إقـــــرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

"رضا المستفيدين من الخدمات الصحية المقدمة في أقسام الاستقبال والطوارئ في مستشفى الشفاء بغزة"

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وإن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

كما أقر بحق **أكاديمية الإدارة والسياسة للدراسات العليا** في حقوق النشر لهذه الرسالة وأنه لا يجوز النشر إلا بموافقة رسمية مكتوبة من الأكاديمية.

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Studies Management and Leadership Master Program

Clients' Satisfaction for Health Care Services provided in Emergency Departments at Shifa Hospital-Gaza

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A thesis

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نتيجة الحكم على أطروحة الماجستير

بناءً على موافقة المجلس الأكاديمي بأكاديمية الإدارة والسياسة للدراسات العليا على تشكيل لجنة الحكم على أطروحة الباحثة/ **غادة رمضان صالح أبو ندى**، لنيل درجة الماجستير في تخصص **القيادة والإدارة**، وموضوعها:

"Clients' Satisfaction for Health Care Services provided in Emergency Department at - Shifa Hospital-Gaza"

وبعد المناقشة التي تمت اليوم الثلاثاء 10 شعبان 1437 هـ، الموافق 2016/05/17م الساعة الحادية عشرة صباحاً، اجتمعت لجنة الحكم على الأطروحة والمكونة من:

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وبعد المداولة أوصت اللجنة بمنح الباحثة درجة الماجستير في تخصص **القيادة والإدارة**.

واللجنة إذ تمنحها هذه الدرجة فإنها توصيها بتقوى الله ولزوم طاعته وأن تسخر علمها في خدمة دينها ووطنها.

والله ولي التوفيق،،،

رئيس الأكاديمية

د. محمد إبراهيم المدهون

أكاديمية الإدارة والسياسة للدراسات العليا
رئاسة الأكاديمية

Dedication

This is dedicated

To my beloved father and mother, who I owe

my life and success

To my son and daughter,

To my dear husband,

To my friends and colleagues and of course to

all nurses in Palestine

With Love and Respect

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List of Abbreviations

CI	Confidence Interval
ED	Emergency department
GG	Gaza Governorates
JCAHO	Joint Commission on Accreditation of Healthcare
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
PCBs	Palestinian Central Bureau of Statistics
PHCS	Palestinian Health Care System
PHC	Primary Health Care
SH.H	Shifa Hospital
UNRW	United Nations Relief and Works Agency
WB	West Bank
WHO	World Health Organization

ملخص الدراسة

مستوى رضا المستفيدين من خدمات الاستقبال والطوارئ: -

النظام الصحي يعمل في بيئة تنافسية للغاية، يعتبر رضا متلقي الخدمة الصحية من أهم العوامل التي تحدد نجاح المؤسسة الصحية.

هدف الدراسة: -

هدفت هذه الدراسة لمعرفة مستوى رضا متلقي الخدمة الصحية المقدمة من أقسام الاستقبال والطوارئ بمستشفى الشفاء

تصميم الدراسة: -

صممت الدراسة كدراسة وصفية تحليلية غير تجريبية مقطعية-عرضية (تم جمع البيانات خلال فترة زمنية واحدة)

مجتمع الدراسة: -

كل متلقي الخدمة الصحية في أقسام الاستقبال والطوارئ بمجمع الشفاء الطبي بغزة (قسم استقبال الباطنة بمعدل استقبال 6600 حالة/ 1شهر، قسم استقبال الجراحة بمعدل استقبال 1260 حالة/1شهر، قسم استقبال الولادة بمعدل استقبال 1/1396شهر)

عينة الدراسة: -

تمثلت 500 متلقي الخدمة الصحية ثم انتقاءها من قبل مجتمع الدراسة الكلي بأسلوب غير عشوائي وكانت العينة عينة صدفة، ملائمة من جميع متلقي الخدمة الصحية بأقسام الاستقبال والطوارئ (استقبال باطن – استقبال جراحة – استقبال ولادة) خلال الفترة (من 1-7-2015م إلى 31-12-2015م)

أداة الدراسة: -

مقابلة منظم وجهاً لوجه و بالإضافة إلى تعبئة استبانة منظمة، صممت هذه الاستبانة من قبل الباحثة من خلال مراجعتها للأدبيات السابقة و الاستعانة بالدراسات السابقة و كانت ذات مصداقية وثبات عالية حسب تحكيمها من خلال مجموعة من المتخصصين بهذا المجال و كان معدل عوامل الارتباط (**all correlation coefficient**)بين المغيرات بنسبة تراوحت بين (**0.92-0.62**) بالإضافة إلى إجراء عينة استطلاعية (**pilot study**) وتم اختبار مصداقية أداة

الدراسة من خلال كلاً من (**Independent Test, One Way A Nova Test**
(Cronbach's Alpha reliability = 0.907

جمع البيانات وتحليلها: -

قد جمعت البيانات من خلال مقابلة منظمة أجريت مع متلقي الخدمة الصحية وجهاً لوجه وأيضاً من خلال تعبئة استبانة منظمة من قبل ملقي الخدمة الصحية وقد تم تحليل البيانات من خلال إدخالها على برنامج التحليل الإحصائي (SPSS)

نتائج الدراسة: -

أظهر نتائج الدراسة أن نسبة متوسطة مستوى رضا العام كانت 70,8 % مما يعكس موقفاً إيجابياً اتجاه خدمات أقسام الاستقبال والطوارئ ومستشفى الشفاء، وقد لوحظ أعلى معدل مستويات متغيرات الرضا الخاص بالجودة التقنية حيث كان (71,04%)، وأقل معدلات متغيرات الرضي الخاصة بالاستجابة والملائمة والانطباع العام حيث كانت 64.08%، ونقص حاد في توافر العلاجات بنسبة (41,0%) وهذا يعني أن توجد حاجة ماسة للتحسين.

وقد أبرزت الدراسة بعض المشاكل الشائعة والشكاوى المتكررة من قبل عدد كبير من متلقي الخدمات الصحية لبعض الجوانب اللوجستية على سبيل المثال: طول فترة الانتظار، قلة العلاجات، نقص توافر مياه شرب نظيفة، نقص أسرة مريحة للمرضى، عدم توفر أماكن انتظار مريحة للزائرين والمرافقين، نقص ملحوظ بالطاقم الطبي العامل المتمثل بالأطباء والتمريض والأخصائيين تتناسب مع احتياجات الجمهور المتزايدة

الخلاصة: -

استخلصت الدراسة أن مستوى رضا متلقي الخدمة الصحية يتأثر جوهرياً بعدد من العوامل السلوكية و البيئية القابلة للتعديل و قد قدمت الدراسة بعض التوصيات المهمة على سبيل المثال: ضرورة عقد دورات تدريبية للطاقم الطبي العامل بأقسام الاستقبال و الطوارئ تهدف لتحسين الكفاءة التقنية و مهارات التواصل و التفاعل مع الجمهور، و كذلك تطوير البيئة المادية لأقسام الاستقبال و الطوارئ بما في ذلك تقليص وقت الانتظار بتطبيق نظام الفرز ، و توفير العلاجات الأساسية و الضرورية من أجل تحسين مستوى رضا متلقي الخدمات الصحية في أقسام الاستقبال و الطوارئ بمستشفى الشفاء.

الكلمات المفتاحية (key-word): -

مستوى الرضا، متلقي الخدمة الصحية، قسم الاستقبال والطوارئ، مستشفى الشفاء.

Abstract

Health care organizations are operating in an extremely competitive environment; in which client satisfaction deemed to be one of the important factors which determine the success of any health care facility.

The aim of the study: the study aimed to know clients' level of satisfaction for health care services provided in Emergency Departments (EDs) at Shifa Hospital.

The study method: the study was non-experimental descriptive cross-sectional included five hundred participants who were recruited in a convenient way from patients attended EDs between July 01, 2015 to December 31, 2015. Data were collected throughout face to face structured interviews to collect data from participants and using self-administered questionnaire which has a high face content validity (all correlation coefficients ranged between 0.60-0.92); and reliability (Cronbach's alpha reliability= 0.907). Independent sample T-Test and One-Way ANOVA were used to investigate the relationships between the total and sub-total scores of satisfaction level.

The study results: The study results showed that the overall mean percentage of satisfaction was 70.8%, which reflects a positive attitude toward ED services at -Shifa hospital. The highest rate was observed in the Technical Quality domain (71.4%) and the lowest rates were observed in the Convenience, Responsiveness and General Impression, lake of drug (64.8 – 41.0) meaning there is bad need for improvement. Most clients reported problems such as long waiting time, lack of medication, lack of clean water for drinking, lack of comfortable beds and setting areas, shortage of medical workforces such as doctors, nurses, and specialists.

Conclusion and recommendations: The researcher concluded that client's satisfaction has influenced significantly by a number of modifiable behavioral and environmental factors and recommended training course for the staff working in EDs to enhance the technical and communication skills as well as, developing the physical environment of ED including the waiting time and provision of essential drugs is needed to enhance the clients' satisfaction level.

Key-words: Satisfaction, Client, Emergency Department, Shifa Hospital.

Chapter (1)

Introduction

1.1 Background

One of the important objectives of any health system in the world is to provide high quality health services and respond to needs and expectation of service users. Client satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services; as it measures the gap between what is expected and ideal from one side and what actually exists in reality. The success or failure of any hospital is largely depends on the satisfaction met by the patients on various services offered which could affect the clinical outcome (Husham, 2013).

Satisfaction is a psychological concept which is defined in different ways; sometimes satisfaction is considered as a judgment of individuals regarding any object or event after gathering some experience over time. According to some theorists, satisfaction is a cognitive response whereas some others consider satisfaction as emotional attachment of individuals (Chakra borty and Mujumdar, 2011).

In fact, satisfaction, like many other psychological concepts, is easy to understand but hard to define. The concept of satisfaction may be utilized with similar themes such as happiness, contentment, and quality. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment of people over time as they reflect on their experience (Al Sharif, 2008).

Client satisfaction has been considered as a state where clients express their feelings, prepares to attend for the same hospital more number of times, accept the services and promote the image and good will of the hospital more happily. It is a key indicator of quality of care because of its relevance to compliance and recall of medical advice (Moll van Charente et al. 2006).

Patient's satisfaction also defined as patients' subjective feelings or evaluation of medical staff, their technical skills, environment, and all other healthcare services is believed to be an important indicator of the quality of health and hospital services (Bucketing et al., 2004).

Emergency department (ED) as the first line of a hospital provides healthcare services to a wide range of patients with different severity of the disease. Patients with urgent and serious conditions are usually sent to ED.

Client's satisfaction has become an integral component of the measurement of health care quality and measured on a regular basis. It is commonly acknowledged that clients' reports of their satisfaction with the quality of care and services as important as many other clinical health measures. Moreover, every organization nowadays is concerned with satisfying the users of its products or services, they are known as clients, customers, consumers or patients (Irwin, 2002).

Emergency department (ED) is considered serving as a gatekeeper of treatment for clients. It is first line of a hospital provides healthcare services to a wide range of clients with different severity of the illnesses. Clients with emergent, urgent and non-urgent pain are usually sent to ED. Moreover, they usually have a higher expectation on receiving timely and high quality services. However, the reality often fails to meet all their expectations due to the restrictions of ED's functions, resulting in low patient satisfaction. Therefore, evaluation of factors associated with patient satisfaction in ED becomes particular important (Trout, Magnusson, and Hedges, 2000).

Studying clients' satisfaction is important vehicle for the advancement of services and to develop appropriate policies for healthcare services. Once reliable client satisfaction measures are available; they can be used for routine or periodic check-ups on the quality of services from the customers' perspective. They also can be used to assess clients' reactions to changes in service delivery being implemented (WHO, 2000).

With the various changes and developments that occur in health care related environment, clients place more importance on the quality of services offered than before. In recent days, patients emphasize not only the environment in the hospitals, but also various services offered in the hospitals. Therefore, understanding client's satisfaction is becoming more important. The data gathered through measuring client satisfaction reflects care delivered by staff and physicians and can serve as a tool in decision-making. Client satisfaction surveys can be tools for learning; they can give proportion to problem areas and a reference point for making management decisions, and ultimately help in improving the quality of health services provided at hospitals.

1.2 The problem Statement

No one can deny that success or failure of any health institution is largely depending on the satisfaction met by the clients on various services offered. Clients' satisfaction is a key indicator of quality of care because of its relevance to compliance and recall of medical advice. For that, assessing client satisfaction is important for evaluating the delivery of health care and for evaluating patient outcomes.

There have been various international and local studies on client's satisfaction in different health setting but locally there is a lack of evidence on client's satisfaction are unrecognized in this area.

There is a lack of evidence and documentation on client's level of satisfaction about emergency services provided at Shifa hospital and socio-demographic and service related factors most likely influencing client's satisfaction

Clients satisfaction provide the ability to identify and resolve potential issue related to the quality of health care services.

In ED, to know clients' satisfaction level is different from other departments. Assessment in ED depends on many variables such as crowded environment, shortage of staff, in-availability of resources, environment, communication of staff with clients. All these variables may effect on satisfaction. Assessment of clients' satisfaction at al Al-Shifa hospital studies were conducted in many departments but in the ED (Surgical, Medical, and Gynecology) not examined yet. For that the researcher is going to examine to assess clients' level of satisfaction for health care services provided in EDs at Al-Shifa Hospital and to explore the factors affecting clients' attended ED level of satisfaction, and in the light of the results, suggestions will be recommended for improving health services.

1.3 Justification of the study

Improving the quality of client care in hospitals generally and emergency departments specially is a vital and necessary activity. Therefore, the researcher is carrying out this study for Shifa hospitals according to researcher acknowledgment trying to study client satisfaction with health care services provided in surgical, medical and obstetrics emergency departments and to determine the variables that affect satisfaction. It also links between client satisfaction with health care and

adherence and compliance to treatment may result in improved cost effectiveness of care and this is important dimensions of quality of health care services in the emergency department.

Moreover, this study contributes to understanding the main domains of client's satisfaction and enhancement the quality of health care services in emergency department in the Gaza strip, and this research provide information and data for all interested people. This research may analyze the domains of satisfaction with emergency services and exploring the variables that effect on satisfaction level. In addition, it recognizes the darkness aspects and areas for improvement to enhance services in emergency departments at El-Shifa hospital. Generally, there is no enough information about client's satisfaction regarding services provided in emergency departments of El-Shifa hospital, and previous studies conducted about these services are few in number and content, and mostly focused on client's satisfaction in outpatient, obstetric and rehabilitation department, so this study is the first study in this field.

Therefore, the most important reason to conduct the current study is that its provide the ability to identify and resolve potential issue related to the quality of health care services and thus draw conclusions to help managers, policy makers to improve satisfaction level; and thus have broad implications for improving patient care in both the public and private health sectors.

1.4 General objective

The aim of this study is to assess clients' level of satisfaction for health care services provided in surgical, medical and obstetrics emergency departments at El-Shifa Hospital and to explore the factors affecting clients' attended ED level of satisfaction.

1.5Specific objectives: -

1. To know client's level of satisfaction about health care services provided to them in emergency department.
2. To identify the relationship between socioeconomic and demographic factors and clients' satisfaction with emergency health care services.
3. To explore the main dimensions of client's level of satisfaction with emergency care services.
4. To determine the relationship between clients' health characteristics and satisfaction with emergency health care services.

5. To provide suggestions and recommendations to the decision makers and health professionals regarding improving the quality of emergency department health care services.

1.6 Research questions

1. What is the level of clients' satisfaction-dissatisfaction with health care services provided in emergency department at El-Shifa hospital?
2. What is the level of clients' satisfaction for each domain of satisfaction toward health services provided in EDs?
3. What are the factors related to the client's satisfaction with health care services provided in ED at El-Shifa hospital?
4. Is there a difference in clients' satisfaction in relation to type of department (surgical, medical or obstetric)?
5. Are there significant differences in the level of clients' satisfaction with health care services provided in emergency department at El-Shifa hospital in related to socio-demographic and economic variables?
6. Are there significant differences in the level of clients' satisfaction with health care services provided in emergency department at El-Shifa hospital in related to client's health characteristics such as (illness severity, admission to emergency department, client visit, spending time, filling questionnaire and decision)?
7. What are the suggestions and recommendations for future possible interventions?

1.7 Research hypothesis

There is no statistical significant differences at $\alpha = 0.05$ between client's level of satisfaction and delivery of health services in medical, surgical and obstetrics emergency departments of El-Shifa Hospital in Gaza strip.

1.8 Study variables

Dependent variables: Clients' satisfaction towards health care services in surgical, medical and obstetrics emergency departments at El-Shifa hospital, which included six dimensions.

Independent variables: There are variables that affecting clients' satisfaction:

1- Socio-demographic and economic variables that included (gender, age, marital status, educational level, and monthly income).

2- Health related variables that included (illness severity, admission to emergency department, client visit, spending time, filling questionnaire, and designs).

1.9 Borders of the study

- **Setting**: The study was conducted in surgical, medical and obstetrics emergency departments at El-Shifa hospital.
- **Period:** The study started in February 2015 after approval of the proposal, and completed this in December 2015.
- **Population**: The study population includes all those clients were treated in surgical, medical and obstetrics emergency departments at El-Shifa hospital during the time of data collection.

1.10 Context of the study

The study design conducted in Gaza strip of Palestine; therefore, the following paragraphs provide information about the geographical background, Palestinian population size, Palestinian economy, health situation and health services in addition to information about research setting: surgical, medical and obstetrics departments in El- Shifa hospital.

1.10.1 Geographical context

The Gaza Strip is a narrow zone of land, located on the south of Palestine, the strip borders Egypt on the southwest and the Israeli occupation state on the east and north. It is a very crowded place with an area of 365 square kilometers and constitutes 6.1% of the total land of Palestine. Gaza Strip compromises the following main five governorates: North of Gaza, Gaza City, Mid-zone, Khanyounis, and Rafah (PCBS, 2014).

1.10.2 Demographic context

Based on estimates prepared by PCBS, the total population of Palestine at mid-2015 was about 4.68 million; 2.38 million males and 2.30 million females. In Gaza strip, the estimated population of Gaza Strip totaled 1.82 million of which 925 thousand males and 895 thousand females (PCBS, 2015).

Data revealed that the population of Palestine is a young population; that 43.3% of Palestinian people were less than 15 years old. The age group (0-4 years)

was 16.8%, while ages over 65 years constituted only 1.5%, so Palestinian society is described as a young population (MOH, 2014).

Population density of Palestine is generally high at 778 persons/ Km2, particularly in Gaza Strip is 4,986 persons/km2 compared to lower population density in the West Bank at 506 persons/ Km2 at mid-2015 (PCBS, 2015).The age and sex distribution of population in Palestine showed that 43.3% of Palestinian people were less than 15 years old. The age group (0-4 years) was 16.8%, while ages over 65 years constituted only 1.5%, so Palestinian society is described as a young population (MOH, 2014).The natural increase of Gaza population was 3.4% in 2014. Despite the progressive decline over years, the number of live births per 1,000 of population per year was still high in comparison to other countries. The crude birth rate in 2013 was 31.2/1000 capita. The crude death rate declined progressively over years (PCBS, 2014).

1.10.3 Unemployment and poverty

The Palestinian Territories had witnessed fluctuation in the rate of unemployment during the period 2004-2010. The lowest rate of unemployment was recorded in 2007 at 21.7%, while reached 23.7% in 2010 compared to 24.5% in 2009. In West Bank, the unemployment rate declined from 17.8% to 17.2%. Unemployment rate in Gaza Strip also declined to reach 37.8% (PCBS, 2011). The unemployment rate in the Palestinian Territories reached 23.9% (20.1% in West Bank and 31.5% in Gaza Strip) in the 1st quarter of 2012 (PCBS, 2012a). It is important to know that the health status of any country is affected by the economy and of course, any health service provision needs financial support to ensure the continuity of the service.

1.10.4 Palestinian Health Care System (PHCS)

The health care system in Palestine is complex, unique, and strongly influenced under the Israeli occupation. The consequences of the closures and separation imposed a great challenge for the Ministry of Health by creating obstacles regarding the accessibility to health care services and affected the unity of the health care system in all Palestinian Governorates. There are five main health care providers: the Ministry of Health, United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA), Non-Governmental Organizations (NGOs), Palestinian Military Medical Services and the private sector. The Ministry of Health bears the heaviest burden as it has the responsibility for ensuring equitable and affordable access to quality health services for all Palestinians. There are 54 primary health care centers in Gaza Strip.

The hospital services are operated by the government and non-government sectors. According to Ministry of Health hospital annual report in 2014, there were 30 hospitals in the Gaza Strip; of them 13 hospitals affiliated to MOH (Annex 2) with a total number of 2.864 beds in government and non-government hospitals; 2.107 affiliated to MOH (MOH, 2014). In Palestine, there are 13.1 beds per 10,000 of population; 12.6 beds in West Bank and 13.8 beds in Gaza Strip (Health Annual Report, 2015) The financial crisis of the Palestinian Authority, as well as the political divisions between West Bank and Gaza Strip, have been the cause of the chronic shortages, which were felt at hospital and primary health care levels in curtailing services such as elective surgeries, and costly medicines for clients (WHO, 2012).

