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Outpatient experiences toward renewed OBGYN OPD'S services at king Saud medical city, Saudi Arabia, in Oct, 2020 - Jan, 2021

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Abstract

Background: Patient experience and satisfaction are essential and widely used metrics for assessing health-care quality, and they can provide valuable and unique insights into daily hospital care and are accepted as independent dimension of quality of care, they have effect on treatment results, the loyalty of patients towards the organization, and malpractice accusations. The aim of this article is to evaluate the patients' experience toward the Obstetrics and Gynecology (OBGYN) renewed outpatient department services, using the Generic Short Patient Experiences Questionnaire (GS-PEQ), as an indicator, reflective of health care service quality and for improvement of quality.

Materials and Methods: The study was conducted among patients (N = 483), of legal age, or patients' guardians, of both genders, attending the OBGYN outpatient department clinics, of the women's hospital, at King Saud Medical City (KSMC), in Riyadh, Saudi Arabia, during the period of October 2020 to January 2021. The Generic Short Patient Experiences Questionnaire (GS-PEQ) was randomly distributed to patients, immediately after attending the Outpatient clinical services, which is a self-administered questionnaire of multiple items that measures the most significant elements of patient perceived experience from an outpatient perspective.

Results: The analysis showed that the majority of participants had positively responded to the questionnaire items, and 89.3% of participants were overall satisfied toward the OPD services provided. The socio-demographic data showed the majority of participants were females and in the age group of 31-40 years old, married, with a bachelor's degree. The responses for every question were found to be significant, at $P < 0.001$. A significant correlation was found between the age group, education level and the perception of OPD clinics organization of work, and there was significant correlation between the education level and the satisfaction of help and treatment received at OPD services.

Conclusion: It can be concluded, that the patients were satisfied and had a positive experience with the health care services provided by the institution, and patients have confidence in the clinicians' professional skills, and perception of treatment as adapted to their situation. In addition, patients were involved in decisions regarding their treatment, and satisfied of the help and the treatment received, with overall perception of benefit received. Furthermore, patients expressed their disaffection with the waiting before admission to OPD services, proposing a matter that necessitate a further investigation for quality improvement.

Keywords: Patient experience, patient satisfaction, outpatient department, OBGYN, health care quality

1. Introduction

Patient satisfaction was recognized as the most important indicator of the quality of health care provision. The methods of determining the quality of health care were based upon the opinion of experts, rather than the opinion of patients [1]. Since 1990, there has been a growing trend in the healthcare industry toward sustained quality improvement. In accordance with the declaration of Donabedian for incorporation of patient perception into evaluation of health care quality, along with health changes, behavior, and knowledge, the managers of health care adopted patient-centered care as a primary element of the health care mission [2, 3]. When developing methods for improving the quality of care provided, healthcare executives who strive for excellence include patient perception. Many institutions, in deferent countries, such as in France [4], Germany [5], and England [6], have adopted patient experience as a tool that ultimately helps to improve the quality of health care and is also a

mandatory requirement for all health-care institutions. Evaluation of patient experience is a practical tool for setting targets, optimizing strategy formulation, cutting costs, meeting patients' expectations, shaping strategies for effective management, monitoring the efficiency of health care, and providing quality management across healthcare organizations. Patient experience has now become a decisive element and an efficient benchmark for evaluating health care providers and hospitals' performance.

The patient's experience with the health care provider and the institution has a significant impact on patient recovery. The age, gender, severity of the condition, patient's attitude toward the condition, and surroundings all influence the patient's expectations of better care [7]. Patients often want their doctors to stick to their schedules, be courteous, and speak in their native tongue. Along with excellent professional work, they expect care, attention, and civility. Patient experience can act as a surrogate for the quality of health care provided by the organization and also the efficiency of the health care provider. This approach of gathering patient experience data aids an organization and its health-care professionals in identifying flaws and improving the quality of health-care delivery by providing specific recommendations. According to the literature, lengthy questionnaires are necessitating higher sample sizes to attain a high degree of accuracy [8]. The Generic Short Patient Experiences Questionnaire (GS-PEQ), developed by Sjetne *et al.* in 2011, was used to assess the efficacy of the health care delivered, as well as to get recommendations for improving the quality of health care. This questionnaire is a short set of 10 questions, evaluating multiple unique aspects of the patient's experience; Assessing, from the patient perspective, (1) the easiness of understanding the language used by the clinician, (2) how confident the patient in the clinician's professional skills, (3) has the patient had sufficient information about his diagnosis, (4) has the patient perceived the treatment as adaptable to his own situation, (5) has the patient been involved in decisions regarding his treatment, (6) has the patient perceive the facility work as well organized, (7) has the patient waited before having the service, (8) Is the patient satisfied with overall provided service, (9) has the overall benefited from the care provided, (10) is the patient believing he had an incorrect treatment. The GS-PEQ is an efficient tool, covering the key aspects of patient experience, which acts as an eloquent indicator of the health care quality delivered.

