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Outpatients' Satisfaction with Physiotherapy Services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza

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Abstract

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This study is considered the first one in physiotherapy field in Palestine (to the knowledge of the researcher) that focuses on patients' opinions and reactions regarding physiotherapy services.

General objective of this study is to evaluate the level of outpatients' satisfaction with physiotherapy services in outpatients physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza.

The problem of the study has been specified by the following research questions:

Research Questions:

1. What is the level of patient's satisfaction with physiotherapy services?
2. Are there significant differences between Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital regarding the level of patient's satisfaction with physiotherapy services?
3. Are there significant differences between the level of patient's satisfaction with physiotherapy services regarding demographic variables like gender, age, and residency place?
4. Are there significant differences between the level of patients' satisfaction with physiotherapy services regarding socio-economic variables like marital status, occupation and educational level?
5. Are there significant differences between the level of patient's satisfaction with physiotherapy services regarding organizational variables like source of

payment, medical diagnosis categories, source of hospital knowledge, first experience of hospital, first experience of physiotherapy services, waiting time, physiotherapy session duration, physiotherapy sessions number?

6. Are there correlations in the level of patients' satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist?

Methods:

Participants:

The sample estimated 151 patient was selected conveniently from the total population, 100 patient from Al-Shifa Hospital and 51 patient from Al-Wafa Medical Rehabilitation Hospital. The population was all patients attended and registered in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital. They are aged between 18-65 years old and have at least 5 physiotherapy sessions during the implementation of this study.

Baseline measures:

The researcher prepared in this study a patient satisfaction instrument according to literature review which consists of seven domains of patients' satisfaction based on likert scale of 5-points (1= strongly agree, 2= agree, 3=uncertain, 4= disagree, 5= strongly disagree) was used to assess the level of patients' satisfaction with physiotherapy services, including (49) items, also group of open-ended questions and descriptive questions.

Statistical analysis:

Cross tabulation, T-test, ANOVA, Pearson correlation were used in addition to descriptive statistics.

Results:

1- The level of patient satisfaction with physiotherapy services in both hospitals has been (87.4%).

2- There are significant statistical differences between patients satisfaction level of Al-Wafa Medical Rehabilitation Hospital (100%) and patient satisfaction level of Al-Shifa Hospital (81%).

3- There are no significant statistical relationships between the demographic variables (gender, and age groups) and patient satisfaction level with physiotherapy services, but there are significant relationships between residency place and patient satisfaction level.

4- There are no significant statistical differences between the socio-economic variables (marital status, and educational level) regarding the patient satisfaction while there are significant statistical differences between occupation and patient satisfaction with physiotherapy services.

5- There are significant statistical differences between the organizational variables (payment sources of medical care, medical diagnosis groups, hospital knowledge groups, the first experience of hospital, the first experience of physiotherapy services, the physiotherapy session duration and physiotherapy sessions number) and the patient satisfaction, while there are no significant statistical differences between waiting time and patient satisfaction with physiotherapy services.

6- There are correlations in the level of patients satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist except in appointments registration domain.

Recommendations:

1- Encourage continuous educational training program that will positively influence the physiotherapy staff and make them professional and competent.

2- Health professionals, physiotherapy managers and policy makers need to establish evaluative and monitoring system to detect and solve any problems that face patients and their families.

3- Physiotherapy managers and physiotherapy staff should be informed about the results of this study to overcome any complaints or shortage in physiotherapy services.

الملخــص

الباحثة: جيهان محمد حلس **المشرف: د. سمير رمضان قوته**

رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغــزة

تعتبر هذه الدراسة من أوائل الدراسات في حقل العلاج الطبيعي في فلسطين (على حد علم الباحثة) والتي تركز على آراء وردود فعل المرضى عن خدمات العلاج الطبيعي.

وقد **هدفت** إلى تقييم مستوى رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في أقــسام العلاج الطبيعي الخارجية في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة.

وتتحدد **مشكلة** الدراسة في الأسئلة التالية:

أسئلـــة الدراســـة:

1- ما مستوى رضى المرضى عن خدمات العلاج الطبيعي؟
2- هل توجد فروق جوهرية ذات دلالة إحصائية بين مستشفى الشفاء ومستــشفى الوفــاء للتأهيل الطبي في مستوى رضى المرضى عن خدمات العلاج الطبيعي؟
3- هل توجد فروق جوهرية ذات دلالة إحصائية بين مستوى رضى المرضى عن خدمات العلاج الطبيعي والعوامل الديمغرافية مثل (الجنس، العمر، مكان الإقامة)؟
4- هل توجد فروق جوهرية ذات دلالة إحصائية بين مستوى رضى المرضى عن خدمات العلاج الطبيعي والعوامل الاجتماعية والاقتصادية مثل (الحالة الاجتماعية، الوظيفــة، المستوى التعليمي)؟
5- هل توجد فروق جوهرية ذات دلالة إحصائية بين مستوى رضى المرضى عن خدمات العلاج الطبيعي والعوامل المؤسساتية مثل (مصدر التغطية المالي، التشخيص الطبــي، مصدر معرفة المستشفى، أول خبرة فــي المستــشفى، أول خبــرة لخــدمات العــلاج الطبيعي، وقت الانتظار، مدة جلسة العلاج الطبيعي، عدد جلسات العلاج الطبيعي)؟

6- هل توجد ارتباطات في مستوى رضى المرضى عن خدمات العلاج الطبيعي تعود لتقبل المريض لأخصائي العلاج الطبيعي؟

الإجـــراءات:

عينة الدراسة: تكونت من (151) مريضاً مسجلاً يترددون على أقسام العلاج الطبيعي الخارجية فى كلا المستشفيين، تم اختيارهم بشكل مناسب من مجتمع الدراسة الكلي، (100) مريض من مستشفى الشفاء، و(51) مريض من مستشفى الوفاء للتأهيل الطبي.
تتراوح أعمارهم ما بين 18-65 عاماً، وحصل كل منهم على خمس جلسات علاج طبيعي على الأقل أثناء تطبيق الدراسة.