Shifa Hospital Complex

It is the biggest medical institution in the Palestinian MOH that considers secondary health care delivery system and provides some tertiary care services for population. It is located in the west part of Gaza. The hospital was established in 1946 on an area of over 45.000 thousand square meters, and it developed over years until now and many buildings were built like radiotherapy department, burn department, special surgery department, second floor in internal medicine department, and the surgical specialist department. It is subdivided administratively into three hospitals; namely known as: Surgical Hospital, Medical Hospital and Obstetrics and Gynecology Hospital. Total number of beds is 630 and while total number of employees is about 1738 divided as follows: Nursing 35.09%, physicians 36.2%, administrators and technicians in different disciplines19.7% (MOH, 2014).This study was conducted in surgical, medical and obstetric emergency departments, which includes 52 (26 Male: 26 Female), 26 and 9 emergency beds respectively (El-Shifa Record, 2015).

1.11 Operational definition of variables

1.11.1 Clients/Patients:

It refers to any recipient of health care services in EDs at El-Shifa Hospital

1.11.5 Emergency Health Services:

Services provided to any sudden illness or injury in surgical, medical or obstetric EDs at El-Shifa hospital; that it is perceived by client or significant others as requiring immediate intervention.

1.11.7 Quality:

It refers to the meeting the desires and expectations of clients in EDs at El-Shifa Hospital

1.11.9 Technical quality

Refers to the ability of health care providers in EDs at El-Shifa hospital to deliver a good quality of emergency care to the patients and working with the highest level of professionalism.

1.11.11 Communication, interaction and information

Its refers to ability of the ED team to communicate and interact with patients in professional manner. It reflects to extent the ED team succeeded in exchanging related information with patients

1.11.12 Accessibility of care

Refers to the degree of how the emergency services at EL-Shifa hospital are accessible to the patients.

1.11Conceptual definition

1.11.2 Client's satisfaction:

It refers to the extent to which the clients are happy and have a positive attitude towards the services they received.

1.11.3 Client's dissatisfaction:

Over negative rated of clients' satisfaction about the services provided by health institutions.

1.11.4. Satisfaction Level:

It's referred to the degree of clients' satisfaction from the received services; about all items of satisfaction domains of instrument according to Liker scale of patient's satisfaction.

1.11.6 Client waiting time:

The interval between departure from the proceeding outpatient station and receiving service at the next outpatient station

1.11.8 Monthly income

It was defined as an average amount of revenue a patient and his/her family members earned (Shekel per month).

1.11.10 Physical environment of the center

It refers to the physical setting in terms of cleanliness, availability of comfortable seating, wide waiting area, arrangement of furniture, good lighting and ventilation, clean bathrooms and water.

1.11.12 Accessibility of care

Blazevska et al. (2004) defined accessibility as a performance dimensionaddressing the degree to which an individual or a defined population can approach,enter, and make use of needed health services

1.11.13 Convenience and responsiveness

Refers to the extent of convenience expressed by patients regarding waiting time, noise and crowdedness

1.11.14 General impression

It refers to the degree of general impression of the patients with all of the services provided to them,

1.12 Layout of the study:

1.12.1 CHAPTER 1: INTRODUCTION

In this chapter, the researcher presented a simplified background for the study, then sets the research problem and explained the importance and justification of the study and then sets objectives, questions and borders of the study. After that, the researcher provides some details about the context of the study.

1.12.2 CHAPTER 2: THEORETICAL AND CONCEPTUAL FRAMEWORK

In this chapter, the researcher communicates the theoretical and conceptual framework of the study, and explains the dimensions of client satisfaction.

1.12.3 CHAPTER 3: LITERATURE REVIEW

The researcher reviewed of the results of previous local, Arabic and international studies on client satisfaction for health services and methods and techniques used to measure client satisfaction.

1.12.4 CHAPTER 4: METHODOLOGY OF THE STUDY

This chapter focuses on the research methodology used in this study, where the researcher explains select study design, study population, study setting, study

period, sampling and sampling process, sampling and ethical considerations; the researcher also explains the study instrument, method of validity, reliability, piloting and data collection. After that, the researcher explains methods of entry analyses, eligibility criteria and the limitations of the study.

1.12.5 CHAPTER 5: RESULTS AND DISCUSSION

In this chapter, the researcher presents the results of statistical and descriptive analysis of the data. In addition, the level of client's satisfaction with health care services in emergency department in relation to dependent variables and the differences between the selected variables and overall satisfaction scores and with sub-scales were explored by using different analytical statistical tests. In addition, present the results of qualitative data. Finally, the researcher discusses the aspects of the findings that are consistent with previous studies and theoretical explanations and those that do not agree, and finally discussion of study hypotheses.

1.12.6 CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

The study conclusions are the researchers attempt to show what has been knowledge gained by the study, attempt to generalize the findings and an attempt to summarize, and recommended some suggestions.

Chapter (2):
Theoretical Framework

In this chapter, the researcher communicates the theoretical and conceptual framework of the study including background; definition; and importance, and also explains the theories and dimensions of client's satisfaction.

2.1 Background

Hospitals are now following the entrepreneur trend even though the commodity they market is health services. The patient care has become extremely important in the health care environment. Clients' satisfaction and their expectations have become the valid indicators for quality health care service. In which case, the patients become their most important clients of the hospital. After all, it is the patients that brings in the revenues for these hospital hence they should be satisfied. Patient satisfaction is a key indicator of quality of care because of its relevance to compliance and recall of medical advice (Moll van Charant, et al, 2006).

2.2Definition of client's satisfaction

Satisfaction, as other psychological concepts, is easy to understand but hard to define. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people from over time as they reflect on their experience. The simple definition of satisfaction would be the degree to which desired goals have been achieved.

Patient/ Client satisfaction is an attitude- a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional

facts and relates to previous experiences, expectations and social networks (Keegan et al, 2003). Meredith and Wood (1995) have described patient satisfaction as 'emergent and fluid'. It also has been described as a particularly passive form of establishing consumer's views.

Satisfaction is achieved when the client's perception of the quality of care and services that they receive in healthcare setting has been positive, satisfying, and meets their expectations.

2.3Importance of client's satisfaction

Client's satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery. Over the last years, Clients satisfaction has increasingly used as one indicator of the quality of health care (Baker, 1991).Evaluate of clients' satisfaction are used to compare health care programs, to assess quality of care (Rubin, Gandek and Rogers, 1993), and to determine which aspects of a service need enhancement and improvement (Jackson and Kroenke, 1997). In addition, client's evaluations can help to learn medical staff about their achievements as well as their failure, assisting them to be more responsive to their patients' needs (Al-Eisa, et al 2005).

Fitzpatrick (1991) illustrate that there are three reasons why health professionals should take patient satisfaction seriously as a measurement:

1. There is convincing evidence that satisfaction is a key outcome measure. It may be a predictor of whether patients follow their recommended treatments, and is related to whether patients retched for treatment and change their provider of health care. Evidence has also begun to emerge that satisfaction is related to improvements in health status.

2. Client satisfaction is an increasingly important measure in assessing consultation and patterns of communication (such as the success of giving information, of involving the patient in decisions about care, and of reassurance).
3. Client feedbacks can be used systematically to choose between alternative methods of organizing or providing health

2.4 Concept and values of clients' satisfaction

Satisfaction is a psychological concept which is defined in different ways. Sometimes satisfaction is considered as a judgment of individuals regarding any object or event after gathering some experience over time. According to some theorists, satisfaction is a cognitive response whereas some others consider satisfaction as emotional attachment of individuals (Chakra borty and Maunder, 2011). The concept of patient satisfaction has a long history of controversy and debate. Yet patient satisfaction remains a topic of scientific investigation. But little is known about its relations and importance regarding the monitoring of the right to health (Mpinga and Chastonay, 2011). Also, patient satisfaction defined as the expression of patient's judgment on the quality of care received in all aspects, but particularly as concerns the interpersonal process (Donabedian, 1988).

Furthermore, patient satisfaction could be assessed by measuringthe degree to which patients believe that care possesses certain attributes and by the patient's evaluation of those attributes. Thus, there is the "need for the familiar," the "goals of help-seeking" and the "importance of emotional needs". Furthermore, there is evidence that there are two states of satisfaction, stable ones related to health care generally and dynamic ones related to specific health care interaction (Sitzia and Wood, 1997).

On the other hand, the concept of patient satisfaction can be deconstructed in order to develop a more coherent theory of the concept. The author of this theory starts by reviewing the various components that have been hypothesized to constitute patient satisfaction: accessibility/ convenience, availability of resources, continuity of care, efficacy/ outcomes of care, finances, humanness, information gathering, information giving, pleasantness of surroundings, and quality/ competence. The theory concludes that patient's satisfaction is an attitudes or effective response. However, as there was a question as to what theoretically patient satisfaction was, there was also a question as to what determines levels of patient satisfaction. Therefore, the author turned theories of attitudes and beliefs and found that the relationship between expectations (beliefs that something will happen) and whether they are met or not determine attitudes (Linder-Pelz, 1982).

2.5Theories of client satisfaction in health care

Five key theories of client's satisfaction were identified by Gill and White (1980)

1. **Discrepancy and transgression theories** of Fox and Storms (1981) advocated that as patients' 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.

2. **Expectancy- value theory** of Linder-Pelz (1982-and 1985) 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 satisfaction as "positive

evaluations of distinct dimensions of healthcare". The Linder-Pelz model was developed by Pascoe (1983) to take into account the influence of expectations on satisfaction and then further developed by Strasser et al. (1993) to create a six factor psychological model: cognitive and affective perception formation; multidimensional construct; dynamic process; attitudinal response; iterative; and ameliorated by individual difference.

3. **Determinants and components theory** of Ware et al. (1983) propounded that patient satisfaction was a function of patients' subjective responses to experienced care mediated by their personal preferences and expectations.

4. **Multiple models theory** of Fitzpatrick and Hopkins (1983) 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 (1980) 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.

2.6Satisfaction and quality of care: -

Quality management has become one of the most important and most debated topics within the service sector (Anderson and Zwelling, 1996). Service quality arose out of the need for a concept which described how customers perceived the quality of a service, with particular reference to the service industry. It was believed that once the

service provider knew how customers evaluated the quality of its service, it would be in a better position to not only influence these evaluations in a desired direction, but also to relate the service to customer benefits (Gray, 2007).

Moreover, patient's satisfaction is the voice of patient that counts since it reflects the response to experienced interactions with the care givers (Wolosin, 2005). Providers can minimize the risk of malpractice suits by focusing on patient satisfaction outcomes (Abeln, 1994). Patient satisfaction survey data provide valuable information about how well healthcare organizations and their individual departments are meeting the needs and expectations of their patients. Lack of sufficient data can severely inhibit an organization's ability to understand its strengths and to target areas in which performance can be improved (Allen, 1998). Also, Allen (2000) illustrate that the patient complaint tracking system enables staff, managers, teams, and departments to develop improvement efforts based on quantitative and qualitative data. The same as,Al-Mailam (2005) concluded that patient satisfaction surveys can be of great value to health care providers not only in recognizing and improving the quality of care, but also as predictors of return-to-provider behavior of the patients.

2.7 Measurement of clients' satisfaction: -

Satisfaction and its measurement are important for public policy analysts, healthcare managers, practitioners and users. Despite problems with establishing a tangible definition of "satisfaction" and difficulties with its measurement, the concept continues to be widely used. In many instances when investigators claim to be measuring satisfaction, more general evaluations of healthcare services are being undertaken.Satisfaction can be measured indirectly by asking users to rate the quality

of services they have received, or report their experiences. Selection (or de-selection) of providers is an objective behavioral indicator of satisfaction in healthcare systems where consumers' choices are not constrained. Healthcare is a multidimensional service, but many means of measuring satisfaction do not show consumers' relative preferences for different attributes, even though such information is important for cost-effective decision-making (Crow et al., 2002).

Measuring of patient satisfaction is the most important mechanisms for evaluation and follow-up, is an essential step to analyze the strengths and weaknesses in performance, and develop ideas for the development and improvement in services provided. Measuring patient satisfaction: Is the systematic efforts by the health institution to determine the degree of satisfaction of their patients about what to offer their services and programs in order to provide institutional and programmatic adjustments necessary to become more responsive to the needs and aspirations of patients and members of the community which it serves (Harris and Partner, 1998).

Therefore, the measurement of client satisfaction is becoming increasingly popular because of its role in quality assurance and continuous quality improvement systems. Clients have a wealth of information regarding the functioning of social service programs, and gathering their views can provide insight and information useful for improving services (Harris and Partner, 1998).The measurement of patient satisfaction is of value to the health system: indeed, it allows a) to describe and characterize its functioning; b) to identify existing problems in the sector; c) to evaluate the quality of care (Stizia and Wood, 1997).

The most common method for assessing client satisfaction is with self-administered questionnaires. These may be given to clients as they enter or leave services, or

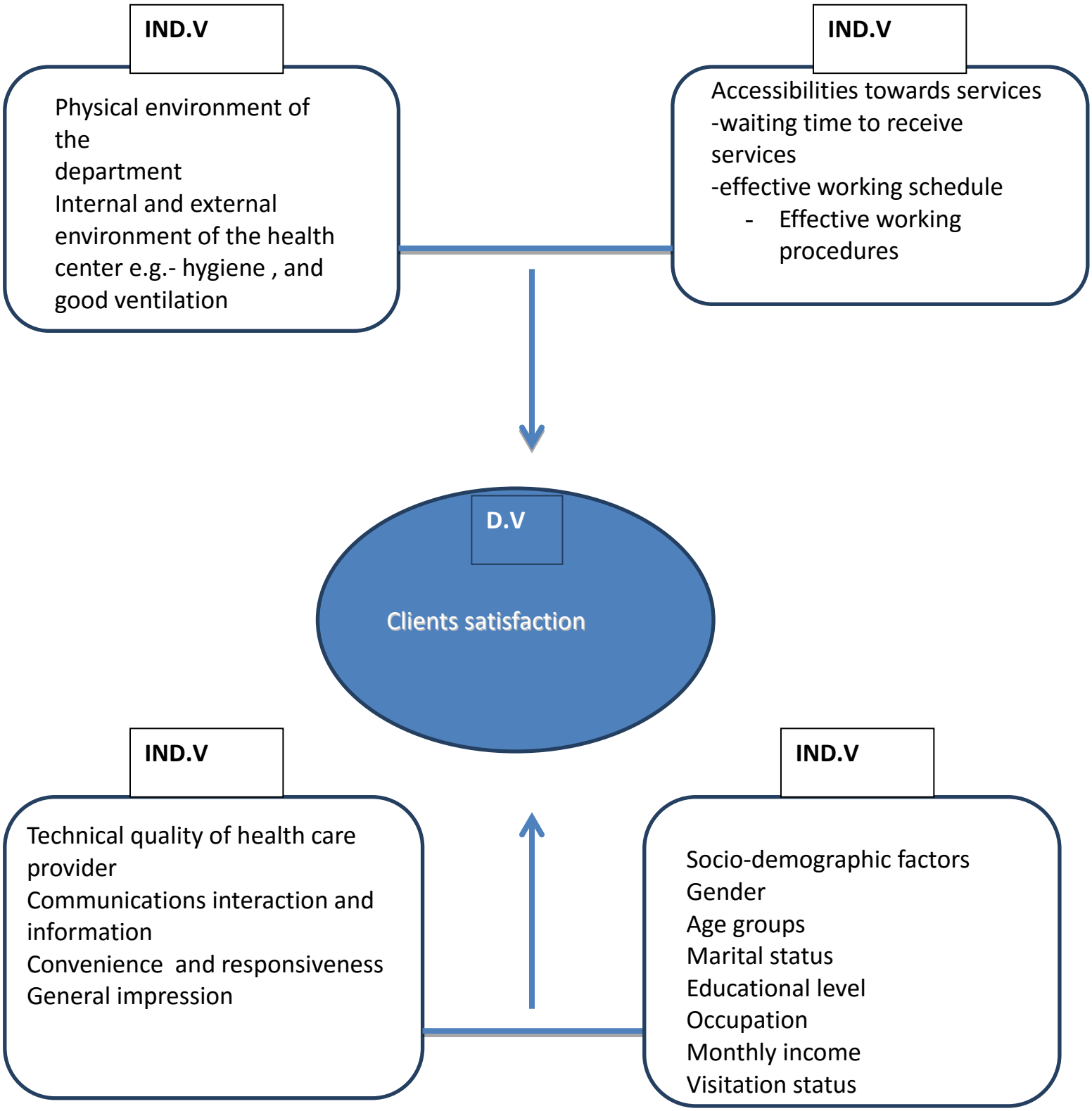
various times in between. They can also be administered at some point after treatment has been completed, when the outcomes of treatment are clearer to the client (WHO, 2000).

Client's satisfaction also can be assessed in face or telephone interviews or focus groups. These strategies are more expensive than self-completed questionnaires. If interviews or focus groups are used, it is preferable to have them conducted by someone who is not connected directly with the service. This may be an independent evaluator, volunteers or former clients themselves trained to take on this role. If interviews or focus groups must be done by a manager or staff member, it is best not to have the individual's principal therapist ask about client satisfaction because clients may be reluctant to comment negatively about their treatment directly to their therapist (WHO, 2000).

On other hand, feedback survey is one of a number of methods available to hospitals to seek consumer feedback. Patient satisfaction surveys are a passive form of consumer participation and provide hospitals with only a limited picture of what consumers think about their care. Integrated with other methods of seeking consumer feedback and as a component of a larger consumer participation program, patient satisfaction surveys add valuable information about consumers' overall perceptions of their care (Ford, 2001).

After reviewing the methods used to measure patient satisfaction, such as, self-administered questionnaires, face to face interviews, telephone interviews and focus groups a researcher preferred to use face to face interviewing questionnaire method on other methods as a tool to measure patient satisfaction for case of application among patients.

Figure 2.1 self-developed model illustrate the dimensions of satisfaction



2.8Dimensions of clients' satisfaction

There are several dimensions of satisfaction emerged from the literature.In the study conducted in Gaza strip (GS) by Al-Hindi (2002) explored the clients' satisfaction with radiology services in GS. The researcher identified these dimensions of satisfaction as organizational culture, continuity and affordability, availability, communication and interaction, attitude and perception, comfort and privacy, and a1pproach of care.

Also, a study done in GS by Mousa (2000) studied clients' satisfaction with family planning services in GS included domains of satisfaction; attitude and expectations, information and counseling, communication and interaction, mechanism of care and delivery of care. Also, Abu Shuaib (2005) conducted a study to assess women perception and experience of childbirth services at governmental hospitals in GS. The researcher identified these dimensions of satisfaction, approach of women care, approach of baby care, counseling, attitude and respect, information and communication, decision participation, privacy and ward environment.

In other study conducted to Abu Salleek (2004) to assess level of client's satisfaction with nursing care provided at selected hospitals in GS. The researcher identified six dimensions of satisfaction with nursing care; information and interaction, availability/ attentiveness and openness, comfort and environment, nurses' skills and professionalism, organizational culture, counseling and advising.

Another study conducted by Alkariri (2010) to assess patients' satisfaction with the outpatient's services at Al-Shifa Hospital, identified five dimensions of satisfaction, access to care, physical environment, patent expectation, waiting time, information and interaction.Moreover, Sitzia and Wood (1997) in a study patients'

satisfactionsuggest three components of satisfaction consist of: structural, technical and interpersonal aspects of care: The structural aspects includes: access, physical setting, costs, convenience, and treatment by non- clinical staff/ insurers. The technical aspects include knowledge, competence/ quality of care, interventions, and outcomes. The interpersonal aspects include: communication, empathy, and education; while Backhouse and Brown (2000) explored that 5 dimensions of care; primary nursing, information, ward environment, discharge planning and social activity.

After reviewing studies related to the problem of clients satisfaction, the researcher used 6 domains of patients' satisfaction with ED services based on literature review as follows: (i) technical quality, (ii) physical environment, (iii) communication, interaction and information, (iv) accessibility of services, (v) convenience and responsiveness, and (vi) general impressions (Figure 2.1).The purpose of utilizing this structure helps to construct a questionnaire with a good reliability and to secure a high degree of validity, which means that the questionnaire had strong internal consistency and was constructed to measure what it was supposed to measure.

2.8.1 Technical quality and patients' satisfaction

Technical competence of service providers in health institutions is one of the most important determinants of patient satisfaction with the quality service they receive. Tam (2007) found that doctor's technical quality is the first of the nine identified factors that were key aspects of the medical service encounter that influenced patient satisfaction.

A nationally representative telephone survey of 9.585 individuals, using multinomial logistic regression techniques the researchers investigated the association between a

1five-level measure of satisfaction with the mental health care available for personal or emotional problems and two quality indicators. The first measure, appropriate technical quality, was defined as use of either appropriate counseling or psychotropic medications during the prior year for a probable depressive or anxiety disorder. The second, active treatment indicated whether the respondent had received treatment for a psychiatric disorder in the past year. Covariates included measures of physical and mental health and socio-demographic indicators. Finding revealed that appropriate technical quality of care was significantly associated with higher levels of satisfaction (Edlund et al, 2003).

