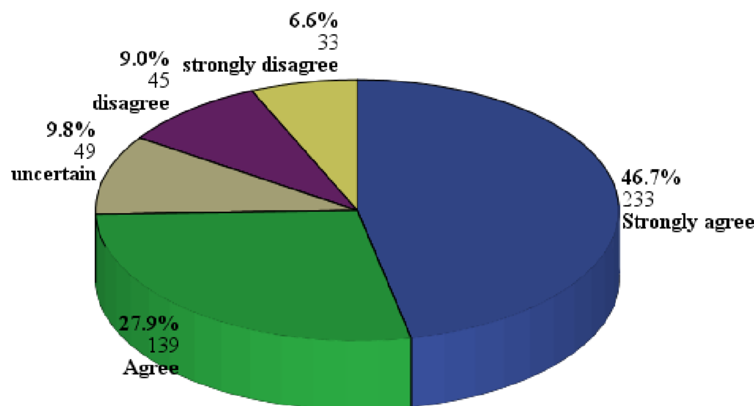

Figure 3. Distribution of sample by their opinion whether the health care system in Kurdistan is facing a big crises. It reveals that 75% of the total sample claims that there is a big crisis in health system of Kurdistan.

Figure 4. reveals that 63.8% of those responded for the question are satisfied with the arrangement and the deals of reception staff of the hospitals with patients and only 18.1% were dissatisfied.

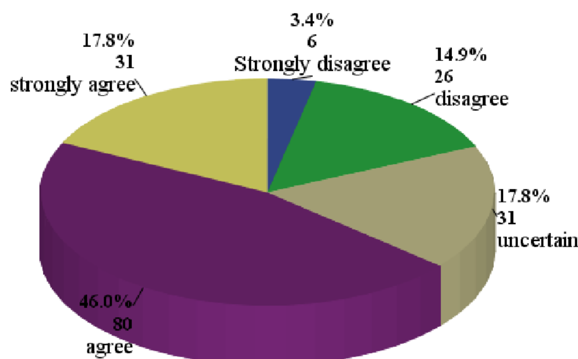

Figure 4. Patients satisfaction levels with reception of hospitals

According to Table 4, there is high level of satisfaction regarding general satisfaction, financial aspects, availability of medical care, interpersonal aspects are reported mainly in public hospital patients than private hospital patients. This association was highly significant ($p < 0.001$)in the first three components of satisfaction, and significant in the last one ($p < 0.05$). But there was higher level of satisfaction for the components of communication and time spent with doctor by patients in private hospital than public hospital with significant association (p= 0.014 and 0.009 consequently). There was no significant association between patient satisfaction and technical quality of medical care (P=0.113).

Table 4. Comparison between the public and private hospital patients with regard to various components of satisfactions

Satisfaction components	Dissatisfied N (%)	Neutral N (%)	Satisfied N (%)	P values
General satisfaction				
Public hospital	26(20.8)	54(43.2)	45(36.0)	<0.001
Private hospital	19(38.0)	31(62.0)	0(0.0)	
Technical Quality				
Public hospital	56(44.8)	60(48.0)	9(7.2)	0.113
Private hospital	21(4.2)	29(58.0)	0(0.0)	
Interpersonal Aspects				
Public hospital	14(11.2)	95(76.0)	16(12.8)	0.008
Private hospital	1(2.0)	48(96.0)	1(2.0)	
Communication				
Public hospital	30(24.0)	79(63.2)	16(12.8)	0.014
Private hospital	4(8.0)	33(66.0)	13(26.0)	
Financial Aspects				
Public hospital	30(24.0)	20(16.0)	75(60.0)	<0.001
Private hospital	32(64.0)	7(14.0)	11(22.0)	
Time Spent with Doctor				
Public hospital	38(30.4)	62(49.6)	25(20.0)	0.009
Private hospital	9(18.0)	20(40.0)	21(42.0)	
Access/Availability/Convenience				
Public hospital	27(21.6)	66(52.8)	32(25.6)	<0.001
Private hospital	39(78.0)	11(22.0)	0(0.0)	

Based on Table 5, results of data analysis revealed that patients in outpatient consultation department were more satisfied than private clinic patients with regard to general satisfaction and financial aspects and this association is highly significant (p<0.001).Regarding the four components of satisfaction, more satisfaction was found in patients of private clinic than public outpatient clinic with significant association, interpersonal aspects (p=0.009), communication (p=0.016), time spent with doctor (p=0.005) and availability of medical care (p=, (p=0.017). There was no significant association between patient satisfaction and technical quality of medical care (P =0.491).

