Patient's Satisfaction with Quality of Public Hospital Services at Benghazi City.

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This thesis was submitted in partial fulfillment of the requirements for the Degree of Master in Public Health

University of Benghazi

Faculty of Public Health

May 2018

University of Benghazi **Faculty of Public Health**

Department of Health Services Administration

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Acknowledgement

This effort could not have been accomplished without the strength drawn from my God Almighty Allah, who gives me strength and ability to complete this work. All benefits from this work must be contributed to God, any deficiencies come from me.
I would like to say thanks and show my gratitude, my greatest appreciation to my respectable supervisor Prof. Amina Al-Shekhteria, who guided, support and encourage me throughout completion of this work .

I would like to thank the staff of Health Administration Department and Postgraduate Office and great thanks to Mrs Eman Alabarsha for her continuous cooperation.

Finally great appreciation for everyone involved in the success of this work from patients, managers, medical and nursing staff .

Anis Al-Akily

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List of Abbreviations

Abbreviation	Meaning
S.D	Standard Deviation
ICU	Intensive Care Unit
PSQ-III	Patient Satisfaction Questionnaire
JCAHO	The Joint Commission on Accreditation of Healthcare Organization
NCHSR	National Center for Health Services Research
SPSS	Statistical Package for Social Sciences

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Abstract

This study was conducted to measure patient satisfaction with quality of public hospital services in Benghazi city and to detect the differences in satisfaction according to patient satisfaction affecting variables. It was conducted on 288 participants from four public hospitals (sample size was calculated using Epi-info). Seventy two participants from each hospital were selected by simple random sampling technique (table of random numbers). The data was collected using PSQ-III questionnaire and then analyzed using SPSS.

The results shown that the general satisfaction was moderate (3.3 Mean, 0.999 standard deviation). Participants were more satisfied with technical quality and communication skills than the other hospital related variables. In this study no statistical differences in the satisfaction according to socio-economic variables, except for the age variable.

Regarding hospital related variables there are no significant differences in the satisfaction level between studied hospitals except Al Jamhoria hospital where the satisfaction level was higher with technical skills and accessibility.

Chapter 1: Theoretical Framework

1.1. Introduction

This chapter sheds light on the theoretical framework of the study to identify the problem of the study and identify the most important goals, which is to measure the satisfaction of patients about the quality of health services in public hospitals.

This chapter also reviews the importance of the current study and its main hypotheses and review of some studies and research related to the current study.

1.2. Study Statement

Healthcare in Libya is a basic right guaranteed by the state in accordance with the law through three levels of health care services, also according to the law all the governmental health institutions should provide health services to all citizens free of charge (Organization, 2006).

Within the Libyan Health System Organization, the public health sector is the main service provider that offers preventive, curative and rehabilitation services to all citizens free of charge. Almost all levels of health services are decentralized even though there exist a mixed system of public and private health care. The healthcare delivery system operates on three levels (Organization, 2007).

- The first level or primary healthcare

  The first level consists of the primary health units (serve from 5,000 to 10,000 citizens), primary health centers (serve from 10,000 to 26,000 citizens) and polyclinics.

  Healthcare unit and primary health center provide preventive and primitive services and basic curative services where as polyclinic provide services for diseases and injuries of all kinds. Usually polyclinic are staffed by specialized physicians and containing laboratories as well as radiological services and a pharmacy serve from 50,000 to 60,000 citizen.

- The secondary level or secondary healthcare

  At the second level, there are general hospitals in rural and urban areas where care is provided to those referred from the first level.

- The third level or tertiary healthcare

  The third level comprises of medical center and specialized hospitals.

This study was conducted to assist in the evaluation of the national health system in Libya, particularly the general hospitals in the second level through the measurement of patient satisfaction, so the study statement can be formulated as follows:

Did the patients were satisfied with the quality of public hospital services? and what are the factors that affect patient's satisfaction?

1.3. Literature Review

1.3.1. National Studies

Amshiry and Bensaad study which aimed to measure the quality level of the health services at El-Khoms Educational Hospital from the patient's views, and identifies the differences between the patients mean responses about the quality level of such services attributed to the variables [gender, age, education level, reason of visiting, number of visits and the required medical specialization]. The descriptive method was applied, the population was represented by all the users of the healthy services at the outpatient & inpatient departments over 10 days during 16-9- 2017 to 25-9-2017. Questionnaire forms were distributed to a purposeful sample of 152 users during the stated period. The respondents were 144 by 95 %. The statistical program SPSS was used to analyze the data. The study concluded that the users appraisal of the quality level of the services provided by the hospital under study was unsatisfactory, it was shown that their responses to the level of healthy services dimensions [Reliability, Empathy, Responsiveness, Assurance, Tangibles] were poor, and there were no significant differences between their responses due to the previous variables, but there were significant differences between the beneficiaries responses resulted from the number of visits in favor of four visits or more (2017 ,امشيري).

Alhamily study which was conducted in Tripoli city, the study was aimed finding out an extend of the availability of health services quality dimensions in health services which are provided by public (governmental) health organizations, from beneficiaries points of view. A sample was (100) patients from the research population whom they had received medical care services from Tripoli Medical Center, all of whom are Libyan citizen in Tripoli city, the study resulted that:

1- Some of health service quality dimensions were not available at Tripoli Medical Center which were reliability, responsiveness, assurance, empathy. But the results showed the availability of the tangibles dimension.
2- There were some weakness in applying health service quality dimensions which were provided by Tripoli Medical Center to patients or (beneficiaries).
3- There were no relationship between health service quality and level of application of quality dimensions which were required in health service (الهميلي, 2016).

A Abdelgadir study which was conducted to evaluation of performance in Libyan public hospitals and investigate the obstacles and administrative problems in delivering of health services, this study was conducted on five hospitals in Benghazi city. The study resulted that the decrease in hospitals performance is due to:

1. Most hospital officials are doctors and technicians, however the nature of the work of most departments needs administration specialists.
2. The ineffectiveness of organization and the objectives of the sub-departments are unclear and contradictory.
3. Waste of public money, especially medical instruments in the form of thefts and misuse of them.
4. The ineffectiveness of performance evaluation system.
5. public hospitals organized and managed by the public administration in the health sector in the state (عبدالقادر, 2010).

Osborne study which was a qualitative exploratory single-case study was aimed to identify the factors that have led to the negative perceptions and mistrust in Libyan health system, key research questions examined the role Libyan cultural values and privatization of healthcare might have played in creating the negative perceptions and mistrust of the healthcare and its delivery and whether the perceptions and mistrust varied between the patients and healthcare providers. Fifty participants were interviewed during a one-month period.
Results indicated that respondents demonstrated the capacity to trust but did not consistently have positive perceptions of competence and intention of administrators of the public health care system. The findings suggest that patients view the behavior of providers as an indication of their level of skill. Additionally, respondents perceived that they will have a higher level of service if they have a personal

recommendation. The social change implication for this study is that overcoming these negative perceptions and improving trust can lead to equal access to quality healthcare (Osborne, 2010).

1.3.2. Arabic Studies

A cross sectional study was conducted at King Khalid University Hospital, Riyadh, to evaluate the satisfaction of 400 inpatients with physician services, patient characteristics and ward of admission were collected and a questionnaire based on the standardized Likert scale was used. The highest mean satisfaction score was for admission and the lowest for communication. Among service items, the highest mean score was for physicians enquiring about patient conditions and opinions when planning care and the lowest for physicians asking for opinions about care quality and problems. Female and less educated patients were more satisfied with their care than male and educated patients. Male surgical and medical ward patients were the most dissatisfied with physician services. These findings offer hospital management information about shortcomings requiring remedial intervention (Al Doghaither, 2004).

An empirical study in Bahrain was aimed to evaluates the level of service quality of healthcare providers in Bahrain with a view to uncovering, primarily, the relationship between service quality dimensions and the overall patient satisfaction and analyzing behavioral intention of patients. A sample of 235 patients of hospitals and medical centers participated in the questionnaire survey. Descriptive, factor analysis, regression and correlation statistical techniques were employed to investigate the relationship between service quality dimensions, patients satisfaction and behavioral intention.

The study results show that SERVPERF scale was more efficient than SERVQUAL scale in explaining the variance in service quality. Two – Factor solution was provided by the SERVPERF scale, where reliability, responsiveness and assurance and the majority of empathy dimension were highly correlated and loaded on the first factor, while the second factor covered only the tangible dimension. Responsiveness, empathy and tangible dimensions had the largest influence on the overall service quality. Positive and significant relationships were found between overall service quality ,patients' satisfaction, and their behavior intention (Ramez, 2012).

A study conducted in Jordan aimed to investigate the relationship between patient perception of healthcare quality, patient satisfaction, and patient trust and the

mediating effect of patient satisfaction. Study aimed also to test the significance of socio-demographic variables in determining healthcare quality, patient satisfaction, and patient trust. Patient perception of healthcare quality was measured using modified SERVQUAL model and results indicate that it appears to be a consistent and reliable scale. Finding indicate that, while patient perception of healthcare quality has a strong and positive impact on the patient satisfaction and patient trust, patient satisfaction has also significant impact on patient trust. Moreover, patient satisfaction appears to play an important mediating role in increasing the strength of the association between healthcare quality and patient trust in healthcare service provider. Results confirm the varying importance of some socio-demographic variables on patient perception of healthcare quality, patient's satisfaction, and patient trust. It has also been found that private hospitals have higher overall healthcare quality than public hospitals. Study indicate that patient of private hospitals are more satisfied and feel more trust in healthcare service provider than public hospitals (Alkaa'ida, 2011).

A study which aimed at measuring the level of quality of health services in government hospitals in Sudan from the point of view of patients and reviewers. The study was conducted on the major teaching hospitals in the state of Khartoum. Was chosen as soft sample of inpatients and outpatient, and the use of a questionnaire consisted of (22) is to measure the quality of health services where the level. The study found that there are fully aware of in patients and reviewers to levels of quality health services to be provided in government hospitals. It also showed that there were no statistically significant differences in the levels of quality of health services in government hospitals at significantly lower level of (0.05) depending on the demographic variables of the sample of gender, age, education, income, place of residence. The study recommended the creation of government hospitals required devices and equipment, and the provision of medical staff and qualified personnel assistance and the provision of appropriate physical evaluation of their effectiveness to ensure it continues to work out, to plant the trust and confidence in the hearts of patients and their auditors (Abdelgadir, 2015).

Ramez study which conducted in Bahrain to compare patient expectations, perceptions, and satisfactions in both private and public hospitals of Bahrain. A sample of 235 patients of hospitals and medical centers participated in the questionnaire survey. Bahraini patients have high expectations for all dimensions of service quality, especially in the private sector, but non-significant differences are

found between private and public hospitals, except for the empathy dimension. Patient perceptions of services provided by private sector are much better than services in public sector. Both groups of patients are dissatisfied with the healthcare services of Bahrain (Ramez, 2014).

Al-Tailakh study which considered comparative study conducted in Jordan aimed to measure the impact of health service quality on patient's satisfaction in the hospitals of public and private sectors. The random sample of this study consisted of 450 inpatients. To determine the impact of Health Service Quality on Patient's satisfaction the researcher used a special measure called "SERVPERF" which was designed specially to measure the quality of service in different Service sectors, the content validity of the measure conducted by committee arbitrators and throughout the multiple use of this measure over the time. The reliability of the measure computed using Cronbach alpha and the result indicated that the internal consistency of the measure was 90%.

The result revealed that:

1) There is an impact for the health service quality on patient's satisfaction.

2) There is a significant statistical difference of the impact of health service quality on patient's satisfaction between hospitals of public and private sector.

3) The impact of health service quality on patient's satisfaction in private hospitals sector is better than that in public hospitals sector.

4) The responsiveness diminution of health service quality has the lowest mean out of other service quality diminutions in public and private sectors.

This study find out many recommendations as:

1) The hospital's administration in both public and private sector should to raise up the employee's qualifications to ward assimilation of the patients need and wants such as to tell them exactly when service will be performed, and to submit prompt service for the patients, and the employees should have the willing to help patients.

2) The hospital's administrations should make periodic revision for the application each service quality divisions and their items in their Items in their hospitals through the applying (SERVEPERF) measure and they should have to measure the patent's satisfaction to mend any defect automation ally.

3) Hospital's administrations should put mechanisms to keep in touch with patients after discharge to hear from them about their hospital's service and the extent of their

satisfactions because the patients after discharge feet freely to say and criticize (Tailakh, 2012).

Al-Shaif study which was a cross sectional conducted at Nablus hospitals (governmental and non-governmental), to measure patient's satisfaction with services provided at Nablus hospitals, and to determine factors affecting patient's satisfaction including room services, technical quality and interpersonal skills of health care providers, accessibility and availability of services.

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

The patients in non-governmental hospitals were more satisfied than patients in governmental hospitals. About 70.2% of respondents rated their general satisfaction with governmental hospitals as good to very good, while in non-governmental hospitals, more than 90 % rated it as good to very good. The results indicated that older patients were more satisfied than the younger ones, females were found more satisfied than males. In addition to this, patients with high income were more satisfied than others with low income. Also healthier patients were more satisfied than sicker patients. However, patients who were waiting long time (more than one hour) in the reception area, to get a bed in the hospital, were less satisfied than the others, while obstetric patients were found to be the most satisfied (Al Shaif, 2008).

Alasad and Ahmad study which was an exploratory study investigated patient satisfaction with nursing care at a major teaching hospital in Jordan. A total of 266 in-patients participated in the study. Patients were recruited from the medical, surgical, and gynecological wards. Pearson correlation, one-way analysis of variance, and logistic regression analyses were used. The findings showed that patients in surgical wards had lower levels of satisfaction than patients in medical or gynecological wards. Gender, educational level, and having other diseases were significant predictors for patient's satisfaction with nursing care (Alasad & Ahmad, 2003).

Mostafa study which was an empirical study seeks to investigate how patient's perceive service quality in Egypt's public and private hospitals, the study was conducted using a cross-sectional questionnaire survey. A sample of 332 patients from 12 hospitals in Egypt participated in the study.

The results highlighted a three-factor solution for the SERVQUAL instrument with 67 percent of variance explained. This result does not support the five-components original SERVQUAL. A discriminant function was estimated for patients who selected public hospitals and those who selected private hospitals. The model was found to be significant in explaining patients' choice of the type of hospital (Mostafa, 2005).

Soufi et al, a survey that was conducted in an acute medicine department of a Moroccan University Hospital to measure patient's satisfaction with quality of care, it is a cross sectional study, the EQS-H questionnaire is used to collect the data from 950 patients, the questionnaire is a self-report instrument comprising 16 items, covering two very important domains of patient satisfaction,"Quality of medical information" and "Relationship with staff and daily routine ".

The Arabic version of EQS-H demonstrated an excellent internal consistency for the two dimensions studied (0.889 for quality of medical information and 0.906 for relationship with staff and daily routine). The principal component analysis confirmed the bidimensional structure of the questionnaire and explained 60% of the total variance. In the univariate analysis, urban residence, higher income, better perceived health status compared to admission, better perceived health status compared to people of the same age, and satisfaction with life in general were related to MI dimension, otherwise, male gender, urban residence, higher income, staying in double room, better perceived health status compared to admission, and satisfaction with life in general were related to RS dimension. The multiple linear regression showed that four independent variables were associated with higher satisfaction in MI: More than 2 prior hospitalizations, a longer length of stay (10-14 days) (P = 0.002), staying in double room (P = 0.022), and better perceived health status compared to admission (P = 0.036). Three independent variables were associated with higher satisfaction in RS: a longer length of stay (10-14 days) (P = 0.017), better perceived health status compared to admission day (P = 0.013), and satisfaction with life in general (P = 0.006) (Soufi et al, 2010).

1.3.3. **International Studies**

A study was conducted in England on three disablement services centers, the study was aimed to develop a patient's satisfaction system for disablement services centers and to report on how the initial findings have been used in audit to improve their quality of care and services.

The questionnaire included 16 core topics contributing to quality of care and services, including comfort of limbs, appointments, interpersonal aspects of care, a system of

support and counseling, and organization. The results of survey demonstrated high satisfaction scores for aspects of interpersonal care, organization, and physical surroundings of the centers and lower satisfaction for counseling services, comfort of the limb and the number of alterations made before the limb was considered acceptable (Smith, 1995).