الأداة المستخدمة:

قامت الباحثة بتصميم استبانة الرضى بعد الرجوع إلى الأدبيات المتخصصة، وتكونت من سبعة محاور للرضى، وتعتمد على مقياس ليكرت الخماسي (موافق بقوة، موافق، لا أدرى، غير موافق، غير موافق بقوة). وتتكون الاستبانة من (49) بنداً، ومجموعة من الأسئلة المفتوحة، بالإضافة للأسئلة الوصفية.

التحليل الإحصائي:

تم استخدام جداول التوافق، اختبارT، اختبار التباين الأحادي، معامل ارتباط بيرسون، بالإضافة إلى الإحصاءات الوصفية.

النتائـــج:

1- مستوى رضى المرضى عن خدمات العلاج الطبيعي (87.4%).
2- توجد فروق جوهرية ذات دلالة إحصائية بين رضى مرضى مستشفى الوفاء للتأهيل الطبي حيث إن مستوى الرضى (100%) بينما مستوى رضى مرضى مستشفى الشفاء (81%).
3- لا توجد فروق جوهرية ذات دلالة إحصائية بين العوامل الديمغرافية مثل (الجنس، والعمر) و مستوى رضى المرضى عن خدمات العلاج الطبيعي، ولكن توجد فروق جوهرية ذات دلالة إحصائية بين مستوى رضى المرضى عن خدمات العلاج الطبيعي ومكان الإقامة.

4- لا توجد فروق جوهرية ذات دلالة إحصائية بين العوامل الاجتماعية والاقتصادية مثل (الحالة الاجتماعية والمستوى التعليمي) ومستوى رضى المرضى عن خدمات العلاج الطبيعي، بينما توجد فروق جوهرية ذات دلالة إحصائية تعود للوظيفة ومستوى رضى المرضى عن خدمات العلاج الطبيعي.

5- توجد فروق جوهرية ذات دلالة إحصائية بين العوامل المؤسساتية مثل (مصدر التغطية المالي، التشخيص الطبي، مصدر معرفة المستشفى، أول خبرة في المستشفى، أول خبرة لخدمات العلاج الطبيعي، مدة جلسة العلاج الطبيعي، عدد جلسات العلاج الطبيعي) ومستوى رضى المرضى عن خدمات العلاج الطبيعي، بينما لا توجد فروق جوهرية ذات دلالة إحصائية بين وقت الانتظار ومستوى رضى المرضى عن خدمات العلاج الطبيعي.

6- يوجد ارتباطات في مستوى رضى المرضى عن خدمات العلاج الطبيعي تعود لتقبل المريض لأخصائي العلاج الطبيعي ما عدا محور تسجيل المواعيد.

أهم التوصيات:

1- تشجيع برنامج التعليم الطبي المستمر لطاقم العلاج الطبيعي لتأهيله مهنياً.

2- تأسيس نظام للمراقبة والتقييم لاكتشاف وحل المشاكل التي تواجه المرضي والأهل.

3- إطلاع مدراء وطاقم العلاج الطبيعي بنتائج الدراسة للتغلب على طبيعة عيوب خدمات العلاج الطبيعي.

"والله خيرٌ حافظاً وهو أرحم الراحمين"

Dedication

To the soul of my mother,

To the soul of my brother,

To my father,

To my sisters and brothers,

To the real friends and colleagues,

I dedicate this thesis to my family, which without their support would have never been possible.

In the name of Allah, the Beneficent, the Merciful

Acknowledgment

First of all, praise be to God, the lord of the world, and peace and blessings of God be upon the noblest of the Prophets and Messengers, our Prophet Muhammad. All thanks for God who granted me the help and capability to complete this thesis.

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Last but not least, I am particularly grateful to my family for their unlimited support and encouragement, as without them I would have never been able to complete this work.

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List of Abbreviations

ANOVA	One Way Analysis of Variance
CDR	Crude Death Rate
CI	Confidence Interval
DF	Degree of Freedom
5Qs	Five Qualities
GNP	Gross National Product
IMR	Infant Mortality Rate
LSI	Life Satisfaction Index
MoH	Ministry of Health
n	Number
NCDs	Non-Communicable Diseases
NGOs	Non Governmental Organizations
OR	Odds Ratio
P value	Probability Value
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PNA	Palestinian National Authority
PTOSS	Physical Therapy Outpatient Satisfaction Survey
RIC	Resource Intensive Clinic
RTC	Resource Thrifty Clinic
SAT	Self Administered Tool
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences
UNRWA	United Nation Relief and Works Agency

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Chapter 1

Introduction

Justification, Research questions, and Objectives

1.1. Introduction:

Patients play an important and vital role in health care policy decisions and their assessment of care can be used as a tool or measure for quality improvement (Donabedian, 1988; Williams et al, 1995). Globally, patients' satisfaction is the main aspect of medical care quality improvement initiatives. Patients satisfaction extends to various medical staff in health care organizations such as physicians, nurses and medical professionals. The views and perceptions of these patients have an impact on the overall success of health care systems, also it is used as an indicator that recognized by managers for making organizational changes and improvements in their performance. Gathering the views and perceptions of patient is a key feature of recent developments in society and the health care systems has identified methods for assessing the views of patients, especially in the last decade (Wensing and Elwyn, 2002).

Patients can express their views through complaint procedures, changing doctors, and by expressing their opinion on the quality of services received (Kelson, 1995). This expression is considered the gap between their expected and their perceived characteristics of services. Satisfaction is a subjective phenomenon which is elicited by asking the patient in simply way how satisfied or not about the service (Fitzpatrick and Hopkins, 1983). During the last decade, quality of health care can be operationalzed in different ways. Health care managers, politicians, and other decision makers have focused on the importance of the patient perspective as a component of quality of health care. In many countries, surveys of patient satisfaction and patient experiences with health care organizations can have different purposes: (a) describing health care from the patient's point of view; (b) identifying problem areas and evaluating improvement efforts of care; and (c) evaluating the outcome of care (Donabedian, 1966; Sitzia and Wood, 1997).