Table 5. Comparison between the public outpatient consultation patients and private patients with regard to various components of satisfactions

Satisfaction components	Dissatisfied N (%)	Neutral N (%)	Satisfied N (%)	P values
General satisfaction				
Public outpatient consultation	40(40.0)	46(46.0)	14(14.0)	<0.001
Private clinic	73(97.3)	2(2.6)	0(0.0)	
Technical Quality				
Public outpatient consultation	43(43.0)	51(51.0)	6(6.0)	0.491
Private clinic	26(34.6)	45(60.0)	4(5.3)	
Interpersonal Aspects				
Public outpatient consultation	30(30.0)	47(47.0)	23(23.0)	0.009
Private clinic	8(10.6)	45(60.0)	22(29.3)	
Communication				
Public outpatient consultation	32(32.0)	51(51.0)	17(17.0)	0.016
Private clinic	10(13.3)	48(64.0)	17(22.6)	
Financial Aspects				
Public outpatient consultation	37(37.0)	6(6.0)	57(57.0)	<0.001
Private clinic	58(77.3)	9(12.0)	8(10.7)	
Time Spent with Doctor				
Public outpatient consultation	46(46.0)	42(42.0)	12(12.0)	0.005
Private clinic	17(22.6)	42(56.0)	16(21.3)	
Access/Availability/Convenience				
Public outpatient consultation	40(40.0)	57(57.0)	3(3.0)	0.017
Private clinic	15(20.0)	56(74.6)	4(5.3)	

Discussion:

This study has measured patient satisfaction in public and private health care settings in Raparin district and to our knowledge, this is among the first studies that examine patient satisfaction in both public and private health sector in the region but another study about satisfaction of inpatients toward different aspects of public hospital health care services had been done in 2011 in Erbil (Ismail, 2012). The current study answered the main research question and detected domains or aspects in which patients are more satisfied with or dissatisfied.

There was no any significant association between the socio-demographic characteristics and any individual items of the questionnaire in both public and private health sectors ($p > 0.05$). This finding is consistent with other study had been done in Malaysia where no significant differences of patient satisfaction between age, gender and marital state found (Tang et al., 2013), but it is inconsistent with other study had been done in Erbil, which revealed patient satisfaction rate increased with

age and there was inverse association between the satisfaction rate and educational level of patients(Ismail, 2012).

Patient satisfaction is multidimensional issue, this means that patient satisfied with some aspects of medical care simultaneously dissatisfied with other aspects (Roush and Sonstroem, 1999). This was clearly seen in the results of patient satisfaction toward medical care applied in the primary health centres.

This study has shown that 73.3% of patients in the primary health care centers were satisfied with the financial aspects of medical care, and only 42.0% were satisfied with general satisfaction component, this is simply explained because medical care is either free of charge or patients paying very little. With the rest of components, technical quality, interpersonal aspects, communication, time spent with doctor and availability of medical care, nearly one fourth (20-27%) of patients were satisfied with them. These components of satisfaction are related to the setting of PHC and absence of collation between number of doctors and number of patients visiting PHC daily i.e. this may be explained by the excess loads of patients on the PHC centers and doctor can not be thorough in examining patients, and most of the doctors whose supplying medical care in PHC setting are newly graduated and just completed their internship, whom they have little experience in communication, in addition to that PHC are not well equipped with all facilities.