The objective of this study, is to assess the outpatients' experience toward the renewed Obstetrics and Gynecology (OBGYN) Outpatient departmental services at women's hospital in King Saud Medical City (KSMC) and to ascertain the health care quality improvement recommendations.

2. Materials and Methods

An observational cross-sectional study was conducted on patients visiting the Obstetrics and Gynecology (OBGYN) Outpatient departmental services at women's hospital in King Saud Medical City (KSMC), Riyadh, Saudi Arabia, during the period of October 2020 to January 2021.

2.1 Eligibility Criteria

Every patient who was scheduled for a OPDs visit between October 2020 to January 2021, aged 18 years or older or guardian of younger patients, was eligibility to participate in

the study after being capable of giving an informed consent and being able of answering the questionnaire were included. Any patient who was not in a condition or not able to give informed consent or fill out the questionnaire due to diminished comprehension or due to a language barrier was excluded from the study.

2.2 Sample Size

A sample of 483 patients visiting the OBGYN OPDs were included in the study, using a stratified sampling technique. The calculation of sample size was calculated by using CDC Epi Info software. The population size was determined on the basis of the census acquired, of the monthly records OPD visits. The calculation was done with an accepted frequency of 50%, at a confidence level of 97% and 5% error.

2.3 Data collection tool

A self-administered questionnaire created by a full version of the generic short patient experiences questionnaire (GS-PEQ), which is short set, of 10 questions, on patient experiences, along with several added questions, on socio-demographic characteristics of the patients, such as gender, age, nationality, marital status, education, occupation, and monthly income. The GS-PEQ enables patient evaluation across a spectrum of health care services, with a brief, basic set of user experience questions. [9] The questionnaire was prepared on the basis of applicability, importance, and comprehensiveness, with a five-point rating scale 1-5, in which '1' denotes "Not at all", '2' denotes "To a small degree", '3' denotes "To some degree", '4' denotes "To a large extent", and '5' denotes "To a very large extent". There was an option of "not applicable" for every question in the questionnaire, denoted with '0', to check the relevance from the patient's perspective.

2.4 Statistical analysis

The data obtained was analyzed using the IBM SPSS software v26. Frequency distribution tables were used to summarize the data collected, with the distribution of the responses for each question separately, along with their proportions. One sample Chi-square test was used to check the significant difference between the responses. For each question, the mean and standard deviation were calculated based on the responses. The Pearson Chi-square test was used to ascertain the correlation between selected variables.

3. Results

3.1 Socio-Demographic data

A total of 483 participants were included in the study and the questionnaire forms were collected from all the participants, which also included socio-demographic characteristics. A frequency distribution table was prepared for these characteristics and is illustrated in Table 1. Among the 483 participants, 12 (2.5%) were male and the remaining majority of the participants, 471 (97.5%), were female. Most of the participants, 187 (38.7%), were in the age group of 31-40 years old, 161 (33.3%) were in the age group of 21-30 years old, 75 (15.5%) were in the age group of 41-50 years old, 32 (6.6%) were more than 50 years old, and 28 (5.8%) of the participants were less than 20 years old. 372 (77.0%) participants among 483 were citizens of Saudi Arabia, and 111 (23.0%) were non-Saudi citizens. There was a preponderance of married participants, as 340

(70.4%) were married and 88 (18.2%) of participants who were unmarried or singles, were as 41 (8.5%) participants were divorced and the remaining 14 (2.9%) were widows. The participants level of education, showed that 25 (5.2%) had only primary school education, 37 (7.7%) had completed their middle school education, 138 (28.6%) had completed their secondary school education, 248 (51.3%) participants had completed their baccalaureate, 32 (6.6%) had completed their masters', and only 3 (0.6%) participants had completed their PhDs. A greater part of the participants, 202 (41.8%), were unemployed, and 140 (29.0%) were working in the private sector and 86 (17.8%) were government sector employees. In addition, there were 55 (11.4%) students among the participants. According to the data recorded regarding the monthly income of the participants, the majority of the participants, 194 (40.2%) earn below 3000, 81 (16.8%) earn between 3000-5000, 67 (13.9%) earn between 5000-8000, 52 (10.8%) earn between 8000-10000, 45 (9.3%) earn between 10000-15000, 27 (5.6%) and 44 (9.1%) earn more than 15000.

3.2 Questionnaire analysis

The responses to the questionnaire were analyzed, the significance of the distribution of responses for each question on the rating scale was also calculated using one sample Chi-square test. The analysis showed that the majority of participants responded positively towards the health care provided by the institution. A question regarding the overall patient satisfaction of the services provided, showed that 380 (78.7%) out of 483 participants opted for '5' (to a very large extent), with a significance of $P < 0.001$. It was observed that there was a significant difference in the proportion of participants opting for values on the rating scale of each question, with $P < 0.001$, at a degree of freedom of 5. The frequencies and chi square values with their significance for each question are illustrated in Table 2. The overall satisfaction status of the patients with the treatment received from the institution was represented as Bar Graph 1