2.8.2 Physical environment of the center and patients' satisfaction

There is no doubt that the internal and external environment of the health center, such as hygiene, ease of movement, a widening in the waiting room, lighting and good ventilation all of this directly affects the level of satisfaction with the services provided. Enhancing the facilities of the patient care environment improved patients' overall perceptions of the quality of their hospital stay (Lline et al., 2007).

Also, Sadjadian et al. (2004) study conducted to examine patient satisfaction among women attending the Iranian Center for Breast Cancer. The findings suggest that the physical environment and physicians' style of consultation contribute most to the patients' overall satisfaction.

2.8.4Accessibility of care and patients' satisfaction

Possibility and ease of access of patients to health services they need affects their level of satisfaction with the services provided. Witt (2006) talked about the important of access for the patient in appointments, phone access (wait time), staff responsiveness, access to physicians for questions, results reporting (laboratory,

imaging, etc), timeliness of referrals, and office wait time. Accessibility and certain organizational aspects are the dimensions that patients most commonly mentioned as causes of dissatisfaction (Mira et al, 2002). Also.Kroneman et al, (2006) in their study in 18 European countries addressed the question, to what extent the direct access to health care services affects the level of patients' satisfaction with the GP services. The study concluded that, higher level of satisfaction was reported among patients who had a direct access to services than those with a gate keeping services.

2.8.5Convenience and responsiveness and patients' satisfaction: -

In study conducted by Al-Kariri (2010) in Gaza to assess patients' satisfaction with the outpatient's services at Al-Shifa Hospital, revealed that domain of waiting time reported the lowest level of satisfaction 58.8%, this could be attributed to overloaded outpatients.Otherstudy, underling dimensions affecting patients' satisfaction in South Africa's primary health care settings, pointed that irrespective of the country setting the highest degree of dissatisfaction are with the waiting time which can reach to an hour or more (Westaway et al., 2003).

2.8.6 General impression

Refers to the degree of general impression of the patients with all of the services provided to them, it measures the overall impression about the emergency health team, quality of the services, the environment and emergency services in general.

2.9Factors effect on patients' satisfaction

2.9.1Socio-demographic characteristics

Socio-demographic characteristics were defined as the social and demographical nature of the subject being studied. It consisted of age, gender, marital status, education, occupation, monthly income, andvisiting status to the hospital.

Hall and Dornan (1990) review the evidence of the relationship between patient

satisfaction and patient socio-demographic characteristics using quantitative met-analytic techniques. The researchers used standard and accepted methods for identifying published quantitative analyses of patient satisfaction where information on the association among patient characteristics and satisfaction were presented. 110 published reports were included in the analysis. The researchers conclude by stating that in overall terms, itappears that patient satisfaction is associated with age and education and nearly-significantly associated with social and marital status.

2.9.2Illness severity

It is disseminated that severity of clients' illness affecting on their satisfaction that clients whose diagnosis of disease or relief of acute pain was rapid had a better impression of ED services (Richardsetal. 2002).

2.9.3Consider patient as a consumer

Under these circumstances, would it be more appropriate to address the patients as "consumers". The word "consumer" is derived from the Latin word which literally means one who acquires commodities or services. Similarly, the word customer is also defined as "a person who purchases goods or services". Today the patient sees himself as a buyer of health services. Once this concept is accepted, then there is a need to recognize that every patient has certain rights, which puts a special emphasis on to the delivery of quality health care. This explains why many hospitals, especially those in the corporate sector, have begun to function like a service industry. Third-party payers too have recognized that patient satisfaction is an important tool for the success of their organization and are regularly monitoring patient satisfaction levels among their customers. In USA, physician bonuses are linked to patient evaluation of their doctor's personal interaction with them. These

players have recognized that higher patient satisfaction leads to benefits for the health industry in a number of ways, which have been supported by different studies(wendyl,scott,1994) Patient satisfaction leads to customer (patient/ client) loyalty.

1. Improved patient retention - according to the Technical Assistant Research Programs (TARPs) - if we satisfy one customer, the information reaches four others. If we alienate one customer, it spreads to 10, or even more if the problem is serious. So, if we annoy one customer, we will have to satisfy three other patients just to stay even.
2. They are less vulnerable to price wars. There is sufficient evidence to prove that organizations with high customer loyalty can command a higher price without losing their profit or market share. In fact, in a study conducted in Voluntary Hospitals of America, nearly 70% of patients were willing to pay more money if they had to consult a quality physician of their choice.
3. Consistent profitability: it is estimated in USA that loss of a patient due to dissatisfaction, can result in the loss of over $200,000 in income over the lifetime of the practice.
4. Increased staff morale with reduced staff turnoveralso leads to increased productivity.
5. Reduced risk of malpractice suits – an inverse correlation has been reported for patient satisfaction rates and medical malpractice suits.
6. Accreditation issues – it is now universally accepted that various accreditation agencies like International Organization for Standardization (ISO), National

Accreditation Board for Hospitals (NABH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc., all focus on quality service issues.

7. Increased personal and professional satisfaction - patients who improve with our care definitely make us happier. The happier the doctor, the happier will be the patients.

Chapter (3)
Literature Review

3.1 Palestinian Studies

There are some studies in Palestine regarding patients' satisfaction but this study considered the second study in Palestine (to the knowledge of the researcher) concerned on client's satisfaction with emergency health care services.

Abu-Odah, Al Jabary, and El-Nems (2013) determine the patient's satisfaction-dissatisfaction of regarding health care service provided by European Gaza Hospital-emergency department. Two hundred patients were filled questionnaire. Four dimensions of patients' satisfaction were considered in this study; namely, general impressions, physician care, nursing care, communication, and physical comfort, access to care, patient representative. Seventy-three percent of participants were satisfied with overall emergency department care, the highest satisfaction rates were observed in the terms of nurses' concern with patients (83.1%), physicians' concern with patients (72.0%) and communication skills with patients (71.4%). The most patient-reported problems were about waiting time and security staff. Our funding also indicated that there is an association between satisfaction and educational level, gender difference, and living area. Work shifts, severity of the patient conditions, and patients who complete questionnaire had no meaningful relation with satisfaction level. The study recommended the need for evidence-based interventions in emergency care services, in areas such as medical care, nursing care, courtesy of staff, physical comfort and waiting time.

Al kariri (2010) examine patient satisfaction level with health services provided at El Shifa Hospital at outpatients' department. 450 patients were completed questionnaire. Five domain of patients' satisfaction considered; access to care, physical environment, and patients' expectations, waiting time and information and interaction. The overall patients' satisfaction level was 63.9%. The patients' expectation domain reported highest level of satisfaction (68.1%), while, waiting time domain get the lowest (58.5%). Additionally, the study revealed that, there were statistically significant differences in overall satisfaction with old patients, females, low educated, patients with low income and patients with chronic diseases are more satisfied than their counterparts.

El khatib (2010) determine satisfaction level among patients with non-communicable diseases receiving services from UNRWA health centers in Gaza Governorates. Four hundred patients were filled questionnaire with response rate (81.8%). The findings informed that, unmarried, working, living in the south, educated, and patients who received educational materials were statistically significantly more satisfied than their counterparts were. On the other hands, gender, age, presence of disability, type of treatment provided, and duration of NCDs showed no statistically significant differences in level of satisfaction. The study reported overall satisfaction level with non-communicable diseases services was moderately high (71.9%).

Ahmad(2009) A study conducted by to investigate women's satisfaction level with obstetric care received at Shifa Hospital. 425 women interviewed and completed questionnaire. The overall level of satisfaction was 61.8%. The study concluded six domains comprising clients satisfaction; technical competency, availability and responsiveness of services, information and communication, interpersonal manner

and physical environment. The domain of information and communication and the physical environment get the lowest scores (49%). Older women, low educational levels, homemakers, women with unemployed husbands and women with lower household monthly incomes had greater satisfaction levels with statistically significant differences in comparison to their counterparts. The study provided a frame for improving women satisfaction about delivery services at Shifa Hospital. There is a need to reinforce information and communication and to improve the physical setting of the delivery services.

Al Sharif (2008) in a study conducted to measure patients' satisfaction with services provided at Nablus hospitals, and to determine factors affecting patients' satisfaction including room services, technical quality and interpersonal skills of health care providers, accessibility and availability of services. 365 inpatients interviewed using a questionnaire. The study informed that the patients in non-governmental hospitals were more satisfied than patients in governmental hospitals. About 70.2% of study population 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 study results showed 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. In addition, healthier patients were more satisfied than sicker patients were. However, patients who were waiting long time in the reception area, to get a bed in the hospital, were less satisfied than the others were, while obstetric patients were found to be the most satisfied (Al Sharif, 2008).

El-Haj (2008) A study conducted by to determine perception of hospitalized patients about services provided at EGH. The findings informed that, clients with lower education levels reported higher scores of satisfaction with hospital services than clients with higher education levels. El-haj mentioned that females usually have better perception about the health care services than males. El-haj said that most studies showed that older age are more satisfied than younger ones about the services they receive. In addition, people were not fully aware about their rights in receiving health care services. Study conclude that delivery of higher quality health care services would return population overall trust in the health care system and it would necessarily decreased numbers of referrals outside GG.

Abu Hashem (2007) Across-sectional design used by to identify the patient's satisfaction level, and the expenses of the treatment abroad services that presented by Palestinian MOH. A purposeful sample was 102 subjects who transferred in year 2005 for treatment in Jordan, Israel, and Egypt. The study findings presented 52% tend satisfied from the services that offered by Abroad Unit at MOH. About 52.9% of subjects reported their satisfaction with the performance of the medical doctors at local hospital before traveling to abroad. The subjects informed that 69.9% of satisfaction level from the treatment abroad as follows: The highest satisfaction level from Jordan 88.9%, then Israel 76.9%, and the lowest percentage was Egypt 60.3%. Additionally, the study revealed that high cost of medical services abroad that led to a financial burden on MOH. The researcher recommended that the need to improve the performance of doctors to alleviate burden on MOH and patients from travel suffering.

Abu Shuaib (2005) conducted study to examine women perception and experience of childbirth services at governmental hospitals in GS; that identified these dimensions of satisfaction, approach of women care, approach of baby care, counseling, attitude and respect, information and communication, decision participation, privacy and ward environment. 450 women from four hospitals were completed exist interview questionnaire. The result showed that, the overall mean of perception scores was 2.1 (70%) in all hospitals indicating that women generally had positive perception about the services, they received. The study concluded that the demographics, socio-economic factors including the age, place of living, household monthly income and education level showed a statistically significant impact on perceptions. Additionally, maternal variables as woman age at first marriage, No. of parity and past experience showed a statistically significant impact on perceptions and their satisfaction. In contrast, age of woman and employment status showed no significant impact on women's perception and satisfaction with childbirth services.

Abu Saileek (2004) study conducted to assess level of clients' satisfaction with nursing care provided at EGH and Nasser hospital in GS. Systematic randomized sample of 427 clients admitted to medical and surgical wards and received nursing care during hospitalization. The response rate was 93.6%. The study identified six domains of satisfaction including; information and interaction, availability/attentiveness and openness, comfort and environment, nurse’s skills and professionalism, organizational culture, counseling and advising. The results showed that there is significant relationship between the service provider and satisfaction level. Overall satisfaction was 70.1% in both hospitals. The clients' in EGH reported higher satisfaction 84.2% than the clients' in Nasser hospital 61.7%. The study

concluded that the demographics, socio-economic variables including age, place of living, marital status, income, and education level showed a great influencing on the level of satisfaction. Also, the type of institution and organizational variables as; the payment of medical care, referral source, previous hospitalization in other hospitals, admission days, medical diagnosis groups, and choosing the same hospital in the future showed a significant relationship on the level of clients satisfaction. While, gender and the ward showed no significant relationship on the level of clients satisfaction with nursing care.

Mousa (2000) studied client's satisfaction with family planning services in GS. The study included five domains of client's satisfaction; attitude and expectations, information and counseling, communication and interaction, mechanism of care and delivery of care. The overall satisfaction level of the family planning services was 72%. Clients attending UNRWA clinics were more satisfied of the services they received than clients attending MOH clinics. The findings informed that information and counseling process have high satisfaction level (89%), whilst; communication and interaction have the lowest degree of satisfaction (54%). In addition, the study showed that the younger clients were more satisfied of the services than old age group; highly educated clients showed a higher level of dissatisfaction than lower educated clients, clients living inside refugee camps more satisfied with family planning services than clients outside refugees. The study concluded that the voices and views of clients are essential, but often-neglected aspect in initiatives to determine areas of services were if improved could increase the level of satisfaction.

3.2 International and Regional Studies

International studies

Bei, B. (2013) to determine factors associated with patient satisfaction in ED in Mainland China, Hong Kong and Taiwan, and comparing the different factors associated with patient satisfaction In China, a review retrieved published literatures from PubMed, CNKI, and Taiwan electronic periodical services (TEPS) study was conducted among the three areas and make recommendations on interventions to improve patient satisfaction in ED. A total of 20 including 12 studies about Mainland China, two studies about Hong Kong and six studies about Taiwan were included. The study results identified the common factors influencing client's satisfaction i.e. patients' characteristics, technical skills of medical staff, service attitudes, communication skills, professional ethics, provision of sufficient information, waiting time, allocation of resources and physical environment of ED (Bei, B. 2013).

Krupal josh (2012) is a study conducted to measure the patient satisfaction toward health care services , a randomly selected 100 patients were interviewed by using pre- structured questionnaires at the end of their OPD, at visits or civil days , 2012 hospital surendranagar.

While analyzing they were grouped into categories like availability of services , clinical care , waiting time and cost.

The result revealed that the overall opinion about efficiency of hospital was satisfaction .

In 92% of patients , 68% respondents said that the time of coming to hospital and consulted by doctor was too long.

Although in 75% of patients the time devoted by doctor was only between 0-5 min , the communication and explanation of disease by doctors were found satisfactory in 80% and 91% respectively . the need of investigations was necessary as per 90% of patient 5 time required to locate and get medicines from pharmacy was satisfaction in nearly all patient 5.

Rubertv.otoole (2008) determinants of patient satisfaction after swer lower-Extremity injuries .

Four hundred and sixty ,three patients treated for limb – threatening lower extremity injuries at eight level -1 trauma centers were followed prospectively multivariate regression techniques were used to identify factors correlating with variation in patient self, reported satisfaction at two tears after the injury. the outcomes that were tested in the model were pain , range of motion muscle strength, self – selected.

Walking speed, depression, anxiety the physical and psychosocial scores of the sickness impact profile, return to work, and the number of major complications.

The patient characteristics that were tested in the model were age, sex, education, poverty status, insurance status, occupation, race, personality profile, and medical co-morbidities.Injury severity was tested in the model with use of both the injury severity score and a score reflecting the probability of amputation.

The treatment decisions that were tested were amputation versus reconstruction and time to treatment. The result revealed that no patient demographic, treatment, or injury characteristics were found to correlate. With patient satisfaction only measures

of physical function, psychological distress, clinical recovery, and return to work correlated with patient satisfaction at two years.

Five of these outcome measures accounted for 73.5% of the overall variation in patient satisfactions, depression ($p \leq 0.05$), the physical functioning component of the SIP ($p \leq 0.01$), self – selected walking speed ($p \leq 0.001$), and pain intensity ($p \leq 0.001$).The absence of major complications and less anxiety were marginally significant.

Regional Studies

Shakhatreh&Al-Issa, (2009) In Jordan,a hospital-based study in the ED at King Hussein Medical Center conducted by to measure patient satisfaction in the Emergency Department, and to identify factors influencing the level of this satisfaction. The study result found that a total of 4,592 patients attended the emergency department during the study period, 692 of them were included in the study. 657 (95%) patients fully answered the questionnaire, of which 59% were males, 39% were above the age of 61 years. There were high levels of satisfaction with all aspects of provided medical care. A number of issues were raised in the comments section of the questionnaire, ranging from different compliments to requests to increase the staff number and beds. The lack of a definitive diagnosis at discharge was noted. It concluded, that the vast majority of emergency department attendees at King Hussein Medical Centre were exceptionally satisfied, not only with the provided medical care but also with the other aspects of the process.

Saiboon et al (2008) conducted by In Malaysia, astudy of patients' satisfaction with the emergency department of hospital universityKebangsaan Malaysia conducted by

from January 2007 till March 2007. A convenient sample was drawn from the population of patients attending the emergency department. The study result found that the majority of participants who reported satisfaction comprised 75 respondents (75%) whereas 25 respondents (25%) were dissatisfied with the triage system used. In addition, the results showed positive relationship between total and subscale patient satisfaction scores, caring scores ($r=0.905$, p value <0.05) and teaching scores ($r=0.695$, p vales < 0.05) (Saiboon et al 2008).

Summary of previous studies related to client's satisfaction with ED health services.:

After an overview of the previous studies that measured client satisfaction with ED health services, the researcher have noted that, studies conducted in Jordan, sudia Arabia a researcher didn't find an study in Palestine except one survey hold it in a book, this study is the first conducted in Palestine (to the knowledge of the researcher) to measure clients satisfaction about the Emergency Department health services provided to them . Researcher noted that most of the studies conducted on adult and old patients, most studies also focused on the study of in-patient and hospitalized patient. Regarding the methodology most of studies used cross-sectional design with similar with the present study design. In addition most researchers in previous studies have not used self developed questionnaire but they adopted scales or questionnaire. Also most of the previous studies were qualitative and quantitative studies so questionnaire used as a source of quantitative information in addition to the open questions at the end of the questionnaire to get detailed information and suggestions as qualitative.

The study identified some domain of satisfaction with health services including general impression, physical environment communication interaction and information, convenience and responsiveness, technical quality, general service infrastructure, the quality of the treatment, health delivery system and environment, waiting time, clinicians ability to listen understand and follow up of planned interventions, respect for patients views opinion.

The researcher has noted that some studies were face to face interviewing questionnaire some were self reported questionnaire. According the researcher benefited from these studies in different points, especially in definition patient satisfaction, determining patient satisfaction domains, writing the conceptual frame work, study design ,determining sample size self developing of the study instrument , factors that affect on patient satisfaction, explanation of issues and recommendations.

Finally, the results differ from study to another according to aims of study, the patients were satisfied in some domains or factors that influencing patient satisfaction, but another revealed not satisfied in other domains and factors. So the researcher takes consideration to use some domains in preparing the instrument that had a great impact on the patient satisfaction and as closely the same methodology in previous studies to assess the level of patient satisfaction.

A Research Gab

Comparison character	Previous studies	My study	Study gab
Topic	Varies according to the researcher preferences	Clients satisfaction with ED health services	This is study is the first one conducted in Palestine
Aims	To measure patient satisfaction in the ED and identify factors influencing pt‹s level of satisfaction	To know client satisfaction with ED health services	Determent satisfaction domains
Design of the study Type Time-frame	Descriptive analytic non-experimental cross-sectional	Descriptive analytic non-experimental cross-sectional	The same
Sample of the study Age of sample Sample size	Systematic randomized Purposeful sample Adult and old patient ↓100-450 ↑	Convenient sample Varies (children – young- old) 500	Weak sample type More range of age More representative
Tool of the study	Adopted scale questionnaire	Self-developed structured questionnaire Face to face	More strong

Ways to collect data	**Face to face structure interview , self- reported questionnaire**	**structure interview , self-reported questionnaire**	**The same**
Setting of the study	**Hospital - non-governmental hospital** **-UNRWA clinic**	**Governmental hospital**	**large population more health services demand generalization of the result**
Variables of the study **D.V** **IND.V**	**Patient satisfaction** **Satisfaction domain (5-6)for example information and inter action ,availability attentiveness , openness , comfort environment, nurses skills , professionalism , organization , culture**	**Clients satisfaction** **Satisfaction domain (6)** **Technical quality of health care provider, general impression, physical environment 0f department, convenience and responsiveness, accessibilities towards services, communications ,interaction and**	**the Different** **more descriptive for satisfaction factors**

		information	
Results of the study **Clients reported problem**	**Highest score domain was nurses and physician concern with patient** **Lowest score domain was information , communication, physical environment** **Long waiting time** **access to care** **security of staff nurse**	**Highest score technical quality** **Lowest score was convenience responsiveness general impression** **Long waiting lack of medication** **Uncomfortable physical environment** **Shortage of medical workforces such as doctors, nurses and specialists**	**There is a big gab between developed countries and undeveloped countries of health services** **We lived in undeveloped country**

Chapter (4):
Methodology of the study

This chapter illustrates a detailed discussion of all aspects of the research methodology used in this study. It presents the design and method, the study population, the sample and sampling process, setting and ethical considerations. Then, it presents the instrument, the method of validation, piloting and data collection and analysis. This chapter also depicts the eligibility criteria and limitation of the study.

4.1Study design:

Adescriptive analytical design, cross-sectional(Data collection were at same point of time)has been applied to assess client's level of satisfaction for health care services provided in Emergency Departments at Shifa hospital and explore the main dimensions of clients satisfaction with emergency care services. Cross-sectional study is the most basic variety of descriptive designs used for monitoring of certain concepts such as satisfaction. It should be performed on representative samples of the population which is necessary for generalization of the study findings. Descriptive studies are based on some previous understanding of the nature of the research problem but one of its disadvantages that it cannot represent the results accurately (Zikmund, 2003), This type of study is quick, cheap and easy to conduct (Pilot, 2004). It enables the researcher to meet the study objectives in a short time.