A cross sectional institution based study was conducted on 582 randomly selected patients admitted for at least two nights in three wards of selected public hospitals in Eastern Ethiopia. The main objective of this study is to assess the level of adult patient's satisfaction and associated factors in nursing care provided in selected public hospitals in Ethiopia. The results of this study shows that more than half of the respondents, 307(52.75%), were satisfied with the nursing care they received. The patient satisfaction was found to be 62.71%, 55.67%, 44.85% and 55.15% for nursing characteristics, the caring activities, the amount of information given and the entire caring environment respectively. Previous history of admission, patient's income level, and type of admission rooms have been found to significantly affect overall satisfaction of patients (Ahmed, 2012).

A Cross-sectional study of patients discharged from four acute care general hospitals. Random sample of 650 discharged patients was collected from the medical and surgical wards of each hospital during February and March 2002. The study was conducted to evaluate the health care received by patients admitted to several hospitals by using of validated inpatient satisfaction questionnaire. In the univariate analysis, age was related to all domains except visiting, gender to comfort, visiting, and intimacy, level of education to comfort and cleanliness, marital status to information, human care, intimacy, and cleanliness, length of hospital stay to visiting and cleanliness, and previous admissions to human care, comfort, and cleanliness. The timing of the response to the mailing and who completed the questionnaire were related to all variables except visiting and cleanliness. Multivariate analysis confirmed in most cases the previous findings and added additional correlations for level of education (visiting and intimacy) and marital status (comfort and visiting) (Quintana, 2006).

A study was conducted in Sweden to analyze the relationship between patient's satisfaction and background factors such as age, gender, health status and pain. In addition, to use background factors to create less biased ranking in comparisons of patient's satisfaction between medical specialties. A questionnaire was sent by post to

patients who had recently received in patient care at a hospital within county of Ostergotland The questionnaire contained 33 questions, 21 of which concerned the quality of health care. By using patient's satisfaction index score (PSI) patient age had the greatest explanatory value regarding the PSI, closely followed by experiencing anxiety during admission. With regard to variations in the PSI, about 20% could be explained by the background factors taken as a whole. Gender did not correlate with the PSI, although males were somewhat more satisfied than females. PSI scores differed among medical specialties and, interestingly, when age and other background factors were controlled for, the picture changed regarding the medical specialty that received the best PSI score (Rahmqvist, 2001).

A cross sectional study was conducted on 189 inpatients in Jimma University Specialized Hospital to measure and describe the level of patient's satisfaction within inpatient healthcare services. A total of 189 patients participated. The proportion of overall net patient's satisfaction was 117 (61.9%). Majority of the respondents 148 (78.3%) reported that they got the kind of service they anticipated. Cleanliness of the ward 145 (76.7%) and time to get back to home 27 (14.3%) were found to have the highest and the lowest proportion of satisfied respondents, respectively. Patients with no formal education 60 (76.9%) and patients from the rural areas 75 (68.8%) were satisfied higher than those from their counterparts. Patients at medical 22 (61.1%) and ophthalmology 10 (62.5%) wards were less satisfied than patients in other departments (Woldeyohanes, 2015).

A cross sectional study was conducted to assess the satisfaction level of investigative patients at public health facilities of Madhya Pradesh, a State of India.
A total of 280 investigative patients were included in the study to know their perceptions about the services at the public health facilities. It was found that most of the respondents belong to rural areas (53.9%) and majority (82.1%) lies within the age group of 16-50 56.4% were male having low level of literacy, 90% of the respondents who availed ultrasonography services and nearly 70% of the investigative patients who have utilized ECG facility found the problem of overcrowding but found the test facility good. However, 67.3% and 76% of the patients reported that the test facility was good who availed the services of laboratory and X-Ray. More than 80% of the total investigative patients reported the behavior of the technicians as good. Nearly 50% of the respondents who availed the services of laboratory and X-ray,

reported that privacy and confidentiality was good whereas rest found it satisfactory (Sodani, 2012).

A study was conducted by systematically reviewing of 24 articles from international journals to build a comprehensive conceptual model to understand and measure variables affecting patient satisfaction-based healthcare quality. Patient's satisfaction is a multi-dimensional healthcare construct affected by many variables. Healthcare quality affects patient's satisfaction, which in turn influences positive patient behaviors such as loyalty. Patient's satisfaction and healthcare service quality, though difficult to measure, can be operationalized using a multi-disciplinary approach that combines patient inputs as well as expert judgment (Naidu, 2009).

A cross sectional study carried out at a major tertiary care hospital of Karachi. Patients between the ages of 18 and 80 years admitted to the hospital for at least one day were included. Patients in the maternity, psychiatry and chemotherapy wards and those in the ICU/CCU were excluded. A pretested, peer reviewed translation of a validated patient satisfaction scale developed by the Picker Institute of Europe was administered. A total of 173 patients (response rate: 78.6 %) filled the questionnaire. Patient satisfaction was at levels comparable to European surveys for most aspects of hospital care. However, nearly half the patients (48%) felt they had to wait too long to get a bed in the hospital after presenting to the ER. 68.6% of the patients said that they were never asked for views on the quality of care provided. 20% of the patients did not find anyone in the staff to talk to about their worries and fears while 27.6% felt that they were given emotional support to only some extent. Up to one third of the patients said they were not provided enough information regarding their operative procedures beforehand. Although several components of patient care equal the quality levels of the west, many sections require considerable improvement in order to improve health care provision. The healthcare team needs to get more involved with the patients, providing them greater support and keeping them informed and involved with their medical treatment. Efforts should be made to get regular feedback from the patients (Imam, 2007).

A cross sectional study was conducted on 31 hospitals in a large Midwestern Metropolitan area in Ohio to determine relationships between age, self-reported health, and satisfaction in a large cohort of hospitalized patients. Satisfaction exhibits a complex relationship with age, with scores increasing until age 65 to 80 and then declining. This relationship was consistent across individual satisfaction scales, but

was modified by health status. The results suggest that age and health status should be taken into account when interpreting patient's satisfaction data (Komal, 2003).

A cross sectional study was done in Kerman hospitals on 3017 participant to determine the level of patient's satisfaction in the hospitals and to determine the factors affecting satisfaction. There was a significant relationship between satisfaction and type of hospital, ward, education level, history of hospitalization, need for medical services, health status and duration of hospitalization (Bahrampour, 2005).

A cross sectional study was conducted in turkey, the study was aimed to determine the aspects of hospital services that are most likely to affect patient satisfaction in a military teaching hospital. The findings indicated that satisfaction with physician, nursing, and food services were the main determinants of overall satisfaction with the hospital. The type of clinic in which the patients stayed also was an important determinant. The effect of patient's demographic characteristics on overall satisfaction with the hospital was also examined, and only lower education level was a statistically significant determinant (Demir, 24).

1.4. Hypothesis

1.4.1.First Hypothesis

H0 : patients are not satisfied with quality of public hospital services.

H1 : patients are satisfied with quality of public hospital services.

1.4.2. Second Hypothesis

H0 : patient satisfaction is not affected by the hospital related factors.

H1 : patient satisfaction is affected by the hospital related factors.

1.4.3. Third Hypothesis

H0 : patient satisfaction is not affected by the hospital related factors.

H1 : patient satisfaction is affected by the patient related factors.

1.4.4. Forth Hypothesis

H0 : There are no differences in patient satisfaction between studied hospitals.

H1 : There are differences in patient satisfaction between studied hospitals.

1.5. Objectives

1. To measure the overall patient's satisfaction with quality of services provided to them at public hospitals in Benghazi city.
2. To detect whether the patient's related factors (socio-demographic factors such as age, gender, income, marital status) had effect on the level of patient's satisfaction.

3. To detect whether the hospital's related factors (health care provider related variables such as room services, technical quality, accessibility) had effect on the level of patient's satisfaction.
4. To compare the level of patient's satisfaction among the participated hospitals.

1.6. Importance of Study

Due to decline in the quality of healthcare services in Libya, Libyan citizens who can afford private health care are opting out of the public health care system, many Libyan citizens utilize health care services outside Libya, Arab countries and Europe, usually by spending out-of-pocket. Annually the Libyan authorities also spend more than 60 million Libyan dinars for medical treatment of Libyan citizens abroad (Organization, 2006).

This inadequate quality joined with quantitative inadequacy that manifested clearly during and after the revolution of 17th. February 2011, where inability of healthcare services to manage all the war causality was obvious. In general this study intends to assist in the evaluation of the health system in Libya and try to the development through identifying weaknesses and shortcomings in the provision of health services according to patient perceptions.

1.7.**Summary**

The previous chapter reviewed the theoretical framework of the study in all its aspects, the reasons for this study were identified and how the objectives can be summarized in a research statement that answers the questions raised in this study. In subsequent chapters, the exact definition of each keyword will be detailed and defined.

Keywords: Patient's satisfaction, Healthcare quality

Chapter 2: Patient's Satisfaction

2.1.Introduction

The main objectives of the current study is to measure patients' satisfaction with the quality of services in public hospitals. This chapter discusses what is the satisfaction of patients and what are the most important definitions and the most important theories that discussed the subject of satisfaction of patients and what are the factors that affect the satisfaction of patients and what are the benefits of measuring and what tools to measure and what is the relationship between satisfactory patients and quality of health services.

2.2. **Theories of Patient's Satisfaction in Healthcare**

As Williams said that patient's satisfaction is a dynamic phenomenon, it is not easily understood or explained, unlike clinical outcomes, patient's satisfaction is a latent construct which do not have physical characteristics that can be directly measured (Williams, 1994) . The major patient's satisfaction theories were five key theories can be identified:

1) Discrepancy and transgression theories of Fox and Storms advocated that as patient's healthcare orientations differed and provider conditions of care differed, that if orientations and conditions were congruent then patients were satisfied, if not, then they were dissatisfied (Fox & Storms, 1981).
2) Expectancy-value theory of Linder-Pelz postulated that satisfaction was mediated by personal beliefs and values about care as well as prior expectations about care. Linder-Pelz identified the important relationship between expectations and variance in satisfaction ratings and offered an operational definition for patient's satisfaction as positive evaluations of distinct dimensions of healthcare (Linder-Pelz, 1982).

Linder-Pelz posited that patient's satisfaction was an attitude based on experiences that patients had receiving health care. She concluded that patient's satisfaction was an outcome of patient experiences (Linder-Pelz, 1982).

A patient's experience within a hospital environment is based on numerous encounters with a wide variety of individuals and locations. The first encounter is with the facility’s parking lot, followed by physically accessing the facility, the admissions process encounters with physicians, nurses, lab personnel, and other service providers and their respective physical locations, including patient rooms and the care they

receive while in their room, the discharge process. The suggestion by Linder-Pelz is that satisfaction must be understood within the context in which a variety of elements may be more or less satisfying to the patient. She identified 10 elements that can be used to determine satisfaction:

1. Accessibility/convenience.
2. Availability of resources.
3. Continuity of care.
4. Efficacy/outcomes of care.
5. Finances.
6. Humaneness.
7. Information gathering.
8. Information giving.
9. Pleasantness of surroundings.
10. Quality/competence (Linder-Pelz, 1982) .

3) Determinants and components theory of Ware et al. propounded that patient's satisfaction was a function of patient's subjective responses to experienced care mediated by their personal preferences and expectations.(Ware Jr, Snyder, Wright, & Davies, 1983)
4) Multiple models theory of Fitzpatrick and Hopkins argued that expectations were socially mediated, reflecting the health goals of the patient and the extent to which illness and healthcare violated the patient’s personal sense of self.
5) Healthcare quality theory of Donabedian proposed that satisfaction was the principal outcome of the interpersonal process of care. He argued that the expression of satisfaction or dissatisfaction is the patient's judgment on the quality of care in all its aspects, but particularly in relation to the interpersonal component of care (Avedis Donabedian, 1980).

2.3. Factors Affecting Patient's Satisfaction:

Patient's satisfaction is a construct affected directly and indirectly by many factors. Patient's satisfaction also influenced by patient's expectations, healthcare quality, education of the community and their prevailing health culture (A Donabedian, 1980).

Generally these factors can be classified into groups:

- Patient's Characteristics

1) Socio-demographic characteristics

The age, income and education variables were known to have the greatest influence on the satisfaction, it was found that the people with low income level, low educational level and old people were more satisfied with services provided to them than others (Inguanzo J M, 1986).

2) Physical and psychological health

Patient's health status before receiving care may cause them to be more or less satisfied , patients with poor psychological health may be less satisfied with care.

3) Attitudes and expectations.

Expectations differ greatly among patients, patients tend to be more satisfied if the healthcare provided to them is conformed with their expectation (Lin H-C, 2004).

❖ Healthcare Provider's Characteristics

1) The cost of care

The cost of care affects patient satisfaction, there is relationship between cost of services and satisfaction level, the higher the cost the lower the satisfaction.

2) Accessibility and continuity of care

There is association between accessibility, continuity of care and satisfaction, patients are more satisfied when the services are available when they need and easily gotten (Cleary PD, 1988).

2.4.Benefits of Patient's Satisfaction Measurement

The measurement of patient satisfaction from health services shows medical ,psychological, and quality improvement:

- Medical Benefits: early diagnosis of factors that lead to dissatisfaction, can reduce or prevent suffering and complications and subsequently prolonged hospitalization and the cost.
- Psychological Benefits: satisfied patients are led to reduced hospitalization time and faster recovery, while many researchers are equated with self-healing. This feeling of trust that develops in satisfied patients, is based mainly on the sense of control of the situation and participation of their own, and the possibility of expression of opinion about the quality of health services. Therefore, even the search for the patient's opinion, can be considered a therapeutic agent, since it increases satisfaction and encourages active participation .

- ❖ Improvement of the Quality of Services: when measuring patient's satisfaction the multitude of information is very important, but more important is the evaluation and its realization, as they can contribute to improving the quality of services (Iliodi, 2013).

2.5. Instruments to Measure Patient's Satisfaction in Healthcare

The initial steps to measure patient's satisfaction in health care were started at 1970 by Hulka et al through development of the "Satisfaction with Physician and Primary Care Scale" (Hulka B, 1970). This was followed by Ware and Snyder in 1975 with their "Patient Satisfaction Questionnaire", aimed at assisting with the planning, administration and evaluation of health service delivery programs (Larsen, 1979).

In 1979, the "Client Satisfaction Questionnaire" was developed by Larsen et al as an eight-item scale for assessing general patient satisfaction with healthcare services, and was superseded in 1984 by their "Patient Satisfaction Scale", since that time, numerous instruments have been developed.

2.6. Patient's Satisfaction as Quality Indicator

Patients as consumers of health care services play a variety of roles in health care quality assessment and monitoring. By expressing their preferences, they supply the valuations needed to choose among alternative strategies of care.

Patient's view or Patient's perception of health services has gained increasing attention over the past two decades. Although the idea of considering patient as a consumer or customer is quite new in the context of public hospital and it is revolutionary in the health sector to ask customer or patient what they really value in health care. Patient perspective is an important element of making health care systems more effective. Utilization of health care services is very sensitive to patient perceptions of quality. Therefore patient perceptions of health services are now an important part of quality assessment in health care (Rao KD, 2006).

Incorporating patient's views into quality assessment offers one way of making health services more responsive to people's needs. (Baltussen & Ye, 2005; Rao, Peters, & Bandeen-Roche, 2006)

A Satisfaction of health care consumers can refer to two things: first to "revealed preferences", that is to real consumption, assumed to be the expression of what

consumers want, and second to what consumers say they want ("stated preferences")(Dussault, 1999) .

2.7. Relationship Between Patient's Satisfaction and Quality of Services

A basic agreement is that service quality and customer's satisfaction are conceptually distinct but closely related constructs (Donabedian, 1988).

Traditionally, the quality of medical care has been described as its ability to increase the probability of desired patient's outcomes and decrease the probability of undesired outcomes (Donabedian, 1988).

This approach implies that care quality can be measured by the extent to which patients' physiological functions have improved as a consequence of receiving medical care services. Therefore, there is a relationship between patient satisfactions and the outcomes received from the quality service (Kitapci, Akdogan, & Dortyol, 2014).