3.3 Means of the responses on rating scale to the questionnaire

The means of the responses recorded on the rating scale for each question with their minimum, maximum values and standard deviation were summarized in Table 3. The means are interpreted on the basis of the 0.83 interval, 0-0.83 as not applicable, 0.84-1.66 as not at all, 1.67-2.49 as to a small degree, 2.50-3.32 as to some degree, 3.33-4.15 as to a large extent, and 4.16 - 5.0 as to a very large extent. It was observed that the mean of responses for every question in the questionnaire was between 4.16 and 5.0 (to a very large extent), except for the 2 questions regarding the waiting period and the incorrect treatment received according to self-perception. The scores were 2.288 (to a small degree) and 1.377 (not at all) respectively. Although there was an exception with 2 questions, one of the questions regarding the incorrect treatment left positive feedback about the provided health care and the institution. It was observed that 21.3% of the patients were not satisfied with the waiting time before their admission and 31.0% found the question "Not Applicable".

3.4 Correlations

The correlation between the age of the participants and the

responses opted out. Similarly, education level and their response to the questionnaire were analyzed for each question using the Pearson chi-square test. There was a significant correlation found between the age of the participant and the question "Did you perceive the institution's work as well organized?", $P < 0.05$, at a degree of freedom 5. Also, in regard to the education level of the participants, there was a significant correlation found with the questions "Did you perceive the institution's work as well organized?", "Did you have to wait before you were admitted for services at the institution?", and "Overall, was the help and treatment you received at the institution satisfactory?", $P < 0.05$, at a degree of freedom 5. The correlations between age, education and the responses recorded are illustrated in Table 4. It was observed that education level and patient satisfaction were correlated significantly in the same direction. Age and patient satisfaction were also correlated in the same direction, but not statistically significant. The correlation between age, education of the patients, and overall patient satisfaction was summarized in Table 5 & 6, Bar Graph 2 & 3, respectively.

4. Discussion

The current research was carried out with an objective to measure the patient experience and satisfaction, which ultimately reflects the quality of health care delivered, as well as to determine the recommendations to enhance the quality of health care.

According to the socio-demographic data recorded, it was observed that almost all the patients were females (97.5%), as the questionnaire was conducted in the OBGYN department, in which obstetrics deals with pregnancy and gynecology deals with problems related to the female reproductive system and partners related diseases, as in STD and infertility clinics. therefore, the low incidence rate of male patients in the outpatient ward of the OBGYN department is expected. According to the American Board of Obstetrics and Gynecology (ABOG), OBGYNs physicians can now treat male patients in the case of vasectomy, pelvic pain, anal cancer, and other conditions, but this is not yet universally practiced^[10]. The existence of male patients in the outpatient ward might be as a parent, spouse or guardian for female patients under the age of 18 or who meet the aforementioned criteria.

The major proportion of patients visiting OBGYN were among the age group of 20-40 years old (74%), as the literature quotes that the first pregnancy among Saudi women occurs at the mean age of 21.28 (4.11) with a range of 14-43 yrs^[11]. Another recent study by Ahmed Abu-Zaid *et al*, in Jeddah, Saudi Arabia, shows that 61.5% of deliveries occur under the age of 34^[12]. It was observed that most of the participants had completed their bachelor's degree (51.3%) and secondary school (28.6%), supported by the evidence of a 95.33% literacy rate in Saudi Arabia^[13]. Patient experience depends upon many factors, like comprehensible language used by the clinician, patients' level of confidence in the clinicians' skills, information provided to the patient regarding the diagnosis and their involvement in the treatment decisions, the institution's work organization, waiting time before admission, etc. If the survey's findings are turned into efforts to enhance healthcare quality, they could be extremely beneficial.

It was observed that the mean overall satisfaction score of

the patients visiting the OBGYN OPD was 4.6 on a five-point scale, which states that most of the patients were satisfied to a very large extent. According to the evidence, patients are usually satisfied with the health care delivered^[14]. A similar outcome was observed in the present study with an overall satisfaction of 89.2% (of which 78.7% to a very large extent). This result is also consistent with many studies based on patient satisfaction. The majority of patients were extremely satisfied, however, 8.1% of patients were satisfied from "Some degree" to "A small degree", and 0.8% of patients were not satisfied, improving this remaining very small percentage of patients' low satisfaction and dissatisfaction with care delivery, would encourage an institution to take action, to improve the overall quality of care^[15].

The majority of patients responded positively to almost every question in the GS-PEQ, this evidences the level of patient satisfaction. The doctor's way of communicating with a patient plays a vital role in patient satisfaction. It is the duty of a doctor to provide information to a patient in a way that is easy to understand^[16]. In this study, 76.8% of the patients were highly satisfied with the doctor's communication. Similar results were found in a survey done by Davidson R *et al.*,^[17] where 88% of the participants were satisfied with the information provided by the doctor, and in a study conducted by Ampong *et al.*, 88.1% were highly satisfied with the way of communication that was easier to understand^[18].