Hills and Kitchen (2007) and Keith (1998) confirmed that patient satisfaction is regarded as an important component in quality health care. Despite the widespread use of patient satisfaction measures, there has been a paucity satisfaction research in rehabilitation and physiotherapy field compared with other clinical fields with few qualitative studies that have explored patients' perceptions and attitudes toward physiotherapy.

Patient satisfaction with physiotherapy is an outcome variable of critical importance (Goldstein, Elliott and Guccione, 2000; Roush and Sonstroem, 1999). The rising of patient satisfaction concept in society highlights the central role patients' attitudes play in health planning and delivery (Pinto, 1995; Roush and Sonstroem, 1999). Furthermore, a satisfied patient is more likely to develop a deeper and longer lasting relationship with their medical services provider, leading to improved compliance, continuity of care, seeking additional medical care if needed, and implementing their recommended treatment plans and ultimately better health outcomes (Bush, Gherkin, and Barlow, 1993; Nitse and Rushing, 1996).

Numerous factors of patient satisfaction have been described, and the most common factors are: the patient-practitioner relationship (competence, personality of the practitioner, communication), location and accessibility of services, continuity of care, cost and payment issues, and the facility (eg, cleanliness, noise, equipments) (Goldstein, Elliott and Guccione, 2000; Roush and Sonstroem, 1999; Hudak and Wright, 2000; Baker, 1990).

Satisfaction can refer to a health care service users reaction to factors of the service delivered and satisfaction over time which result in overall perceptions of quality of services. In addition to the importance to the therapist of a patient's level of satisfaction with care as part of the patient-therapist relationship, maintaining a high level of patient satisfaction may also have an economic impact on the therapist. Patients who are satisfied with the services they have received are more likely to remain loyal to the therapists. In contrast with the therapist practices may lead to dissatisfaction and cause a potential patient to seek another physiotherapist for treatment (Goldstein, Elliott and Guccione, 2000).

Patient satisfaction varies from country to country. Studies of patient satisfaction allow the voices of community to be heard and affirm the importance of their views and opinions for health care planning (Gilson, Alilio and Heggenhougen, 1994). Some causes of the increasing importance given to patient satisfaction include attaching importance to the views of citizens because of consumerism and democratic values, and being influenced by the advice of friends or relatives about preferred physicians or hospitals (Vuori, 1987).

It is illogical to talk about qualified utility without patient satisfaction. So the therapist gave the patients information about their condition and about how to look after themselves in future to assume a greater responsibility for their health (Burkey, Black and Reeve, 1997).

A patient who is well-informed by his or her health care practitioner is likely to have high satisfaction with care, to be more adherent to care, and to take an active role in health care (Hall and Dornan, 1988; Cleary and Edgman-Levitan, 1997; Baker, Marshak and Rice, 2001; Wensing and Elwyn, 2003; Jensen, 1999; Purtilo and Haddad, 2002).

Overall patient satisfaction with physiotherapy care was related to the quality of the physiotherapist–patient interaction; for example, the physiotherapist treated the patient with respect, explained the treatment, and answered the patient's questions (Beattie et al, 2002; Beattie, Turner and Dowda, 2005). There are a wide variety of methods available for measuring patient satisfaction, including both qualitative and quantitative approaches (Ford, Bach and Fottler, 1997).

In Western countries there are enormous number of studies about patient satisfaction, especially in the United States which the emphasis to improve the quality of health care and became it is understood that it is impossible to talk about quality of health care without patient satisfaction (Schuster, McGlynn, and Brook 1998; Chassin and Galvin 1998; Kohn, Corrigan and Donaldson 1999).

Quality of health care in developing countries usually is defined by health care providers from technical perspective. Recent literature however, emphasizes the importance of patient's perspective in assessing quality of health care (Andaleeb, 2001).Nowadays, the recognition of quality of health care as perceived by patients is actually

important indicator as a result of this new focus, measurement of patient satisfaction has become equally very necessary. Although, the world of health care is changing and improving, but in developed countries the body of satisfaction research still limited and few data about patients satisfaction (De Gyndt, 1995).

In Palestine, Massoud (1994) pointed to the improvement of quality of health care is the main and important component in the Palestinian health care sector and according to analysis of quality of health care services, he illustrated that there is weakness and shortage in health care system which reflected inefficiency in this system. Generally, he emphasized that the concept of patient satisfaction is very rarely used in health care system and this lead to dissatisfaction of people about health care services in Palestine. Also, the researcher interested on this study according to long experience in physiotherapy field. In addition, there has been a little research studies in physiotherapy field, and this study is considered the first one of the initiatives in this field, and this study may provide us opportunity to enhance the quality of physiotherapy services in Palestine, the physiotherapist may need to be aware about what are the main constructs of patients satisfaction with physiotherapy services that lead to them to be satisfied and real values of the impact of satisfaction on physiotherapy services. Therefore, this study may encourage the physiotherapists to understand the perceptions and views of their patients according to their expectations and needs.

1.2. Justification of the study:

- Patients' opinions are very important in health care service assessment and now is a cknowledged and widely used as measuring index of quality of care (Ware, 1981; Donabedian, 1981). In Palestine, especially in health sector, patient satisfaction is ignored and neglected, the patient hasn't the right to express on his/her your opinions and views (Massoud, 1994). Also, patients play an active role in physiotherapy plan, goals setting, and each step during physiotherapy course.
- There are high numbers of patients who receive physiotherapy services that affect on these services, so it is necessary to qualified these services continuously through understanding the patients' opinions and satisfaction because the patients are as

"corner stone" in these physiotherapy services that affect on these services, so it is necessary to qualified these services.