4.2 Study setting

This study has been conducted in the (surgical, medical and obstetric) emergency departments at Shifa hospital in Gaza strip.

4.3 Study period

The total study period was eleven months from February 2015 to April 2016. During this period a range of activities had been undertaken; these included; title selection, proposal preparation, proposal presentation, data collection, data cleaning, data analysis, report writing and printing. The time allocated for data collection was from June1, 2015 to December 31, 2015.

4.4 Ethical & Administrative Approval

1. An academic approval has been obtained from the Management and Politics Academy for Postgraduates Studies(Annex 8)
2. An official letter of approval to conduct the research obtained from the Palestinian MOH - Manpower Development (Annex xx),
3. Every client in the study received a complete explanation about the research purposes, and confidentiality.
4. Every patient in the study population knows that participation in the research is optional. Written consent form obtained from each participant in the study (Annex x).

4.5 Study population

The study populationwasall those clients attendedthe surgical(1260 case /1month), medical(6600 case /1month) and obstetrics emergency departments at(1192 case/1month)Shifa hospital for treatment at the time of data collection.(1 June , 2015 – 31 December ,2015).

4.6 Eligibility Criteria

Eligible subjects were patients who were:

- Willing to participate in the study.
- Treated in the study locality during the study period.
- Not under protective custody.
- Not having a history of mental illness.
- Not admitted directly to resuscitation room.

4.7Sample and sampling

A Non probable Convenient sample which were500participants (males 161 and females339) selected from the target population, from different ages, different health complains, different times of the day. The sample size was identified through the use of sample size calculator based on the 12,000 attendants to the three EDs at Shifa hospital and at confidence level of 95%.The total subject distributed as 300 participants from surgical emergency, 100 participants from obstetricemergency department and 100 participants frommedical emergency department.

4.8Study Instrument

- **Self-structured questionnaire:** which was designed by the researcher, based on the review of the literature and researcher observations and experience in health care field and under the guidance of the supervisor(by reviewing previous studies it is translated from Arabic copy to English one under recommendation of my supervisor). The questionnaire includes a combination of both types of questions closed and open ended questions as it is possible to find out how many people use a service and what they think about that service on the same form. The

questionnaire was designed in Arabic language to enable participants filling it, then, was translated to English language, and took approximately 20 minutes to complete (Annex 3 and 4). The data collected by the researcher and assistant.

The questionnaire consists of two parts:

Part 1: contains 12 items explored information about demographic, socioeconomic profile of the clients, and health related variables.

Part 2: contains 53 items explored the clients satisfaction with health care services provided to them in emergency departments at Shifa hospital, in 6 domains of satisfaction as: general impression, accessibility of service, communication, interaction and information, physical environment of the department, technical quality, and convenience and responsiveness. The 49 items was developed and respondents are asked to respond to a 5-point Likert-type scale ranging from "strongly agree" to "strongly disagree". Last four questions in the questionnaire are open-end questions in order to obtain qualitative data about the conceptions and clients satisfaction with the emergency care services and those questions focused on what likes and dislikes of the services and their vision and suggestions to improve those services. Qualitative data attempts to get an in-depth opinion from participants.

4.9 Validity and reliability of questionnaire:

4.9.1 Validity:

Face and content validity:

Validity of an instrument means that the degree to which an instrument measures what it is supposed to be measured. Face validity refers to whether the instrument looks as though it is measuring the appropriate construct (Polit, 2004). Face validity

helped the researcher to reach the complement of readability and clarity of the instrument (Chikomo, 2011). Content validity concerns the degree to which an instrument has an appropriate sample of items for the construct being measured. An instrument‘s content validity is necessarily based on judgment (Polit, 2004).

The questionnaire was submitted to expert's panel with experience and knowledge in the field as arbitrates who make suggestions and judgment about the adequacy of the que3stionnaire. The experts expressed their opinions and suggestions about the clarity, ease, simplicity, comprehensiveness of items, domains and statements of the questionnaire and therefore the researcher had some changes in the questionnaire, such as delete or merge or reformulation of some items (Annex 7).

Construct validity: the degree to which and instrument measures the topic or construct under investigation.

Internal validity: definition of internal validity: the degree to which it can be inferred that the independent variable or treatment rather than uncontrolled extraneous factors is responsible for observed effects.

External validity: -

The degree to which the results of a study can be generalized to settings.

4.9.2 Reliability

Techniques of measuring variables should be reliable to show the degree of stability and consistency of the questionnaire (Mark, 1996). As it gives the same results each time the factor is measured, it was reliable. Training of two data collectors were established to ensure reliability. In this study, Table (4.2) showed the total reliability

test was high as 0.907. Reliability was presented as Cronbach's alpha reliability coefficient. Usually its value is acceptable if it was more than 0.7.(hair etal 2010).

Aspects of an instrument reliability

1- **Stability:** it refers to the extent to which the same results are obtained on repeated administrations of the instrument

Method of evaluation stability

Correlation coefficient: express the strength and direction of the relationship between two variables. It signified by (r), and the values of (r) vary range from _ 1+ to + 1.

A plus sign means that there is a positive correlation between the two variables, high values of one variable such as salt intake are associated with high values of the other variable such as blood pressure.

A minus sign means that there is a negative correlation between the two variables- high values of one variable such as cigarette consumption are associated with low values of the other such as life expectancy.

- R= +1 perfect direct relationship.
- R= +0 no relationship.
- R= -1 perfect inverse relationship.

Note:

Correlations coefficient beyond (+,-) 0.5 are typically regarded as strong, whereas correlation coefficient between Zero and (+,-) 0.5 are usually regarded as weak.

The two most commonly used correlation coefficients are the **person** product moment correlation and the **superman** rank-order correlation.

Table (4.1) Correlation coefficient for each satisfaction domains and total degree of instrument

No.	Satisfaction domains	Pearson correlation	P. value
1	General impressions	0.665	0.000*
2	Accessibility of services	0.856	0.000*
3	Communication, interaction and information	0.927	0.000*
4	Physical environment	0.850	0.000*
5	Technical quality	0.859	0.000*
6	Convenience and responsiveness	0.604	0.000*
	Total	0.665	0.000*

*Significant at 0.01level **Significant at 0.05 level // Not-significant

Internal consistency: internal consistency referring of the degree to which the subparts of an instrument are all measuring the same attribute.

Methods of evaluation internal consistency

Cronbach`s alpha (coefficient alpha)

A widely used method that estimated the internal consistency or homogeneity of a measure composed of several subparts.

The normal range of Cronbach`s alpha values is between 0.0 and + 1.00 and higher values reflect a higher degree of internal consistency.

Table (4.2): Cronbach's Alpha for reliability

No.	Satisfaction domains	No. of items	Cronbach'sAlpha
1	General impressions	5	0.934
2	Accessibility of services	8	0.919
3	Communication, interaction and	10	0.914
4	Physical environment	11	0.924
5	Technical quality	7	0.914
6	Convenience and responsiveness	8	0.933
	Total	**49**	**0.907**

Pilot Study

A pilot study was conducted on 30 clients who received health care services in EDs at Shifa hospital. A pilot study is pre-test of the instrument which will help the researcher to modify, cancel and rephrase some items and questions. In addition, it examined clarity, ambiguity, length and suitability of questions before the beginning of data collection (Polit, 2004). Additionally, a piloting was conducted to insure the validity and reliability of the questionnaire (Table 4.1 & 4.2). The researcher found that there is no need for major changes in the data collection instrument therefor Clients who were selected for piloting were included in the study sample.

4.11 Data collection:

Data were collected through face-to-facestructured interview and the questionnaire was filled by the researcher herself. Data were collected through interviewing participants and from subjects' hospital records. At start, all questionnaire forms were prepared, organized, and classified with serial numbers to ensure the

availability of the needed information. Informed consent was obtained first followed by proper introduction of the research purpose with great care to privacy and confidentiality as well as the lack of risks and the benefits of the study. The researcher informed participants about their right to withdraw or to refuse participation; explained the procedures; and finally obtained a written informed consent. Filling each questionnaire took about 20 minutes. Throughout the interview, the researcher was neutral, impartial, not reacting to gesture or word, either positively or negatively, to any response; not changing the wording or sequence of questions; asking questions directly and consistently and not creating false expectations, thanking respondents for their time and assuring them that their contributions are valuable.

4.12 Data entry

The questionnaires were overviewed firstpriorto data entry. Designing the data entry model using the computer Software Statistical Package for Social Sciences (SPSS) program version 20 was done. Then coded variables were entered into the computer by the researcher. Data cleaning was conducted to check for any missing or error happen during data entry (through running frequency analysis). All suspected or missed values were checked by revising the available questionnaire. The objective of this step is to transfer data from questionnaires to the computer in a uniform numerical format which can be interpreted by the computer in the subsequent stage of tabulation.

4.13Data analysis

Data analysis is the process by which the researcher take raw data and turn it into information that can be used to answer the questions posed by the research study.

Once data are summarized and analyzed, it can provide useful and helpful information about the study population. The process of analysis involves editing, coding, classification and tabulation to help achieve data reduction and presentation. The analysis of data involves computation of certain indexes or measurers searching for certain patterns of relationships and trends, testing of hypotheses and graphical presentations.Many different statistical tests were used, through frequency of the study variables and description of the study participants. Analysis included frequency tables, cross tabulations, chart and coding of data to disseminate the study factors. It was followed by testing reliability and validity of the instrument (Alpha-Cronbach Test and Person correlation coefficients). After that, advanced statistical analysis was conducted to explore the potential relationships between variables. Therefore, independent sample t-test and one-way ANOVA were used to investigate the relationships between the independent study variables with the total and sub-scores of satisfaction level. Recoding was done as needed for continuous variables and for amalgamating certain categories. Scale related questions pertaining to the perceptions about satisfaction domains were computed and transformed into scores.

For qualitative data, the researcher was obtains the main findings from the transcripts of the structured interviews and self administered questionnaire. Then, categorization of related ideas, and comparison and integration between the quantitative and the qualitative findings was done to create rich items for discussion and representation.

3.14 Limitations of the Study

The support the researcher received from the staff of the School of the Academy, the family, the supervisor and the professionals of the EDs at Al Shifa hospital decreased

the limitations and constraints. However, some constraints appear throughout the study and include:

The frequent cutoffs of electricity.

Time factor.

Financial limitations as the study was self funded by the researcher herself.

Chapter (5)
Results and Discussion

Introduction

This chapter illustrates the results of statistical analysis of the data including descriptive analysis that presents the socio-economic demographic characteristics and health characteristics of clients; also, it presents the main domains of client satisfaction with EDs services at El-Shifa hospital. In addition, the relationships and differences between study variables and overall satisfaction scores and subscales by using various statistical tests. Lastly, according to literature review, many similar studies have been performed worldwide to assess client's satisfaction. Many of these studies showed that several factors have effect on client's satisfaction regarding services. Thus, the researcher demonstrated the outcomes arising from this study and compared them with other global and local fields.

5.1 Descriptive analysis of the sample

5.1.1 Socio-economic demographic characteristics

The descriptive analysis has been taken to analyze the variables taken as independent variables. Total of 500 clients have been selected from ED at Shifa hospital to complete the questionnaire aiming to assess the level of clients satisfaction with ED services at Shifa hospital and to identify socio-economic, demographic and health characteristics variables related satisfaction.

Table 5.1 establishes the number and percentage of participants regarding socioeconomic and demographic profile variables. Of the 500 eligible clients

attending ED, 339 (67.8%) were females and 161 (32.2%) were males. Results were consistent with Al-Khateeb (2010) who conducted a study to assess client's satisfaction at UNRWA that found females represented 55.7% and males represented 44.3% of the study sample. Nevertheless, results were inconsistent with Abu-Odah, El Nems, and Al Jabary (2013) who conducted a study to assess client's satisfaction in E0D at EGH that found males represented 53% and females represented 47%. In addition, results were incongruent with Alkariri (2010) who conducted study to assess patient's satisfaction with outpatients at El-Shifa hospital that found males represented 51.4% and females represented 48.6% of the study sample. The researcher attributed the high percentage of female in this study to the inclusion criteria which include the gynecology emergency department which all female cases attend to it for treatment and follow-up, in addition to medical and surgical emergency department.

The age of the clients who are surveyed has been categorized into three classes: less than 26 years, 26 – 35 and 36 and above. The finding shows that 40% of the clients are fallen into 36 and above whereas 37.2 % of the clients are fallen into 26 and less and remaining 22.8% are fallen into category 26-35 years as illustrated in Figure 5.1. The average age of clients was 34.6 years (SD = 15.2, range = 16-90 years). Results were convergence with Abu-Odah, El Nems, and Al Jabary (2013) study that found 51.1% of clients were in the age group of equal 30 years and less, with an average value of 33.9 years. In addition, results were consistent with Alkariri (2010) study that found age of study population varied between 18 to 70 years, the mean age is 30.3 years. Nevertheless, there are differs from Elhaj study that revealed mean age of participants presented to EGH was 42 years (Elhaj, 2008),

and Al Khateeb study that found mean age was 54 years (Al Khateeb, 2009). On possible explanation to high percentage of older age to the nature of old age development who are a high risk for morbidity and mortality more than young age.

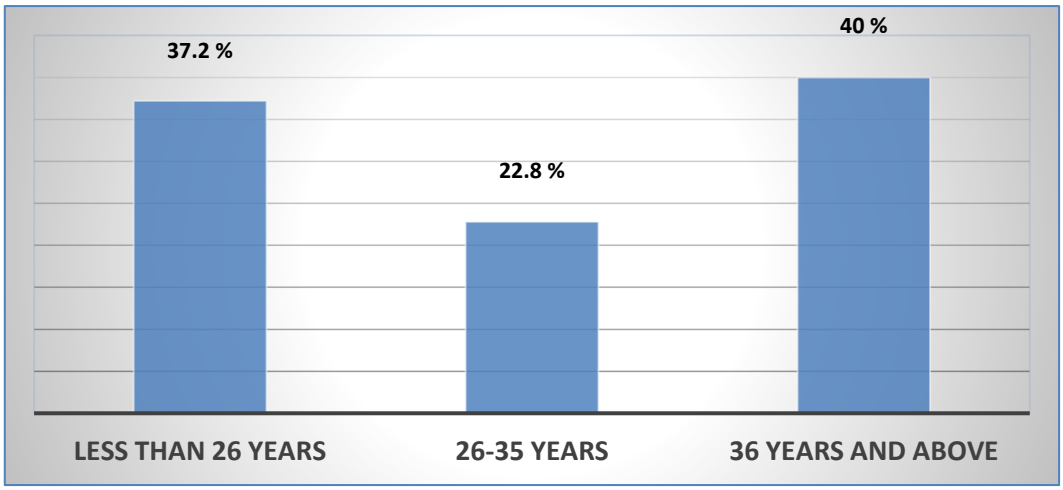


Figure (5.1) Percentage distribution of clients attending ED by age group

Table 5.1 shows that married respondents showed a higher percentage, which represented 84.2 % of the subjects, while those who were not married represented 15.8 % (single, widowed, and divorced). Again, Elhaj study concluded that married patients represented (66.7%) as compared to unmarried (Elhaj, 2008). Additionally, Alkariri (2010) found that the respondents who are married showed higher percentage, which represented 76.6%. The researcher attributed these results to the inclusion criteria that include the population more than 18 years old to our social habits that appreciate the early marriage.

The education level of the client categorized into three categories: preparatory and less, secondary and university. Among them, thirty-one percent had completed preparatory and less school, 36.2% had completed secondary school, and 32.4% had

completed university and postgraduate degrees. In other words, 67.6% of the clients had received an education below the level of a university.

In comparison with Abu-Odah, El Nems, and Al Jabary (2013) study revealed that patients who had secondary level were 30.0%. Moreover, Elhaj (2008) study revealed that patients who had university were 21.9%. Additionally, Alkariri (2010) study revealed that 32.1% of the study population have had attained secondary level, and 19.8% received first university level or higher education. Also, considering the age structure, the percentage of education level is close to the status of the general population in this regard; in Gaza Strip, (52.6%) of the general population is at less than secondary school level whereas (17.7%) of the population is at the diploma level or more (PCBS, 2012). The researcher pointed the low percentage of attendance ED to the patients who have higher educational degree to the high level of awareness to health aspect which put them to low risk of diseases, in addition to high educated person may attend private clinic and hospital for purchasing services.

Table (5.1): The demographic and socio economic of subjects' characteristics

Variables	Categories	Frequency	Percent
Gender	Male	161	32.3
	Female	339	67.8
	Total	**500**	**100**
Age (in years)			
	Less than 26 yrs.	186	37.2
	26 – 35	114	22.8
	36 and above	200	40.0
	Total	**500**	**100**
Marital Status	Not-married	79	15.8
	Married	421	84.2
	Total	**500**	**100**
Educational level	Preparatory and	157	31.4
	Secondary	181	36.2
	University	162	32.4
	Total	**500**	**100**
Current occupation			
	Working	98	19.6
	Not working	402	80.4
	Total	**500**	**100**
Monthly Income			
	Less than 1000	407	81.4
	More than 1000	93	18.6
	Total	**500**	**100**

Table 5.1 reflects a high unemployment rate among clients attending ED, so show that the majority (80.4%) of the study population were unemployed while (19.6 %) were working. The finding is in line with Elhaj (2008) study, and Alkariri (2010) study that concluded the same finding.

The researcher after entering SPSS data and describing the respondent monthly income, she coding income into two groups; below and high 1000 NIS. The researcher attributed this category to 1000 NIS not to 1500 NIS to the most of respondent have income less than 1000 NIS and few have income more than 1500 NIS. As shows the above table reflects high levels of poverty among study

participants, so show that 81.4% of the study participants have an income below 1000 NIS, and 16.8% has an income more than 1000 NIS. According to report of Palestinian Central Bureau of Statistics (PCBS) in 2010, the poverty line for the reference household (2 adults and 3 children) stood at 2,237 NIS (PCBS report, 2009-2010). Moreover, the poor economic condition and living below the poverty line with low monthly income of respondents made them unable to deal with modern or specialized ED health services or exposure to other kind of services. This made patients satisfied with any services that they were provided. In addition, El- Haj (2008) study revealed that unemployment rate (74.8%) was close to our findings.

5.1.2 Health related characteristics

Table (5.2): Health characteristics of the study participants

Variables	Categories	Frequency	Percent
Illness severity	Mild	171	34.2
	Moderate to sever	329	65.8
	Total	**500**	**100**
Admission to ED	Morning	322	64.4
	Evening	141	28.2
	Night	37	7.4
	Total	**500**	**100**
Client visit	First	271	54.2
	Follow	229	45.8
	Total	**500**	**100**
Spending time	Less 30 minute	149	29.8
	30-60	249	49.8
	More 60 minute	102	20.4
	Total	**500**	**100**
Filling questionnaire	Patient	192	38.4
	Other	308	61.6
	Total	**500**	**100**
Decision	Admission	**353**	**70.6**
	Discharge	**147**	**29.4**
	Total	**500**	**100**

The data revealed that in terms of illness severity of the interviewees, the largest group (65.8%) those who were visiting EDs for moderate to severe reasons and the lowest among those were mild reasons, which represent (34.2%). Results were inconsistent with Abu-Odah, El Nems, and Al Jabary (2013) a study that found 70.2% of clients attending ED at EGH for mild reasons and the lowest among those were sever reasons, which represent (6.0%). The researcher attributed low percentage to mild cases, this may be due to the mild cases attend primary health clinic for treatment, in addition to the triage system that applied in ED at Shifa hospital which restrict the mild cases to admitted in ED.

Further analysis of the data reveled that in the term of time visit, the largest group (64.4%) those who visit EDs in morning shift, followed by evening shift (28.2%), and the lowest among those who visit during night shift that represent 7.4%. Results were convergence with Abu-Odah, El Nems, and Al Jabary (2013) a study that found 48.6% those who visit ED in morning shift, followed by evening shift (37.1%), and the lowest among those who visit during night shift that represent 14.3%.

Regarding client's visit, the data shows that 45.8% of the patient visit ED more than one time, while 54.2% of the subjects visit ED at Al-Shifa Hospital for the first time. In comparison with Abu-Odah, El Nems, and Al Jabary (2013) study revealed that 64.3% of the patient visit ED more than one time, while only 35.7% of their subjects visited ED for the first time.

The data also indicate that 38.4% of the participants were patients and 61.6% were their relatives in regarding to answer the questions completely. Results were convergence with Abu-Odah, El Nems, and Al Jabary (2013) a study that found

35.0% of the patients who answered questionnaire items and 65% were their relatives who participated in answering the questionnaire items. On possible explanation to low percentage of participation to clients may be related to unable of patients to talk and response to others due to pain, and other relevant answer and complete survey.

The time spent by the clients in EDs has been categorized into three classes: less than 30 minute, 30 – 60 and more than one hour. The finding shows that majority of clients spent in EDs more than 30 minute (69.6%). In addition, the data also show that 70.6% and 29.4% of the clients who were admitted to the EDs were hospitalized or discharged, respectively. The researcher attributed the long stay more than 30 minute in ED to the nature and sever of clients attending EDduring the study period as shows in the table (5.2) that most cases attend ED complain of moderate to sever illness, which needed more time for examination, lab investigation, and treatment.