The patient's confidence in the clinician's skills was found to be high in 79.5% of the participants. The result was consistent with many other studies. Daniel Catalan-Matamoros *et al.*,^[19] reported the median of the responses regarding the confidence level as 5 on a five-point scale. In a study conducted by Katarina Smejda Kjrandsen *et al.*,^[20] 82.3% of the participants had a higher confidence level in the clinician's skills.

Among the total of participant, 88.8% of the them stated that they had received a sufficient information about their diagnosis in a large extent, to a very large extent. supported by the evidence of the study done by Stefanie Bachnick *et al.*,^[21] in which 81.7% were highly satisfied with the information provided. Upon questioning the patients' self-perception of treatment adaptation to their situation and their involvement in the decision making, 77% and 74.7% of them reported being satisfied to a very large extent respectively. A similar result was observed in the study conducted by Bachnick *et al.*,^[21] where 52.3% of the participants were satisfied to a very large extent with regard to the treatment adaptation and 69.5% were satisfied to a large and very large extent with their involvement in decision making. A 74.5% of the participants perceived the institution's work as well organized, similar to the report in a study done by Ampong *et al.*,^[18] where 78.6% of participants found the institution's work well organized.

For the question related to waiting time before admission, most of the patients (31.1%) have selected the option "Not applicable". If we exclude the proportion that opted for "Not

applicable", the next major proportion of participants (21.3%) were not satisfied with the waiting time before their admission to OPD clinical services. Higher dissatisfaction of patients regarding the waiting time was also found in previous studies. In a study done by Thomas S *et al.*,^[22] 49% of the responses among the worst things about the clinic opted for the waiting time.

The recorded data states that 77% of the participants were highly satisfied with the overall benefits received from the health care provided. Similar results were noticed in a study conducted by Katarina Smejda Kjrandsen *et al.*,^[20] 83.9% of the participants stated that they were extremely benefited by the care provided by the institution.

In addition, for a question asked regarding the self-perception of any incorrect treatment provided, there were 47.8% of participants who marked the questions answer, as "Not Applicable", but after excluding the proportion of participants reported as "Not Applicable", it was observed that the major proportion of participants opted for "Not at all", which states a no incorrect treatment was perceived by the majority of patients. In contrast, emphasizing on the qualification of the question as an expressive reflection of patient-perception, the obtained results from the study conducted by Daniel Catalan-Matamoros *et al.*,^[19] showed that the median of the responses for the incorrect treatment received was 4 and 5 on a similar five-point scale, in two patient groups, which indicates that a higher proportion of the participants believe that they have received an incorrect treatment.

A significant correlation was found between the education level of the participants and overall patient satisfaction. An increased proportion of patients' satisfaction was noticed with the increased level of education. These results were consistent with the study conducted by Muhammad Afzal *et al.*,^[23] which stated that the satisfaction level and the education level were correlated in the same direction. This may be due to the increased awareness and knowledge regarding health care services among the educated population. The age was even correlated with overall patient satisfaction, but not statistically significant. It was noticed that older patients were comparatively more satisfied than middle-aged or younger patients. Similar results were found in the study conducted by Mikael Rahmqvist^[24].

The major drawback of the OBGYN Outpatient department is the waiting period; patients were unsatisfied with the time spent waiting before being admitted to the services, and there is evidence in the literature that patients get displeased when the waiting period exceeds thirty minutes^[25]. It is strongly recommended to minimize the waiting time by increasing the number of health care providers in order to increase patient experience and satisfaction, thus improving the quality of health care.

Although, there was minimal dissatisfaction among the patients, the issues that were causing the dissatisfaction should be furtherly investigated and resolved in order to enhance the satisfaction rate of patients visiting the outpatient department.

Table 1: Socio-demographic characteristics of the patients and their frequencies.

Socio - Demographic Data		Count	Column N %
Gender	Male	12	2.5%
	Female	471	97.5%
Age	Less than 20 Y	28	5.8%
	21 – 30 Y	161	33.3%
	31 – 40 Y	187	38.7%
	41 – 50 Y	75	15.5%
	More than 50 Y	32	6.6%
Nationality	Saudi	372	77.0%
	Non-Saudi	111	23.0%
Marital Status	Single	88	18.2%
	Married	340	70.4%
	Divorced	41	8.5%
	Widow	14	2.9%
Education	Primary	25	5.2%
	Middle	37	7.7%
	Secondary	138	28.6%
	Bachelor	248	51.3%
	Master	32	6.6%
Occupation	Ph.D.	3	0.6%
	Student	55	11.4%
	Unemployed	202	41.8%
	private sector employee	140	29.0%
Monthly Income	government employee	86	17.8%
	1- < 3000	194	40.2%
	3000-5000	81	16.8%
	5000-8000	67	13.9%
	8000-10000	52	10.8%
	10000-15000	45	9.3%
	15000-20000	27	5.6%
	20000-25000	5	1.0%
	25000-30000	9	1.9%
9->=30000	3	0.6%	

Table 2: Frequency of distribution of the data results derived from the Generic Short Patient Experiences Questionnaire (GS-PEQ).