In the view of authors of this study, it is possible to improve patient satisfaction toward components of satisfaction related to doctors in the primary health care level by preparing well trained physician assistant or nurse practitioner to become frontline for simple clinical conditions and saving doctors time for more complex clinical conditions. This idea is consistent with previous studies had been done and revealed that primary care provided by physician assistant and/or Nurse practitioners are, on average, satisfying to patients as primary care provided by doctors, and more cost effective (Roblin et al., 2004).

From the 375 respondents of the public facilities, only 37% of them were satisfied with quality of medical supplies in public sector and 40% of them prefer public health service over private sector. This can be explained by shortage and incontinuity of facility supply in public sector. The health care provision is mainly governments responsibility due to non-availability of health insurance system, so, all the load is on the government's budget i.e. the responsibility of public health sector is totally on the government and it is expected that offering such quality of medical care does not meet with people’s expectations. Patients have to buy medicines from private pharmacies because of inadequacy of drugs and supplies and in turn delay and affect negatively on the quality of medical care and subsequently on satisfaction of patients.

Other finding in this study is 75% of the sample claimed that Kurdistan health system is in big crises. This attitude may be raised from disappointment of peoples toward reforms in the health sector, because after collapsing previous regimen in 2003 and increased revenue with improving socioeconomic state of people, no fundamental changes happened in health system. Peoples expected that extensive reforms will be done in this sector specially implementing health insurance system, giving more

concern and attention to preventive and primary health care rather than advanced therapeutic care.
According to this study,131(63.8%) patients whose responded from 175 patients satisfied with the way receptions of hospitals deal with them, although reception are not interfering with medical care but they are frontline in the hospitals to arrange patient visits and maintaining quite comfortable environment for inpatients and hospitals.
The finding of high level of satisfaction in the components of General satisfaction, financial aspects and availability of care by patients in public hospital are explained by free or low cost of supply and ability to get medical care without trouble specially in emergency conditions. This satisfaction toward medical care in public hospital patients was not found in components of communication and time spent with doctor, as higher satisfaction was seen in patients of private hospital. This can be explained in two directions: either unintentional i.e. excess load of patients in the public hospital precludes giving each patient adequate time and listening to them carefully or may be intentional by the doctor to attract attention of patients which is not acceptable.
These findings to some extent were similar to the patients interviewed in outpatient consultation department (OCD) and private clinic, especially in the components of general satisfaction and financial aspects which reveals highly significant association ($P < 0.001$), but in most other components of satisfaction, private clinic patients satisfaction was higher than OCD patients. This finding relatively confirmed by another study done in Turkey in which people prefer public health services, keeping patients privacy was the most satisfactory attributes whereas waiting time has lowest satisfactory rating (Sur et al., 2004). The communication and the information giving for the patient raise the level of patient satisfaction. The importance of meeting the patient and giving information especially before surgery by the surgeon is vital and confirmed by other studies (Wasfi et al., 2008) .
There was high level of satisfaction regarding the components interpersonal aspects (29.3%), communications (22.6%), time spent with doctor (21.3%) and access and availability of care (5.3%) more in private clinic patients than OCD, with significant association ($p <0.05$). This may be explained partly by doctors that spent more time with patients in their private clinic either intentionally to satisfy them or it is obligatory. There is a point should be mentioned here, usually patients looking for medical care in private clinics, they are really in need to it either physically or psychologically which obligate doctors to spend much time with them until reaching proper management. Another point is there is neither limitation for time of consultation nor for number of patients in private clinics, i.e. doctors have more freedom in manipulating time and duration of consultation in their private clinics. The reason behind inability to spend more time for each patient in OCD patients may be due to overloaded and limited time in consultation clinic.
In the view of authors of this study, public health care providers can depend on physician assistant and practitioner nurses to help specialist doctors in OCD departments in management of patients for e.g. preparing patients and recording vital signs by paramedical staffs will save much time for the doctors to listen carefully to

patients and spend adequate time with them. This is nowadays routine in most advanced health systems.
There are other important factors linked to patient satisfaction but beyond the scope of this study and had not been addressed here e.g. patient's expectation, sharing patient in decision making, affective responses by health staff, continuity of care and health status of patient. Patient satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his or her perception of the real care he or she receives(Ganova-Iolovska et al., 2008). Whenever the expectation of patient for medical care is high their satisfaction will be low and dissatisfaction will be reduced if users of health care know what they can expect and then receive it (McKinley et al., 2002).
In conclusion, as we mentioned before that patient satisfaction is multidimensional issue, but in spite of all difficulties facing governmental sector of health, patients are satisfied with public medical care from the financial aspects due to its low cost, but they are more satisfied with care provided by private health facilities from other aspects e.g. communication, time spent with doctor and availability of care which are related to doctors themselves and health care setting.