2.8. Importance of Patient's Perception and Satisfaction Survey in Hospital:

Patient's satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Asking the patients what they think about the care and treatment they received is an important step toward improving the quality of care and to insuring that local health services are meeting patient's needs. Patient's satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success in meeting client values and expectations (Donabedian, 1980).

Incorporating patient's views into quality assessment offers one way of making health services more responsive to people's need (Veillard et al, 2005).

Patient's view or Patient's perception of health services has gained increasing attention over the past two decades. Although the idea of considering patient as a consumer or customer is quite new in the context of public hospital and it is revolutionary in the health sector to ask customer or patient what they really value in health care. Patient's perspective is an important element of making health care systems more effective. Utilization of health care services is very sensitive to patient's perceptions of quality.

Therefore patient's perceptions of health services are now an important part of quality assessment in health care. User-perspective studies in the hospital predominantly aim to measure perceived quality among out-patients and in-patients. The results of these studies are then used as a basis to further quality improvement of care with the ultimate goal to improve the effectiveness of care, and/or to increase utilization (González et al, 2005).

2.9.Summary

The previous chapter discussed the subject of satisfaction of patients in all its aspects in terms of definition and theories that dealt with the study and the factors affecting it and its measurement tools and importance and its relation to the quality of health services where some studies have shown a positive relationship between satisfaction of patients and the quality of health services In the next chapter will be the term quality of health services in detail.

Chapter 3: Quality in Healthcare

3.1. Introduction

The quality of health services is of interest to all segments of society and the most important of these categories is the patient as the consumer of these services. This chapter reviewed the term quality with its various definitions, as well as the definitions of the quality of health services, what are the most important types and what are their dimensions and how can they be measured or evaluated? It is possible to evaluate quality from the patient's point of view?

3.2. Concept of Quality

The term “quality” is elusive in nature, it means different things to different people, daily we use words such as “top-quality” product or service, and it might refer to reputation, the durability of a product, the right price, high standards, prompt service, a friendly reception, the availability of service and some other things. According to the Oxford Word Power Dictionary quality means degree or grade of excellence, according to Webster’s New World College Dictionary, quality is the degree of excellence which a thing possesses (Andaleeb, 2001).

In Arabic, the word “quality” means something very good or something which has been done in a perfect way**.** Quality is a multidimensional and multifaceted concept. This partly explains the large number of definitions of the term, the many approaches to measuring and assessing it, and the variety of approaches to ensure and improve it.

3.3. Definition of Healthcare Quality

Quality of care as defined by Donabedian as a property of a judgment upon some definable unit of care , and that care is divisible into at least two parts, technical and interpersonal. At the very least, the quality of technical care consists of the application of medical science and technology in a manner that maximizes its benefits to health without correspondingly increasing at risk (Avedis Donabedian, 1980).

Donabedian said that the simplest way to define quality is by looking at the complete model of management of care that is provided by a doctor to a patient, he divided this into three aspects: technical care, interpersonal care and amenities of care:

- Technical care: science of medicine is the application of medical sciences and technology and their implementation in the management of health problems. Good

quality of care, which includes medical science and technology, maximizes benefits to health without correspondingly increasing risk.

- Interpersonal care: art of medicine is the management of the social and psychological interactions between the doctor and his patient. Although Donabedian pointed out that this aspect of care is more difficult to assess, he suggested that high-quality interpersonal care can be measured by the extent of conformity to values, norms, expectations, and patient aspirations he also indicated that the interpersonal process is not isolated from the technical process, and can contribute to the success or failure of technical care by contributing to the balance of risks and benefits.
- Amenities of care include the comfort, privacy, courtesy, and acceptability of care such as pleasant and restful waiting room, clean sheets. Donabedian viewed amenities as a component of the definition of quality, while stressing that they should not be seen as an exclusive component in their own right, but linked with the management of interpersonal care. However, this definition has been criticized, as it having several important limitations. It maintains the static approach to quality, as well as the tendency to focus on professional control and on certain aspects of performance, there is no provision for patient's views on quality, in addition to reflecting the individualism in quality, it also tends to underemphasize the contributions of non-physicians and organizational processes generally (Donabedian, 1980).

Roemer and Montoya-aguilar have defined quality in healthcare as proper performance, according to standards of interventions that are known to be safe and affordable to the society in question, and that have the ability to produce an impact on morbidity, mortality, disability, and malnutrition (Roemer, 1988).

3.4. Types of Healthcare Quality

According to Ovretveit health care quality is three types :

1) Professional : Clinical and allied care standards.
2) Managerial : Efficient cost-effective utilization of resources.
3) Client : Achieving user's satisfaction.

The diversity of perspectives on what quality means for different interest groups makes it difficult to achieve a unified definition. Many existing quality definitions are therefore seen as objective definitions and are primarily used by different professionals to advance their interests (Tabish, 2001).

Ovretveit argues that these definitions, which are based solely on service features, miss the idea of client responsiveness that should be central to the quality approach. He stresses that quality should address the perspectives of all stakeholders of health services, including managers, professionals and patients. This requires a fine balance of attention, and emphasis is placed on different aspects such as specification, measurement, attitudes and relationships, increasing productivity, reducing cost, and raising PS. In healthcare, for instance, quality includes at least three perspectives:

1) The patient's perspectives: reviewing care when needed as quickly as possible and, most importantly, by the provider that the patient chooses;
2) The professional's perspectives: might mean providing the best possible healthcare to patients.
3) The administrator's perspectives: providing effective healthcare in a cost-conscious environment, and within limits and directives, particularly if resources are limited (Tabish, 2001).

3.5. Dimensions of Quality

Maxwell interpreted a quality of services as those which give dignity, personal worth, individual fulfillment, respect and individuality to all human beings. He provided a useful six-dimensional framework for defining and evaluating quality in healthcare, these dimensions are:

1) Effectiveness of services provided i.e. success in meeting policy and program objectives.
2) Efficiency and economy of resource use i.e. optimum use of resources needed to reach objectives and value for money.
3) Social acceptability to the users of available services, i.e. social barriers, and professionals.
4) Accessibility of services: i.e. location of and waiting times for services.
5) Equity or fairness of healthcare services for different people.
6) Relevance or appropriateness of type or pattern of services to the needs of the population (Maxwell, 1984).

The joint commission on Accreditation of Healthcare Organization (JCAHO) also shares some of the quality dimensions:

1) Efficacy: is the intervention (care/procedures) useful?

2) Appropriateness: is it right for the patient?
3) Accessibility: if right, can the patient get it?
4) Respect and caring
5) Safety
6) Acceptability: if right and available, does the patient want it?
7) Effectiveness: is it implemented well?
8) Efficiency: is it implemented in a cost-effective way?
9) Continuity: did it proceed without obstruction and with suitable follow-up, interaction and referral? (Eastaugh, 1990).

3.6. Models for Quality Measurement and Assessment:

As said what cannot be measured cannot be controlled, continuous success can only be achieved where there is feedback, evaluation and improvement. There must be monitoring and planning systems which continually drive the organization to expand its horizons. There is acknowledgement that lack of an explicit and operational definition of quality weakens quality evaluation and measurement (Hall, 2004).

The lack of a unified quality definition has led to a proliferation of evaluation types, derived mainly from four evaluation perspectives: experimental, economic, developmental, and managerial. Ovretveit argues that the perspective of the evaluator will be influenced by these important issues, the goal of the evaluation i.e. what to evaluate, methodology and approach to knowledge (i.e. training and disciplinary background), and for whom the evaluation is carried out (Tabish, 2001).

Traditionally, the quality of healthcare used to be evaluated and measured by healthcare professionals through setting standards e.g. mortality and morbidity rates and evaluating quality against these standards. Ovretveit argued that it is worth noting that quality evaluation differs from quality measurement. This is because measurement is a concept which tends to mean the process of quantifying the amount of an item and does not involve judging its value (Tabish, 2001).

Ovretveit asserts that this does not mean measurement is not without value judgments, since “what is selected for measurement involves a judgment of value in that the selected phenomenon is important in some way”. On the other hand, Ovretveit explains that evaluation, although it involves measuring quality, differs from measurement because “the evaluation framework shapes which particular quality

measures are to be used, and it is within this context that measures allow the users of the evaluation to judge value". Thus, quality measurement is a quantity-driven concept and quality evaluation is a value-driven concept. Ovretveit identified three common approaches to evaluating the quality of care: outcome, process, and experimental evaluation. In outcome measures of quality, the focus tends to be placed on outcome only, regardless of the service process and its internal activities. An example of this approach is the evaluation of Patient satisfaction and functioning after receiving healthcare (Tabish, 2001).

Process evaluation tends to be more helpful for service providers, as more insight is given into internal activities that contribute eventually to the outcomes of care. The last approach is experimental evaluation, which is intended to introduce continuous improvement in methods. In this approach, certain attributes of the service are examined for their potential links to the production of high- or low-quality healthcare (Tabish, 2001).

Also Donabedian's framework of structure-process-outcome is used for the assessment of quality measurement. Structure refers to these things that are present before the patients visit the hospital process refers to these things occur while the patients are in the hospital , Outcomes are these things occur after the patients leave the hospital; they include morbidity, mortality and quality of life (Donabedian, 1980**)**.

3.7. Healthcare Services Quality in Public Hospitals:

Providers of health care both public and private should ensure their services are clinically effective, appropriate for each patient's health needs, responsive to the wishes and preferences of health service users and cost-effective **(**Maxwell, 1984**).**

It is the responsibility of the Government to insure that medical care is of high quality in public hospitals by setting standards, regulating professional performance and regulating medical care resources (Hanlon, 1974).

Quality of hospital services means considerably more than technical excellence. It means also providing services that really serves health needs of patients, proper utilization of resources, and maintaining high managerial and ethical standards. The actual quality of the health care is a characteristic of the health care delivery system, and relates to potential accessibility of the outcome process, determined by interplay between the characteristics of potential user in a specific area and moderated by

health care related planning efforts. So it is vital that quality of health care be ingrained as a philosophy in the hospital organizations to achieve excellence in health care (Tabish, 2001).

3.8.Patient's Satisfaction and Quality Perception in Developing Countries

In developing countries the literature of users views on quality and satisfaction is few and limited compared with the volume of research that has been published in developed countries. Despite this, the available literature shows that patients views on the quality of healthcare services are a multidimensional concept, the main factors that the patients perceived as influencing the quality of healthcare were the availability of a doctor, the availability of medicine and the availability of information on diagnosis (Bernhart, Wiadnyana, Wihardjo, & Pohan, 1999).

3.9. Summary

By the end of this chapter, the reader will have a full understanding of the theoretical framework of the current study and be aware of the definitions in the previous chapters such as the definitions of patient satisfaction and quality of health services and how to measure the quality of health services using satisfaction of patients as a quality indicator.

Chapter 4: Methodology

4.1.Introduction

This chapter covers the research methods used in this study in terms of study design, period of study, study setting, size of sample, inclusion criteria, exclusion criteria of sample individuals and how to choose them, what are the tools used to measure satisfaction of patients and the mechanism of data collection and data analysis and what are the statistical tests conducted on the questionnaire used in this study?

4.2.Study Period

The study was conducted in two separate period because of the state of the war in Benghazi with the subsequent interruption of the study in the faculty and university of Benghazi in general.

First Period: (4 / 2013 - 5 / 2014)

During this period the data were collected.

Second Period: (5/ 2016- 12 / 2016)

4.3.Study Setting

Inpatient Departments In the following hospitals :

1. Al Jala d Hospital

2. Al Jamhoria Hospital

3. Seventh October Hospital

4. Al Hawari Hospital

4.4. Study Design

A cross- sectional study was conducted on a sample of patients who were admitted to public hospitals at Benghazi city during the period of 2 months.

4.5.Sample Size

The number of the admissions in the year 2012 in Benghazi Public Hospitals was 53471 So the number of the admissions during two months was 8911, the sample size was calculated with a margin of error of 5%, and a confidence level of 95%, the expected frequency of the factor under the study is assumed on the level of 50% accordingly the sample size in the 4 hospitals is 288,the sample size was calculated by Epi-info program.

N.B (The year 2011was not used as a base for calculating the sample size due to the special circumstances that occur during it, which directly affect hospitals admission rates in Benghazi).

4.6.Sample Frame

List of patients who was admitted to Benghazi hospitals for medical, surgical, or obstetric treatment, observation or care and stay at least two days during two months period.

4.7.Inclusion Criteria

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

4.8.Exclusion Criteria

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

4.9.Sampling Procedures

Patients in our study were chosen randomly form the following hospitals:

1. Al Jala d Hospital

2. Al Jamhoria Hospital

3. Seventh October Hospital

4. Al Hawari Hospital

The sample selection process consisted of a two-stages process

The First Stage:

The total sample was divided equally into four parts or strata (hospital) as follow:

Table (1) Sample Distribution on Hospitals

Hospital	No. of Interviewees
Al Jala Hospital	72
Al Jamhoria Hospital	72
Seventh October Hospital	72
Al Hawari Hospital	72
Total	288

The Second Stage :

Involved the random selection of the patients from each one of strata (hospital). As follow:

- The number of the beds in every department was listed. Simple random sampling technique (by the use of table of random numbers.) was used for selection of 18 patients beds from every department.
- If the patient refused to participate or was not satisfying the inclusion criteria patient in the next bed was selected.
- Every day from 6-8 patients were interviewed, the process is repeated every working day for period of 2 weeks until 72 questionnaires were completed.
- The same procedure repeated in every hospital .

4.10.Data Collection Procedures and Instrument

4.10.1. Data Collection Procedures

The data collected by interviewing every selected patient by the investigator, with aid of a questionnaire.

4.10.2.Instrument

A pre-tested questionnaire was used, this questionnaire consists of two parts:
1.The First Part:

This part cover the following:

1) Socio- demographic component: (age, gender, marital status, education, and income).

2) Admission information: patients was asked about the process of the admission, and waiting time in reception area to admission.

2.The Second Part:

This part was designed by adopting 38 points from the Patient Satisfaction Questionnaire PSQ-III. (The foundation for PSQ-III is provided by National Center for Health Services Research (NCHSR)). (appendix 1)

4.10.2.1.PSQ-III Questionnaire

Is an international, adaptable, reliable, and validated tool for use in various settings, items in PSQ-III are used to score five multi-item subscales: Room services, technical quality, interpersonal skills, accessibility and general satisfaction).

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

4.10.2.2.The Validity of the Questionnaire

The validity of the questionnaire was tested by Spearman correlation (r), the coefficient was ranged from 0.410 to 0.753. The test revealed that there was a positive correlation between the questionnaire subscales, P-value = 0.000

The correlation between the items within every subscale was also tested, table (1) shows the range of correlation coefficient and p-value.

Table (2): The Validity of the Questionnaire (Spearman's Correlation Coefficient)

Subscales	Range of Spearman's Correlation Coefficient	P-Value
Room services	0.572- 0.940	P<0.01
Interpersonal skills	0.460- 0.899	
Technical quality	0.485-0.859	
Accessibility	0.432-0.893	
General satisfaction	0.629-0.927	

4.10.2.3. The Reliability of the Questionnaire

The reliability of the questionnaire was tested by Coronbach's alpha . For all the 38 variables Coronbach's alpha was 0.96, which reflects the strong reliability of the questionnaire , the internal consistency within every subscale was also strong.

Table (3): Internal Consistency within every Subscale of the Questionnaire by Cronbach's Alpha

Subscales	Number of Items	Cronbach's Alpha
Room services	5	0.94
Interpersonal skills	12	0.95
Technical skills	9	0.94
Accessibility	8	0.89

General satisfaction	4	0.90

4.11.Pilot Testing

In order to test the instrument. A pilot testing was performed in order to clarify any unclear question. The patients included in pilot study were excluded from the study.

4.12.Data Analysis

Data was analyzed using Statistical Package for the Social Sciences (SPSS) program ver.17.

Statistics used: descriptive statistics such as; frequency, percentage, mean, and standard deviation and Kolmogorov-Smirnov (K-S) test for testing data distribution were used.

Inferential statistics such as Independent Sample T-test, one way ANOVA test, to test the differences between means and spearman's correlation for testing the validity of the questionnaire were used, also Cronbach's alpha was used to assess the internal consistency (reliability) of the questionnaire.

$p>0.05$ was used to denote statistical significance.