- In Palestine, a few published studies have covered patient satisfaction issue in some medical services except in physiotherapy profession and this study is the first one in physiotherapy field which focused on patients' opinions and reactions regarding physiotherapy services.
- This study may document what is available in current physiotherapy services and provide an opportunity to develop these services in future.
- This study will improve the effectiveness of physiotherapy services by understanding the factors which related to patient satisfaction.
- The need for this study is that, the worlds' of health care is changing, so the improvement of health care services in Palestinian community is a core issue to grow patient satisfaction in medical field especially in physiotherapy services.
- Patients' satisfaction might contribute in depth to effective utility of patient to continue their physiotherapy care and compliance physiotherapy treatment, also, it is necessary to make studies related to patients' satisfaction in this field.

1.3. Research questions:

7. What is the level of patient's satisfaction with physiotherapy services?
8. Are there significant differences between Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital regarding the level of patient's satisfaction with physiotherapy services?
9. Are there significant differences in the level of patient's satisfaction with physiotherapy services regarding demographic variables including gender, age, and residency place?
10. Are there significant differences in the level of patients' satisfaction with physiotherapy services regarding socio-economic variables including marital status, occupation and educational level?
11. Are there significant differences in the level of patient's satisfaction with physiotherapy services regarding organizational variables including source of

payment, medical diagnosis categories, source of hospital knowledge, first experience of hospital, first experience of physiotherapy services, waiting time, physiotherapy session duration, physiotherapy sessions number?

12. Are there correlations in the level of patients' satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist?

1.4. Significance of the study:

The significance of this study is related to many factors such as:

- This study may contribute in increasing the body knowledge in Palestinian environment.
- The links between patient 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.
- In the world, there are guidelines about standards in physiotherapy profession and all medical professions, but no available guidelines in Palestine.
- Evaluate the level of patients' satisfaction with physiotherapy services toward the current physiotherapy services in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza.
- This study contributes to understanding the main domains of patients' satisfaction and enhancement the quality of physiotherapy services in the Gaza Strip.
- Provides information and data for all interested people.
- This research may analyze the domains of satisfaction with physiotherapy services and exploring the variables which affect on satisfaction level. Also, it recognizes the darkness aspects and areas for improvement to enhance physiotherapy services in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

- In general, no available data about patients' satisfaction with health care services in the Gaza Strip-Palestine includes patients' satisfaction with physiotherapy services and this study is the first study in this field.
- The study may provide guidelines for other researchers to conduct further studies related to this field.
- Finally, it also provide recommendations to policy makers and health care professionals to improve the quality of physiotherapy services and standarize these services as well as possible.

1.5. General objective:

The main objective of this study is to evaluate the level of patient's satisfaction in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital. The study will compare between Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital regarding to the level of patient's satisfaction with physiotherapy services, and appraise the main domains of satisfaction. Also, it examines the relationships between demographic, socio-economic, organizational factors with level of patient's satisfaction, and examines the correlations in the level of patients' satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist.

1.6. Specific objectives:

1. To evaluate the level of patient's satisfaction with physiotherapy services.
2. To compare between Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital regarding the level of patient's satisfaction.
3. To examine the relationships between the level of patient's satisfaction with physiotherapy services regarding demographic variables like gender, age, and residency place.
4. To examine the relationships between the level of patients' satisfaction with physiotherapy services regarding socio-economic variables like marital status, occupation and educational level.

5. To examine the relationships between the level of patient's satisfaction with physiotherapy services regarding organizational variables like source of payment, medical diagnosis categories, source of hospital knowledge, first experience of hospital, first experience of physiotherapy services, waiting time, physiotherapy session duration, physiotherapy sessions number.
6. To examine the correlations in the level of patients' satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist**.**

1.7. Operational definitions of terms:

Satisfaction level:

The degree of patients' satisfaction of the received physiotherapy services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital about all items of satisfaction domains of instrument according to 5-points likert scale of patient satisfaction (strongly agree, agree, uncertain, disagree, strongly disagree). The researcher used seven domains of patients' satisfaction with physiotherapy services based on literature review as follows (appointments registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and finally loyalty).

Patient:

The person who attended and is registered in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital at the time of this study and having at least five physiotherapy sessions, females and males in age (18-65).

Physiotherapy services:

Medical care services which patients receive as physiotherapy sessions through outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital at the time of this study.

Al-Shifa Hospital:

Al-Shifa Hospital is the biggest medical institution in the Palestinian Ministry of Health (MoH) that considers secondary health care delivery system and provides some tertiary care services including physiotherapy services for patients.

Al-Wafa Medical Rehabilitation Hospital:

Al-Wafa Medical Rehabilitation Hospital is anon-governmental, non-profit, charitable hospital in the Gaza Strip that offers medical rehabilitation and physiotherapy services for patients.

1.8. Context of the study:

This study was conducted in Gaza in Palestine, therefore, the researcher presents some background information about the geographical context, Palestinian population, Palestinian economy, health situation and health care services that influenced by them, in addition some of information about physiotherapy services in Palestine and lastly, the place of the study that represented in Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

1.8.1. Geographical context:

Palestine is located in Western Asia on the eastern coast of the Mediterranean Sea. It is bordered by Lebanon in north, in the east by Syria and Jordan, in the south by the Gulf of Aqaba and in the west Egypt and Mediterranean Sea. "Palestine has an oblong shape, measuring from north to south some 430 km. Its width varies from 51 to 70 km in the north and from 72 to 95 km in the middle. In the south, however, it becomes wider, extending to some 117 km. It then narrows again into a triangular shape, the tip of which touches on the Red Sea" (MoH, 2003).