Questionnaire		Count	Column N %	Chi square	Significance
Did the clinicians talk to you in a way that was easy to understand?	not applicable	1	0.2%	1285.46	$P < 0.001^*$
	Not at all	5	1.0%		
	To a small degree	11	2.3%		
	To some degree	42	8.7%		
	To a large extent	53	11.0%		
	To a very large extent	371	76.8%		
Do you have confidence in a clinicians' professional skills?	not applicable	2	0.4%	1407.398	$P < 0.001^*$
	Not at all	3	0.6%		
	To a small degree	6	1.2%		
	To some degree	24	5.0%		
	To a large extent	64	13.3%		
	To a very large extent	384	79.5%		
Did you get sufficient information about your diagnosis/afflictions?	not applicable	2	0.4%	1303.696	$P < 0.001^*$
	Not at all	4	0.8%		
	To a small degree	10	2.1%		
	To some degree	38	7.9%		
	To a large extent	56	11.6%		
	To a very large extent	373	77.2%		
Did you perceive the treatment as adapted to your situation?	not applicable	4	0.8%	1295.348	$P < 0.001^*$
	Not at all	4	0.8%		
	To a small degree	9	1.9%		
	To some degree	36	7.5%		
	To a large extent	58	12.0%		
	To a very large extent	372	77.0%		
Were you involved in decisions regarding your treatment?	not applicable	7	1.4%	1189.534	$P < 0.001^*$
	Not at all	17	3.5%		
	To a small degree	10	2.1%		
	To some degree	42	8.7%		
	To a large extent	46	9.5%		

Did you perceive the institution's work as well organized?	To a very large extent	361	74.7%	1192.814	<i>P</i> <0.001*
	not applicable	3	0.6%		
	Not at all	7	1.4%		
	To a small degree	12	2.5%		
	To some degree	50	10.4%		
	To a large extent	51	10.6%		
Did you have to wait before you admitted for services at the institution?	To a very large extent	360	74.5%	119.149	<i>P</i> <0.001*
	not applicable	150	31.1%		
	Not at all	71	14.7%		
	To a small degree	19	3.9%		
	To some degree	79	16.4%		
	To a large extent	61	12.6%		
Overall, was the help and treatment you received at the institution satisfactory?	To a very large extent	103	21.3%	1359.099	<i>P</i> <0.001*
	not applicable	4	0.8%		
	Not at all	4	0.8%		
	To a small degree	10	2.1%		
	To some degree	34	7.0%		
	To a large extent	51	10.6%		
Overall, what benefits have you had from the care at the institution?	To a very large extent	380	78.7%	1305.882	<i>P</i> <0.001*
	not applicable	3	0.6%		
	Not at all	3	0.6%		
	To a small degree	5	1.0%		
	To some degree	33	6.8%		
	To a large extent	67	13.9%		
Do you believe that you were in any way given incorrect treatment (according to your own judgement)?	To a very large extent	372	77.0%	417.907	<i>P</i> <0.001*
	not applicable	231	47.8%		
	Not at all	115	23.8%		
	To a small degree	18	3.7%		
	To some degree	26	5.4%		
	To a large extent	29	6.0%		
	To a very large extent	64	13.3%		

*Significant, [*P*<0.05], df=5

One sample Chi- square test was carried out showing a significant difference between the proportions of reporting patients for every question, stating the null hypothesis false as the p value is less that 0.05 at degree of freedom 5.

Table 3: Means of the questionnaire responses recorded using rating scale on the data derived from the Generic Short Patient Experiences Questionnaire (GS-PEQ).

	N	Minimum	Maximum	Mean	Std. Deviation
Did the clinicians talk to you in a way that was easy to understand?	483	.0	5.0	4.596	.8476
Do you have confidence in a clinicians' professional skills?	483	.0	5.0	4.685	.7403
Did you get sufficient information about your diagnosis/ afflictions?	483	.0	5.0	4.611	.8384
Did you perceive the treatment as adapted to your situation?	483	.0	5.0	4.600	.8760
Were you involved in decisions regarding your treatment?	483	.0	5.0	4.455	1.1229
Did you perceive the institution's work as well organized?	483	.0	5.0	4.524	.9516
Did you have to wait before you admitted for services at the institution?	483	.0	5.0	2.288	1.9755
Overall, was the help and treatment you received at the institution satisfactory?	483	.0	5.0	4.617	.8763
Overall, what benefits have you had from the care at the institution?	483	.0	5.0	4.638	.7936
Do you believe that you were in any way given incorrect treatment (according to your own judgement)?	483	.0	5.0	1.377	1.8045
Valid N (listwise)	483				

0= not applicable, 1= not at all, 2=to a small degree, 3= to some degree, 4= to a large extent, 5=to a very large extent.

Table 4: Correlation of Age and Education with the Generic Short Patient Experiences Questionnaire (GS-PEQ).