4.13.Study Variables

The study includes these variables:

1) Independent Variables

• Age

• Gender

• Marital status

• Educational level

• Income

• Waiting time

• Health status

2) Dependent Variables

• Room services (5 items)

• Interpersonal skills(11items)

• Technical quality (10 items)

• Accessibility (8 items)

• General impression (3 items)

4.14.Measurements

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

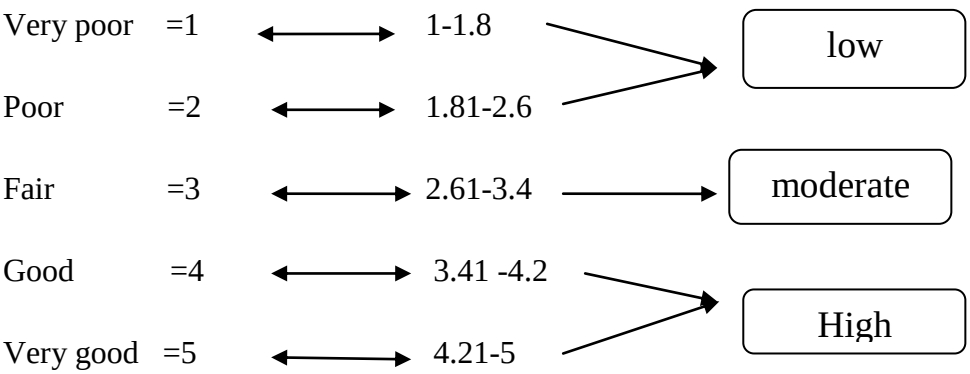
To assess the level of satisfaction , the following procedure was used:

- The range was calculated by subtracting 1(lowest value) from 5 (highest value):

5-1=4

- To determine the length of interval the result divided by 5 :

4/5= 0.8



4.15.Ethical Consideration

A formal letters for data collection permission from the Department of health services administration – Faculty of public health at University of Benghazi were sent to the hospital administration in every hospital included in the study.

Patients were informed about the purpose of the study before conducting the interview and were told that their participation was voluntary. To maintain complete confidentiality no names were recorded on the questionnaire.

The researcher done the interview with patients in patient‘s room far away from employees to assure confidence and anonymity.

4.16.Summary

This chapter has provided study design, research methodologies, it has also presented of how the empirical work was undertaken and covers the study setting and time, the study population and sampling, the instruments used for data collection, the data collection procedure, and the data processing and analyzing.

Chapter 5: Data Analysis

5.1.Introduction

This chapter presents the most important results obtained from the analysis of the data collected from the study sample and its size two hundred eighty eight patients were interviewed, according to the objectives of this study results can be divided into five parts:

1. Socio-Demographic characteristics of the sample.
2. Overall patient's satisfaction with quality of services in public hospitals.
3. The patient satisfaction according to socio-demographic variables.
4. The patient satisfaction according to hospital related variables.
5. Differences in the level of patient's satisfaction between the studied hospitals.

5.2.Socio-Demographic Characteristics of the Sample

5.2.1.Age

From table (4) the most frequent age group was 30-45 (33.3%) and patients with age more than 60 formed only 12.2%, patients with age 45-60 were 83(28.8%), the age group 15-30 was 74 (25.7%).

Table (4): Distribution of the Patients according to their Age group.

Age	Frequency	Percentage
15-30	74	25.7
30-45	96	33.3
45-60	83	28.8
>60	35	12.2
TOTAL	288	100%

5.2.2.Gender

The female to male ratio was 1.01: 1 which is approximately equal.

Table (5) show the distribution of the patients according to their gender.

Table (5): Distribution of the Patients according to Gender

Gender	Frequency	Percentage
Male	143	49.7
Female	145	50.3
Total	288	100%

5.2.3.Marital Status

According to table (6) 174 (60.4%) of the patients were married, 72 (25%) of the patients were singles, 29 (10.1%) were widows and the divorced patients were 13(4.5%).

Table (6): Distribution of the Patients according to their Marital Status

Marital Status	Frequency	Percentage
Single	72	25.0
Married	174	60.4
Divorced	13	4.5
Widowed	29	10.1
Total	288	100%

5.2.4.Education

Table (7) shows that patients who get diploma were the more frequent 107(37.2%) then patients who have university level of education were 70 (24.3%) and patients with secondary education or below 63(21.9%), illiterate patients were 43 (14.9%), and patients with master's degree or above were only 5 (1.7%).

Table (7): Distribution of the Patients according to their Educational level

Education	Frequency	Percentage
Illiterate	43	14.9
Less than secondary	63	21.9
Diploma	107	37.2
Baccalaureate	70	24.3
Master's degree or above	5	1.7
Total	288	100%

5.2.5.Income

From table (8) patients with income less than 500 were 138 (47.9%), and patients with income from 500 to 1000 were 118(41%) ,while patients who their income from 1000-1500 and more than 1500 were :23(8%) ,9(3.1%).

Table (8): Distribution of the Patients according to their Income

Income	Frequency	Percentage
Less than 500	138	47.9
500-1000	118	41.0
1000-1500	23	8.0
More than 1500	9	3.1
Total	288	100%

5.2.6. Health Status

From table (9) patients with good health status were 127 (44.1%) and patients with very good health status were 51(17.1%) and patients who said that they have fair health status were 92(31.9%) , then patients with poor and very poor health status were 12(4.2%), 6(2.1%) respectively.

Table (9): Distribution of the Patients according to their Health Status

Health Status	Frequency	Percentage
Very Poor	6	2.1
Poor	12	4.2
Fair	92	31.9
Good	127	44.1
Very Good	51	17.7
Total	288	100%

5.2. Patient Satisfaction according to Hospital related variables

5.3.1.Room Services

Table (10) shows that only 85(29.5%) patients was satisfied by the quality of the room services, the mean satisfaction about the room services was 2.89 with 1.073 SD which considered moderate. The mean level of satisfaction about level of cleanliness, level of safety, and comfort sleeping was 2.77, 2.66, 2.75 respectively, which is considered moderate, while it was considered high (3.43) regarding the hospital meals.

Table (10): Distribution of the Patients according to their Satisfaction about Room Services

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	77	26.7	2.77	1.07	Moderate

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Level of the safety of your hospital room	59	20.5	2.66	1.08	Moderate
Level of satisfaction with meals that were provided	141	48.96	3.43	1.07	High
Level of comfort in sleeping in your room	73	25.35	2.75	1.1	Moderate
Level of satisfaction with your hospital room	75	26.04	2.87	1.04	Moderate
Total	-	-	2.89	1.07	Moderate

5.3.2.Interpersonal Skills

Table (11) shown that satisfied patients about interpersonal skills were 151 (52.5%) , the mean satisfaction about interpersonal skills was 3.49 with 0.967 S.D which considered high . The mean level of satisfaction about communication between patients and doctors was 3.4 with 1.007 S.D, communication between patients and nurses 3.31 with 1.022 S.D, nursing staff listening to patients 3.33 with 1.022 S.D , nursing staff answers patient's questions 3.32 with 0.957 S.D , nursing staff effort to make patient visit comfortable 3.34 with 1.006 S.D, doctors usually spend plenty of time with patient 3.39 with 1.017 S.D the receptionist explain things quietly 3.05 with 1.056 S.D, which was considered moderate. The mean of satisfaction level about friendliness shown to patients by nursing was3.41 with 1.012 S.D, and using the medical terms by doctors without explaining was 3.87 with 1.007 S.D , The medical staff show respect to patients was 3.94 with 0.781 S.D , The confidence and trust in

medical staff was 3.68 with 0.868 S.D, the medical knowledge of physician was 3.89 with 0.85 S.D, is considered high.

Table (11): Distribution of the Patients according to their Satisfaction about Interpersonal skills

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
The level of communication between yourself and doctors	146	50.7	3.4	1.007	Moderate
The level of communication between yourself and nursing staff	117	40.6	3.31	1.022	Moderate
Nursing staff listening to what you say	120	41.67	3.33	1.022	Moderate
Nursing staff answers to your questions	121	42.01	3.32	0.957	Moderate
Nursing staff effort to make your visit comfortable and pleasant	127	44.1	3.34	1.006	Moderate
Friendliness and courtesy shown to you by nurses	129	44.8	3.41	1.012	High

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Sometimes doctors use medical terms without explaining what they mean	196	68.06	3.87	1.007	High
The medical staff who treat you give you respect	215	74.7	3.94	0.781	High
The confidence and trust in medical staff Treating you	176	61.1	3.68	0.868	High
Doctors usually spend plenty of time with you	151	52.43	3.39	1.017	Moderate
The receptionist explain things Quietly	106	36.8	3.05	1.056	Moderate
The medical knowledge of physician staff at this hospital	211	73.26	3.89	0.85	High
Total	-	-	3.49	0.967	High

5.3.3. Technical Quality

From table (12) patients who are satisfied with technical quality were 174 (60.6%) and the mean satisfaction was 3.67 with 0.863 S.D which considered high. The mean of satisfaction level about the medical knowledge of nursing staff was 3.3 with 0.988 S.D which considered moderate as the satisfaction mean about training and experience of nursing staff 3.27 with 0.923 S.D.

While the mean of satisfaction level was high regarding the following variables : doctor advice to avoid illness 3.81 with 0.99 S.D , accuracy of diagnosis 3.75 with 0.962 S.D, quality of the examinations 3.76 with 0.901 S.D, doctors explain the reason medical tests 3.7 with 0.923 S.D, doctors check everything 3.86 with 0.971 S.D, patient get enough information about his condition 3.9 with 0.897 S.D, and quality of treatment 3.64 with 0.892 S.D.

Table (12): Distribution of the Patients according to their Satisfaction about Technical Quality

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
The medical knowledge of nursing staff at this hospital	124	43.05	3.3	0.988	Moderate
Training, skill and experience of the nursing staff	114	39.6	3.27	0.923	Moderate
Doctor advice you about ways to avoid illness and stay healthy	193	67.01	3.81	0.99	High
Accuracy of diagnoses	184	63.9	3.75	0.962	High

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Quality of examinations you receive	193	67.01	3.76	0.901	High
Doctors are good about explaining the reason of medical tests	188	65.27	3.7	0.923	High
Doctor is careful to check every thing when examining me	199	69.09	3.86	0.971	High
The patient was given enough information About his condition and treatment	203	70.5	3.9	0.897	High
Quality of treatment you receive	172	59.7	3.64	0.892	High
total	-	-	3.67	0.938	High

5.3.4. Accessibility

Table (13) shown that the patients who are satisfied about the accessibility were 115 (39.9%) and the mean of satisfaction level regarding accessibility was moderate, it was 3.16 with 1.021 S.D .

Patients who are satisfied about of easy of getting hospital care when they need were 130 (45.1%) and the mean was 3.27 with S.D, it was the highest within the items of accessibility, then the mean of satisfaction about easy of getting lab and radiology services, availability of drugs in pharmacy was 3.25 with S.D 0.942 ,0.932, the mean of satisfaction about laboratory tests availability was 3.2 with 0.977 S.D, and it was

3.1 with 1.16 S.D regarding the convenience of hospital location ,while for easy of reaching medical staff when the need, it was 2.96 with 1.03 S.D .

Table (13): Distribution of the Patients according to their Satisfaction about Accessibility

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Easy of reaching the medical staff when you have problem	79	27.4	2.96	1.03	Moderate
Easy of getting hospital care when you need	130	45.1	3.27	0.97	Moderate
Easy of getting medical care in an emergency	127	44.09	3.18	1.02	Moderate
Access to specialist when needed	126	43.75	3.06	1.12	Moderate
Easy of getting lab and radiology work	113	39.2	3.25	0.94	Moderate
Drugs in pharmacy are available	122	42.3	3.25	0.93	Moderate
Laboratory tests are available	118	40.97	3.2	0.97	Moderate
Convenience of location where you get care	105	36.45	3.1	1.16	Moderate

The statement	Frequency of satisfied patients (Highly agree+ Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfactio n
Total	-	-	3.16	1.02	Moderate

5.3.5.General Satisfaction

Table (14) shown the general satisfaction about the quality of hospital services that was 3.28 with 0.93 S.D, it was considered moderate. The patients who are satisfied with their visits to hospital were 128 (44.4%) with mean of 3.31 and 0.976 S.D, and the patients who are satisfied and would recommend the hospital to their relatives were 114(39.6%) with mean 3.27 and 0.921 S.D.

Table (14): Distribution of the patients according to their General Satisfaction

The statement	Frequency of satisfied patients (Highly agree+Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Overall quality of care and service provided by hospital	100	34.72	3.25	0.894	Moderate
You will recommend this hospital to your friends and family member	114	39.6	3.27	0.921	Moderate
you are satisfied with your visit to this hospital	128	44.4	3.31	0.976	Moderate

The statement	Frequency of satisfied patients (Highly agree+Agree)	Percentage (%)	Mean satisfaction	SD	Level of satisfaction
Total	-	-	3.28	0.930	Moderate

5.3. The Patient Satisfaction according to Socio-Demographic variables

5.4.1.Age and Room services

Table (15) shows the mean satisfaction and S.D for each age group regarding the room services, from the table the age group > 60 was the most satisfied among other age groups with the satisfaction mean 3.32 and 1.067 S.D.

Table(15): Distribution of the Patients by their Age and level of satisfaction about the Room services

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	2.64	1.028	2.63	1.107	2.86	1.026	3.23	1.087
Level of the safety of your hospital Room	2.39	1.168	2.6	1.00	2.82	1.014	2.97	1.15
Level of satisfaction with meals that were provided	3.42	0.965	3.31	1.089	3.47	1.13	3.69	1.078
Level of comfort in	2.35	1.175	2.65	1.036	3.08	0.99	3.11	1.051

sleeping in your Room								
Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Level of satisfaction with your hospital room	3.18	1.127	3.49	0.94	3.4	0.962	3.63	0.973
Total	2.79	1.092	2.93	1.034	3.12	1.02	3.32	1.067

5.4.2.Age and Interpersonal Skills.

From Table (16), which represents the satisfaction mean and S.D for each age group regarding the interpersonal skills, noticed that the age group 15-30 was the most satisfied among the other groups with mean of 3.62 and 0.94 S.D. The satisfaction mean for 45-60 age group was 3.56 with 1.071 S.D, and for 30-45 age group was 3.45 with 0.869 S.D, then patients with ages >60 was 3.37 with 1.011 S.D.

Table(16): Distribution of the Patients by their Age and level of Satisfaction about the Interpersonal Skills.

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of communication between yourself and doctors	3.18	1.13	3.49	0.94	3.4	0.962	3.63	0.973
The level of communication between yourself and nursing staff	3.12	1.216	3.44	0.88	3.29	0.98	3.43	1.008

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Nursing staff listening to what you Say	3.16	1.228	3.4	0.84	3.28	0.94	3.66	1.136
Nursing staff answers to your Questions	3.19	1.143	3.36	0.848	3.25	0.853	3.66	0.998
Nursing staff effort to make your visit comfortable and pleasant	3.26	1.183	3.32	0.9	3.31	0.962	3.63	0.973
Friendliness and courtesy shown to you by nurses	3.24	1.18	3.44	0.927	3.45	0.94	3.63	1.003
Sometimes doctors use medical terms without explaining what they mean	3.98	0.858	3.95	1.035	3.71	1.1	3.7	1.095
The medical staff who treat you give you respect	3.78	0.864	3.95	0.701	4.01	0.741	4.06	0.873
The confidence and trust in medical staff Treating you	3.61	0.99	3.77	0.801	3.65	0.788	3.69	0.963
Doctors usually spend plenty of time with you	3.08	1.168	3.61	0.813	3.42	1.026	3.37	1.031

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The receptionist explain things Quietly	3.04	1.039	3.11	1.025	2.88	1.12	3.31	0.993
The medical knowledge of physician staff at this hospital	3.88	0.859	3.96	0.724	3.86	0.871	3.77	1.087
Total	3.62	0.94	3.45	0.869	3.56	1.071	3.37	1.011

5.4.3.Age and Technical Quality

Table (17) shows the satisfaction mean and S.D for each age group about the technical quality, the mean of satisfaction was considered high in all age groups, the data of table shown that no significant differences in the satisfaction level between age groups.