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The researchers wish to thank all who helped us in completing this study specially the registered college nurses in Raparin Directorate of Health and School of Nursing in university of Raparin whose collected data by direct individual interview from patients and entered the data to computer before analysis. Many thanks also for a group of newly gradated unemployed volunteer nurses whose collected data from private clinics and primary health care patients.

Recommendations:

1. Arranging courses of communication skills periodically by the directorate of health for doctors as well as other health care professional staff in all grades to improve communication with patients. Doctors should not only teach junior staff but also their patients.
2. Arranging training courses of building capacity and updating knowledge, in order to be aware of latest medical development, for the doctors and health care professional staff , with arranging induction course for all newly employed doctors and health care professional staff.
3. Using Global Health Indicators as a standard guide to improve the deficits in the infrastructure of public and private health care settings.

Limitations:

The finding of this study may not be generalized as the facilities, medical supplies, human resources and infrastructure of health care settings are different so consequently the patient satisfaction will be affected. Another limitation of the study is that collecting data by hospital nurse staff may be a source of potential bias and affect the opinion of the patients, so in repeating such studies the author recommends recruiting other unemployed trainers or neutral people for arranging the interview. The shortage number of the beds of hospitals and overcrowding might be another limitation that make interviewer could not arrange a private place for interviewing and collecting data from patients because this might affect participants in the survey to express their perception frankly and honestly.

References:

AGOSTA, L. J. (2005). *Patient Satisfaction with Nurse Practitioner Delivered Primary Health Care Services.* Doctor of Philosophy, Faculty of the Louisiana State University and Agricultural and Mechanical College.

CASSERLEY-FEENEY, S. N., PHELAN, M., DUFFY, F., ROUSH, S., CAIRNS, M. C. & HURLEY, D. A. (2008). Patient satisfaction with private physiotherapy for musculoskeletal pain. *BMC Musculoskeletal Disorders,* 9.

COLLINS, K. A. (2002). *The Meaning of Patient Satisfaction:Re-assessing a Qualitative Psychological Research Methodology.* Doctor of Philosophy, University of Sheffield.

DOHERTY, D. (2003). Measurement of Patient Satisfaction Guidelines Health Strategy Implementation Project 2003. 35.

GANOVA-IOLOVSKA, M., KALINOV, K. & GERAEDTS, M. (2008). Satisfaction of inpatients with acute coronary syndrome in Bulgaria. *Health and Quality of Life Outcomes,* 6.

HAYS, R., DAVIES, A. & WARE, J. (1987). Scoring the medical outcomes study patient satisfaction questionnaire: PSQ-III. 1987. *MOS Memorandum Rand Corporation, Santa Monica (unpublished)*.

ISMAIL, K. H. (2012). Satisfaction of inpatients in Erbil teaching hospitals *ZJMS,* 16**,** 98-105.

KANE, R. L., MACIEJEWSKI, M. & FINCH, M. (1997). The relationship of patient satisfaction with care and clinical outcomes. *Medical care,* 35**,** 714-730.

KHALID FAROOQ DANISH, U. A. K., TAHIR CHAUDHRY, MUHAMMAD NASEER (2008). Patient Satisfaction; An Experience at IIMC-T Railway Hospital. *Rawal Med J* 33**,** 245-248.

MARIA LUZ TRAVERSO, MERCEDES SALAMANO1, CARINA BOTTA1, MARISEL COLAUTTI1, PALCHIK1, V. & PE´REZ2, B. (2007). Questionnaire to assess patient satisfaction with pharmaceutical care in Spanish language. *International Journal for Quality in Health Care,* 19**,** 217-224.