The Palestinian areas account for about 28.00 square miles of the total territory of Israel. Palestine had suffered from several occupations as a result of strategic location like the Ottoman Turkish Empire prior 1917 following the British Mandate period in

1948, thereafter the Gaza Strip was under the Egyptian dominant and West Bank under the Jordanian dominant and in 1967 Palestine was occupied by Israeli occupation.
In September 1993, The Palestine Liberation Organization signed a peace Oslo agreement with Israel promised gradual withdrawal of Israel from the West Bank and the Gaza Strip and this region is called the Palestinian National Authority (PNA) territories and this event occurred after 27 years of occupations. On 17 may 1994, Palestinians were hopeful that this process would end in a state for them. However, following breakdown of the final status negotiations in the summer of 2000, in September 2000, Al-Aqsa Intifada began and Israeli violence has continued since then. Israel has reoccupied nearly all the territory, it had ceded to the Palestinians in the West Bank during the Oslo peace process, and continues to build settlements on Palestinian land.

PNA comprises two regions separated geographically West Bank and the Gaza Strip. West bank lies within an area of 5,800 Km^2 west of the Jordanian river. It has been under Israeli Military occupation, together with east Jerusalem since June 1967. West Bank is divided into four geographical regions. The north areas is consisting districts of Nablus, Jenin and Tulkarem, the centre is consisting the districts of Ramallah and Jerusalem, where the south areas is include Bethlehem, Al-Khaliel district, and the sparsely populated Jordan valley including Jericho. More than 60% of the population lives in approximately 400 villages and nineteen refugee camps, and the reminder in Urban refugee camps and cities of which Nablus and most populous are in east Jerusalem and Alkhaliel (MOH, 2003) (Annex 1).

The Gaza Strip is a narrow area and situated on the coast of the Mediterranean Sea. It's location on the crossroads from Africa to Asia made it a target for occupiers and conquerors over the countries. The last of these was Israel who occupied the Gaza strip from Egyptians in 1967. Gaza Strip is very crowded area with size of 360 km^2, the concentration of population in cities, small villages and eight refugee camps that contain two thirds of the population, Gaza Strip is divided into five governorates as follows: Gaza city, North Gaza, Midzone, Khanyounis and Rafah (MOH, 2003).

1.8.2. The Palestinian population in Palestine:

In the end of 2004, the Palestinian Central Bureau of Statistics (PCBS) estimated the number of Palestinian population as 3.6 million, the distribution of Palestinian population is as follows: 2.3 million (63.2%) in the West Bank and 1.3 million (36.8%) in the Gaza Strip. The highest rate of population at (13.9%) of the total population in Hebron governorate, followed by Gaza governorate (12.9%) the third area with (10.7%) is Al Quds governorate, finally the lowest rate (1.1%) of population in Jericho.

Also, the number of refugees in Palestine is (42.6%) (1,541,331). In the West Bank (656,961) individuals with a percentage of (28.5%) out of total West Bank population and the estimated number of Gaza Strip was (884,376) individuals with a percentage of (66.1%) out of total population in the Gaza Strip. According to MOH data in 2004, the natural increase rate of population was (2.6%) in West Bank, the rate reached (2.3%) and (3%) in Gaza, PCBS estimated the natural increase rate in Palestine at (3.4%) (3.2% in West Bank and 3.9% in Gaza).
The population in Palestine is (46.3%) under 15 years and above 65 years, (44.4%) in West Bank and 49.4% in Gaza, (2%) who are above 65 years, (2.2%) in West Bank and (1.6%) in Gaza.

The estimated number of males in Palestine at the end of 2004 is 1.84 million compared with 1.79 million females, in the West Bank the number of males is 1.16 million compared with 1.13 for females but in the Gaza Strip the total number of males is 676 thousand compared with 660 thousand females. In 1997 and 2004, these is a slight increase in the median age of population in Palestine, it increased from (16.4) years in 1997 to 16.7 years in 2004. In West Bank, the median age increase from 17.4 years to 17.7 years and, in Gaza from 14.8 years to 15.4 years at the same period (MOH, 2004).

1.8.3. Palestinian economy:

In Palestine, during the last five years. There are high fluctuations in the Gross National Product (GNP). According to the Palestinian Ministry of Finance, the GNP was 5,454 million US $ in 1999 and decreased to 3,720 million US $ in 2004.

Gross Domestic Production was 4.517 million US $ in 1999 and decreased to 3,286 million US $ in 2004. The PCBS pointed to the number of Palestinian workers in Israel decreased from 135.000 in 1999 to 50.100 in 2004 .

As a result of the bad political situation and recurrent crisis, the workers in the Gaza Strip and West Bank increased from 453.000 in 1999 to 527.600 in 2004. Also the unemployment rate was 26.8% (in the Gaza Strip 35.4% and in West Bank 22.9%). This percentage revealed that increase of the unemployment rate from 11.8% in 1999 to 26.8 in 2004 (MOH, 2004).

1.8.4. Health context in Palestine:

1.8.4.1. Health situation:

In Palestine, health services to day will not be able to meet the challenges of diseases, without available data of the prevalence, incidence and severity of non-communicable diseases (NCDs) like cardiovascular diseases, hypertension diseases, Diabetes Mellitus and accidents. MOH focus on mortality rate to estimate the impacts of these diseases. The Primary Health Care (PHC) accounts the visits of the patients to their clinics that used system not computerized, which does not reflect the real prevalence or incidence. Also, there is no information about disabilities that resulting from the chronic diseases. This scarce of information leads to inability to estimate the direct and indirect cost; other required resources such as drugs, policy and decision-making regarding prevention and treatment. On the other hand, there is available data about cancer morbidity by Cancer Registry Centres in both Gaza and Beitjala that play main role in documenting, reporting and classifying cancer cases. According to data about accidents are available in MOH that provides the data about mortality and in Police directorate that provides information about morbidity. Although the statistical data is rare on NCDs and the bad political situations, which are affecting negatively on our lives, MOH work all efforts to organize and implement a unified health strategy for the prevention and controlling these diseases. In addition, the Palestinian health authority has strong surveillance system and succeeded in preventing and controlling

many infectious diseases through the effective programs of vaccination, early detection of diseases and health education of people.