Table(17): Distribution of the Patients by their Age and level of satisfaction about the Technical Quality

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The medical knowledge of nursing staff at this hospital	3.27	0.969	3.4	0.9	3.17	1.091	3.4	1.006
Training, skill and experience of the nursing staff	3.18	0.956	3.34	0.779	3.17	1.034	3.49	0.919

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Doctor advice you about ways to avoid illness and stay healthy	3.57	1.074	3.89	0.939	3.9	0.892	3.86	1.115
Accuracy of diagnoses	3.49	1.063	3.88	0.861	3.87	0.908	3.71	1.045
Quality of examinations you receive	3.54	1.1	3.85	0.781	3.77	0.831	3.91	0.853
Doctors are good about explaining the reason of medical tests	3.45	1.124	3.81	0.812	3.77	0.831	3.77	0.877
Doctor is careful to check every thing when examining me	3.62	1.107	3.95	0.91	3.95	0.923	3.91	0.887
The patient was given enough information About his condition and treatment	3.8	0.906	3.97	0.839	3.9	0.878	3.89	1.078
Quality of treatment you receive	3.55	0.981	3.66	0.765	3.66	0.901	3.74	1.01
total	3.49	1.031	3.75	0.842	3.68	0.921	3.74	0.97

5.4.4.Age and Accessibility

Table (18) shown the satisfaction mean and S.D of age groups regarding accessibility, generally the satisfaction mean was considered moderate for all age groups, but the age group >60 was the most satisfied with mean of 3.3 and 0.93 S.D.

Table(18): Distribution of the Patients by their Age and level of Satisfaction about the Accessibility.

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of reaching the medical staff when you have problem	2.76	1.031	3.01	1.081	3.02	0.987	3.11	0.963
Easy of getting hospital care when you Need	3.11	1.093	3.27	1.051	3.3	0.852	3.57	0.739
Easy of getting medical care in an Emergency	3.07	1.114	3.19	1.039	3.18	0.977	3.4	0.914
Access to specialist when needed	2.95	1.204	3.18	1.066	3.02	1.147	3.09	1.04
Easy of getting lab and radiology work	3.08	1.082	3.27	0.934	3.34	0.816	3.37	0.91
Drugs in pharmacy are available	3.11	1.001	3.29	0.972	3.33	0.813	3.23	0.942
Laboratory tests are available	3.08	1.057	3.27	0.978	3.22	0.925	3.2	0.933
Convenience of location where you get Care	2.88	1.17	3.16	1.146	3.1	1.196	3.43	1.037
Total	3.05	1.094	3.205	1.033	3.18	0.96	3.3	0.93

5.4.5.Age and General Satisfaction

Table (19) represents the mean of general satisfaction for all age groups, the results shown that age group >60 was the most satisfied with mean of 3.58 and 0.85 S.D which considered high, while it moderate for other age groups.

Table(19): Distribution of the Patients by their Age and level of General Satisfaction

Age	15-30		30-45		45-60		➢ 60	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Overall quality of care and service provided by hospital	3.14	0.941	3.22	0.954	3.25	0.763	3.54	0.886
You will recommend this hospital to your friends and family member	3.04	1.053	3.34	0.904	3.24	0.82	3.66	0.765
you are satisfied with your visit to this hospital	3.12	1.097	3.4	0.934	3.28	0.915	3.54	0.919
Total	3.1	1.03	3.32	0.93	3.25	0.83	3.58	0.85

5.4.6. Gender and Room Services

Table (20) shows the mean satisfaction according to the gender of patients regarding the room services which considered moderate for both genders, no significant difference between genders.

Table(20): Distribution of the Patients by the Gender variable and level of Satisfaction about the Room Services

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	2.86	1.104	2.68	1.04
Level of the safety of your hospital room	2.85	1.119	2.46	1.007
Level of satisfaction with meals that were provided	3.42	1.09	3.44	1.053
Level of comfort in sleeping in your room	2.8	1.17	2.7	1.028
Level of satisfaction with your hospital room	2.97	1.07	2.78	1.003
Total	2.98	1.11	2.81	1.02

5.4.7.Gender and the Interpersonal Skills

Table (21) shows the mean satisfaction regarding the interpersonal skills according to the gender of patients ,it was 3.57 with 0.98 S.D for males and 3.41 with 0.91S.D for females ,both of them was considered high .

Table(21): Distribution of the Patients by the Gender variable and level of Satisfaction about the Interpersonal Skills

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
The level of communication between yourself and doctors	3.38	1.02	3.41	0.997
The level of communication between yourself and nursing staff	3.44	1.066	3.19	0.965
Nursing staff listening to what you say	3.54	1.019	3.13	0.98
Nursing staff answers to your questions	3.51	0.956	3.14	0.925
Nursing staff effort to make your visit comfortable and pleasant	3.5	0.771	3.18	1.018
Friendliness and courtesy shown to you by nurses	3.67	0.94	3.16	1.018
Sometimes doctors use medical terms without explaining what they mean	3.78	1.08	3.95	0.923
The medical staff who treat you give you respect	4.03	0.859	3.84	0.684
The confidence and trust in medical staff Treating you	3.69	0.938	3.68	0.797

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
Doctors usually spend plenty of time with you	3.34	1.114	3.44	0.912
The receptionist explain things quietly	3.1	1.09	3.01	1.024
The medical knowledge of physician staff at this hospital	3.9	0.909	3.88	0.79
Total	3.57	0.98	3.41	0.91

5.4.8.Gender and the Technical Quality

Table (22) represents the mean satisfaction according to the gender of patients regarding technical quality which considered high, it was 3.62 with 0.98 S.D for males and 3.7 with 0.88 S.D for females.

Table(22): Distribution of the Patients by the Gender variable and level of Satisfaction about the Technical Quality

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
The medical knowledge of nursing staff at this hospital	3.36	1.103	3.24	0.86
Training, skill and experience of the nursing staff	3.34	0.994	3.19	0.844
Doctor advice you about ways to avoid illness and stay healthy	3.78	0.967	3.83	1.014

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
Accuracy of diagnoses	3.66	1.021	3.84	0.895
Quality of examinations you receive	3.68	0.939	3.83	0.858
Doctors are good about explaining the reason of medical tests	3.67	0.97	3.73	0.876
Doctor is careful to check every thing when examining me	3.74	0.99	3.98	0.939
The patient was given enough information about his condition and treatment	3.83	0.911	3.96	0.881
Quality of treatment you receive	3.55	0.969	3.73	0.802
total	3.62	0.98	3.7	0.88

5.4.9.Gender and the Accessibility

From table (23)which represents the mean satisfaction according to the gender of patients regarding accessibility, it was 3.12 with 1.07 S.D for males and 3.19 with 0.95 S.D, it considered moderate for both genders.

Table (23): Distribution of the Patients by the Gender variable and level of Satisfaction about the Accessibility

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
Easy of reaching the medical staff when you have problem	2.99	1.084	2.93	0.976
Easy of getting hospital care when you need	3.25	1.07	3.33	0.875
Easy of getting medical care in anemergency	3.1	1.11	3.26	0.934
Access to specialist when needed	2.92	1.16	3.2	1.065
Easy of getting lab and radiology work	3.31	0.98	3.2	0.902
Drugs in pharmacy are available	3.14	1.032	3.35	0.812
Laboratory tests are available	3.15	1.07	3.24	0.876
Convenience of location where you get care	3.15	1.132	3.06	1.189
Total	3.12	1.07	3.19	0.95

5.4.10.Gender and the General Satisfaction

From the data of table (24) the mean of general satisfaction according to the gender of patients was 3.27 with 0.94 S.D for males and 3.28 with 0.91 S.D for females , it considered moderate .

Table (24): Distribution of the Patients by the Gender variable and level of General satisfaction

Gender	Male		Female	
Variable	Mean	S.D	Mean	S.D
Overall quality of care and service provided by hospital	3.24	0.936	3.25	0.854
You will recommend this hospital to your friends and family member	3.26	0.925	3.29	0.92
you are satisfied with your visit to this hospital	3.31	0.967	3.3	0.98
Total	3.27	0.94	3.28	0.918

5.4.11. Education and the Room Services

From the data of table (25) which represents the mean of satisfaction level about room services according to the education of patients , the satisfaction mean among all education levels was moderate , where it was 2.98 with 1.153 S.D for illiterate patients and 2.94 with 1.122 S.D for patients who are their education less than secondary , 2.92 with 1.157 S.D for patients with baccalaureate , 2.82 with 1.02 S.D for patients with diploma, the lowest mean was for patients who are their education is master's degree or above ,it was 2.64 with 0.97 S.D .

Table (25): Distribution of the Patients by their Education and level of Satisfaction about the Room services

Education	Illiterate		Less Than Secondary		Diploma		Baccalaureate		Masters Or Above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	3.00	1.091	2.81	1.105	2.62	1.052	2.8	1.071	3.00	1.00
Level of the safety of your hospital room	2.7	1.124	2.75	1.204	2.64	0.994	2.63	1.079	2.00	1.00
Level of satisfaction with meals that were provided	3.35	1.289	3.29	1.038	3.38	1.025	3.69	1.015	3.4	0.894
Level of comfort in sleeping in your room	2.98	1.144	2.84	1.139	2.67	1.071	2.67	1.086	2.6	1.14
Level of satisfaction with your hospital room	2.88	1.117	3.05	1.128	2.82	0.96	2.83	1.035	2.2	0.837
Total	2.98	1.153	2.94	1.122	2.82	1.02	2.92	1.057	2.64	0.97

5.4.12. Education and the Interpersonal Skills

Table (26) shown that the satisfaction mean regarding interpersonal skills was considered high among all the education levels except patients with maters degree or above ,it was moderate .

Table (26): Distribution of the Patients by their Education and level of Satisfaction about the Interpersonal Skills

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of communication between yourself and doctors	3.51	1.121	3.3	1.026	3.32	0.987	3.54	0.973	3.4	0.548
The level of communication between yourself and nursing staff	3.26	1.093	3.32	0.997	3.36	0.954	3.34	1.075	2.4	1.342
Nursing staff listening to what you Say	3.51	1.142	3.3	0.891	3.3	0.959	3.31	1.11	2.6	1.517
Nursing staff answers to your questions	3.4	0.979	3.35	0.826	3.34	0.91	3.29	1.079	2.6	1.517

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Nursing staff effort to make your visit comfortable and pleasant	3.4	1.027	3.44	0.894	3.36	0.964	3.24	1.109	2.6	1.517
Friendliness and courtesy shown to you by nurses	3.63	0.952	3.43	0.962	3.5	0.925	3.21	1.141	2.4	1.34
Sometimes doctors use medical terms without explaining what they mean	4.02	0.913	3.62	1.142	3.86	0.985	4.04	0.95	3.4	0.548
The medical staff who treat you give you respect	4.05	0.84	3.83	0.974	3.93	0.761	4.00	0.78	3.8	0.447
The confidence and trust in medical Staff Treating you	3.67	0.837	3.54	0.877	3.74	0.85	3.71	0.935	3.6	0.449

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Doctors usually spend plenty of time with you	3.47	0.96	3.11	1.179	3.44	0.913	3.5	1.046	3.8	0.447
The receptionist explain things Quietly	3.19	1.16	3.14	1.189	3.02	0.942	2.96	1.042	2.8	1.095
The medical knowledge of physician staff at this hospital	3.98	0.859	3.71	0.845	3.91	0.842	3.89	0.894	3.8	0.447
Total	3.59	0.99	3.42	0.98	3.5	0.91	3.5	1.01	3.05	0.97

5.4.13. Education and the Technical Quality

Table (27) represents the mean of satisfaction level regarding technical quality according to the education level; it was considered high for all levels.

Table (27): Distribution of the Patients by their Education and level of Satisfaction about the Technical Quality

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The medical knowledge of nursing staff at this hospital	3.14	1.125	3.38	1.038	3.35	0.891	3.27	1.034	3.65	0.65
Training, skill and experience of the nursing staff	3.09	1.13	3.33	1.047	3.37	0.783	3.17	0.884	3.65	0.65
Doctor advice you about ways to avoid illness and stay healthy	3.84	1.13	3.71	0.941	3.84	0.943	3.84	1.03	3.4	0.894
Accuracy of diagnoses	3.65	1.13	3.73	0.954	3.79	0.847	3.79	1.06	3.8	0.447
Quality of examinations you receive	3.63	1.07	3.63	1.052	3.8	0.73	3.87	0.9	3.8	0.447
Doctors are good about explaining the reason of medical tests	3.84	0.998	3.67	0.984	3.7	0.803	3.66	1.006	3.6	0.89

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Doctor is careful to check everything when examining me	3.79	1.206	3.81	1.014	3.87	0.87	3.94	0.946	3.8	0.83
The patient was given enough information About his condition and treatment	3.81	0.98	4.05	0.85	3.91	0.83	3.81	0.997	3.6	0.548
Quality of treatment you receive	3.65	1.021	3.63	0.885	3.65	0.825	3.63	0.951	3.6	0.548
total	3.6	1.08	3.66	0.97	3.69	0.83	3.66	0.97	3.65	0.65

5.4.14. Education and the Accessibility

Table (28) shown the mean of satisfaction level according to education of patients about the accessibility, it only was high for patients with master degree or above ,while it was considered moderate for all other of education levels.

Table (28) Distribution of the Patients by their Education and level of Satisfaction about the Accessibility

Education	Illiterate		Less than Secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of reaching the medical staff when you have problem	2.84	1.17	2.89	1.123	3.03	0.88	3.00	1.063	3.00	1.225
Easy of getting hospital care when you need	3.3	1.124	3.25	1.107	3.23	0.875	3.34	0.946	3.2	0.837
Easy of getting medical care in an emergency	3.16	1.214	3.06	1.19	3.19	0.837	3.26	1.045	3.6	0.548
Access to specialist when needed	3.02	1.225	2.97	1.257	3.00	1.028	3.24	1.083	3.4	0.894
Easy of getting lab and radiology work	3.4	0.84	3.29	0.974	3.2	0.956	3.26	0.943	2.8	1.095
Drugs in pharmacy are available	3.3	0.91	3.27	0.937	3.16	0.892	3.31	1.015	3.4	0.894
Laboratory tests are available	3.16	0.94	3.21	0.901	3.12	0.997	3.34	1.02	3.00	1.225

Education	Illiterate		Less than Secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Convenience of location where you get care	3.02	1.263	2.97	1.204	3.22	1.135	3.09	1.1	3.00	1.225
Total	3.15	1.08	3.11	1.08	3.14	0.95	3.23	1.02	3.71	0.99

5.4.15. Education and the General Satisfaction

Table (29) clarify that the mean of general satisfaction according to patients education was moderate for levels.

The mean of satisfaction for patients with master's degree or above was the lowest (2.3 with 1. 33 S.D) in education levels.

Table (29): Distribution of the Patients by their Education and level of General satisfaction

Education	Illiterate		Less Than Secondary		Diploma		Baccalaureate		Masters Or Above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Overall quality of care and service provided by hospital	3.14	1.187	3.3	1.026	3.29	0.836	3.49	0.944	2.8	1.438

Education	Illiterate		Less than secondary		Diploma		Baccalaureate		Masters or above	
Variable	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
You will recommend this hospital to your friends and family member	3.14	1.125	3.27	1.003	3.29	0.74	3.37	0.92	2.8	1.483
you are satisfied with your visit to this hospital	3.26	1.002	3.27	0.902	3.2	0.863	3.3	0.874	3.2	1.095
Total	3.18	1.1	3.28	0.97	3.26	0.81	3.38	0.91	2.93	1.33

5.4.16. Marital Status and the Room Services

Table (30) shown that the married patients were more satisfied than others, where the mean of satisfaction was 2.88 with 1.04 S.D. Generally the mean of satisfaction level about room services was considered moderate.

Table (30): Distribution of the Patients by the Marital Status and level of satisfaction about the Room Services

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of cleanliness and overall condition of the toilets, showers, and floors	2.64	1.142	2.78	1.054	2.92	0.760	2.97	1.149

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Level of the safety of your hospital Room	2.63	1.18	2.65	1.047	2.38	0.961	2.9	1.081
Level of satisfaction with meals that were provided	3.38	1.093	3.46	1.057	3.08	0.954	3.55	1.152
Level of comfort in sleeping in your Room	2.56	1.266	2.77	1.045	2.62	0.961	3.21	0.940
Level of satisfaction with your hospital room	3.06	1.099	2.75	1.015	2.85	0.987	3.14	0.99
Total	2.85	1.15	2.88	1.04	2.77	0.92	3.15	1.06

5.4.17. Marital Status& The Interpersonal Skills

Table (31) shows the mean of satisfaction level regarding interpersonal skills according to marital status, it was high except for divorced patients, it was moderate.