MCKINLEY, R., STEVENSON, K., ADAMS, S. & MANKU-SCOTT, T. (2002). Meeting patient expectations of care: the major determinant of satisfaction with out-of-hours primary medical care? *Family Practice,* 19**,** 333-338.
RECK, D. L. H. (2010). *Patients' Expectations and Satisfaction with Nursing Care, And Their Nurses' Awareness of Their Expectations.* Doctor of Philosophy, The Pennsylvania State University.
ROBLIN, D. W., BECKER, E. R., ADAMS, E. K., HOWARD, D. H. & ROBERTS, M. H. (2004). Patient satisfaction with primary care: does type of practitioner matter? *Medical care,* 42**,** 579-590.
ROUSH, S. E. & SONSTROEM, R. J. (1999). Development of the Physical Therapy Outpatient Satisfaction Survey. *Physical Therapy,* 79**,** 159-170.
SUR, H., HAYRAN, O., YILDIRIM, C. & MUMCU, G. (2004). Patient Satisfaction in Dental Outpatient Clinics in Turkey. *Croatian medical journal,* 45**,** 651-654.
SYSTEM, C. R. (2016). Available: http://www.surveysystem.com/sscalc.htm Accessed [23 February 2016].
TANG, W. M., SOONG, C.-Y. & LIM, W. C. (2013). Patient Satisfaction with Nursing Care: A Descriptive Study Using Interaction Model of Client Health Behavior. *International Journal of Nursing Science* 3**,** 51-56.
VILLARRUZ-SULIT, M. V. C., DANS, A. L. & JAVELOSA, M. A. U. (2009). Measuring Satisfaction with Nursing Care of Patients Admitted in the Medical Wards of the Philippine General Hospital. *Acta Medica Philipina* 43**,** 52-56.
WASFI, E. I., PAI, P. & ABD-ELSAYED, A. A. (2008). Patient satisfaction with cataract surgery. *International Archives of Medicine,* 1.
YILDIRIM, C., KOCOGLU, H., GOKSU, S., GUNAY, N. & SAVAS, H. (2005). Patient Satisfaction in a University Hospital Emergency Department In Turkey. *ACTA MEDICA (Hradec Králové),* 48**,** 59-62.
YOUNG, G. J., METERKO, M. & DESAI, K. R. (2000). Patient satisfaction with hospital care: effects of demographic and institutional characteristics. *Medical care,* 38**,** 325-334.

هەڵسەنگاندنی ئاستی ڕەزامەندی نەخۆش بەرامبەر چاودێری پزیشکی لە کەرتی گشتی و تایبەت لە دەڤەری راپەڕین

پوختە:

ئامانجی توێژینەوە: ڕەزامەندی نەخۆش یەکێکە لە پێوەرە گرنگەکانی کوالیتی خزمەتگوزاری چاودێری تەندروستی. ئامانجی ئەم توێژینەوەیە بریتیە لە هەڵسەنگاندنی ئاستی ڕەزامەندی نەخۆش بەرامبەر چاودێری پزیشکی کە لە لایەن دامەزراوە تەندروستیە جیاجیاکان لە دەڤەری راپەرین پێشکەش دەکرێت، وە هەروەها پشکنینی بۆ هەر پەیوەندیەك ئەگەر هەبێت لە نێوان پێکهاتەکانی ڕەزامەندی نەخۆش.

ڕێگای توێژینەوە: ئەمە توێژینەوەیەکی وەسفی یە لەسەر ٥٠٠ نەخۆش کە سەردانی دامەزراوە حکومی و تایبەتەکانی دەڤەری راپەرین یان کردوە لە ٢٠١٥/١٢/١ – ٢٠١٥/١٢/١٥ . داتاکان بە ریگای چاوپێکەوتنی راستەوخۆ کۆکرانەوە، لە ڕێگای فۆرمێکی راپرسی کە پێك هاتووە لە ٣٩ برگە. شیکردنەوەی داتاکان بە بەرنامەی ئاماریSPSSڤێرشنی٢٠ ئەنجام دراوە.