5.2 Overall satisfaction level of health services domains

The researcher has assigned scores to the responses with giving a higher score to favorable conditions/responses and lower scores to things that are not appropriately available/or not available at all. After grouping the questions for each domain and computing them (the scores), a mean percentage is revealed with higher mean percentages indicating favorable conditions and vice versa.

The researcher based on the likert 5 scale criteria for interpretation satisfaction scores, the mean categories were as follows; 1.00-1.80 (percentage 20-36): very unsatisfied level, 1.81-2.60 (percentage 36.1-52.0): unsatisfied level, 2.61-3.40 (percentage 52.1-68): neither satisfied nor dissatisfied, 3.41-4.20 (percentage 68.1-84.0): satisfied level, and 4.21-5.00 (percentage 84.1-100) very satisfied. The overall mean percentage for all satisfaction domains scores ranged from 64.8% to 71.4%

(Table 5.3). The highest revealed mean score was for technical quality domain (7 questions) which reflects positive perception toward it. The lowest level was for the convenience and responsiveness domain due to long waiting time and crowded ED (according to researcher point of view)and general impressions domain, which reflect neither satisfied nor dissatisfied of patients toward it. The overall mean percentage reflecting all scores was 70.8%, which reflects positive perception toward all ED services.

Table (5.3): Clients satisfaction towards health services provision

Domains	No. of items	Sum of score	Mean	SD	Relative weight %	Rank
Technical quality	7	1785.86	3.57	0.742	71.4%	1
Physical environment	11	1774.0	3.54	0.731	70.8%	2
Communication, interaction and information	10	1756.60	3.51	0.712	70.2%	3
Accessibility of services	8	1752.88	3.50	0.737	70%	4
Convenience and	8	1620.88	3.24	0.39	64.8	5
General impressions	5	1621.20	3.24	0.73	64.8	5
Overall satisfaction score	**49**	**1774.63**	**3.54**	**0.596**	**70.8%**	

This result is consistent with Al Sharif (2008) study results which concluded that the overall patients' satisfaction in Nablus hospitals was 70.2%. Moreover, Abu Shuaib (2005) study results showed that the overall perception was 70% at the governmental hospital. In addition, the result is consistent with Abu Saileek (2004); the result showed that the satisfaction level was 70.1% in the both hospitals.

In the other hand, the level of satisfaction in this study was higher than that level appeared in the results revealed by El Mudallal (2013), who assess the level of patient satisfaction with community mental health services showed that finding findings elicited satisfaction scores about these domains was 66.89% which reflect

moderate level of satisfaction. Additionally, Alkariri in 2010 examined patient the satisfaction level with health services provided in outpatients department at Shifa hospital and indicated that the overall patients' satisfaction level was 63.9% (Alkariri, 2010). Moreover, Ahmad (2009) investigated the women's satisfaction level with obstetric care received at Shifa hospital and showed that the overall level of satisfaction was 61.8%.

On contrast, the results were lower than the results revealed by Abu-Odah, El Nems, and Al Jabary (2013) who examined patient's satisfaction with health services provided in ED at EGH and their findings showed that overall level of satisfaction was 73%. Moreover, Merkouris et al (2013) conducted study to assess medical and surgical patient satisfaction with nursing care in the public hospitals of Cyprus and explore its possible correlation with background factors. Finding shows that the overall satisfaction was 78%, and Aldaqal, et al (2012), determined the factors that affect patient satisfaction in the surgical ward of a university hospital and provide useful information for the hospital management, wishing to improve patient satisfaction in Saudi Arabia showed that overall satisfaction rate was 89.6%. Gani et al. (2011) measure patient satisfaction in a tertiary care hospital at out-patient and inpatient departments of the institute of psychiatry, Benazir Bhutto Hospital, Rawalpindi, the study shows that 72% were mostly satisfied with the psychiatric care. Saiboon et al (2008) who identify factors that influence patient satisfaction with ED of Hospital University Kebangsaan Malaysia, and to measure patient satisfaction with triage, health care providers caring behaviors and health teaching, it shows that 75% of them were satisfied. In addition, Hillis (2008) study results

showed that the level of outpatients' satisfaction with physiotherapy services in outpatient's physiotherapy departments at Shifa hospital was 87.4%.

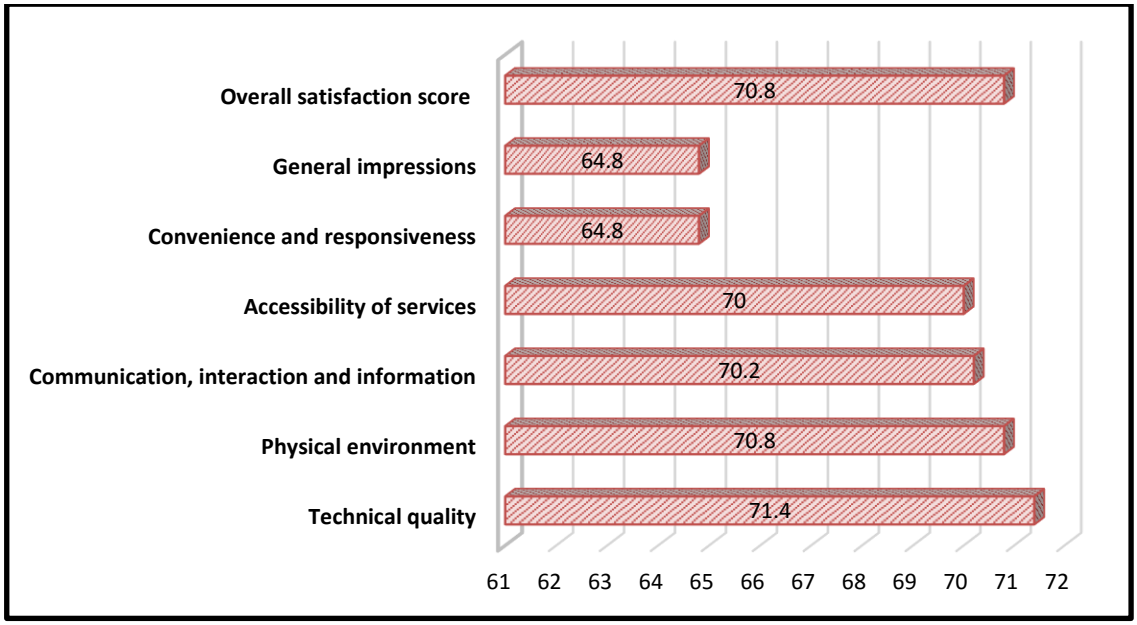


Figure (5.4) Satisfaction domains and their mean percentages

5.2.1 Technical quality domain

Technical competence of service providers in ED is one of the most important determinants of patient satisfaction with the quality service they receive. Technical quality domain included 7 items (Annex 1a), it refers to the ability of health care providers in delivering a good quality care to clients and to the clients centered care. It reflects the adherence of the health care providers in ED to the technical instructions and reflects providers' ability to disseminate medical information to the clients. The results showed that the highest mean score percentage was in technical quality aspect as it reached 71.4%, which mean that clients satisfied about technical quality.

The item statement "The providers in ED explain things quietly" reach the highest percentage (75.2%). In addition, 73.8% of clients see that number of providers in

ED were sufficient. The lowest item as perceived by clients was “Health care providers seriously take my complaint”.

This study results were not congruent with other studies conducted in GS; they showed a higher level of satisfaction. Al Hindi (2002) study reported a satisfaction level of 80% with approach of care in radiology services. Abu Shuaib (2005) study indicated a higher level of satisfaction 85.5% with the approach of mother care. In addition, El-Haj (2008) reported a level of satisfaction 82.5% with the approach of care. The researcher attributed the lower percentage of satisfaction in ED in comparison with other study related to nature of EDs at Al-Shifa hospitals including overcrowdings, distress, tension of teams, and general frustration of people living in this area.

5.2.2 Physical environment domain

There is no doubt that the internal and external environment of the ED, such as hygiene, ease of movement, a widening in the waiting room, lighting and good ventilation all of this directly affects the level of satisfaction with the services provided. This domain included 11 items (annex 1b); it refers to the degree in which the ED environment provides privacy and/ or confidentiality to the clients. It also refers to the comfort and cleanliness of the ED. In this study, the finding showed that physical environment domain reported a mean 3.54 (70.8%) which mean that clients also satisfied about physical environment.

Item stated that there is order and arrangement in front of ED office gets the highest percentage (78.2%). In addition, 74.8% showed that ED is adequate ventilation, and 74.4% showed that ED is clean and well arrange. On contrast, only 62.4% of clients informed that beds in the ED are comfortable. This result agrees

with these of Al Khateeb (2009), who assessed client's satisfaction at UNRWA and reported level 72.69%. Nevertheless, it is in agreement with Abu Shuail (2005), who assessed women perception and experience of childbirth services at governmental hospital in GS that reported a 76.1% of satisfaction level.

The researcher can attribute the moderate satisfaction level to the unfamiliar place; cold, strange, frightening and full surprise.

5.2.3 Communication, interaction and information domain

Focusing on the patient has drawn attention to the importance of the interpersonal aspects of care, such as communication between the health care provider and patient. Communication, interaction and information domain included 10 items (Annex 1c). This refers to the interaction and communication between clients and health care providers; it also reflects the degree of respect shown to the clients by health care providers. In this study, the finding showed that communication, interaction and information domain reported a mean 3.51 (70.2%) of satisfaction level which mean that clients also have a positive satisfaction about communication, interaction and information.

Item that was included in the domain included "Service providers gives me impression that my service of their priorities" showed a higher percentage among the study participants (74.0%). While the item "Service providers take into account my level of education and culture when dealing with me" showed a lower percentage among the study participants (63.4%).

Similar finding revealed by Abu-Odah, El Nems, and Al Jabary (2013) that reported moderate positive satisfaction about communication, interaction and

information (71.4%). Additionally, results were consistent with Abu Shuail (2005) study that assesses women perception and experience of childbirth services at governmental hospitals in GS. The researcher reported a moderate positive satisfaction. Another study conducted by Abu Saileek (2004), who examined the clients satisfaction with nursing care provided at selected hospitals in GS showed that 67.4% of clients were satisfied with information and interaction dimension.

This study showed that communication, interaction and information were reported a moderate level of satisfaction which reflect the nature of health providers working in ED who work under stress and limited time and huge amount of work. Improving communication could be achieved by providing training course in therapeutic communication including listening skills, silence, information material, reducing distance, seeking clarification, and acknowledgment. The research recommended for needed a comprehensive and in-depth training course about communication and interaction with clients.

5.2.4 Accessibility of services domain

Possibility and ease of access of patients to health services they need affects their level of satisfaction with the services provided. This domain refers to physical accessibility (Annex 1d). In this study, finding showed that accessibility of services domain reported a mean 3.50 (70%) of satisfaction level which mean that clients have a positive satisfaction about accessibility of services.

Item that was included in the domain included “Emergency department place suitable and easy to reach” showed a higher percentage among the study participants (88.8%). While the item “Drugs that needed for patients is available in the

emergency department" showed a lower percentage among the study participants (41.0%).

Similar finding revealed by Abu-Odah, El Nems, and Al Jabary (2013) that reported moderate positive satisfaction about access to ED care with relative weight was 70.4%. In addition, Kroneman et al. (2006) conducted study in their 18 European countries addressed the question, to what extent the direct access to health care services affects the level of patients' satisfaction. The study concluded that, high level of satisfaction was reported among patients who had a direct access to services than those with a gate keeping services (Kroneman et al, 2006).

5.2.5 Convenience and responsiveness domain

The convenience domain, refers to the waiting time before getting services (annex 1e), it also refers to how convenient is the ED regarding crowd and noise. In this study, the finding showed that convenience and responsiveness domain reported a mean of 3.24 (64.8%) of satisfaction level. Meaning the clients have neither satisfied nor dissatisfied on this dimension.

The item statement "I found that service provider's collaborators" reach highest percentage (76.4%). Finding also showed that 45.8% of clients could sit and talk with service providers in ED during crowded. Moreover, 52.8% say that waiting time for seeing physician is appropriate.

The study results were inconsistent with Abu-Odah, El Nems, and Al Jabary (2013) that reported a positive satisfaction about physical comfort with relative weight was 70.4%. Additionally, results were inconsistent with Al Hindi (2002)

study, reported a high level of satisfaction (90%) with comfort and privacy in radiology departments.

If the clients feel convenient, they could bear to wait for longer time without being annoyed, in addition it may be psychological impact on them, as they would appreciate the efforts providers to do to make them comfortable. This means that measure have to be taken to help overcome the long waiting time, this could only be achieved through implementation triage system.

5.2.6 General impressions domain

General impressions about the ED services domain included five items (Annex 1f). It refers to overall impression of the way the ED services are provided at Shifa hospital. It also reflects client's good experience with services. In this study, the elicited mean score for general impressions domain percentage was 64.8% of satisfaction level, which means that clients have a low level of satisfaction in this dimension.

Item that was included in the domain "health services were delivered in an appropriate manner" showed a higher percentage among the study participants (75.6%). In addition, 70.2% of clients indicated that they will continue to receive service in ED. Moreover, 68.8% of clients have had a good experience with services in ED. Nevertheless, only 39.2% of clients were satisfied with all aspects of the service that they received.

The results of this study were consistent with these of Al Hindi (2002) study which was conducted to assess the degree of client satisfaction with radiology

services at El-Shifa hospital where the researcher reported that general impressions domain has had a 68.8% of the satisfaction level.

5.3 Inferential Analysis

To explore differences in perceptions about satisfaction in reference to health related variables and demographic and socioeconomic characteristics variables, the researcher conducted inferential analysis as illustrated below:

5.3.1 Demographic and socioeconomic variables and satisfaction

5.3.1.1 Differences in perceptions about satisfaction according to gender

In this section, the researcher illustrates the relationship between demographic and socioeconomic variables and clients satisfaction. In this study, females represented a 67.8% of the study population, where males represented 32.2%. The below table showed that males elicited higher scores in overall satisfaction than females. Additionally, males have had a more positive satisfaction than females in all domains except in convenience and responsiveness domain where females elicited a higher level of satisfaction. The difference between satisfaction and gender reach to be statistically significant at level 0.05 in most of the study domains except the general impression and convenience domains. The difference was favour for male clients.

Table (5.4): Differences in client's satisfaction related to gender

Domains	Gender	N	Mean	S.D.	t	*P*
General Impressions	Male	161	3.25	0.83	0.167	*0.867*
	Female	339	3.23	0.68		
Accessibility of Services	Male	161	3.73	0.76	4.855	*0.000**
	Female	339	3.39	0.70		
Communication, Interaction and Information	Male	161	3.86	0.80	7.240	*0.000**
	Female	339	3.34	0.59		
Physical Environment	Male	161	3.73	0.74	3.956	*0.000**
	Female	339	3.45	0.71		
Technical quality	Male	161	3.84	0.82	5.470	*0.000**
	Female	339	3.44	0.66		
Convenience & Responsiveness	Male	161	3.22	0.43	0.776	*0.438*
	Female	339	3.25	0.36		
Overall satisfaction score	Male	161	3.77	0.69	5.417	*0.000**
	Female	339	3.44	0.51		

* = significant at 0.05 by using Independent T.Test .

In more details, the below table showed that there was statistically significant differences at 0.05 in accessibility of services between male and female clients (t = 4.855, P = 0.000), these differences were in favor of male clients. In addition, the differences were significant in communication, interaction and information, physical environment, technical quality, and the overall satisfaction score (t = 7.240, P = 0.000; t = 3.956, P = 0.000; t = 5.470, P = 0.000; t = 5.417, P = 0.000) respectively in favor of male clients. On the other hand, there were no significant differences in general impressions and convenience, and responsiveness commitment. This result revealed that generally male clients reported higher scores of satisfaction than female ones.

This result is inconsistent with Abu-Odah, El Nems, and Al Jabary (2013) which found no statistical significant differences (P-value>0.05) between the means of the all of satisfaction domains due to gender, which means that the male and female patients have the same degree satisfaction domains. Additionally, with El

Mudallal(2013), who assess the level of patient's satisfaction with community mental health services who found no statistical significant differences between the means of the all of satisfaction domains due to gender.Gani et al. (2011) measure patient satisfaction in a tertiary care hospital at out-patient and inpatient departments of the institute of psychiatry, Benazir Bhutto Hospital, Rawalpindi, the study shows that no associations could be found for gender and overall satisfaction. Abu Saileek (2004) found no statistically significant difference between males and females in their level of satisfaction with nursing care. These results were also inconsistent with these of a study conducted in Turkey which indicated that females has elicited higher scores of satisfaction than males (Uzun, 2001). In addition, the study results disagree with other study who assessed patients' satisfaction with primary health care centers services in Kuwait city, the results indicated that females are usually more satisfied than males (Abdelrhman and Saeed, 2000).

The results could be attributed to the researcher's perception the fact that male clients may have more experience and oriented with the services. In addition, health care providers may easily communicate with male clients.

5.3.1.2 Differences in perceptions about satisfaction according to age

Table (5.5) presents the mean and standard deviations distribution of client's satisfaction for every age group. It shows that client's age more than 36 years elicited higher scores in all of satisfaction domains (general impressions, accessibility of services, communication, interaction and information, physical environment, technical quality, convenience and responsiveness, and total score) in comparison with the other age groups old age clients were more vulnerable to get sick or have

chronic disease and ultimately they visited ED more frequent time so they got familiar with the ED its staff.(according to researcher point of view

Table (5.6): One-way ANOVA comparing satisfaction regarding age groups

Domain	Source of variance	Sum of square	df	Mean square	F	p
General Impressions	Between Groups	3.346	2	1.673	3.120	0.045*
	Within Group	266.47	497	0.536		
	Total	269.82	499			
Accessibility of Services	Between Groups	2.223	2	1.112	2.054	0.129
	Within Group	268.96	497	0.541		
	Total	271.18	499			
Communication, Interaction and Information	Between Groups	6.928	2	3.464	6.987	0.001*
	Within Group	246.385	497	0.496		
	Total	253.31	499			
Physical Environment	Between Groups	42.077	2	21.039	46.480	0.000*
	Within Group	224.96	497	0.453		
	Total	267.03	499			
Technical quality	Between Groups	25.611	2	12.806	25.503	0.000*
	Within Group	249.55	497	0.502		
	Total	275.16	499			
Convenience & Responsiveness	Between Groups	4.399	2	2.200	15.211	0.000*
	Within Group	71.833	497	0.145		
	Total	76.232	499			
Overall satisfaction score	Between Groups	9.078	2	4.539	13.371	0.000*
	Within Group	168.687	497	0.339		
	Total	177.765	499			

* = significant at α 0.05

One-way ANOVA test was used to represent the differences between the scores of satisfaction domains of ED clients regarding the age as illustrated in table 4.16. Findings showed that there were no statistically significant differences (p-value>0.05) between the means of accessibility of Services domain due to age.

For general impressions domain, there were statistically significant differences between ED clients (F=3.120; p=0.045) regarding age group. These differences were in favor of the client's age more than 36 years, which means that these clients have

higher scores in the general impressions domain than other clients. The mean scores of clients age more than 36 were higher than scores of clients at other groups, which represented 3.34. In addition, for communication, interaction and information domain, there were statistically significant differences between ED clients (F=6.987; p=0.001) concerning age group. Again, these differences were in favor of client's age more than 36 years, which means that these clients have higher scores in communication, interaction and information domain than in other clients. The mean scores of client's age more than 36 years were higher than scores of clients at other groups, which represented (3.64). Moreover, for physical environment, technical quality, convenience and responsiveness, and total score domains, there were statistically significant differences between ED clients (F=46.480, p=0.000; F=25.503, p=0.000; F=15.211, p=0.000; F=13.371, p=0.000) respectively concerning age group due to old age clients were more vulnerable to get sick or have chronic disease and ultimately they visited ED more frequent time so they got familiar with the ED its staff Again, these differences were in favor of client's age more than 36 years. Post hoc comparisons using the Scheffee Test informed that there are significantly differences between patients age (26-35 years) in comparison patients age (more than 36 years). This mean satisfaction for overall score domain is favor of age group (more than 36 years). There were no statistically significant differences between age (16-25) with (26-35). There is significantly differences is favor of age more than 36 years than 26-35 years for communication domain, physical environment, technical quality, and convenience and responsiveness score.

The study showed that patients who were more than 36 years reported highest scores of satisfaction. The findings of this study were congruent with these of Gani et al. (2011) study aimed to measure patient satisfaction in a tertiary care hospital at out-patient and inpatient departments of the institute of psychiatry, Benazir Bhutto Hospital, Rawalpindi. Age was significantly associated with satisfaction. Abu Saaleek (2004) who found that there is statistically significant difference in satisfaction score based on women age group and the results indicated that older respondents generally record a higher satisfaction level. In addition, this result is consistent with a study conducted in Turkey that found patients between the ages of 18 to 34 gave the lowest rating of satisfaction level and patients aged between 50 to 64 years and more than 65 gave the highest rating. In addition, it revealed that females elicited higher scores of satisfaction than males (Uzun, 2001). Nevertheless, it is inconsistent with El Mudallal (2013) who found no statistical significant differences between the means of the all of satisfaction domains due to age. In addition, Al Hindi (2002) study found that there is no real difference between ages group regarding the satisfaction level.