Question	Age [significance]	Education [significance]
Did the clinicians talk to you in a way that was easy to understand?	0.546	0.321
Do you have confidence in a clinicians' professional skills?	0.194	0.147
Did you get sufficient information about your diagnosis/ afflictions?	0.942	0.179
Did you perceive the treatment as adapted to your situation?	0.596	0.193
Were you involved in decisions regarding your treatment?	0.778	0.364
Did you perceive the institution's work as well organized?	0.047*	<0.001*
Did you have to wait before you admitted for services at the institution?	0.315	0.001*
Overall, was the help and treatment you received at the institution satisfactory?	0.625	0.044*
Overall, what benefits have you had from the care at the institution?	0.792	0.080
Do you believe that you were in any way given incorrect treatment (according to your own judgement)?	0.176	0.160

*Significant, [*P*<0.05], df = 5

Pearson chi-square association is used to find the correlation between the age, education and the answered questionnaire. The p value, less than 0.05, states that both the variables are significantly correlated.

Table 5: Correlation of Age and Overall Patient Satisfaction

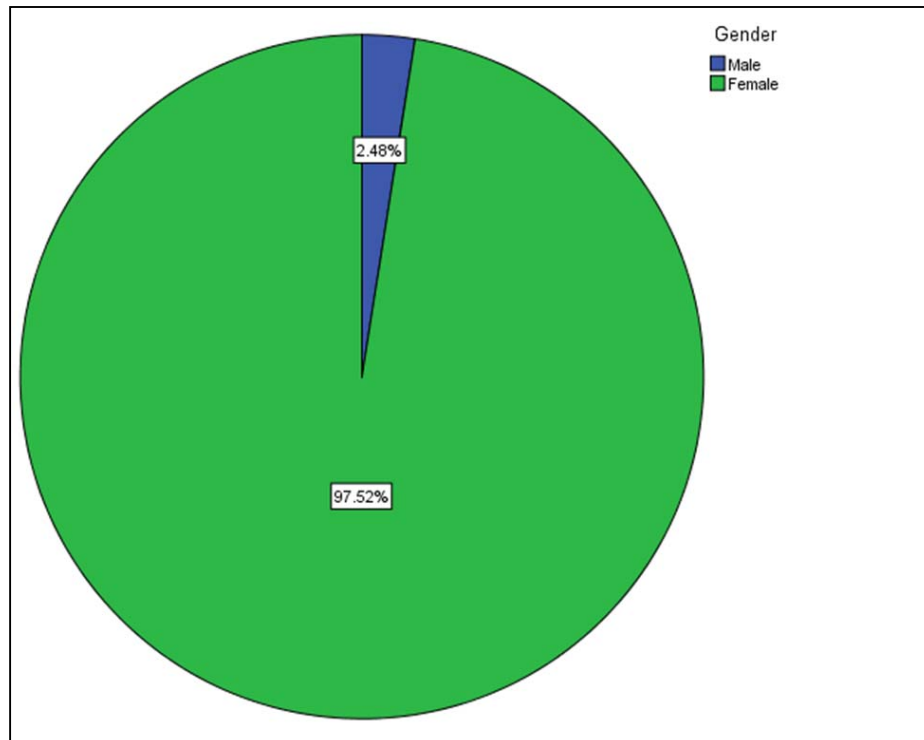
		Age									
		Less than 20 Y		21 – 30 Y		31 – 40 Y		41 – 50 Y		More than 50 Y	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Overall, was the help and treatment you received at the institution satisfactory?	not applicable	1	3.6%	1	0.6%	2	1.1%	0	0.0%	0	0.0%
	Not at all	1	3.6%	1	0.6%	2	1.1%	0	0.0%	0	0.0%
	To a small degree	0	0.0%	2	1.2%	7	3.7%	0	0.0%	1	3.1%
	To some degree	3	10.7%	11	6.8%	14	7.5%	4	5.3%	2	6.3%
	To a large extent	2	7.1%	21	13.0%	18	9.6%	9	12.0%	1	3.1%
	To a very large extent	21	75.0%	125	77.6%	144	77.0%	62	82.7%	28	87.5%

It was observed that the patient satisfaction increased with the increase in age, but the correlation is not significant.