ئەنجامەکان: بە شێوەیەکی گشتی ئاستێکی بەرزی ڕەزامەندی نەخۆشەکان بۆ چاودێری پزیشکی لە کەرتی حکومی زیاتر بوو لە کەرتی تایبەت لە رە هەندی دارایی ڕەزامەندی نەخۆش ،(بەهای Pvalue<0.001)بەلام لە رەهەندەکانی ئەو کاتەی کە پزیشك لەگەڵ نەخۆش تەرخان دەکات وپەیوەنی گرتن لەگەل نەخۆش و دەستکەوتن و دەست پێڕاگەیشتنی چاودێری پزیشکی نەخۆش ڕەزامەندی زیاتر بوو بۆ کلینیکە تایبەتەکان بە بوونی پەیوەندییەکی گرنگ کە بەهای P<0.05.

دەرئەنجام: ڕەزامەندی نەخۆش بەرامبەر چاودێری پزیشکی، بابەتێکی فرە رەهەندە، نەخۆش لەوانەیە لەرەهەندیک رازی بێت بەلام لەرەهەندیکیترەوە ناڕازییە، بەلام بە شێوەیەکی گشتی ڕەزامەندی نەخۆش لە کەرتی گشتی (واتە حکومی) زیاترە لە کەرتی تایبەت (ئەهلی) لە باری دارایی، بە لام لە رەهەندەکانی پەیوەندار بە هەلسوکەوتی پزیشک و کاتی تەرخان کراو بۆ نەخۆش لە کەرتی تایبەت زیاتر ڕەزامەندن. دەکرێت هەندێ راسپاردە بکرێت بۆ بەرزکردنەوەی ئاستی ڕەزامەندی نەخۆش لە هەر دوو کەرتی حکومی و تایبەت بەرامبەر چاودێری پزیشکی.

تقيم مستوى رضا المرضى للعناية الطبية في القطاع العام و الخاص في منطقة راپەرين

الملخص:

هدف البحث: يعد رضا المريض من اقوى المؤشرات المهمة لقياس جودة الخدمات الصحية. ان هدف هذه الدراسة هو تقيم مستوى رضا المرضى للعناية الطبية التى تقدم من مختلف المؤسسات الصحية الحكومية و الأهلية في منطقة راپەرين و البحث عن وجود اى علاقة بين مكونات رضا المرضى.

طريقه البحث: هذه دراسة وصفية أجريت على ٥٠٠ مريضا زاروا المؤسسات الصحية الحكومية و الأهلية في منطقة راپەرين من ٢٠١٥/١٢/١ الى ٢٠١٥/١٢/١٥، چمع البيانات عن طريق المقابلة المباشرة مع المرضى من خلال استمارة استبيان مكونة من ٣٩ فقرة و تم تحليل البيانات من خلال برنامج SPSS version20.

النتائج: اظهرت النتائج وجود مستوى عال في رضا المرضى للعناية الطبية المقدمة في القطاع الحكومي أكثر من في القطاع الأهلي (الخاص) في بعد الناحيه الماليه مع وجود علاقة قوية عاليه حيث ان قيمةP value<0.001 . لكن فى بعد الاتصال و الوقت الذي يقضيه الطبيب مع المريض ، حيث ان رضا المرضى كان أعلى من القطاع الأهلي (الخاص) عن القطاع الحكومي مع وجود علاقة قوية حيث أن قيمةP value<0.05.

الاستنتاجات: أن رضا المرضى للعناية الطبية موضوع متعدد الأبعاد حيث أن المريض يكون راضيا عن جانب أو بعد و غير راضي عن بعد آخر. لكن بصورة عامة أن رضا المرضى للبعد المالى كان أعلى في القطاع الحكومي من القطاع الأهلي (الخاص)،لكن فى الابعاد الاخرى كان الرضا اكثر في القطاع الخاص. يمكن أن يكون لدينا توصيات لرفع رضا المرضى في كلا القطاعين.