5.3.1.3 Differences in perceptions about satisfaction according to marital status

Table 5.17 illustrates differences in client's satisfaction level in reference to marital status. Independent sample T.Test results showed that there were no statistically significant differences between total satisfaction scores according to marital status (p=0.192), despite the fact that not-married clients had slightly higher scores in the following domains: accessibility of care, communication, interaction and information and overall satisfaction score than married clients. On the contrary, the married clients had reported higher scores than the not married in the general

impressions, physical environment, technical quality, and convenience and responsiveness domain. The variations between the two groups were not statistically significant (p=0.192).

Table (5.7): Differences in client's satisfaction related to marital status

Domains	Marital status	N	Mean	S.D.	t	*P*
General Impressions	Not-married	79	3.20	0.71	0.525	*0.600*
	Married	421	3.24	0.74		
Accessibility of Services	Not-married	79	3.63	0.83	1.543	*0.126*
	Married	421	3.48	0.71		
Communication, Interaction and Information	Not-married	79	3.64	0.82	1.618	*0.109*
	Married	421	3.48	0.68		
Physical Environment	Not-married	79	3.47	0.94	0.726	*0.470*
	Married	421	3.56	0.68		
Technical quality	Not-married	79	3.57	0.88	0.003	*0.997*
	Married	421	3.81	0.71		
Convenience & Responsiveness	Not-married	79	3.22	0.54	0.229	*0.819*
	Married	421	3.24	0.35		
Overall satisfaction score	Not-married	79	3.65	0.79	1.314	*0.192*
	Married	421	3.52	0.55		

* = significant at 0.05 by using Independent T.Test

The findings indicate that not-married clients might have lower expectations and might have a previous experience with the services. Additionally, not-married clients might have more patience especially when they have to wait for long time as they have fewer responsibilities as compared to married subjects. This mean that more attention has to be paid to the married patients to understand the reasons for their lower satisfaction that would eventually help in promoting measure that leads to the increase of their satisfaction about the services provided by ED health care providers.

Results were congruent with El Mudallal (2013) who found no statistical significant differences between the means of the all of satisfaction domains due to marital status. Moreover, results were consistent with Abu-Odah, El Nems, and Al

Jabary (2013) study that found no statistical significant differences between the means of the all of satisfaction domains due to marital status.

5.3.1.4 Differences in perceptions about satisfaction according to educational level

Table (5.9): One-way ANOVA comparing satisfaction regarding educational level

Domain	Source of variance	Sum of square	Df	Mean square	F	p
General Impressions	Between Groups	7.35	2	3.680	6.968	0.001*
	Within Group	262.46	497	0.528		
	Total	269.82	499			
Accessibility of Services	Between Groups	4.38	2	2.195	4.088	0.017*
	Within Group	266.79	497	0.537		
	Total	271.18	499			
Communication, Interaction and Information	Between Groups	9.33	2	4.667	9.507	0.000*
	Within Group	243.97	497	0.491		
	Total	253.31	499			
Physical Environment	Between Groups	4.62	2	2.313	4.381	0.013*
	Within Group	262.41	497	0.520		
	Total	267.03	499			
Technical quality	Between Groups	16.94	2	8.471	16.304	0.000*
	Within Group	258.22	497	0.520		
	Total	275.16	499			
Convenience & Responsiveness	Between Groups	0.227	2	0.113	0.742	0.477
	Within Group	76.00	497	0.153		
	Total	76.23	499			
Overall satisfaction score	Between Groups	2.40	2	1.200	3.401	0.034*
	Within Group	175.36	497	0.353		
	Total	177.75	499			

* = significant at 0.05

One-way ANOVA test used to present differences between the scores of study domains of ED clients towards educational level categories (Table 5.9). There were no statistical significant differences (P-value>0.05) between the means of convenience and responsiveness due to educational level. This may be related that health care providers in ED provide care to all patients as priorities and give full detail and instruction to all without bias.

For general impressions domain, there were statistically significant differences between ED clients (F=6.698; p=0.001) regarding educational level. These differences were in favor of the clients at university level, which means that these clients have higher scores in the general impressions domain than other clients. The mean scores of clients at university level were higher than scores of clients at other levels, which represented 3.34. In addition, for communication, interaction, and information domain, there were statistically significant differences between clients (F=9.507; p=0.000) concerning educational level. Again, these differences were in favor of clients at university level, which means that these clients have higher scores in communication, interaction, and information than in other clients. The mean scores of clients at university level were higher than scores of clients at other levels, which represented 3.65. Also, for technical quality and total score domains, there were statistically significant differences between clients concerning educational level. Again, these differences were in favor of clients at university level, which means that these clients have higher scores in technical quality and total score than in other clients. The mean scores of clients at university level were higher than scores of clients at other levels, which represented 3.80 for technical quality and 3.61 for total score. The researcher attributed this favor for university level may be related the high awareness level of clients to health aspect and nature of health care providers workload and stress.

For accessibility of services and physical environment domains, there were statistically significant differences between clients concerning educational level. These differences were in favor of clients at preparatory and less level, which means that these clients have higher scores in accessibility of services and physical

environment domains than in other clients. The mean scores of clients at preparatory and less level were higher than scores of clients at other levels, which represented 3.63 for accessibility of services and 3.66 for physical environment.

Post hoc comparisons using the Scheffee test concluded that there are significantly differences between educated patients mostly university and more level in comparison with preparatory and less and secondary level patients. This mean satisfaction level for technical quality, communication and general impression domain is in favor of highly educated patients. But for accessibility of services domain, the favor was for preparatory and less education when compared with other group

Findings of this study were congruent with these of Damghi, et al (2013) study that conducted to assess client satisfaction in a Moroccan ED, which found patients have secondary level (OR: 5.19; 95% CI = 2.04-13.21; P < 0.001) primary level (OR: 3.04;95% CI = 1.10-8.04; P = 0.03) and illiterate level (OR: 2.53; 95% CI = 1.02-6.30; P = 0.03) were less satisfied compared to those with high educational level. But, there were inconsistent results with a study that evaluated patients' level of satisfaction with nursing care in selected hospitals in south of Gaza Strip who found significant differences within educational levels in relation to satisfaction level. The clients who had a lower educational level were more satisfied with nursing care than the clients' who had a higher educational level (Abu-Saileek, 2004).

5.3.1.5 Differences in perceptions about satisfaction according to employment status

Independent sample T.Test used to figure out the differences between the scores of satisfaction domains of ED clients in relation to employment (Working, Not

working) at significant level (P.value = 0.05). The results showed that there were no statistically significant differences between total satisfaction scores in relation to employment status (p=0.483), despite the fact that working clients elicited higher scores in overall satisfaction than not working clients. Additionally, working clients have had more positive satisfaction than not working clients in all domains except in general impressions domain where not working clients has elicited a higher level of satisfaction. due to not working clients prefer to have

Table (5.10): Differences in client's satisfaction related to employment status

Domains	Employment	N	Mean	S.D.	t	*P*
General Impressions	Working	98	3.12	0.89	1.488	*0.139*
	Not-working	402	3.27	0.68		
Accessibility of Services	Working	98	3.55	0.76	3.175	*0.002**
	Not-working	402	3.32	0.59		
Communication, Interaction and Information	Working	98	3.67	0.72	2.535	*0.012**
	Not-working	402	3.47	0.70		
Physical Environment	Working	98	3.61	0.74	0.941	*0.347*
	Not-working	402	3.53	0.72		
Technical quality	Working	98	3.86	0.77	4.364	*0.000**
	Not-working	402	3.50	0.71		
Convenience & Responsiveness	Working	98	3.30	0.64	1.456	*0.148*
	Not-working	402	3.22	0.36		
Overall satisfaction score	Working	98	3.58	0.60	0.702	*0.483*
	Not-working	*402*	*3.54*	*0.59*		

* = significant at 0.05

In more details, the following means of domains (general impressions, physical environment, convenience and responsiveness, and overall satisfaction score) for ED clients due to employment has not reached the significant level. While for the

accessibility of services, communication, interaction and information, and technical quality domains, there were statistical significant differences between the clients due to the work status; the differences were toward the clients who are working which means that clients who are working have higher scores and higher levels of satisfaction than the not working ones.

The researcher explains this result in favor of those who work because the working clients feel the pressure experienced by staff in the health field and sympathy with them.

5.3.1.6 Differences in perceptions about satisfaction according to monthly income

Independent sample t-test used to figure out the differences between the scores of satisfaction domains of ED clients in relation to monthly income at significant level (P.value = 0.05). The table showed that clients who have income less than 1000 NIS elicited higher scores in overall satisfaction than clients who have income more than 1000 NIS. Additionally, clients who have income less than 1000 NIS have had a more positive satisfaction level than clients who have income more than 1000 NIS in all domains except in convenience and responsiveness and technical quality domain. The difference between satisfaction and income reach a statistically significant level. The difference was favour for clients have income less than 1000 NIS. Due to not working client have low income and prefer to have medical treatment at public hospital because they got care health services freely without

payment and they therefore have lower expectation and can not have financial ability to be treated at private hospital.(according to researcher point of view)

Table (5.11): Differences in client's satisfaction related to mont1hly income

Domains	Income	N	Mean	S.D.	t	*P*
General Impressions	< 1000 NIS	407	3.29	0.66	2.74	*0.007*
	≥ 1000 NIS	93	3.00	0.97		
Accessibility of Services	< 1000 NIS	407	3.54	0.78	3.57	*0.000*
	≥ 1000 NIS	93	3.33	0.41		
Communication, Interaction and Information	< 1000 NIS	407	3.53	0.75	2.04	*0.042*
	≥ 1000 NIS	93	3.40	0.49		
Physical Environment	< 1000 NIS	407	3.61	0.78	6.76	*0.000*
	≥ 1000 NIS	93	3.26	0.32		
Technical quality	< 1000 NIS	407	3.56	0.75	0.349	*0.727*
	≥ 1000 NIS	93	3.59	0.69		
Convenience & Responsiveness	< 1000 NIS	407	3.23	0.40	0.483	*0.630*
	≥ 1000 NIS	93	3.25	0.34		
Overall satisfaction score	< 1000 NIS	407	3.58	0.63	3.838	*0.000*
	≥ 1000 NIS	*93*	*3.40*	*0.34*		

* = significant at 0.05 by using Independent T.Test

5.3.2 Health related variables of EDs clients and satisfaction

5.3.2.1 Differences in perceptions about satisfaction according to illness severity

The below table examines satisfaction level related to severity of illness. Among clients, (65.8%) have a moderate to server illness while (34.2%) have a mild illness. Independent sample t-test results showed that there were no statistically significant differences between total satisfaction scores according to severity of illness (p=0.261). Despite the fact that clients presented to ED with severe pain had slightly higher scores in the following domains: general impression, accessibility of care, communication, interaction and information, convenience and responsiveness, technical quality, and overall satisfaction score than clients complain mild pain. In the other hand, clients presented with mild pain had reported higher scores than clients presented with severe pain in physical environment domain. The variations between the two groups were not statistically significant at level 0.05.

Table (5.12): Differences in client's satisfaction related to illness severity

Domains	Severity	N	Mean	S.D.	t	*P*
General Impressions	Mild	171	3.16	0.80	1.719	*0.087*
	Moderate to sever	329	3.28	0.69		
Accessibility of Services	Mild	171	3.40	0.52	2.564	*0.011**
	Moderate to sever	329	3.55	0.82		
Communication, Interaction and Information	Mild	171	3.38	0.63	3.031	*0.003**
	Moderate to sever	329	3.57	0.74		
Physical Environment	Mild	171	3.72	0.58	4.208	*0.000**
	Moderate to sever	329	3.45	0.78		
Technical quality	Mild	171	3.52	0.63	1.078	*0.281*
	Moderate to sever	329	3.59	0.33		
Convenience & Responsiveness	Mild	171	3.21	0.79	2.361	*0.019**
	Moderate to sever	329	3.29	0.41		
Overall satisfaction score	Mild	171	3.15	0.45	1.126	*0.261*
	Moderate to sever	*329*	*3.56*	*0.65*		

* = significant at 0.05 by using Independent T.Test

The researcher can attribute this study finding to the high level of satisfaction among moderate to severe illness clients that these patients perceived their through put times more favorably than non-urgent ones. Patients that are more acute may be more satisfied with their ED care precisely because they received a greater interpersonal attention from ED health care providers or are seen faster than those who are less acute. But satisfaction level is low in physical environment domain and it favor for mild cases, may be related to mild cases not needed more comfortable bed and the spending time for them is limited.

Results of this study were consistent with the findings of Abu-Odah, El Nems, and Al Jabary (2013) study which found that satisfaction level for clients complaining of moderate to severe pain is higher than satisfaction level for clients complain of mild pain. The researchers also found that there were no statistical

significant differences (P-value>0.05) between the means of the all of satisfaction domains due to illness severity. In addition, results were consistent with these of Damghi, et al (2013) study that was conducted to assess client satisfaction in a Moroccan ED, which found that emergency or urgent patients have a higher satisfaction level than that of the non-urgent patients. Moreover, results were consistent with a study that was conducted in 2004 at Cooper Hospital in New Jersey and found that the level of satisfaction in ED was highest in those with serious diseases or urgent needs (Boudreaux, et al. 2004).

5.3.2.2 Differences in perceptions about satisfaction according to time of visit

Table (5.14): One-way ANOVA comparing satisfaction regarding time of visit

Domain	Source of variance	Sum of square	df	Mean square	F	p
General Impressions	Between Groups	2.58	2	1.19	2.403	0.092
	Within Group	267.23	497	0.53		
	Total	269.82	499			
Accessibility of Services	Between Groups	18.18	2	9.09	17.86	0.000*
	Within Group	252.99	497	0.50		
	Total	271.18	499			
Communication, Interaction and Information	Between Groups	4.92	2	2.46	4.930	0.008*
	Within Group	248.38	497	0.50		
	Total	253.31	499			
Physical Environment	Between Groups	0.014	2	0.007	0.013	0.987
	Within Group	267.02	497	0.53		
	Total	267.03	499			
Technical quality	Between Groups	0.95	2	0.48	0.869	0.420
	Within Group	247.20	497	0.55		
	Total	275.16	499			
Convenience & Responsiveness	Between Groups	1.99	2	0.99	6.681	0.001*
	Within Group	74.23	497	0.14		
	Total	76.23	499			
Overall satisfaction score	Between Groups	0.94	2	0.47	1.325	0.267
	Within Group	176.82	497	0.35		
	Total	177.76	499			

* = significant at 0.05

One-way ANOVA test was used to present differences between the scores of study domains of ED clients towards time of visit (Table 5.14). There were no statistical significant differences (P-value>0.05) between the means of the following domains (general impressions, physical environment, technical quality, and overall satisfaction score) due to time of visit. While the same table also showed that there were statistically significant differences in satisfaction related to time visit including communication, interaction, and information (F = 4.930, P = 0.008), and convenience and responsiveness (F = 6.681, P = 0.001). These difference was favor for clients attending ED at morning shift the researcher attributed this study finding to high level of satisfaction among clients admitted ED at morning shift may probably due to the greater number of consultations , nurses physicians and other health care providers ,and more follow up and regular monitoring by hospital administrationWhile, for accessibility of services, the difference was favor for clients attending ED at evening shift.due to low health care consumers visitors and low crowded and noisy environment. Post hoc comparisons using the Scheffee test revealed that there are significantly differences between patient visiting ER in the evening shift in comparison with morning and night shift. This mean satisfaction level for accessibility of services, communication and convenience andresponsivenessscore is favor for patients attending ER in the evening shift.

Results were consistent with Abu-Odah, El Nems, and Al Jabary (2013) study that found patients who visited ED in morning shift have better means of the all study domains (Physician care, Nursing care, Registration, financial, physical comfort and access to ER care, and Overall satisfaction) in comparison with the other shift. In addition, the study showed that there were differences between the

satisfactions domains of ED patients towards visit time. There were statistical significant differences (P-value>0.05) found in communication domain (f=4.111; p=0.018) and visiting time, these differences were toward morning shift.

5.3.2.3 Differences in perceptions about satisfaction according to type of visit

Independent sample t-test was used to figure out the differences between the scores of satisfaction domains and type of visit (first, follow up) at significant level (P value = 0.05). It showed that follow up clients elicited higher scores in all of satisfaction domains (general impressions, accessibility of services, communication, interaction and information, physical environment, technical quality, convenience and responsiveness, and total score) and type of visit. The difference between satisfaction and type of visit has reached the statistically significant level. The difference was favor for follow up clients.

Table (5.15): Differences in client's satisfaction related to type of visit

Domains	Type of visit	N	Mean	S.D.	t	*P*
General Impressions	First	271	3.17	0.73	2.366	*0.018**
	Follow up	229	3.32	0.74		
Accessibility of Services	First	271	3.43	0.63	2.143	*0.033**
	Follow up	229	3.58	0.83		
Communication, Interaction and Information	First	271	3.48	0.69	1.068	*0.286*
	Follow up	229	3.55	0.73		
Physical Environment	First	271	3.48	0.70	2.231	*0.026**
	Follow up	229	3.62	0.75		
Technical quality	First	271	3.56	0.70	0.369	*0.713*
	Follow up	229	3.58	0.78		
Convenience & Responsiveness	First	271	3.22	0.38	1.007	*0.314*
	Follow up	229	3.26	0.39		
Overall satisfaction score	First	271	3.49	0.57	2.199	*0.028**
	Follow up	229	3.61	0.61		

* = significant at 0.05 by using Independent T.Test

Results were consistent with Abu-Odah, El Nems, and Al Jabary (2013) study which found that the follow up visits' patients elicited higher scores in all of satisfaction domains (Physician care, Nursing care, Registration, financial, physical comfort and access to ER care, and Overall satisfaction) in comparison with first visit client.

The researcher pointed this favor for follow up clients may related to observation and orienting of clients to development in infrastructure and building in the hospital in general and ED specially.

5.3.2.4 Differences in perceptions about satisfaction according to spending time

Table (5.17): One-way ANOVA comparing satisfaction regarding spending time

Domain	Source of variance	Sum of square	Df	Mean square	F	p
General Impressions	Between Groups	38.13	2	19.066	40.898	0.000*
	Within Group	231.68	497	0.466		
	Total	269.82	499			
Accessibility of Services	Between Groups	19.41	2	9.707	19.162	0.000*
	Within Group	251.77	497	0.507		
	Total	271.18	499			
Communication, Interaction and Information	Between Groups	14.48	2	7.244	15.076	0.000*
	Within Group	238.82	497	0.481		
	Total	253.31	499			
Physical Environment	Between Groups	21.05	2	10.528	21.272	0.000*
	Within Group	245.98	497	0.495		
	Total	267.03	499			
Technical quality	Between Groups	43.09	2	21.564	46.143	0.000*
	Within Group	232.07	497	0.467		
	Total	275.16	499			
Convenience & Responsiveness	Between Groups	4.55	2	2.277	15.790	0.000*
	Within Group	71.67	497	0.467		
	Total	76.23	499			
Overall satisfaction score	Between Groups	13.88	2	6.942	21.053	0.000*
	Within Group	163.88	497	0.330		
	Total	177.76	499			

* = significant at 0.05

The above Table, One-way ANOVA test was used to present differences between the scores of study domains of EDs clients towards spending time. For accessibility of services domain, there were statistically significant differences between EDs clients (F=19.162; p=0.000) regarding spending time. These differences were in favor of the clients spending time less 30 minute, which means that these clients have higher scores in the accessibility of services domain than other clients. Moreover, for communication, interaction, and information domain, there were statistically significant differences between clients (F=15.076; p=0.000) regarding spending time. Again, these differences were in favor of the clients spending time less 30 minute. In addition, for convenience, responsiveness, and total score domains, there were

statistically significant differences between clients concerning spending time. Again, these differences were in favor of the clients spending time less 30 minute. While for general impressions, physical environment, and technical quality domains, there were also statistically significant differences between clients concerning spending time, but these differences were in favor of clients spending time more than 60 minute.

The researcher attributed this finding to the concern and attention from health care providers to client with moderate to sever pain who spending time more than 60 minute.

Post hoc comparisons using the Scheffee test concluded that there are significantly differences between patients spend time less than 30 minutes in comparison with 30-60 minutes and more than 60 minute patients. This satisfaction level for all study domain is in favor of patientsspend time in ER less than 30 minutes.

With regards to the overall study satisfaction, the study revealed that patients who spent time less than 30 minutes were more satisfied. This result was consistent with Damghi, et al (2013) study which was conducted to assess client satisfaction in a Moroccan ED, which found patients spending time less than 15 minute have highest satisfaction (OR: 0.41; 95% CI = 0.23-0.75; P = 0.003). In addition, this result was approved by a study who found that the patients who waited shorter waiting time reported a higher satisfaction score than the patients who waited longer waiting time (Bialor, et al., 1997). Other study, found that the mixed results of the relationship between waiting time and patient satisfaction is unclear manner (Gadallah, et al., 2003).