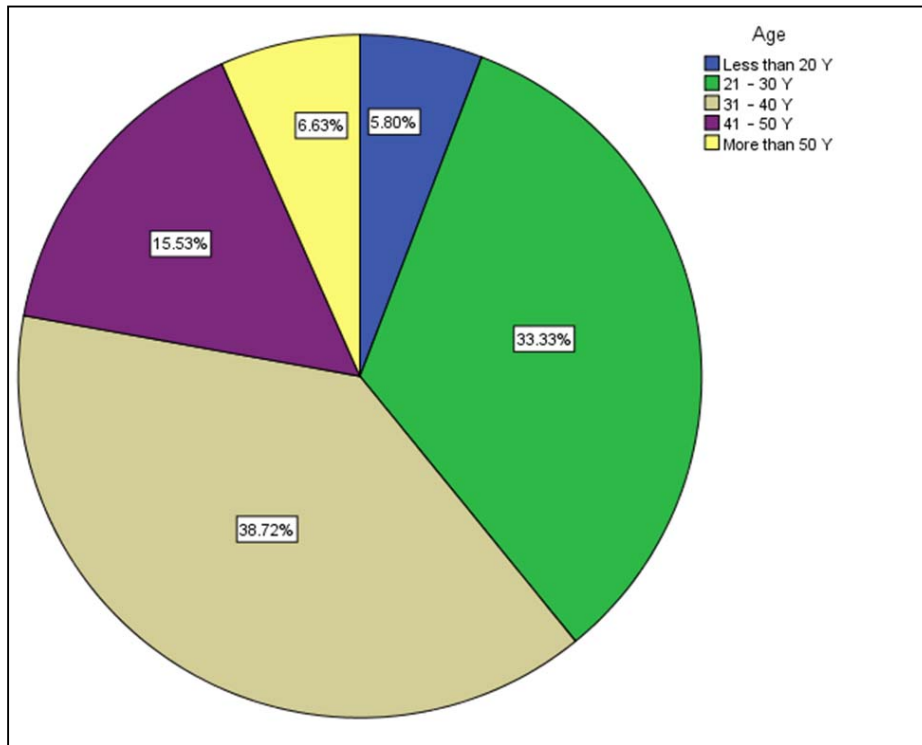
Table 6: Correlation of Education level and Overall Patient Satisfaction

		Education											
		Primary		Middle		Secondary		Bachelor		Master		Ph.D.	
		Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %	Count	Column N %
Overall, was the help and treatment you received at the institution satisfactory?	Not applicable	0	0.0%	0	0.0%	2	1.4%	2	0.8%	0	0.0%	0	0.0%
	Not at all	0	0.0%	0	0.0%	4	2.9%	0	0.0%	0	0.0%	0	0.0%
	To a small degree	3	12.0%	0	0.0%	3	2.2%	4	1.6%	0	0.0%	0	0.0%
	To some degree	1	4.0%	6	16.2%	12	8.7%	14	5.6%	1	3.1%	0	0.0%
	To a large extent	2	8.0%	4	10.8%	19	13.8%	21	8.5%	4	12.5%	1	33.3%
	To a very large extent	19	76.0%	27	73.0%	98	71.0%	207	83.5%	27	84.4%	2	66.7%

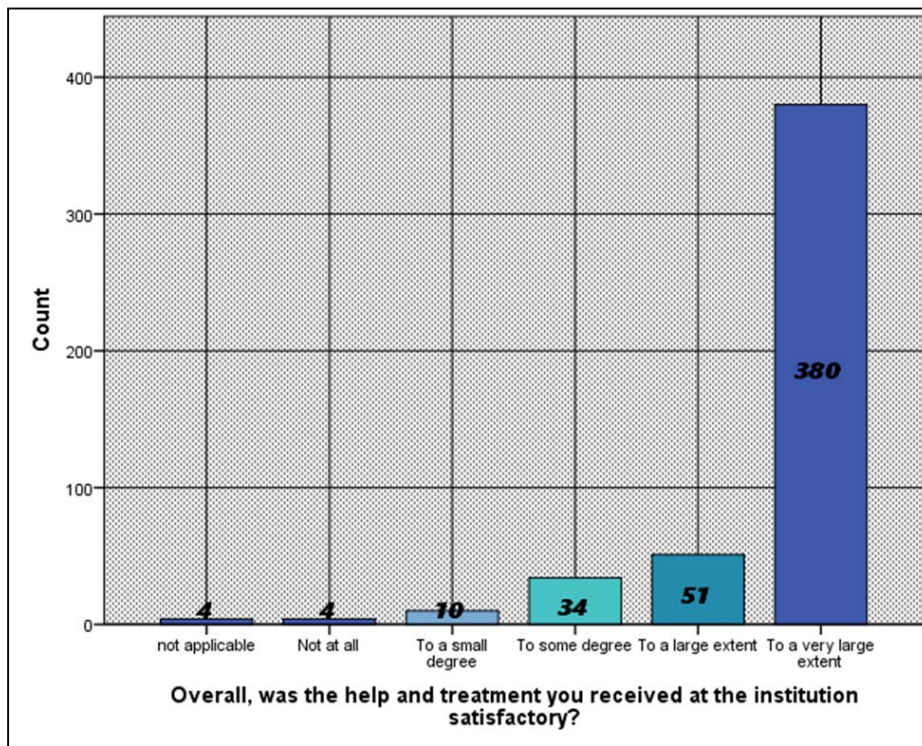
It was observed that the patient satisfaction increased with the increase in the education level, and the correlation is significant.