Nowadays, There is a remarkable improvement in the health care services, health awareness and the living standards that revealed by decline the Crude Death Rate (CDR) in Palestine from 4.8 deaths per 1000 population in 1997 to 4.0 in 2004. The CDR dropped from 4.9 in 1997 to 2.8 in 2004 in West Bank, while in the Gaza Strip the CDR dropped from 4.7 in 1997 to 3.3 in the same period. Finally, the average of CDR between 2000-2004 was 2.9. Also, the infant mortality rate (IMR) and neonatal deaths reflected the improvement of health care services according to MOH data in 2004. The average of IMR during the last five years was 22.5 (per 1000 live births). In 2004, the IMR in the Gaza Strip was 20.5 per 1000 and 14 in West Bank and this lead to a longer life expectancy. The life expectancy is 72.6 (71.1 years for males and 74.1 years for females (MOH, 2004).

1.8.4.2. Health care services:

The health care delivery system in Palestinian community is offered by several health sectors of government, the United Nation Relief and Works Agency (UNRWA) and profit and non profit private sectors with the development of governmental health insurance.

During the last years, the Palestinian National Authority developed the health care system. MOH is the major and main health care provider with other health care providers UNRWA, Medical Services for Police and General Security, health services of national and international Non Governmental Organization (NGOs) and private health sector for profit. The MOH is the health authority responsible for supervision, regulation licensure and control of the whole health services as PHC, secondary health care and some tertiary care. Furthermore, the MOH purchases tertiary services from other health providers locality and abroad from Israel, Egypt, Jordan and NGOs in the Gaza Strip and West Bank.

The UNRWA offers health services free of charge for all registered refugees (656.961) in the West Bank and 884.376 in the Gaza Strip and plays a noticeable role in many health programs like vaccination program with cooperation of MOH, additionally

curative, antenatal and postnatal care and other specialized services. Moreover all refugees have the right to receive health care services from MOH also. In addition, NGOs rehabilitation hospitals are the central health care provider that offered rehabilitation services for 2.132 inpatients during 49.800 hospitalization days. The average bed occupancy rate at the four rehabilitation NGOs hospitals in Palestine was 86.9%, the average length of stay was 23.4 days (MOH, 2004).

1.8.5. Physiotherapy services in Palestine:

Physiotherapy services are related to health care services which use physical therapeutic means and exercises to ensure maximum recovery and early independence of patients. In this field, the treatment of the patient is usually prescribed to relief pain, restore normal function and strength, prevent further injury and promote healthy living and lifestyles. Also there are considered a branch of rehabilitation services.

In Palestine, MoH is the main health provider beside other health providers like Medical Services for Police and General Security, UNRWA, NGOs, and private health sector which provide physiotherapy services and these services are increased during Intifada to accommodate the needs of people with disabilities and injuries which caused as a result of intifada which are given to all ages by specialized physiotherapists and physiotherapists assistants.

The physiotherapists who assess and treat people with a variety of acute and chronic health concerns. They use physical means to restore or re-educate movement and function as well as possible. Physiotherapy services provides to many cases such as: neurological conditions like spinal cord injuries, brain injuries and orthopaedic conditions like postural disorders, back and neck pain, arthritis, burns, amputations, disabilities and others. During 2004, the physiotherapy departments in the MOH hospitals in the Gaza Strip and West Bank offer about 62,588 sessions. The main bulk was rendered in the Gaza Strip MOH hospitals (45,465), with 72.64% of the total (MOH, 2004).

There are a number of physiotherapy departments in MOH hospitals that estimated 8 departments and two physiotherapy departments in PHC, seven physiotherapy departments in UNRWA, three physiotherapy departments in Medical

Services for Police and General Security and many physiotherapy departments in NGOs and private health sector which offer physiotherapy services.

This study will be conducted in the two major outpatient physiotherapy departments at Al-Shifa Hospital which is the largest department in MOH that worked seven physiotherapists and five physiotherapists assistants and Al-Wafa Medical Rehabilitation Hospital which contains on the largest outpatient physiotherapy department in NGOs that worked eight physiotherapists and two physiotherapists assistants provide physiotherapy services to population and both of them have the same equipments nearly. Finally, there is very limited data about physiotherapy services and distribution of employees in MOH report.

1.8.6. The place of study:

1.8.6.1. Al-Shifa Hospital:

Al-Shifa Hospital 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's located in the west part of Gaza. The hospital was established in 1946 on an area of over 45.000 m.sq., 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.

In 2006 the hospital contained 590 hospitalization beds, distributed in internal medicine, general and specific surgeries, burn, intensive care, obstetric and gynaecology and neonatal department. There were 93 daily care beds in the hospital, that included oncology, dialysis, emergency department and other specialized clinics, also a total number of employees are 1241. Al-Shifa Hospital is subdivided into 3 hospitals as surgical hospital, medical hospital and obstetric and gynaecology hospital beside paramedical services such as laboratory, radiotherapy, pharmacy and physiotherapy, each hospital has its own administrative team and each manager refer to his general director of the hospital.

The physiotherapy department at Al-Shifa Hospital was established in 1977 as a small department then the new physiotherapy department built in 1997 on an area of

420 m.sq., which represents the largest governmental physiotherapy department. The team of this department consists of one physician, head of physiotherapy department, one medical secretary, one administrative assistant, twenty four therapist offer physiotherapy services to wide range of population during six hours daily through inpatient and outpatient physiotherapy departments (Al-Shifa Hospital Annual Report, 2006).

This study was conducted in outpatient physiotherapy department, which includes electrotherapy unit (laser therapy, shortwave, ultrasound, microwave, interferential, transcotaneous, electrical stimulation, infrared, neck and back traction) wax and hydrotherapy unit, gymnastic unit and a specialized physician works in electromagnetic graph unit. This department led by head of physiotherapy department who assess the patient and put plan of treatment then the therapists treat the patients. Their administrative work wasn't computerized, the registration data is still hand written and physiotherapy evaluation sheet do not follow a standard form. In addition, this department share in educational and training programs in cooperation with Palestinian college and universities.