5.3.2.5 Differences in perceptions about satisfaction according to subject filling questionnaire

Independent sample t-test used to figure out the differences between the scores of satisfaction domains of ED subjects filling questionnaire (client, other) at significant level (P value = 0.05). It showed that, there were statistical significant differences (P-value>0.05) between the means of the all of satisfaction domains (general impressions, accessibility of services, communication, interaction and information, physical environment, technical quality, convenience and responsiveness, and total score) and subjects filling questionnaire. These differences were in favor of subjects other than clients. The difference reach statistically significant level. The difference was favoring for person other than clients who filling questionnaire.

Table (5.18): Differences in client's satisfaction related to subject filling questionnaire

Domains	Filling Questionnaire	N	Mean	S.D.	t	*P*
General Impressions	Client	192	3.10	0.79	3.159	*0.002**
	Others	308	3.32	0.68		
Accessibility of Services	Client	192	3.39	0.63	2.883	*0.004**
	Others	308	3.57	0.78		
Communication, Interaction and Information	Client	192	3.32	0.58	5.030	*0.000**
	Others	308	3.62	0.76		
Physical Environment	Client	192	3.39	0.70	3.805	*0.000**
	Others	308	3.64	0.73		
Technical quality	Client	192	3.36	0.65	5.141	*0.000**
	Others	308	3.69	0.76		
Convenience & Responsiveness	Client	192	3.17	0.38	2.973	*0.003**
	Others	308	3.23	0.39		
Overall satisfaction score	Client	192	3.39	0.53	4.657	*0.000**
	Others	308	3.64	0.61		

* = significant at 0.05 by using independent T.Test

The study revealed that clients filling the questionnaire were dissatisfied in comparison with other whom filling questionnaire. Abu-Odah, El Nems, and Al Jabary (2013) study that found the same results approved this result.

The researcher explained this finding to that clients psychological condition that affect on judged and feeling on satisfaction.

5.3.2.6 Differences in perceptions about satisfaction according to clients' deposition

Independent sample t-test used to figure out the differences between the scores of satisfaction domains of ED clients deposition (admission, discharge) at significant level (P value = 0.05). It showed that admitted clients elicited higher scores in overall satisfaction than discharged clients. Additionally, admitted clients have had more positive satisfaction than discharged clients have in all domains except in physical environment, technical quality, and convenience and responsiveness domain where discharge clients elicited a higher level of satisfaction. The reach statistically significant level. The difference was favor for admitted clients.

Table (5.19): Differences in client's satisfaction related to clients' deposition

Domains	Client disposition	N	Mean	S.D.	t	*P*
General Impressions	Admission	353	3.34	0.60	4.065	*0.000**
	Discharge	147	3.00	0.93		
Accessibility of Services	Admission	353	3.61	0.79	6.125	*0.000**
	Discharge	147	3.25	0.50		
Communication, Interaction and Information	Admission	353	3.55	0.73	2.260	*0.025**
	Discharge	147	3.40	0.63		
Physical Environment	Admission	353	3.51	0.74	1.587	*0.113*
	Discharge	147	3.62	0.70		
Technical quality	Admission	353	3.57	0.76	0.402	*0.688*
	Discharge	147	3.55	0.68		
Convenience & Responsiveness	Admission	353	3.20	0.40	3.645	*0.000**
	Discharge	147	3.39	0.34		
Overall satisfaction score	Admission	353	3.58	0.63	2.007	*0.046**
	Discharge	147	3.47	0.49		

* = significant at 0.05 by using Independent T.Test

In more details, the table showed that there were statistical significant differences (P-value>0.05) between the means of the following satisfaction domains (general impressions, accessibility of services, communication, interaction and information, and total score) and clients deposition. These differences were in favor for admitted clients. On contrast, the differences were favor for discharged clients in the convenience and responsiveness domain.

5.3.3 Differences in perceptions about satisfaction according to departments

client's treated at medical; emergency department elicited higher scores in the following satisfaction domains (accessibility of services, communication, interaction and information, physical environment, technical quality, convenience and responsiveness, and total score) in comparison with other department. Due to there is frequent visitation from clients to medical EDdue to chronic illness , also some clients spend at medical ED longtime for treatment so they got familiar with department and its medical staff.(according to researcher point of view)

Table (5.20): Differences in client's satisfaction related to departments

Domains	Age group	N	Mean	*S.D.*
General Impressions	Medical	200	3.27	*0.61*
	Surgical	200	3.16	*0.90*
	Gynecology	100	3.33	*0.53*
Accessibility of Services	Medical	200	3.56	*0.89*
	Surgical	200	3.51	*0.67*
	Gynecology	100	3.36	*0.45*
Communication, Interaction and Information	Medical	200	3.55	*0.85*
	Surgical	200	3.54	*0.68*
	Gynecology	100	3.38	*0.37*
Physical Environment	Medical	200	3.66	*0.85*
	Surgical	200	3.39	*0.66*
	Gynecology	100	3.61	*0.51*
Technical quality	Medical	200	3.66	*0.76*
	Surgical	200	3.53	*0.77*
	Gynecology	100	3.48	*0.62*
Convenience & Responsiveness	Medical	200	3.32	*0.43*
	Surgical	200	3.15	*0.32*
	Gynecology	100	3.25	*0.38*
Overall satisfaction score	Medical	200	3.62	*0.68*
	Surgical	200	3.50	*0.59*
	Gynecology	*100*	*3.42*	*0.33*

Table (5.21): One-way ANOVA comparing satisfaction regarding departments

Domain	Source of variance	Sum of square	df	Mean square	F	p
General Impressions	Between Groups	2.127	2	1.06	1.975	0.140
	Within Group	267.69	497	0.53		
	Total	269.82	499			
Accessibility of Services	Between Groups	2.677	2	1.33	2.477	0.085
	Within Group	268.51	497	0.54		
	Total	271.18	499			
Communication, Interaction and Information	Between Groups	2.155	2	1.07	2.132	0.120
	Within Group	251.15	497	0.50		
	Total	253.31	499			
Physical Environment	Between Groups	7.609	2	3.80	7.289	0.001
	Within Group	259.42	497	0.52		
	Total	267.03	499			
Technical quality	Between Groups	2.784	2	1.39	2.540	0.080
	Within Group	272.37	497	0.54		
	Total	275.16	499			
Convenience & Responsiveness	Between Groups	3.037	2	1.51	10.31	0.000
	Within Group	73.195	497	0.14		
	Total	76.232	499			
Overall satisfaction score	Between Groups	2.150	2	1.07	3.042	0.049
	Within Group	175.61	497	0.35		
	Total	177.76	499			

* = significant at α 0.05

One-way ANOVA test was used to represent the differences between the scores of satisfaction domains of clients regarding treatment department as illustrated in the above table. Findings showed that there were no statistically significant differences (p-value>0.05) between the means of the following domains (general impression, accessibility of services, communication-interaction and information, and technical quality) due to departments.

For physical environment domain, there were statistically significant differences between clients (F=7.289; p=0.001) regarding to departments. These differences were in favor of the client's treated in medical emergency department, which means

that these clients have higher scores in the physical environment domain than other clients. In addition, for convenience and responsiveness domain, there were statistically significant differences between ED clients (F=10.31; p=0.000) concerning departments. Again, these differences were in favor of client's treated in medical emergency department. Moreover, the overall satisfaction score, there were statistically significant differences between clients (F=3.04, p=0.049) concerning departments, these differences were in favor of client's treated in medical emergency department.

Post hoc comparisons using the Scheffee test concluded that there are significantly differences between patients treated in medical ED in comparison with surgical and gynecology ED. This mean satisfaction for physical environment and convenience and responsiveness domain is in favor of patients treated in medical ED.

The researcher attributed the high satisfaction for clients treated in medical emergency department may be related to good instruction and communication of physician with client. In addition to clients condition differ from condition in surgical and gynecology.

5.4 Qualitative data analysis

The researcher has collected answers from all patients participated in the study on 4 open questions at the end of the questionnaire in order to obtain qualitative data about client satisfaction for health care services provided ED at Shifa hospital. The questions focused on what they like and dislike and their vision and suggestions to

improve these services. The researcher organized and arranged qualitative data in Table (5.22).

Table (5.22): Analysis of qualitative data

Sub domain	Clients comment	*Aspects need to improve*
respect clients complain	Yes they do	*Continue and modified*
provide privacy	Yes they do	*Continue and modified*
Team communication pattern	Team collaboration and good communication	*Continue and modified*
Response pattern	Delay response to client need	*Medical staff have to give clients need more priority*
Availability of comfort environment	No comfortable bed and setting area chairs available	*Proved comfort bed and setting area chairs*
Noise crowd	There was a lot of noise and crowd due to large number of health care consumer	*Follow regular appointment system and apply triage system*
Sanitation of hospital	was Not good enough	*Improve sanitation system*
Medical staff number	*No enough*	*Increase medical staff number*

Chapter (6)

Conclusions and Recommendations

The previous chapter presented the study results. In this chapter, the researcher recommended and suggested some recommendations that could help for improving services provided for clients in emergency departments at Shifa Complex.

6.1. Conclusion

Client satisfaction is an increasing important issue both in evaluation and shaping of health care, it should be carried out routinely in all aspects of health care to improve the quality of health care services, therefore, improving the quality of client care in hospitals generally and emergency departments specially is a vital and necessary activity.

Therefore, the researcher carried out a descriptive analytical cross sectional study aiming to assess clients' level of satisfaction for health care services provided in surgical, medical and obstetrics emergency departments at El-Shifa Hospital and to explore the factors affecting clients' attended ED level of satisfaction. It also linked between client satisfaction with health care and adherence and compliance to treatment may result in improved cost effectiveness of care and this is important dimensions of quality of health care services in the emergency department.

This study is conducted to assess clients' level of satisfaction for health care services provided in surgical, medical and obstetrics emergency departments at El-Shifa Hospital and to explore the factors affecting clients' attended ED level of

satisfaction in order to promote the provision of services meeting clients' needs and expectations and to improve the quality of services.

The study sample of clients demographics and health variables showed that sixty seven percent of the total samples were females. The prominent age group in the sample was clients whose age more than 36 years, with average age of clients was 34.6 years (SD = 15.2, range = 16-90 years). Eighty four percent of study participants are married. Clients who have secondary degree and unemployed are most prominent in the sample. Furthermore, finding showed that the largest group who were visiting EDs for moderate to severe reasons and in morning shift. Only thirty eight percent of clients filling questionnaire. The finding also shows that majority of clients spent in EDs more than 30 minute.

Finding showed that the clients overall satisfaction mean percentage was 70.8%. The overall mean percentage for all satisfaction domains scores ranged from 64.8% to 71.4%. The highest mean score was for technical quality domain while the lowest level was for both general impression and convenience and responsiveness domain (due to noise, crowd, long waiting time and large number of clients (according to researcher point of view)

This study revealed that the health care providers not seriously take clients complication. Providers also not concern with the clients educational level and their culture when dealing with them during describing disease and instruction and providers telling me some medical terminology with explanation. In addition, despite crowded, clients unable to sit and talk with providers in ED, Furthermore, Beds are

in comfortable, and unable to access the ED services easily. Additionally, drug that needed in ED are not available as reported by clients.

Our finding also indicated that there is significant association between satisfaction and socio-demographical characteristics (educational level, gender differences, age, marital status, employment status, monthly income). The same as health related variables which includes illness severity, time of visit, and spending time were significantly associated with client's satisfaction. Therefore, the results emphasize on the importance of governmental action in dimensions of drugs supplies, hospital sanitation and staff shortage in order to improve the quality of emergency care provision at different health care sectors in Gaza Strip. The study highlighted for managers and policy makers several shortcomings that need to be improved. For example health care providers in ED should explains things quietly, and provide the clients with sufficient information about health. The level of hygiene in common areas in ED should be cleaned. In addition to this, various physical environment services offered have to be improved.

6.2. Recommendation

The researcher set some recommendations which might help,Managers and Emergency staff at Shifa Hospital to improve clients' satisfaction level with services and develop the quality of services. These address as follows:

- More attention most be paid to interpersonal aspect of care in EDs as a key component of clients satisfaction framework i.e. the health care provider should listen, discuss, advise, give enough time and respond to clients needs with respect and humanity.

- Improving the ED management to simplify the visit workflow in order to reduce waiting time by implementing triage, rapid initial assessment by Doctors could reduce waiting time efficiently.
- Allocating sufficient health care providers in EDs in order to meet clients' needs.
- Client satisfaction is a complex phenomenon requiring cooperation of hospital managers, policy makers and practitioner to ensure the provision of a high standard and culturally approved and accepted services.
- Providing scope for community participation in evaluating the quality of health care services through client's satisfaction survey and client's feedback campaigns.

5.3 Suggestions for future researches:

The researcher found in this study several items that needed further studies as the following:

- Qualitative study to understand clients expressions, perceptions, and expectations that aimed to standardized ED care services.
- Assess professionals opinions about patients' involvement in ED care services.

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Annexes

Annex (1a) Distribution of clients in reference to technical quality

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	I trust in service providers.	11.6	59.6	3.4	22.4	3.0	3.54	1.05	70.8
2	Health care providers seriously takes my complaint.	15.0	46.8	6.8	30.2	1.2	3.44	1.10	68.8
3	Health care providers provide me with sufficient information about my health.	13.2	52.8	8.8	20.6	4.6	3.49	1.09	69.8
4	Health care providers respond to my requirements quickly.	15.4	50.4	3.4	27.2	3.6	3.46	1.14	69.2
5	Health care providers explains to me how to use the treatment.	18.4	51.2	4.8	23.0	2.6	3.59	1.10	71.8
6	I see number of providers sufficient in department.	18.4	52.6	13.2	11.8	4.0	3.69	1.02	73.8
7	The providers in ED explains things quietly.	18.2	60.8	0.4	20.0	0.6	3.76	0.99	75.2

Annex (1b) Distribution of clients in reference to Physical environment of ED

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	Emergency department is clean and arrangement	25.0	50.8	0.2	19.8	4.2	3.72	1.16	74.4
2	There are order and arrangement in front of emergency department office	29.0	50.4	5.2	13.8	1.6	3.91	1.01	78.2
3	Emergency department is adequate ventilation	19.6	56.8	2.2	20.8	0.6	3.74	1.01	74.8
4	Bathrooms have enough for all.	8.6	49.2	8.4	28.4	5.4	3.27	1.12	65.4
5	There are adequate parking areas in the emergency department.	4.8	57.6	5.0	30.2	2.4	3.32	1.03	66.4
6	Chairs in the emergency department are comfortable	13.8	53.8	5.4	19.4	7.6	3.46	1.17	69.2
7	Lighting inside the department enough to work well.	16.2	61.0	3.6	16.6	2.6	3.71	1.00	74.2
8	Drinking water clean.	25.2	48.2	6.6	15.0	5.0	3.73	1.14	74.6
9	Beds in the emergency department are comfortable	8.6	45.4	2.2	37.2	6.6	3.12	1.19	62.4
10	Separated curtains are available between beds	16.4	46.6	0.8	34.8	1.4	3.41	1.16	68.2
11	Curtains in the emergency department are cleans	14.8	56.6	5.8	18.8	4.0	3.59	1.07	71.8

Annex (1c) Distribution of clients in reference to communication, interaction and information

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	All of service providers respect my needs and take them into account	19.4	51.8	1.6	21.8	5.4	3.58	1.18	
2	Service providers show their sympathy with me.	20.6	30.0	16.8	28.2	4.4	3.34	1.21	
3	Service providers gives me impression that my service of their priorities.	18.4	57.8	2.8	18.0	3.0	3.70	1.05	
4	Have received sufficient information about my condition and the therapeutic plan.	23.8	46.2	10.2	12.6	7.2	3.66	1.17	
5	Service providers explain to me information related to my condition in understandable way	19.4	53.8	5.6	18.2	3.0	3.68	1.07	
6	Service providers telling me some medical terminology with explanation of their meanings.	12.4	42.2	13.6	23.4	8.4	3.26	1.19	
7	Service providers take into account my level of education and culture when dealing with me.	10.0	42.6	6.8	36.0	4.6	3.17	1.15	
8	I feel that all patients are treated by one notch.	18.8	53.0	6.6	18.6	3.0	3.66	1.07	
9	Service providers provides me treatment plan clearly	21.0	53.4	2.6	18.0	5.0	3.67	1.14	
10	Service providers take into account the privacy and confidentiality during treatment.	17.2	37.0	13.6	30.6	1.6	3.37	1.13	

Annex (1d) Distribution of clients in reference to accessibility of services

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	Emergency department place suitable and easy to reach	17.0	71.8	0.6	9.0	1.6	3.93	0.82	
2	Easy transport from emergency department to other departments as radiology and internal department.	18.8	58.8	5.6	12.8	4.0	3.75	1.02	
3	I can easily access to services when I need it	10.6	48.0	9.8	25.6	6.0	3.31	1.14	
4	Signage in place is sufficient.	13.0	51.2	12.6	18.0	5.2	3.48	1.08	
5	I see a physician when I need to do so	14.2	46.8	6.8	20.4	11.8	3.31	1.27	
6	I see a nurse when I need to do so	21.4	54.0	8.0	12.4	4.2	3.76	1.05	
7	Easy done lab investigations when its needed	19.4	39.6	7.4	30.0	3.6	3.41	1.20	
8	Drugs that needed for patients is available in the emergency department	21.6	19.4	13.6	34.8	10.6	3.06	1.35	

Annex (1e) Distribution of clients in reference to convenience and responsiveness

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	The waiting time for seeing physician is appropriate	7.6	24.6	4.2	51.8	11.8	2.64	1.19	52.8
2	The waiting time for seeing nurse is appropriate	2.2	40.4	7.4	36.8	13.2	2.81	1.16	56.2
3	I believe that service providers work as a team in the provision of the service.	14.2	44.4	3.8	34.6	3.2	3.31	1.17	66.2
4	Although crowded in ED, I can sit and talk with service providers	2.0	19.4	10.6	42.4	25.6	2.29	1.10	45.8
5	I can't face difficulties in completing treatment	23.6	49.2	3.2	18.8	5.2	3.67	1.17	73.4
6	I found that service provider's collaborators.	15.6	63.8	8.2	12.0	0.4	3.82	0.85	76.4
7	The time I spend in the department to complete my service is available for me.	20.6	53.8	3.4	21.0	1.2	3.71	1.05	74.2
8	I believe that service providers respect the time.	17.8	54.8	4.6	20.2	2.6	3.65	1.07	73.0

Annex (1f) Distribution of clients in reference to general impressions

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	I have a good experience with services in this department.	1.6	68.8	10.2	11.4	8.0	3.44	0.99	68.8
2	I received the service as I expected.	7.6	64.4	8.0	11.2	8.8	3.50	1.07	70.0
3	I will continue to receive service in this department	11.0	51.6	20.2	11.8	5.4	3.51	1.01	70.2
4	I feel satisfied with all aspects of the service I received.	0.4	9.0	12.4	42.8	35.4	1.96	0.93	39.2
5	Health services were delivered in an appropriate manner.	20.4	56.8	7.2	12.2	3.4	3.78	1.01	75.6

Appendixes

Appendix (1) : Questionnaire in English Language.

Appendix (2) : Annexes.

appendix(3) : Questionnaire in Arabic Language.

Appendix (1) : Questionnaire in English Language

Demography Data:

Primary Data:

- **Gender:**▲Male ▲Female
- age in years:……..
- Marital status:

  ▲Single ▲married ▲other specify

- place of living (governorates):

  ▲Gaza ▲The middle ▲The north

  ▲Khan younis ▲Rafah

- level of education:

  ▲illiterate ▲primary ▲secondary

  ▲university or high

- current occupation:

  ▲working ▲not working

- income (NIS):

  ▲ below200 ▲1000-2000 ▲2000

- type of illness:

  ▲medical problem ▲ surgical problem

▲gynecological problem

- served of illness:

▲mild ▲moderate ▲sever

- time of visit:

▲ morning ▲evening ▲night

- waiting time: Minute……..
- Did u receive health services in any other place than this place?

▲yes ▲No

- If yes, specify……..
- trig category:▲red ▲yellow ▲ green
- Do you buy medication for treatment of your disorder than those provided by this center?

▲yes ▲No

- If yes, why?

▲an available ▲not enough ▲poor quality

▲other

- Do you have any physical disability?▲ yes ▲No
- If yes, answer the following question:

- is the hospital well equipped and designed to facilitate your movement within it?

  ▲ fully equipped ▲partially equipped ▲not equipped

- in general, how would you rate your general health/

  ▲excellent ▲very good ▲fair ▲poor

- is there a system to follow up the satisfaction of users in this hospital?