Table (31): Distribution of the Patients by the Marital Status and level of Satisfaction about the Interpersonal Skills

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of communication between yourself and doctors	3.33	1.126	3.45	0.983	3.15	0.899	3.34	0.89

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of communication between yourself and nursing staff	3.40	1.134	3.33	0.998	2.92	1.038	3.17	0.848
Nursing staff listening to what you Say	3.43	1.098	3.36	1.003	2.85	0.689	3.14	1.026
Nursing staff answers to your Questions	3.5	0.993	3.29	0.956	2.85	0.555	3.28	0.96
Nursing staff effort to make your visit comfortable	3.5	1.021	3.28	1.006	3.08	1.115	3.41	0.907
Friendliness and courtesy shown to you by nurses	3.56	1.033	3.39	1.018	3.00	1.00	3.41	0.907
Sometimes doctors use medical terms without explaining what they mean	3.79	1.1	3.89	0.973	3.62	1.044	4.07	0.961
The medical staff who treat you give you respect	3.88	0.855	3.97	0.789	3.77	0.439	4.00	0.655
The confidence and trust in medical staff treating you	3.71	0.985	3.68	0.859	3.46	0.776	3.72	0.649
Doctors usually spend plenty of time	3.18	1.214	3.48	0.948	3.31	0.63	3.41	0.983
The receptionist explain things quietly	3.22	0.938	2.98	1.109	2.77	0.832	3.17	1.071
The medical knowledge of physician staff at this hospital	3.96	0.83	3.88	0.862	3.54	0.66	3.9	0.9

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Total	3.53	1.027	3.49	0.95	3.19	0.8	3.5	0.896

5.4.18. Marital Status and the Technical Quality

Table(32) represent the mean of satisfaction level about technical quality depending on marital status , it was 3.83 with 0.83 S.D for widowed patients , 3.69 with 0.89 S.D for married patients ,then 3.61 with 0.75 S.D for divorced patients , and 3.53 with 1.07 S.D for single patients , generally it considered high

Table (32): Distribution of the Patients by the Marital Status and level of Satisfaction about the Technical Quality

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The medical knowledge of nursing staff at this hospital	3.4	1.016	3.29	0.986	3.00	0.816	3.21	1.013
Training, skill and experience of the nursing staff	3.32	1.005	3.26	0.891	2.92	0.862	3.34	0.936
Doctor advice you about ways to avoid illness	3.63	1.054	3.86	0.984	3.77	0.832	3.97	0.906
Accuracy of diagnoses	3.42	1.11	3.86	0.91	3.69	0.63	4.00	0.802
Quality of examinations you receive	3.5	1.187	3.85	0.761	3.69	0.855	3.86	0.789

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Doctors are good about explaining the reason of medical tests	3.49	1.175	3.74	0.832	3.85	0.689	3.97	0.731
Doctor is careful to check every thing when examining me	3.61	1.17	3.89	0.896	4.00	0.707	4.24	0.83
The patient was given enough information About his condition and treatment	3.83	0.949	3.88	0.895	3.85	0.689	4.17	0.848
Quality of treatment you receive	3.6	0.974	3.63	0.869	3.77	0.725	3.79	0.902
Total	3.53	1.07	3.69	0.89	3.61	0.75	3.83	0.86

5.4.19. Marital Status and the Accessibility

From table (33) only the mean of satisfaction for widowed patients was high, while for single, married, divorced was moderate.

Table (33): Distribution of the Patients by the Marital Status and level of Satisfaction about the Accessibility

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of reaching the medical staff when you have problem	2.93	1.092	2.94	1.018	2.77	0.927	3.24	0.988

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of getting hospital care when you need	3.15	1.206	3.26	0.918	3.15	0.689	3.69	0.712
Easy of getting medical care in an emergency	2.99	1.157	3.22	0.992	3.23	0.832	3.38	0.942
Access to specialist when needed	2.88	1.266	3.1	1.068	3.15	0.987	3.28	1.099
Easy of getting lab and radiology work	3.1	1.115	3.3	0.909	3.15	0.689	3.38	0.728
Drugs in pharmacy are available	3.11	1.069	3.21	0.916	3.46	0.66	3.69	0.604
Laboratory tests are available	3.11	1.095	3.18	0.966	3.46	0.776	3.41	0.78
Convenience of location where you get care	3.04	1.238	3.11	1.08	2.85	1.144	3.28	1.437
Total	3.03	1.15	3.16	0.98	3.15	0.83	3.41	0.91

5.4.20. Marital Status and the General Satisfaction

Table (34) shown that the mean of satisfaction was generally moderate, it was 3.16 with 1.1 S.D for single patients, 3.31 with 0.87 S.D for married patients, 3.23 with 0.48 S.D for divorced patients , 3.36 with 0.94 S.D for divorced patients.

Table (34): Distribution of the Patients by the Marital Status and level of General satisfaction

Marital Status	Single		Married		Divorced		Widowed	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Overall quality of care and service provided by hospital	3.18	1.025	3.27	0.861	3.08	0.49	3.34	0.897
You will recommend this hospital to your friends and family member	3.13	1.125	3.32	0.852	3.31	0.48	3.38	0.903
you are satisfied with your visit to this hospital	3.19	1.158	3.34	0.91	3.31	0.48	3.38	1.049
Total	3.16	1.1	3.31	0.87	3.23	0.48	3.36	0.94

5.4.21. Income and the Room Services

Table (35) represents the satisfaction level about the room services according to the income of patients, it was moderate except for patients who their income more than 1500 L.D it was low.

Table (35): Distribution of the Patients by their Income and level of Satisfaction about the Room Services

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	2.87	1.024	2.82	1.079	2.04	1.065	2.25	1.165

Income	Less than 500		500-1000		1000-1500		More than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Level of the safety of your hospital room	2.76	1.13	2.6	0.99	2.52	1.12	2.13	1.12
Level of satisfaction with meals that were provided	3.36	1.08	3.58	1.05	3.17	0.89	3.13	1.35
Level of comfort in sleeping in your room	2.78	1.21	2.77	0.95	2.7	1.06	2.13	1.12
Level of satisfaction with your hospital room	2.93	1.07	2.84	0.96	2.87	1.06	2.38	1.50
Total	2.94	1.1	2.92	1.00	2.66	1.03	2.4	1.25

5.4.22. Income and the Interpersonal Skills

Table (36) shown the satisfaction level about interpersonal skills according to the income , the mean of satisfaction was high except for patients who are their income is 1000-1500 LD ,it was moderate.

Table (36): Distribution of the Patients by their Income and level of Satisfaction about the Interpersonal Skills

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The level of communication between yourself and doctors	3.33	1.126	3.45	0.983	3.15	0.899	3.34	0.897
The level of communication between your and nurse	3.4	1.34	3.33	0.998	2.92	1.038	3.17	0.848

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Nursing staff listening to what you say	3.43	1.098	3.36	1.003	2.85	0.689	3.14	1.026
Nursing staff answers to your questions	3.5	0.993	3.29	0.956	2.85	0.555	3.28	0.96
Nursing staff effort to make your visit comfortable and pleasant	3.5	1.021	3.28	1.006	3.08	1.115	3.41	0.907
Friendliness and courtesy shown to you by nurses	3.56	1.033	3.39	1.018	3.00	1.00	3.41	0.907
Sometimes doctors use medical terms without explaining what they mean	3.79	1.1	3.89	0.973	3.62	1.044	4.07	0.961
The medical staff who treat you give you respect	3.88	0.855	3.97	0.789	3.77	0.439	4.00	0.655
The confidence and trust in medical staff Treating you	3.14	0.085	3.68	0.859	3.46	0.776	3.72	0.649
Doctors usually spend plenty of time with you	3.18	1.214	3.48	0.948	3.31	0.63	3.41	0.983
The receptionist explain things quietly	3.22	0.938	2.98	1.109	3.77	0.832	3.17	1.071
The medical knowledge of physician staff at this hospital	3.96	0.83	3.88	0.862	3.54	0.66	3.9	0.9

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Total	3.49	0.96	3.49	0.95	3.27	0.8	3.5	0.89

5.4.23. Income and the Technical Quality

Table (37) represents the satisfaction level with technical quality according to the income, it was considered high for all subgroups.

Table (37): Distribution of the Patients by their Income and level of Satisfaction about the Technical Quality

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
The medical knowledge of nursing staff at this hospital	3.4	1.016	3.29	0.986	3.00	0.816	3.21	1.013
Training, skill and experience of the nursing staff	3.32	1.005	3.26	0.891	2.92	0.862	3.34	0.936
Doctor advice you about ways to avoid illness	3.63	1.054	3.86	0.984	3.77	0.832	3.97	0.906
Accuracy of diagnoses	3.42	1.11	3.86	0.91	3.69	0.63	4.00	0.802
Quality of examinations you receive	3.5	1.187	3.85	0.761	3.69	0.85	3.86	0.789
Doctors are good about explaining the reason of medical	3.41	1.175	3.74	0.832	3.85	0.689	3.97	0.731

tests								
Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Doctor is careful to check every thing when examining me	3.61	1.17	3.89	0.896	4.00	0.7	4.27	0.83
The patient was given enough information About his condition and treatment	3.83	0.94	3.88	0.895	3.85	0.689	4.17	0.848
Quality of treatment you receive	3.6	0.974	3.63	0.869	3.77	0.725	3.79	0.902
Total	3.52	1.07	3.69	0.89	3.61	0.75	3.84	0.86

5.4.24.Income and the Accessibility

Table (38) shown the satisfaction level about accessibility according to income, patients who their income more than 1500 were the more satisfied patients 3.41 with 0.9 S.D which considered high, while the mean of satisfaction for others was moderate.

Table (38): Distribution of the Patients by their Income and level of Satisfaction about the Accessibility

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of reaching the medical staff when you have problem	2.93	1.092	2.94	1.01	2.77	0.927	3.24	0.98
Easy of getting	3.15	1.206	3.26	0.91	3.15	0.689	3.69	0.712

hospital care when you need								
Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Easy of getting medical care in an emergency	2.99	1.157	3.22	0.99	3.23	0.832	3.38	0.942
Access to specialist when needed	2.88	1.26	3.1	1.06	3.15	0.987	3.28	1.099
Easy of getting lab and radiology work	3.1	1.11	3.3	0.909	3.15	0.689	3.38	0.728
Drugs in pharmacy are available	3.11	1.069	3.21	0.916	3.46	0.66	3.69	0.6
Laboratory tests are available	3.11	1.095	3.18	0.96	3.46	0.77	3.41	0.78
Convenience of location where you get care	3.04	1.23	3.11	1.08	2.85	1.14	3.28	1.437
Total	3.03	1.15	3.16	0.98	3.15	0.83	3.41	0.9

5.4.25. Income and the General Satisfaction

Table (39) shown that the mean of satisfaction according to income was moderate for all.

Table (39): Distribution of the Patients by their Income and level of General Satisfaction

Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Overall quality of care and service	3.22	0.98	3.29	0.825	3.3	0.703	3.00	0.926

provided by hospital								
Income	Less Than 500		500-1000		1000-1500		More Than 1500	
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
You will recommend this hospital to your friends and family member	3.2	1.04	3.35	0.76	3.39	0.839	3.00	1.069
you are satisfied with your visit to this hospital	3.22	1.09	3.45	0.81	3.17	0.887	3.13	1.246
Total	3.21	1.03	3.36	0.8	3.28	0.8	3.04	1.08

5.5.The Patient's Satisfaction with Hospital Services according to Socio-Demographic variables

5.5.1.Age and Hospital Services.

Table (40) shows the results of study about satisfaction with hospital services depending on age, the mean of satisfaction for age groups (15-30) (45-60) is considered moderate, while it is high for age groups (30-45) (> 60).

Table (40): Distribution of the Patients by their Age and level of Satisfaction about the Hospital Services.

Age	15-30		30-45		45-60		➢ 60		F	P-value
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Room Services	2.79	1.09	2.9	1.03	3.12	1.02	3.3	1.06	4.3	0.005*
Interpersonal Skills	3.62	0.94	3.4	0.86	3.56	1.07	3.3	1.01	1.7	0.15

Age	15-30		30-45		45-60		➢ 60		F	P-value
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Technical Quality	3.49	1.03	3.7	0.84	3.68	0.92	3.7	0.97	1.9	0.13
Accessibility	3.05	1.09	3.2	1.03	3.18	0.96	3.3	0.93	1.5	0.19
General Impression	3.1	1.03	3.3	0.93	3.25	0.83	3.5	0.85	2.6	0.05
Total	3.21	1.03	3.3	0.94	3.35	0.96	3.4	1.08	3.4	0.1

5.5.2.Education and Hospital Services.

Table (41) shown the results about satisfaction with hospital services according to education, the mean of satisfaction was moderate for all groups. No significant (P>0.05) difference between the patients in their satisfaction level according to their level of education.

Table (41): Distribution of the Patients by their Education and level of Satisfaction about the Hospital Services.

Education	Illiterate		Less Than Secondary		Diploma		Bachelorette		Master Degree Or Above		**F**	**P**
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Room services	2.98	1.15	2.94	1.12	2.82	1.02	2.92	1.06	2.64	0.97	0.49	0.74
Interpersonal skills	3.59	0.99	3.42	0.98	3.5	0.91	3.5	1.01	3.05	0.97	0.65	0.62
Technical quality	3.6	1.08	3.66	0.97	3.69	0.83	3.66	0.97	3.65	0.65	0.17	0.94
Accessibility	3.15	1.08	3.11	1.08	3.14	0.95	3.23	1.02	3.71	0.99	0.21	0.92

Education	Illiterate		Less Than Secondary		Diploma		Bachelorette		Master Degree or above		**F**	**P**
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
General impression	3.18	1.1	3.28	0.97	3.26	0.81	3.38	0.91	2.93	1.33	0.53	0.71
Total	3.3	1.08	3.28	1.02	3.28	0.90	3.34	0.99	3.2	0.98	0.41	0.78

5.5.3.Gender and Hospital Services.

Table (42) Represents the Results about Satisfaction with Hospital Services according to the Gender variable

Hospital Services	Gender	Mean	S.D	T	P
Room services	Male	2.98	0.908	1.715	0.088
	Female	2.81	0.745		
Interpersonal skills	Male	3.57	0.772	1.886	0.06
	Female	3.41	0.629		
Technical quality	Male	3.62	0.779	- 0.936	0.35
	Female	3.7	0.687		
Accessibility	Male	3.12	0.826	- 0.706	0.481
	Female	3.19	0.702		
General impression	Male	3.38	0.834	0.02	0.984
	Female	3.38	0.792		
Total		3.316	0.767		0.39

5.5.4.Marital Status and Hospital Services.

Table (43) represents the results of study about satisfaction of inpatients with hospital services depending on their marital status, the mean of satisfaction was moderate for all groups, except for widowed patients it was 3.45 with 0.93 S.D which considered

high. The table shows us that no significant statistical differences among inpatients at the significance level (0.05), no association between the satisfaction with hospital services and marital status.

Table (43): Distribution of the Patients by their Marital Status and level of Satisfaction about the Hospital Services

Marital Status	Single		Married		Divorced		Widowed		F	P
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Room services	2.85	1.15	2.88	1.04	2.77	0.92	3.15	1.06	1.1	0.34
Interpersonal skills	3.53	1.02	3.4	0.95	3.1	0.8	3.5	0.89	0.88	0.44
Technical quality	3.53	1.07	3.6	0.89	3.6	0.75	3.83	0.86	1.44	0.23
Accessibility	3.03	1.15	3.1	0.98	3.1	0.83	3.41	0.91	1.72	0.16
General impression	3.16	1.1	3.3	0.87	3.2	0.48	3.36	0.94	1.00	0.39
Total	3.22	1.099	3.3	0.946	3.19	0.756	3.45	0.93	1.22	0.312

5.5.5.Income and Hospital Services

Table (44) represents the results of study about satisfaction of inpatients with hospital services depending on their income, the satisfaction mean was considered moderate for all, table shows to us that no significant statistical differences between satisfaction regarding hospital services and no association between satisfaction of patients and their income.