1.8.6.2. Al-Wafa Medical Rehabilitation Hospital:

Al-Wafa Medical Rehabilitation Hospital is the first and pioneering hospital in the Gaza Strip offers medical rehabilitation services for physical and cognitive disabilities. In 1996, It was established as anon-governmental, non-profit, charitable hospital to meet the urgent needs of the community aiming at improving the life of special needs in the Gaza Strip. The hospital has the following departments: medical department, nursing, physiotherapy, occupational therapy, speech therapy, cognitive rehabilitation, play and recreation therapy, counselling and community based medical rehabilitation.

This hospital offers its services by outpatient and inpatient departments, the inpatient department with total bed capacity of 50 beds for several types of disabilities resulting from spinal cord injuries, brain strokes, brain injuries, neuromuscular diseases, fractures, rheumatic diseases and amputation for all ages (Al-Wafa Medical Rehabilitation Hospital Leaflit, 2007).

All patients in the hospital received continuous and holistic approach of rehabilitation programs by unique rehabilitation plan prepared by rehabilitation team which includes doctors, nurses, physiotherapists, occupational therapists, speech therapists, communication therapists, and psychologist for each patient to improve the quality of life and to achieve the maximal optimal levels of independence as well as possible. The physiotherapy department at Al-Wafa Medical Rehabilitation Hospital offers various types of services by inpatient and outpatient departments. The therapists assess and treat the patients to restore the normal function and minimize the disability by mobilization of joints, strengthening of muscles, re-education of gait which aims to achieve high levels of improvement. Regarding the human resources there were twelve employees for inpatient department, four females therapists treat children and females patients and eight males therapists treat males patients. Nine employees worked in outpatient physiotherapy department, four females therapists treat children and females patients, and five males therapists treat males patients.

This study was conducted in outpatient physiotherapy department, which consist of electrotherapy unit that contains (shortwave, ultrasound, electrical stimulation, infrared, transcotaneous electrical nerve stimulation, neck and back traction), Gymnastic unit, also using other modalities like therapeutic massage.

In addition, there is only one vacuum-compression therapy which is available in physiotherapy department in Al-Wafa Medical Rehabilitation Hospital and not available in other place in the Gaza Strip, this therapy treats peripheral arterial circulatory disorders and ischemia in extremities. Finally, the hospital cooperates and shares in several educational and training programs of students from various Palestinian universities and colleges (Al-Wafa Medical Rehabilitation Hospital Leaflit, 2007).

Chapter 2

Chapter 2

Conceptual Framework

2.1. Introduction:

This chapter illustrates various issues that are related to patients' satisfaction. It begins with the definition of patient satisfaction construct. Then, the link between patient satisfaction and quality of health care. Also, it presents methods of measuring of patient satisfaction. After that, it identifies dimensionality of satisfaction. In addition, it reveals the impact of selected characteristics on satisfaction. Then, it depicts the Islamic values and ethics in therapist-patient relationship. Lastly, the researcher comments on the previous central issues of patients' satisfaction.

2.2. Definition of patient satisfaction construct:

The origin of patient satisfaction studies with health care was in the United States of America in the 1950s, and several studies were carried out in the United Kingdom throughout the 1960s (Cartwright, 1964). Also, around 200 patient satisfaction surveys were performed in the United Kingdom between the late 1960s and the mid-1970s (Bowling, 1992). So, the studies of patient satisfaction weren't recent and yet they still interest researchers.

It is difficult to define the concept of satisfaction and there is no precise definition of patient satisfaction with physical therapy and any health care services. Pascoe (1983) defined patient satisfaction as "a health care recipient's reaction to salient aspects of the context, process and result of their process experience", whereas Gerteis et al (1993) defined this concept by examining two distinct domains: the first is "technical" domain that relate to the skills and techniques of care providers and the effectiveness of the results. The second is "experiential" domain that relate to the subjective perspective of quality based on a patient's experiences with care.

Patient satisfaction is defined as a combination of several, distinct evaluations. Singh (1990) noted that there is consensus in the literature that patient satisfaction is as a multidimensional construct with evaluations influenced by three primary sources: physicians, other caregivers, and insurance providers. According to the multidimensionality construct of patient satisfaction, Linder-Pelz (1982) defined patient satisfaction as "positive evaluations of distinct dimensions of the health care that a patient has received". The care being evaluated might be a single clinic visit, a treatment throughout an illness episode, a particular health care setting or a plan. Hence, it is suggested that there are two aspects to the construct of patient satisfaction: expectation and experience, many authors use expectation versus perceived experience along the multidimensional lines. This is an attempt to capture the process through which patients assess quality of health care from their own perspectives. Simply, the patient enters the situation with expectations, and the perceived difference between expectations and experience offers net satisfaction; if experience is greater than expectations, the experience is satisfactory and vice versa. Generally, patient satisfaction means perception and experience (Steiber and Krowinski, 1990). Patient satisfaction with health care cannot be considered as a unitary concept. Another definition of Linder-Pelz's about patient satisfaction, patient satisfaction, as "an attitude, is based on the summation of the very subjective assessments of the dimensions of the care experience" (Linder-Pelz, 1982).

As part from the emphasis on the patient perspective, Linder-Pelz (1982) defined patient satisfaction as shown above that patient satisfaction as "the patient's positive evaluations of distinct dimensions of their health care". Ware et al (1983) advanced the definition of patient satisfaction concept as an "attempt to capture the personal evaluation of care that cannot be known by observing care directly" and to consider opinion of patients as a multidimensional subjective indicator of quality of care. But this perspective is an unformed definition; Ware offered a generalized statement that provided little guidance regarding its precise meaning. A more refined definition was advanced by Donabedian (1988): Patient satisfaction is considered one element of the desired outcomes of care. An expression of satisfaction or dissatisfaction is also the patient's judgment on in all aspects of quality of care, but

particularly as concerns the interpersonal process. This focused that it is the patient's subjective perspective that is central to patient satisfaction. Unlike Linder-Pelz (1982) and Ware et al (1983), however, Donabedian (1988) was quite precise in defining the concept of the patient's satisfaction. Few others have attempted to define the construct at all. Generally, where definitions have been advanced, they explicitly include the patient's perspective but have referred to the various aspects of care rather than emphasizing the interpersonal process. For example, Goldstein, Elliott and Guccione (2000) stated that patient satisfaction as "a health care recipient's reaction to aspects of the service delivered and satisfaction over time which result in overall perceptions of quality of service".