  ▲yes ▲No

- If yes, specify……..
- Part your experience with health care services at ED:
- Choose the scare that describe your felt:

  1=strongly disagree, 2=disagree, 3=do not know, 4=agree, 5=strongly agree

No	Item	Score
General Impressions		
1-	I have a good experience with the services in this hospital	
2-	I received the services as I expected.	
3-	I will continue to receive services in this hospital.	
4-	I am not satisfied with health care services I received in the past year.	
5-	There is some areas need improvement in to health services I received.	
6-	A friend or relatives need same service, I will recommended this hospital to him.	
7-	I feel dissatisfied with some aspects of the services I received.	
8-	The services were delivered in an appropriate manner.	
Accessibility of services		
9-	Place for the hospital suitable for my residential place,	

No	Item	Score
10-	Health team visit me in my house when I can't attend the center.	
11-	I can easily access to services when I need it.	
12-	I see the physician when I need to do so.	
13-	I think working overload not affect services providers in responding to y needs.	
14-	Took a lot of effort and time to reach the hospital.	
15-	The drugs available in the hospital pharmacy.	
Communication, interaction and information		
16-	All of services providers respect my needs and take them into account.	
17-	Feel ignored by services providers in this hospital	
18-	Service providers show their sympathy with me.	
19-	Over all I am satisfied with the way service providers deal with me.	
20-	Have received sufficient information about my condition and the therapeutic plan.	
21-	Service providers gives me impression that my service of their priorities.	
22-	Service providers explain to me information related to my condition in understandable way.	
23-	Doctor telling me some medical terminology without explanation of their meanings.	
24-	Service providers take into account my level of education and culture when dealing with me.	
25-	I feel that all patients are treated by one notch.	
26-	Services providers respect my right to change the therapist if necessary.	
27-	I am having difficulty in communicating with service provides.	
28-	Service providers take the initiative to contact me when I can't reach the hospital.	
29-	Service providers continue to my family when needed.	
30-	Service providers take into account privacy and confidentiality during treatment.	
Physical environment of the hospital		
31-	Hospital department are clean.	
32-	Bathrooms have enough for all.	

No	Item	Score
33-	There are adequate parking areas in the hospital.	
34-	Convenient and comfortable seats.	Ill
35-	Lighting inside the hospital enough to work well.	
36-	Signage in place is sufficient.	
37-	There is order and system in the waiting area.	
38-	Uriniking water available and clean.	
39-	Hospital departments are adequate ventilation.	
Technical quality		
40-	I trust in service providers.	
41-	Actively participate in preparation of the treatment plan.	
42-	I have some doubt in the ability of service providers involved in my treatment.	
43-	Service providers help me in choosing therapeutic way.	
44-	Therapists take my complaint seriously,	
45-	I felt that my health has improved after I attend this center.	
46-	Service providers provide me with sufficient information about my health.	
47-	Service providers make sure my understanding of the treatment plan clearly.	
48-	Service providers show willing to help me all the time.	
49-	Pharmacist explain to me how to use the treatment medication.	
50-	I see number of service providers sufficient in the hospital.	
51-	Service providers are working to alleviate my anxiety and stress.	
52-	The receptionist explain things quietly.	
53-	Service providers me the necessary privacy+ confidentiality.	
Responsiveness and convenience		
54-	I have to wait for a long time for issue of my file.	
55-	I have to wait for a long time before receiving my medication	
56-	The hospital is crowded with clients.	
57-	There is noise in the hospital.	
58-	I believe that service providers work as a team in the provision of the service.	
59-	I can't sit with the a pit physician because of our province from	

No	Item	Score
	clients.	
60-	I feel that work system is going on comfortably for the client.	
61-	I found that services providers collaborators.	
62-	The time I spend in the hospital too complete my services is available for me.	
63-	I believe that service providers respect the time.	
64-	What are the most things that you like in the health care services in EU provided at hospital?	
65-	What are the most things that you dislike in the health care survives in EU provided at hospital?	
66-	What are the areas that need improvement and development in the hospital to improve the quality of services provided?	
67-	Do you have any comments or suggestions?	

Thank you for your co-operation

Appendix (2) : Annexes

Annex (1a) Distribution of clients in reference to technical quality

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	I trust in service providers.	11.6	59.6	3.4	22.4	3.0	3.54	1.05	70.8
2	Health care providers seriously takes my complaint.	15.0	46.8	6.8	30.2	1.2	3.44	1.10	68.8
3	Health care providers provide me with sufficient information about my health.	13.2	52.8	8.8	20.6	4.6	3.49	1.09	69.8
4	Health care providers respond to my requirements quickly.	15.4	50.4	3.4	27.2	3.6	3.46	1.14	69.2
5	Health care providers explains to me how to use the treatment.	18.4	51.2	4.8	23.0	2.6	3.59	1.10	71.8
6	I see number of providers sufficient in department.	18.4	52.6	13.2	11.8	4.0	3.69	1.02	73.8
7	The providers in ED explains things quietly.	18.2	60.8	0.4	20.0	0.6	3.76	0.99	75.2

Annex (1b) Distribution of clients in reference to Physical environment of ED

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	Emergency department is clean and arrangement	25.0	50.8	0.2	19.8	4.2	3.72	1.16	74.4
2	There are order and arrangement in front of emergency department office	29.0	50.4	5.2	13.8	1.6	3.91	1.01	78.2
3	Emergency department is adequate ventilation	19.6	56.8	2.2	20.8	0.6	3.74	1.01	74.8
4	Bathrooms have enough for all.	8.6	49.2	8.4	28.4	5.4	3.27	1.12	65.4
5	There are adequate parking areas in the emergency department.	4.8	57.6	5.0	30.2	2.4	3.32	1.03	66.4
6	Chairs in the emergency department are comfortable	13.8	53.8	5.4	19.4	7.6	3.46	1.17	69.2
7	Lighting inside the department enough to work well.	16.2	61.0	3.6	16.6	2.6	3.71	1.00	74.2
8	Drinking water clean.	25.2	48.2	6.6	15.0	5.0	3.73	1.14	74.6
9	Beds in the emergency department are comfortable	8.6	45.4	2.2	37.2	6.6	3.12	1.19	62.4
10	Separated curtains are available between beds	16.4	46.6	0.8	34.8	1.4	3.41	1.16	68.2
11	Curtains in the emergency department are cleans	14.8	56.6	5.8	18.8	4.0	3.59	1.07	71.8

Annex (1c) Distribution of clients in reference to communication, interaction and information

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	All of service providers respect my needs and take them into account	19.4	51.8	1.6	21.8	5.4	3.58	1.18	
2	Service providers show their sympathy with me.	20.6	30.0	16.8	28.2	4.4	3.34	1.21	
3	Service providers gives me impression that my service of their priorities.	18.4	57.8	2.8	18.0	3.0	3.70	1.05	
4	Have received sufficient information about my condition and the therapeutic plan.	23.8	46.2	10.2	12.6	7.2	3.66	1.17	
5	Service providers explain to me information related to my condition in understandable way	19.4	53.8	5.6	18.2	3.0	3.68	1.07	
6	Service providers telling me some medical terminology with explanation of their meanings.	12.4	42.2	13.6	23.4	8.4	3.26	1.19	
7	Service providers take into account my level of education and culture when dealing with me.	10.0	42.6	6.8	36.0	4.6	3.17	1.15	
8	I feel that all patients are treated by one notch.	18.8	53.0	6.6	18.6	3.0	3.66	1.07	

9	Service providers provides me treatment plan clearly	21.0	53.4	2.6	18.0	5.0	3.67	1.14	
10	Service providers take into account the privacy and confidentiality during treatment.	17.2	37.0	13.6	30.6	1.6	3.37	1.13	

Annex (1d) Distribution of clients in reference to accessibility of services

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	Emergency department place suitable and easy to reach	17.0	71.8	0.6	9.0	1.6	3.93	0.82	
2	Easy transport from emergency department to other departments as radiology and internal department.	18.8	58.8	5.6	12.8	4.0	3.75	1.02	
3	I can easily access to services when I need it	10.6	48.0	9.8	25.6	6.0	3.31	1.14	
4	Signage in place is sufficient.	13.0	51.2	12.6	18.0	5.2	3.48	1.08	
5	I see a physician when I need to do so	14.2	46.8	6.8	20.4	11.8	3.31	1.27	
6	I see a nurse when I need to do so	21.4	54.0	8.0	12.4	4.2	3.76	1.05	
7	Easy done lab investigations when its needed	19.4	39.6	7.4	30.0	3.6	3.41	1.20	
8	Drugs that needed for patients is available in the emergency department	21.6	19.4	13.6	34.8	10.6	3.06	1.35	

Annex (1e) Distribution of clients in reference to convenience and responsiveness

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	The waiting time for seeing physician is appropriate	7.6	24.6	4.2	51.8	11.8	2.64	1.19	52.8
2	The waiting time for seeing nurse is appropriate	2.2	40.4	7.4	36.8	13.2	2.81	1.16	56.2
3	I believe that service providers work as a team in the provision of the service.	14.2	44.4	3.8	34.6	3.2	3.31	1.17	66.2
4	Although crowded in ED, I can sit and talk with service providers	2.0	19.4	10.6	42.4	25.6	2.29	1.10	45.8
5	I can't face difficulties in completing treatment	23.6	49.2	3.2	18.8	5.2	3.67	1.17	73.4
6	I found that service provider's collaborators.	15.6	63.8	8.2	12.0	0.4	3.82	0.85	76.4
7	The time I spend in the department to complete my service is available for me.	20.6	53.8	3.4	21.0	1.2	3.71	1.05	74.2
8	I believe that service providers respect the time.	17.8	54.8	4.6	20.2	2.6	3.65	1.07	73.0

Annex (1f) Distribution of clients in reference to general impressions

No.	Items	S. agree	Agree	Neutral	Disagree	S. disagree	Mean	S.D.	Weighted %
1	I have a good experience with services in this department.	1.6	68.8	10.2	11.4	8.0	3.44	0.99	68.8
2	I received the service as I expected.	7.6	64.4	8.0	11.2	8.8	3.50	1.07	70.0
3	I will continue to receive service in this department	11.0	51.6	20.2	11.8	5.4	3.51	1.01	70.2
4	I feel satisfied with all aspects of the service I received.	0.4	9.0	12.4	42.8	35.4	1.96	0.93	39.2
5	Health services were delivered in an appropriate manner.	20.4	56.8	7.2	12.2	3.4	3.78	1.01	75.6

Appendix (3) : Questionnaire in Arabic Language

استبيـــــــــــــان

أخي المشارك المحترم، أختي المشاركة المحترمة.

السلام عليكم و رحمة الله و بركاته،،،

تهدف هذه الدراسة لقياس رضا المستفيدين من الخدمات الصحية المقدمة في قسم الاستقبال و الطوارئ– مستشفى الشفاء، و هذه الاستبانة تسلط الضوء على أهم الجوانب و المتغيرات التي تؤثر على مستوى رضا المستفيدين من الخدمات المقدمة .

أقدر لكم عالياً مشاركتكم تعبئة هذه الاستبانة، علماً بأن الوقت المتوقع للانتهاء من تعبئتها 15–20 دقيقة. المشاركة في هذه الدراسة طوعية و لديكم الحق في الانسحاب في أي وقت، ونذكركم بأنه بأنه لن يطلب منكم ذكر الاسم الشخصي أو رقم الهوية أو رقم الهاتف الشخصي، كما أن إجابتكم ستعامل بسرية . لأغراض البحث العلمي فقط.

لذا نرجو تعبئة الاستبانة كاملة بدقة واقعية و بم يعبر عن رأيك، فلا توجد إجابة صحيحة أو إجابة خاطئة ...

وشكراً جزيلاً لحسن تعاونكم

أولا الأحوال الشخصية:

قبل أن نبدأ نود منك الإجابة على بعض الأسئلة العامة عن نفسك وعن حالتك الصحية وذلك بوضع إشارة x على الإجابةالصحيحة أو بملأ الفراغات الموجزة.

البيانات الديمغرافية:

- **الجنس:▲** ذكر ▲ أنثى
- **الحالة الاجتماعية:▲** أعزب–آنسة▲متزوج–مزوجة ▲غير ذلك
- **مكان السكن:** _____
- **مستوي التعليمي:▲**ابتدائي فأقل ▲إعدادي▲ثانوي▲جامعي فما فوق
- **الوضع المهني الحالي:▲** يعمل ▲ لايعمل
- **الدخل الشهري بالشكل:** .... شيكل

البيانات الصحية:

- **قسم الاستقبال الذي تعالجت به:**

  االباطنة▲ الجراحة ▲ نساء وتوليد

- **درجة وحدة الشكوى المرضية:**

  ▲بسيطة ▲متوسطة ▲ شديدة

- **تصنيف الحالة حسب نظام الفرز:**

▲أخضر ▲ أصفر ▲ أحمر

- **الفترة الزمنية لانتظار تلقي الخدمة الصحية:**

▲أقل من30دقيقة ▲30-6-دقيقة ▲ أكثر من ساعة

- **فترة زيارة قسم الاستقبال:**

▲الفترة الصباحية ▲ الفترة المسائية ▲ الفترة الليلية

- **هل هذه الزيارة الأولىليك لقسم الطوارئ؟**

▲نعم ▲ لا

- **المنطقة التي مكثت بها أغلب الوقت:**

▲غرفة الفرز ▲ الصالة الرئيسية ▲ أماكن أخرى

- **الشخص الذي قام بتعبئة الاستبانة:**

▲المريض نفسه ▲ شخص أخر

- **القرار النهائي لحالة المريض:**

▲دخول ▲ خروج

ثانيا: الاستبانة

التعليمات:

هذا الاستبيان يقيس رضا المستفيدين من الخدمات المقدمة في قسم الاستقبال والطوارئ نرجو الإجابة على جميع الأسئلة. نرجو اختيار الجواب المناسب، مع العلم بأن تعبئة هذه الاستبانة لزيارتك الحالية فقط. قد يكون السؤال:

	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
مكان قسم الطوارئ ملائم وسهل الوصول إليه	1	2	3	4	5

رجاء وضع دائرة حول الرقم الذي يصف قسم الطوارئ من حيث سهولة الوصول اليه وذلك خلال الزيارة الحالية. وهكذا فإنك ستضع الدائرة حول الرقم5 إذا كنت ترى بأن مكان قسم الطوارئ يسهل الوصول إليه:

(محاور الدراسة)

يرجى قراءة كل سؤال وتقييم الخدمة الصحية بوضع الدائرة حول الرقم الذي يعطي أفضل إجابة بالنسبة ليك.

	غير راض مطلقا	غير راض	محايد	راض	راض تماما
بشكل عام، كيف أنت راض عن جودة الخدمة الصحية المقدمة في قسم الاستقبال والطوارئ	1	2	3	4	5

محور الرضا العام	غير وافق بشدة	غير موافق	محايد	موافق	موافق بشدة
لدي تجربة جيدة مع الخدمات في هذا القسم.	1	2	3	4	5
تلقيت الخدمة الصحية بالشكل الذي كنت أتوقعه.	1	2	3	4	5
سأستمر بالتردد على قسم الاستقبال لتلقي الخدمة الصحية.	1	2	3	4	5
هناك بعض النواحي بحاجة إلى تحسين في الخدمة الصحية التي تلقيتها	1	2	3	4	5
الخدمات الصحية المقدمة أعطيت لي بطريقة مناسبة.	1	2	3	4	5

.

سهولة الوصول والحصول على الخدمة الصحية	غير موافق بشدة	غير موافق	لا أدري	موافق	موافق بشدة
مكان قسم الطوارئ ملائم وسهل الوصول إليه	1	2	3	4	5
سهولة الانتقال من قسم الطوارئ إلى الأقسام الأخرى كقسم الأشعة وأقسام المبيت.	1	2	3	4	5
أستطيع الحصول على الخدمات بسهولة حينما أحتاجها.	1	2	3	4	5
اللوحات الإرشادية داخل القسم كافية لتسهيل الحركة.	1	2	3	4	5
أستطيع رؤية الطبيب حينما أحتاج لذلك.	1	2	3	4	5
أستطيع رؤية المريض حينما أحتاج لذلك.	1	2	3	4	5
أعتقد أن ضغط العمل لايؤثر على مقدمي الخدمة في الاستجابة لاحتياجاتي.	1	2	3	4	5
أستغرق كثير من الوقت والجهد للوصول إلى قسم الطوارئ.	1	2	3	4	5
سهولة إجراء الفحوصات المخبرية عند الحاجة.	1	2	3	4	5
سهولة إجراء الصور الإشعاعية عند الحاجة.	1	2	3	4	5
الأدوية والعلاجات التي يحتاجها المريض متوفرة في قسم الطوارئ.	1	2	3	4	5

مهارات الاتصال والتواصل	غير موافق بشدة	غير موافق	لا أدري	موافق	موافق بشدة
يحترم كل مقدمي الخدمة الصحية احتياجاتي ويأخذونها بعين الاعتبار	1	2	3	4	5
أشعر بالتجاهل من قبل مقدمي الخدمة الصحية في هذا	1	2	3	4	5

القسم					
يظهر مقدمي الخدمة تعاطفهم معي	1	2	3	4	5
يعطيني مقدمي الخدمة انطباعا أن خدمتي من أولوياتهم	1	2	3	4	5
تلقيت معلومات كافية عن مرضي وعن خطة علاجي	1	2	3	4	5
يشرح لي مقدمي الخدمة المعلومات المتعلقة بحالتي بطريقة مفهومة	1	2	3	4	5
الطاقم الصحي المعالج يحدثني ببعض المصطلحات الطبية دون توضيح لمعانيها	1	2	3	4	5
يراعي مقدمو الخدمة الصحية مستواي التعليمي والثقافي عند التعامل معي	1	2	3	4	5
أشعر بأن جميع المرضى يتم التعامل معهم بمستوى واحد	1	2	3	4	5
أشعر بأن مقدمي الخدمة الصحية لايفهمونني	1	2	3	4	5
يتأكد مقدمو الخدمة الصحية من فهمي لخطة العلاج بوضوح	1	2	3	4	5
يراعي مقدمو الخدمة الخصوصية والسرية أثناء العلاج	1	2	3	4	5

البيئة الداخلية لقسم لطوارئ	غير موافق بشدة	غير موافق	لا أدري	موافق	موافق بشدة
قسم الاستقبال نظيف ومرتب	1	2	3	4	5
هناك ترتيب ونظام داخل غرفة الفرز	1	2	3	4	5
هناك ترتيب أمام مكتب الاستقبال	1	2	3	4	5
تهوية قسم الاستقبال ملائمة	1	2	3	4	5
تهوية غرفة الفرز ملائمة	1	2	3	4	5
تتوفر الحمامات بصورة كافية	1	2	3	4	5
توجد مساحات انتظار لمرافق المريض داخل قسم الطوارئ	1	2	3	4	5
توجد مساحات انتظار للمرافقين خارج قسم الطوارئ	1	2	3	4	5
المقاعد المتوفرة ملائمة ومريحة	1	2	3	4	5
الإضاءة داخل قسم الطوارئ كافية للعمل بصورة جيدة	1	2	3	4	5
مياه الشرب متوفرة	1	2	3	4	5
مياه الشرب نظيفة	1	2	3	4	5
الأسرة الموجودة في قسم الطوارئ مريحة	1	2	3	4	5
الستائر الفاصلة بين الأسرة موجودة	1	2	3	4	5
الستائر الفاصلة بين الأسرة نظيفة	1	2	3	4	5

الكفاءة الفنية	غير موافق بشدة	غير موافق	لا أدري	موافق	موافق بشدة
أثق في مقدمة الخدمة الصحية	1	2	3	4	5
لدي بعض الشك في مقدرة مقدمي الخدمة الصحية المشاركين في علاجي.	1	2	3	4	5
يأخذ الطاقم الصحي المعالج شكواي على محمل الجد.	1	2	3	4	5
يزودني مقدمو الخدمة بمعلومات كافية عن حالتي الصحية.	1	2	3	4	5
يستجيب مقدمو الخدمة الصحية لمتطلباتي بسرعة.	1	2	3	4	5
يوضح لي مقدم الخدمة الصحية كيفية استخدام الوصفة الطبية.	1	2	3	4	5
أرى أن عدد مقدمي الخدمة الصحية كاف في القسم.	1	2	3	4	5
االطاقم الصحي داخل قسم الاستقبال يوضح الامور بهدوء	1	2	3	4	5

ملائمة الخدمة والاستجابة	غير موافق بشدة	غير موافق	لا أدري	موافق	موافق بشدة
علي الانتظار لمدة طويلة قبل أن أرى بالطبيب المعالج	1	2	3	4	5
أنتظر وقت قبل أن أتلقى الخدمة والعلاج	1	2	3	4	5
قسم الطوارئ مزدحم بالمرضى والمرافقين	1	2	3	4	5
يوجد ضوضاء في قسم الطوارئ	1	2	3	4	5
أرى أن مقدمي الخدمة الصحية يعملون كفريق أثناء تقديم الخدمة	1	2	3	4	5
لا أستطيع التحدث لفترة طويلة مع مقدم الخدمة في قسم الطوارئ بسبب انضغاطهم بالعمل	1	2	3	4	5

أرجو الإجابة عن هذه الأسئلة:

1- ماهي أكثر الأشياء التي أعجبتك بالنسبة للخدمات المقدمة في قسم الاستقبال والطوارئ؟

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2- ماهي أكثر الأشياء التي لم تعجبك بالنسبة للخدمات الصحية المقدمة في قسم والطوارئ؟

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3- ماهي النواحي التي بحاجة إلى التحسين وتطوير داخل قسم الاستقبال والطوارئ لرفع مستوى جودة الخدمات الصحية؟

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4- هل لديك ملاحظات أو اقتراحات أخرى؟

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شكرا لحسن تعاونكم