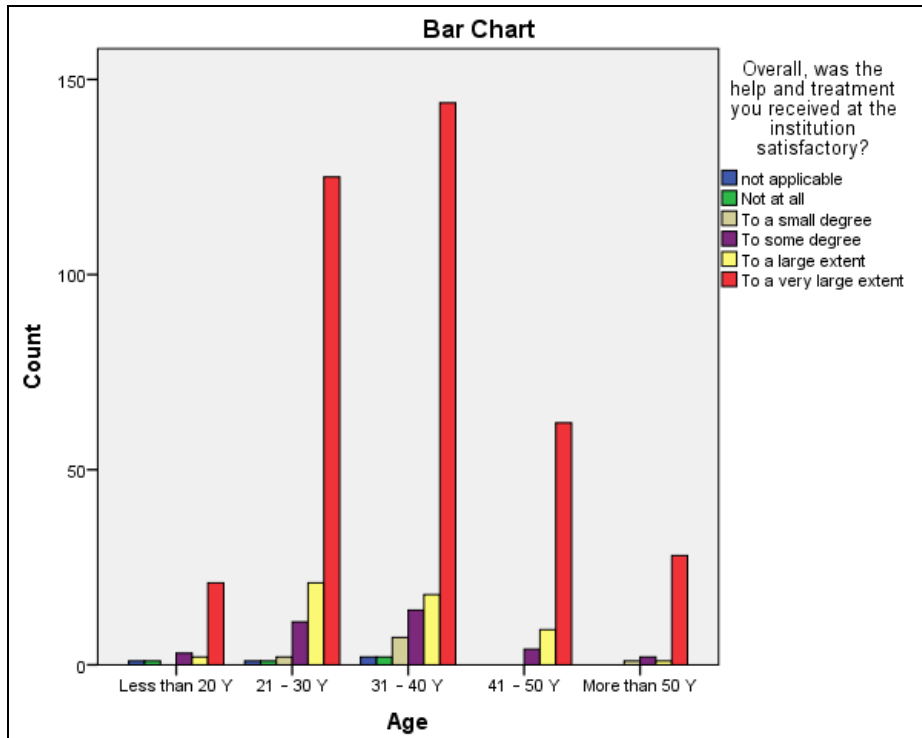
Pie Chart 1: Distribution of Gender among the participation.



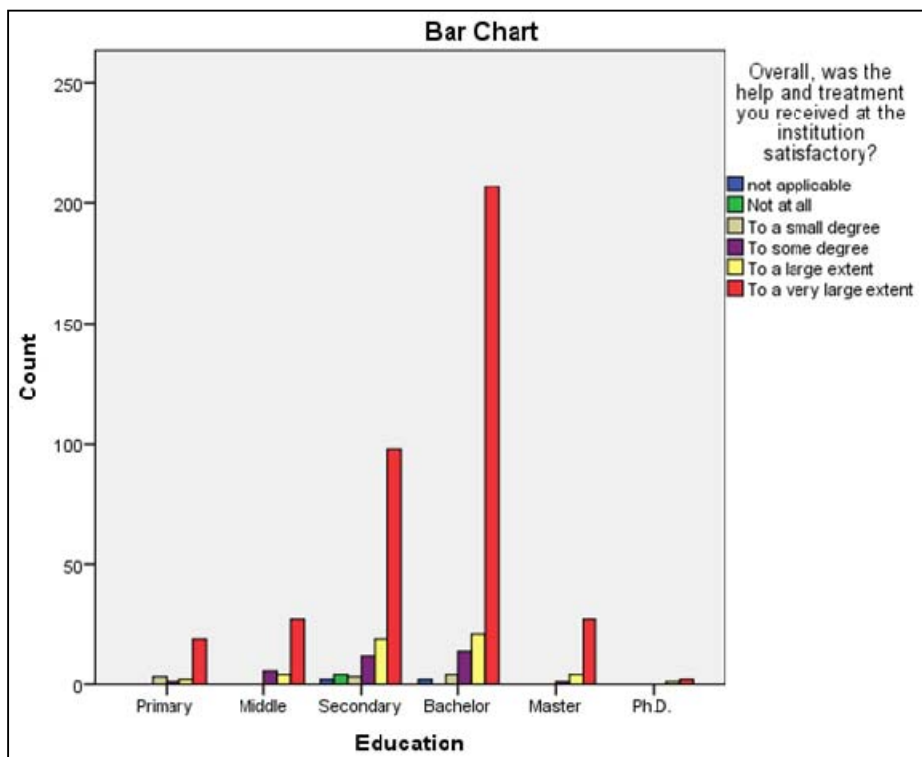
Pie Chart 2: Distribution of age among the participants.



Bar Graph 1: Overall patient satisfaction



Bar Graph 2: Correlation between the age and the overall patient satisfaction



Bar Graph 3: Correlation between the Education level and overall patient satisfaction.

Conclusion

Patient Experience is one of the decisive elements and an efficient benchmark for evaluating doctors' and hospitals' performance. Based on the obtained results, it can be stated that the patients were highly satisfied with the health care delivered with higher confidence levels and belief in the professional skills of the clinicians. Although there are some deficiencies such as the waiting period of the patients before

admission, it ultimately affects the patients' overall experience. All the factors leading to patient dissatisfaction should be ruled out and eliminated to improve the overall satisfaction of patients.

Ethical considerations and Acknowledgment

Academy Research Committee, and Local institutional approval was obtained, Written or verbal consents from all

participants were obtained. Acknowledgments of all supervisors, advisors, helpers, facilitators, participants and family members indicating their role in the research process.

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