Table (44): Distribution of the Patients by their Income and level of Satisfaction about the Hospital Services.

Income	<500		1000-500		1500-1000		>1500		F	P
Variables	Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D		
Room services	2.94	1.1	2.92	1.00	2.66	1.03	2.4	1.25	1.4	0.23
Interpersonal skills	3.49	0.96	3.49	0.95	3.27	0.8	3.5	0.89	1.3	0.26
Technical quality	3.52	1.07	3.69	0.89	3.61	0.75	3.84	0.86	1.87	0.115
Accessibility	3.03	1.15	3.16	0.98	3.15	0.83	3.41	0.9	0.72	0.57
General impression	3.21	1.037	3.36	0.8	3.28	0.8	3.04	1.08	0.79	0.52
Total	3.23	1.06	3.32	0.924	3.19	0.842	3.23	0.99	1.21	0.33

5.6.Differences in the level of Patient's Satisfaction between the studied hospitals.

Table (45) shows the level of patient satisfaction with hospital services in the studied hospitals, there is significant differences between the hospitals regarding the level of patients' satisfaction ($p < 0.05$). The highest level of satisfaction was among the patients who were admitted to Al Jamhoria, and the lowest level of satisfaction was among the patients who were admitted to Al Jala.

Table (45) level of patient's satisfaction with hospital services in the studied hospital

Hospital	No.	Mean satisfaction	Std. Deviation	F	p-value
Al Jamhoria	72	3.4931	.33095	5.210	.002
7 of October	72	3.3441	.68377		
Al Hawari	72	3.3499	.54152		
Al Jala	72	3.0932	.81061		
Total	288	3.3201	0.999		

5.7.Overall Patient's Satisfaction with Quality of Services in Public Hospitals.

Table (46) Patient's Satisfaction with Hospital related variables

Hospital Variable	Mean	S.D	Level of satisfaction
Room Services	2.89	1.073	Moderate
Interpersonal Skills	3.49	0.967	High
Technical Quality	3.67	0.938	High
Accessibility	3.16	1.021	Moderate
Total	3.3	0.999	Moderate

5.8.Summary

This chapter presented all the results of the present study. Each part of the previous chapter achieved one of the objectives of the study except for the first part, which was a description of the sample of the study and it is now possible to discuss and compare these results with results of other studies.

Chapter 6: Conclusions

6.1.Introduction

The previous chapter presented the results of data analysis in the form of numbers that can be translated and compared with the results of previous studies in the same field. This chapter translates the results of the current study into specific sentences that include the main findings of this study and then discusses them in the light of the results of other related studies. Also in this chapter a researcher set of future recommendations that he hopes will be useful and positive impact in improving of healthcare quality.

6.2.Key Results

1. Patient satisfaction with quality of hospital services was moderate which is lower than the level of satisfaction in similar studies conducted in Arabic countries.
2. Room services
    - ❖ The ratio of satisfied patients about the cleanliness of toilet showers, and floors of the hospital was less than third patients, it is small percentage compared to other developing countries.
    - ❖ About half patients were satisfied about the room services, this percentage considered high compared with developing countries and low when compared with developed countries.
    - ❖ Only fifth of patients were satisfied about security, hospital safety.
3. Interpersonal skills
    - ❖ About half patients were satisfied about the communication with doctors and nursing staff and the satisfaction level was high, it considered the highest among all hospital related factors which influence the satisfaction.
    - ❖ Patients were more satisfied about communication with doctors than communication with nursing staff.
    - ❖ Majority of patients feel they were treated with respect shown from the medical staff.
4. Technical quality

    Generally the level of satisfaction about technical quality for both doctors and nursing staff considered high compared to other studies .
5. Accessibility

Majority of patients were dissatisfied about accessibility specially reaching medical staff, consultant services when they need these services, also reaching the hospital and the convenience of hospital location.

6. No difference between satisfaction of patients about interpersonal skills, technical quality, accessibility according to their age, sex, marital status, education, income.
7. There is difference in patients satisfaction about room services according to age, where old patients were more satisfied about room services.

6.3.Discussion

The present study produced several results that can be compared with the results of similar studies at the local and international level. Based on the objectives of this study, results can be discussed as follows:

6.3.1.The General (Overall) Patient Satisfaction with Quality of Hospital Services

Quality in healthcare is a production of cooperation between the patient and the healthcare provider in a supportive environment, the results of this study showed that the patient satisfaction on quality of hospital services was moderate (the satisfaction mean was (Mean 3.3, S.D 0.999) which is lower than the level of satisfaction with health services in study conducted in Jordan (Mansuor, 2006), and it was higher than the satisfaction level in another study was conducted in Syria (Subedi & Uprety, 2014).

6.3.2. The Patient Satisfaction according to Hospital related variables.

6.3.2.1. Room Services

In this study the general satisfaction mean for room services was (Mean 2.89, S.D 1.073) which considered moderate, but it was higher than the level of satisfaction with room services in a study conducted in Nepal (McLymont, Cox, & Stell, 2003), where the level of satisfaction was low (Mean ± 2.57, SD ± 0.29). The satisfaction level about the cleanliness of toilets and floor of hospital was low where only 26% of patients were satisfied. In Karachi survey (ImamSZ, 2007). Only 7% of patients were dissatisfied i.e. 93% were satisfied, this wide difference in satisfaction regarding the

cleanliness of toilets and floor of hospital may be due to difference in patient expectations between Libyan and Pakistan population.

Room services have important effect on patient satisfaction specially food service quality that can influence patients satisfaction with their overall hospital experience (Theurer, 2011) .

Approximately half of patients (49 %) were satisfied with food services in the studied hospitals, this percentage considered high if compared with Nepal study where only (26.47%) of patients were satisfied. According to this study the satisfaction with food services was the highest among the other room services variables with satisfaction mean of (Mean 3.43) which considered modest when compared to (Mean 4.03) in study conducted in Logan (Bukowski, 2010). Keeping patients, staff, and physicians safe and secure is a growing concern for many administrators as it is essential to ensuring good patient satisfaction and customer service, in this study only (20.5%)of the patients were satisfied with the level of safety.

6.3.2.2.Interpersonal Skills

A study conducted by Radtke K showed that the effective interpersonal communication between health care provider and patient is one of the most important elements for improving patient satisfaction, compliance and health outcomes (Radtke, 2013).

In this study more than half of the patients (52.5%) were satisfied with the communication with medical staff (doctors / nurses), this result is in accordance with Nepal study, where also (52.5%) of the patients were satisfied with the communication with medical staff (McLymont et al, 2003).

The level of satisfaction was high where the mean satisfaction was (Mean 3.49 , S.D 0.967) which is higher than the level of satisfaction in other similar study where the satisfaction mean was (Mean 3.1 ± S.D **0**.36). The impact of nursing care and proper communication on patient satisfaction and patient outcomes has long been established (Radtke, 2013). In this study 40.6% of patients were satisfied with nurses communication improving nurse communication requires the nurses to offer the following tips, good listening to the patients, to show compassion, to be responsive and to think and feel like the patients, a study conducted by Joffe et al showed that the

patients who perceives they are being treated respectfully may be their experience assists in improve the clinical outcomes and greater satisfaction with their care (Joffe, Manocchia, Weeks, & Cleary, 2003), in this study majority of the patients (74.7%) perceived respect from the medical staff in the hospital, where satisfaction level was high (Mean 3.94 , S.D 0.871) when it is compared with another similar study where only (44.9%) of the patients were perceived respects from medical staff (Beach et al., 2005; Edlund, Young, Kung, Sherbourne, & Wells, 2003).

6.3.2.3.Technical Quality

A study conducted by Mosadeghrad showed that the technical quality in hospital is considered the most important factor in measuring patient satisfaction, several studies demonstrates that the technical quality of care correlates with patient satisfaction.

It refers to the medical knowledge, training, experience, skills of nurses and accuracy of diagnosis ,doctor skills ,quality of examinations (Kieft, de Brouwer, Francke, & Delnoij, 2014; Mosadeghrad, 2014).

In this study the level of satisfaction about technical quality was high, where (60.6%) of patients were satisfied with the technical quality with satisfaction mean of (Mean 3.67 , S.D 0.938) , it is in agreement with another study where (78.5%) of patients were satisfied with satisfaction mean of (Mean 3.78), and in another study the mean satisfaction was (Mean 3.78 , S.D 0.331) (McLymont et al., 2003), this high level of satisfaction with technical quality can be due to the inability of the patients to evaluate and assess the clinical and technical services (Blazevska, Vladickiene, & Xinxo, 2004; Mohammed, North, & Ashton, 2016).

Less than half of the patients (43.05%) were a satisfied with the level of medical knowledge of the nurse also only (39.6%) of the patients were satisfied with the skills of nursing staff in contrast with similar study, where about (86.5%) of the patients were satisfied with the level of nurse's medical knowledge and (73.4%) were satisfied with the nurses services.

The increasing complexity of patient care requires well-trained nurses who are capable of creating a safe and patient-centered environment, Although Medical universities have a critical role in providing education and professional development opportunities for the healthcare workforce, hospitals should provide additional education and training to meet employees educational needs (Kieft et al., 2014).

6.3.2.4.Accessibility

Accessibility is important variable in evaluating patient satisfaction, it had the lowest mean after the room services in this study, the patients who are satisfied about accessibility were only (39.9%) which much lower than that in a study conducted in Poland where (78.2 %) of the patients were satisfied with accessibility to the services (Prakash, 2010).

The overall level of satisfaction about accessibility of care was moderate, the mean was (Mean 3.16 , S.D 1.021), the lowest mean of satisfaction were regarding the feasibility in reaching the medical staff, the specialists and the hospital itself. Internationally there is wide support for the district health system as the appropriate organizational framework for improving health care accessibility and health care provision (2001 ,عثمان).

The district health system or "district network" serves a population within a specific geographic area and consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. The district health system contains health centers, which provide the primary health care services, and district hospital that acts as the first referral level for patients (Hall , 1988; Ziaei et al., 2011).

6.3.2.5.General Satisfaction

Patient's satisfaction on hospital services as general is important indicator in evaluating hospitals (Al-Assaf, 2009), in this study only 34.7% of the patients were satisfied regarding the overall quality, and the mean of satisfaction was (Mean 3.28 ± S.D 0.93) this mean is similar to the general satisfaction mean about the all services where it was (Mean 3.3, S.D 0.999), that means the hospital factors such as room services, interpersonal relation, technical quality and accessibility were directly affect the general satisfaction and satisfaction. General satisfaction and satisfaction reflected by patient loyalty, the higher the patient satisfaction the higher is the loyalty (Ashrafun & Uddin, 2011), from this study patient's loyalty was recognized only in less than half of the patients as only 39.6% will recommend the hospital to their relatives and friends.

6.3.3.The Patient's Satisfaction according to Socio-Demographic variables

Patient Socio-demographic characteristics of the patients influence Patient interaction with health care providers and consequently the quality of services (Jaipaul &

Rosenthal, 2003). Majority of the patients were young and middle aged in accordance with the age structure of Libyan population (Organization, 2007).

6.3.3.1. Patient Satisfaction and Age

In this study there is no significant effect of the age on the general level of satisfaction and general impression, where this finding was also reported in other studies (Ahmad, Nawaz, & Uddin, 2011), but in this study the satisfaction about room services tend to be more among older patients when compared with younger patients, this finding was reported in other studies (Kieft et al, 2014; Rukhsana, 2007). This finding also reported in a study conducted in Mosul city, they found that older age groups (60 > years), married and those with lower educational level were significantly more satisfied than others (Hall & Dornan, 1990).

6.3.3.2. Patient Satisfaction and Education level variable

As reported by ashrafun in study conducted in Bangladesh, the higher level of education is associated with lower level of patient satisfaction (Dayasiri & Lekamge, 2010), this result is consistent with results of Mosul study, but in this study the education variable had no effect on patient satisfaction, as shown in the table (39) which represents that there is no significant difference in patient satisfaction according education variable ($p > 0.05$) (Hall, 1988).

6.3.3.3. Patient Satisfaction and Gender Variable

Females scored higher than males on satisfaction level in a study conducted in Pakistan (Imam, 2007), to measure patient satisfaction and to find the differences in the satisfaction according to socio-demographic characteristics, the same result is reported in other studies (Al-Doghaither1, 2004; Kalaja & Myshketa, 2016), but in the present study there is no relationship between patient gender and patient satisfaction with quality of hospital services, where the results of this study specified that no statistical differences at the significance level (α=0.05) according to the gender as shown in table (40), the results of the study are consistent with findings of study was conducted in Ohio (Rukhsana, 2007).

6.3.3.4.Patient Satisfaction and Marital Status variable

As reported by Hall and Dornan, married patients tended to have higher levels of satisfaction (Hall & Dornan, 1990), the results of this study represents that the marital status had no effect on patient satisfaction, as represented in table (41) the results of this study shown that there is no statistical differences between the patients satisfaction according to their marital status at the significance level (α=0.05), these findings are consistent with Nepal study (McLymont et al, 2003).

6.3.3.5.Patient Satisfaction and Income variable

As resulted in a study was conducted in Asian hospitals, income and socio-economic variables had an effect on patient satisfaction, where patients from lower socio economic groups had higher satisfaction levels than higher socio economic groups (Ashrafun & Uddin, 2011), same findings were reported in a study was conducted in Albania (Kalaja & Myshketa, 2016).

As resulted from the data of table (42) which note that no significant difference in patient satisfaction according to income variable regarding room services, interpersonal skills, technical quality, accessibility variables at the significance level (p=0.05). In this study income variable has no effect on the level of patient satisfaction ,this may be due to free health services.

6.3.4.Differences in the level of Patient's Satisfaction between the studied hospitals .

From this study patients admitted to Al Jamhoria had the highest level of satisfaction, this could be due to their level of satisfaction with technical skills and accessibility which is also higher than that among other patients admitted to other hospitals. The technical quality and accessibility are the most important factors that affect the overall level of patient's satisfaction (Mosadeghrad, 2014; 1990 ,صالح) .

6.4. Limitations

1.Because of war conditions, and lack of administrative stability in the university and college, work has been interrupted several times.

2.Decrease of studies that concern the quality of hospital services at the national level.

3.Limited human and material resources were an obstacle to expanding research.

4.To get a comprehensive evaluation of the service quality, healthcare providers have to be considered in future research.

6.5. Future Recommendations

An effort to improve the level of hospital services, and depending on results of this research there are some recommendations:

1) Adopt a policy order service regarding cleanliness, food services and meals which given to patients.
2) Adopt health district system and try to find solutions or alternatives that may assist patients to reach the health service when they need.
3) A corporative work is needed to raise the levels of safety, comfort ability in hospital room , this will increase the patient satisfaction level.
4) Training program for nurses to improve their communication skills with patients.
5) Further studies to assess the quality of hospital services, by assessing the structure , process and activities in the studied hospitals.

6.6.Summary

At the end of this chapter, which reviewed the main results of the study and discussed and compared with other relevant studies and what are the most important recommendations of the study, parts of the study will be completed and we hope it will have a good impact on improving our standard of living and improving our health system.

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Appendices

(Appendix1)

Patient‘s Satisfaction with Hospital Services at Benghazi city

Survey number_____

Hospital_____

Department: a. Internal medicine b. Surgery

c. Obstetric\ Gynecology d. orthopedic

A- Background information:

Age: **a**. 15-30 years **b**. 30-45 years

c. 45-60 years **d**. over 60 years.

Gender: **a**. Male **b.** Female

Marital status: **a**. Single **c.** Divorced

b. Married **d.** Widow| Widower

Level of education**:** **a**. Illiterate **c.** Diploma

b. Less than secondary **d.** Baccalaureate

e. Masters Degree or above

Monthly income\range:

a. less than 500 LD **b**. 500-1000 LD **c**. 501-1500 LD **d.** Over >1500LD

B - Admission information:

1. Did a doctor refer you to this hospital?

a. Yes b. No

2. Were you transferred to this hospital from another hospital?
a. Yes b. No

3. Was the admission process clearly explained to you?
a. Yes b. No

Inpatient room information
How do you rate?

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

How do you rate?

No	Interpersonal skills	Very Poor	Poor	Fair	Good	Very Good
6	The level of communication between yourself and doctors	**1**	**2**	**3**	**4**	**5**
7	The level of communication between yourself and nursing staff	**1**	**2**	**3**	**4**	**5**
8	Nursing staff listening to what you Say	**1**	**2**	**3**	**4**	**5**
9	Nursing staff answers to your Questions	**1**	**2**	**3**	**4**	**5**
10	Nursing staff effort to make your visit comfortable and pleasant	**1**	**2**	**3**	**4**	**5**
11	Friendliness and courtesy shown to you by nurses	**1**	**2**	**3**	**4**	**5**
12	Sometimes doctors use medical terms without explaining what they mean	**1**	**2**	**3**	**4**	**5**
13	The medical staff who treat you give you respect	**1**	**2**	**3**	**4**	**5**

14	The confidence and trust in medical staff Treating you	**1**	**2**	**3**	**4**	**5**
15	Doctors usually spend plenty of time with you	**1**	**2**	**3**	**4**	**5**
16	The receptionist explain things Quietly	**1**	**2**	**3**	**4**	**5**
17	The medical knowledge of physician staff at this hospital	**1**	**2**	**3**	**4**	**5**

How do you rate?

No	**Technical quality**	**Very Poor**	**Poor**	**Fair**	**Good**	**Very Good**
18	The medical knowledge of nursing staff at this hospital	**1**	**2**	**3**	**4**	**5**
19	Training, skill and experience of the nursing staff	**1**	**2**	**3**	**4**	**5**
20	Doctor advice you about ways to avoid illness and stay healthy	**1**	**2**	**3**	**4**	**5**
21	Accuracy of diagnoses	**1**	**2**	**3**	**4**	**5**
22	Quality of examinations you receive	**1**	**2**	**3**	**4**	**5**
23	Doctors are good about explaining the reason of medical tests	**1**	**2**	**3**	**4**	**5**
24	Doctor is careful to check every thing when examining me	**1**	**2**	**3**	**4**	**5**
25	The patient was given enough information About his condition and treatment	**1**	**2**	**3**	**4**	**5**
26	Quality of treatment you receive	**1**	**2**	**3**	**4**	**5**
No	**Accessibility**	**Very Poor**	**Poor**	**Fair**	**Good**	**Very Good**
27	Easy of reaching the medical staff when you have problem	**1**	**2**	**3**	**4**	**5**
28	Easy of getting hospital care when you Need	**1**	**2**	**3**	**4**	**5**
29	Easy of getting medical care in an Emergency	**1**	**2**	**3**	**4**	**5**
30	Access to specialist when needed	**1**	**2**	**3**	**4**	**5**
31	Easy of getting lab and radiology work	**1**	**2**	**3**	**4**	**5**
32	Drugs in pharmacy are available	**1**	**2**	**3**	**4**	**5**
33	Laboratory tests are available	**1**	**2**	**3**	**4**	**5**

34	Convenience of location where you get Care	**1**	**2**	**3**	**4**	**5**
No	**General satisfaction**	**Very Poor**	**Poor**	**Fair**	**Good**	**Very Good**
35	Overall quality of care and service provided by hospital	**1**	**2**	**3**	**4**	**5**
36	You will recommend this hospital to your friends and family member	**1**	**2**	**3**	**4**	**5**
37	you are satisfied with your visit to this Hospital	**1**	**2**	**3**	**4**	**5**
38	Health status of the patient	**1**	**2**	**3**	**4**	**5**

(Appendix 2)

University Of Benghazi
General Administration
Benghazi - Libya

جامعة بنغازي
الإدارة العامة
بنغازي - ليبيا

التاريخ : 14/ جمادى الاخر/1438 هـ

الرقم الإشاري : 13/ مارس/2017 م

إفادة

تفيد إدارة الدراسات العليا والتدريب بجامعة بنغازي بأنه قد تم توثيق عنوان مقترح رسالة الماجستير المذكور بياناته أدناه من قبل إدارة الثقافة العلمية والتعاون والابتكار، التابعة للهيئة الليبية للبحث والعلوم والتكنولوجيا:

اسم الطالب : أنيس محمد عمر العقيلي

الكلية / القسم : الصحة العامة / إدارة الخدمات الصحية

عنوان المقترح : رضا المرضى عن الخدمات الصحية في المستشفيات العامة في مدينة بنغازي 2013.

اسم المشرف : د. أمينة عبدالله مفتاح الشختيرية/ أستاذ

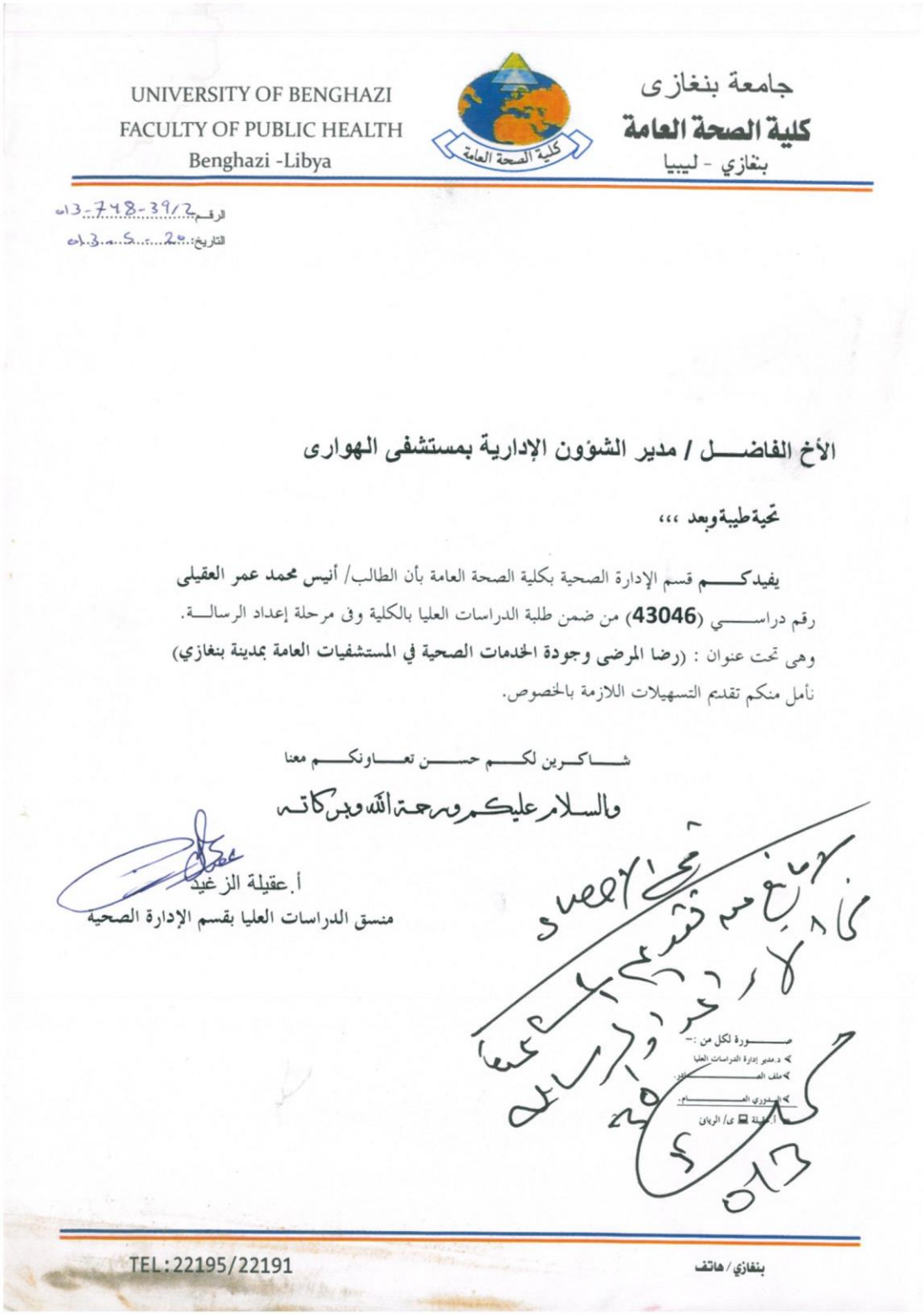
تاريخ التوثيق : 2017/03/09 م

منحت هذه الإفادة لاستعمالها فيما لا يتعارض والقانون

طارق عبدالله الجهمي
مدير مكتب الدراسات العليا

Tel : + 218 61 (0)222 9024 - + 218 61 (0) 222 9023 - + 218 61 (0) 222 9022 - +218 61 (0) 222 9021
P.O.Box : 1308 صندوق بريد - Benghazi
Fax : + 218 61 (0) 222 40175
Website:www.uob.edu.ly
E-mail:info@uob.edu.ly

(Appendix 3)



UNIVERSITY OF BENGHAZI
FACULTY OF PUBLIC HEALTH
Benghazi -Libya

جامعة بنغازى
كلية الصحة العامة
بنغازي - ليبيا

الرقم: 13-748-392
التاريخ: 13/5/20

الأخ الفاضـــل / مدير الشؤون الإدارية بمستشفى الهوارى

تحية طيبة وبعد ،،،

يفيدكـــم قسم الإدارة الصحية بكلية الصحة العامة بأن الطالب/ **أنيس محمد عمر العقيلى**
رقم دراســـي (**43046**) من ضمن طلبة الدراسات العليا بالكلية وفى مرحلة إعداد الرسالـــة.
وهى تحت عنوان : (**رضا المرضى وجودة الخدمات الصحية في المستشفيات العامة بمدينة بنغازي**)
نأمل منكم تقديم التسهيلات اللازمة بالخصوص.

شـــاكـرين لكـــم حســـن تعـــاونكـــم معنا

والسلام عليكم ورحمة الله وبركاته

أ. عقيلة الزغيد
منسق الدراسات العليا بقسم الإدارة الصحية

صـــورة لكل من :-
- د. مدير إدارة الدراسات العليا
- ملف الطـــــالب
- الجدوري العـــــام
- الطلبة ى/ الريان

TEL:22195/22191

بنغازي/ هاتف

(Appendix 4)

جامعة بنغازى
كلية الصحة العامة
بنغازي - ليبيا

UNIVERSITY OF BENGHAZI
FACULTY OF PUBLIC HEALTH
Benghazi -Libya

جامعة بنغازي
مخفوظات كلية الصحة العامة . صادر
اسم المتلقي:
التاريخ: / / 20م
التوقيع:

السيد الفاضل/ .د.مدير مستشفى الجلاء

بعد التحية ،،،

في أطار دعم برنامج الدراسات العليا بقسم أدارة الخدمات الصحية بكلية الصحة العامة /جامعة بنغازي نأمل منكم تسهيل عمل **الطالب أنيس محمد العقيلى** – طالبا الدراسات العليا بقسم أدارة الخدمات الصحية لجمع البيانات اللازمة لإتمام رسالته والتي تحمل عنوان paten **(satisfaction with public hospitals services in Benghazi . 2013)**.

والسلام عليكم ورحمة الله وبركاته

د.عصام الدناع
وكيل الكلية الصحة العامة

دولة ليبيا - وزارة الصحة
مستشفى الجلاء للجراحة والحوادث - بنغازي
المخفوظات - وارد
الرقم :
تاريخ الاستلام : 21 / 1 / 2014
التوقيع :

جامعة بنغازي - كلية الصحة العامة
وكيل الكلية

صورة لكل من :-

- أ.د . عميد الكلية ..
- للملف الصادر .
- للملف الدوري العام .

TEL:22195/22191

بنغازي / هاتف

(Appendix 5)

UNIVERSITY OF BENGHAZI
FACULTY OF PUBLIC HEALTH
Benghazi -Libya

جامعة بنغازى
كلية الصحة العامة
بنغازي - ليبيا

[2013-1117 48/2
10.12.2013

السيد الفاضل/ .د.مدير مستشفى الجمهورية

بعد التحية ،،،

في أطار دعم برنامج الدراسات العليا بقسم أدارة الخدمات الصحية بكلية الصحة العامة /جامعة بنغازي نأمل منكم تسهيل عمل **الطالب أنيس محمد العقيلى** – طالبا الدراسات العليا بقسم أدارة الخدمات الصحية لجمع البيانات اللازمة لإتمام رسالته والتي تحمل عنوان **paten (satisfaction with public hospitals services in Benghazi . 2013)**.

والسلام عليكم ورحمة الله وبركاته

د.عصام الدناع
وكيل الكلية الصحة العامة

جامعة بنغازي - كلية الصحة العامة
وكيل الكلية

صورة لكل من :-
- أ.د . عميد الكلية ..
- للملف الصادر .
- للملف الدوري العام .

TEL:22195/22191
بنغازي / هاتف

(Appendix 6)

UNIVERSITY OF BENGHAZI
FACULTY OF PUBLIC HEALTH
Benghazi -Libya

جامعة بنغازى
كلية الصحة العامة
بنغازي - ليبيا

الرقم: 13-750-39/2
التاريخ: 2013-5-22

الأخ الفاضـــل / مدير الشؤون الإدارية بمستشفى 7 اكتوبر

تحية طيبة وبعد ،،،

يفيدكـــم قسم الإدارة الصحية بكلية الصحة العامة بأن الطالب/ **أنيس محمد عمر العقيلى** رقم دراســـي (**43046**) من ضمن طلبة الدراسات العليا بالكلية وفى مرحلة إعداد الرسالـــة. وهى تحت عنوان : (**رضا المرضى وجودة الخدمات الصحية في المستشفيات العامة بمدينة بنغازي**) نأمل منكم تقديم التسهيلات اللازمة بالخصوص.

شـــاكـرين لكـــم حســـن تعـــاونكـــم معنا

والسلام عليكم ورحمة الله وبركاته

أ. عقيلة الزغيد
منسق الدراسات العليا بقسم الإدارة الصحية

صـــورة لكل من :-
- د.مدير إدارة الدراسات العليا
- ملف الصـــــادر.
- الـدوري العـــــام.
- أ.عقيلة ى/ الريان

TEL:22195/22191

بنغازي/ هاتف

(Appendix 7)

رضا المرضي عن جودة خدمات المستشفيات العامة في مدينة بنغازي

إعداد:

أنيس محمد العقيلي

إشراف

أ.د :أمينة عبد الله الشختيرية

الملخص:

أجريت هذه الدراسة لقياس رضا المرضى عن جودة خدمات المستشفيات العامة في مدينة بنغازي وللتعرف على الفروق في الرضا حسب المتغيرات الاجتماعية–الاقتصادية ، وتم إجراؤها على 288 مشارك من أربعة مستشفيات عامة (تم حساب حجم العينة باستخدام Epi–info).)، تم اختيار 72 مشاركًا من كل مستشفى باستخدام تقنية عينات عشوائية بسيطة (جدول أرقام عشوائية)، وتم جمع البيانات باستخدام استبيان PSQ–III ثم تحليلها باستخدام SPSS.

أظهرت النتائج أن الرضا العام كان معتدلاً (3.3 ، الانحراف المعياري 0.999)، وكان المشاركون أكثر رضا عن الجودة الفنية ومهارات التواصل من المتغيرات الأخرى ذات الصلة بالمستشفيات ، في هذه الدراسة لا توجد فروق ذات دلالة إحصائية في الرضا حسب المتغيرات الاجتماعية–الاقتصادية، باستثناء متغير العمر.

لا توجد فروق في الرضا ذات دلالة إحصائية بين المستشفيات فيما يتعلق بالمتغيرات ذات الصلة بالمستشفيات باستثناء مستشفى الجمهورية حيث كان الرضا أعلى بالمهارات الفنية وسهولة الوصول.

رضا المرضي عن جودة خدمات المستشفيات العامة في مدينة بنغازي

قدمت من قبل :

أنيس محمد العقيلي

إشراف

أ.د _ أمينة عبد الله الشختيرية

قدمت هذه الرسالة استكمالا لمتطلبات الحصول على درجة الماجستير في الصحة العامة.

جامعة بنغازي

كلية الصحة العامة

مايو 2018