Patient satisfaction is defined by Bernna (1995) as the appraisal of the extent to which the care provided has met patient's expectations and preferences. A nother researchers like Liljander and Strandvik (1994), defined satisfaction as an emotional response to the difference between what customers expect and what they ultimately receive. Satisfaction refers to an insider perspective, the patient's own experiences of a service where the outcome has been evaluated in terms of what value was received. It can also be defined as patients' cognitive and affective evaluation based on the personal experience across all service episodes.

Vavra (1997) also defined customer satisfaction as an outcome or a process. The outcome definition of customer satisfaction characterizes satisfaction as the end-state resulting from the experience of consumption. This end state may be a cognitive state of reward, an emotional response to an experience or a comparison of rewards and costs to the anticipated consequences. Vavra also puts definition of customer satisfaction based on as a process, emphasizing the perceptual, evaluative and psychological processes contributing to customer satisfaction. In this definition, assessment of satisfaction is made during the service delivery process (Vavra, 1997).

According to WTO (1985) definition of customer satisfaction is as psychological concept that consists of the feeling of well-being and pleasure that results from obtaining what one hopes for and expects from an appealing service

(WTO, 1985). Pascoe (1983) pointed out that satisfaction is the extent of an individual's experience compared with his or her expectations. Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment (Guldvog, 1999), take an active role in their own care (Donabedian, 1988), to continue using medical care services and stay within a health provider (Marquis, Davies and Ware, 1983).

The majority of satisfaction research is based on the assumption that determining consumer satisfaction is a necessary component in increasing consumer involvement in service planning and evaluation. Caeser (1997), Fawcett (1991), and Wolf (1978) recommended the use of socially valid research methods to better knew the highly individualized cognitive processes included in the formation of opinions of satisfaction. A reasonable option is to "just ask the consumer" as a way to determine whether the consumers' needs have or have not been met. This simple question is seen as providing the cornerstone for socially valid research methods. Danek, Parker and Szymanski (1991) reported that studies, which involve consumers in research, are important steps toward forging an improved provider/consumer alliance in all areas of rehabilitation service delivery. This information is seen as valuable because it gives emphasis to future policy and procedural change and gives direction to research. As summarized by Oliver (1980), satisfaction is seen as a summary psychological state resulting from emotions surrounding disconfirmation or confirmation of the consumer's expectations or prior feelings of a service and thoughts about the actual consumption experience.

In general, several studies seem that satisfaction is an affective construct rather than a cognitive construct (Oliver, 1997; Olsen, 2002). Rust and Oliver (1994) further defined satisfaction as the "customer's fulfillment response," which is an evaluation as well as an emotion-based response to a service. It is an indication of the customer's belief on the probability of a service leading to a positive feeling.

The researcher defines satisfaction operationally in terms of the degree of patients' satisfaction of the received physiotherapy services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital about all items of satisfaction domains of instrument according to 5-points likert scale of patient satisfaction (strongly agree, agree, uncertain, , disagree, strongly disagree).

2.3. The Link between patient satisfaction and quality of health care:

Patient satisfaction is a crucial aspect of quality of care (Fottler, 1987; Clearly and McNeil, 1988; Fitzpatrick, 1991). Donabedian (1988) indicated that patient satisfaction is a key outcome of care. The importance of understanding and measuring accurately health care quality from a patient-based marketing perspective has been highlighted by recent research (Woodside, Frey and Daly, 1989).

Grönroos (2000) pointed out that the quality is as a complicated and indistinct concept and there is no single universal definition of quality in the literature. But a simple definition of quality health care is the art of doing the right thing, at the right time, in the right way, for the right person and having the best possible results. Recently, among health care researchers, the greatest consensus has been achieved on the definition provided by Institute of Medicine "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (McGlynn, 1995).

Fortunately, there are scientific ways to measure health care quality. These tools, called measures, have mostly been used by health professionals. They use measures to check on and improve the quality of care. Also, there are two main types of quality measures that determine quality health care: consumer satisfaction and clinical performance measures. "consumer satisfaction" measures look at health care from the consumer's point of view. For example, do doctors in the plan communicate well?. Clinical performance measures, sometimes also called "technical quality" measures, look at how well a health care organization prevents and treat illness. One of the main goal of the quality measures is to provide the health care provider with information to assure the health care quality (Zineldin, 2006).

Schuster, McGlyiin and Brook (1998) mentioned that quality of care continues to be a major concern for health care providers and a major focus for health services research. Although, many operational definitions of "quality of care" emphasize on the personal knowledge, skills, and expertise of the clinician rather than on other aspects of the treatment experience, patient satisfaction. The technical quality and patient satisfaction are synergistically linked to influence the outcomes of care. Therefore, in light of the hypothesized relationships among the technical expertise of the care provider, the experience of the person receiving the care and how that person values care, and measures of outcomes of the care provided. Donabedian and collegues stated that patient satisfaction is a necessary construct in any comprehensive formulation of an operational definition of "quality" in health care (Donabedian, 1988; Hulka et al, l970; Vuori, 1987).

Patient satisfaction is an essential issue of service quality in health care organizations that discussed by Strasser and Davis (1991); Gann and Restuccia (1994) who considered that quality as perceived by the health care recipient is vitally important aspect. As a result of this new focus, measurement of customer satisfaction has become equally important. From a management perspective, patient satisfaction with health care is important for various reasons. First, satisfied patients are more likely to maintain a consistent relationship with a specific provider. Second, by defining sources of patient dissatisfaction, an organization can address system weaknesses and shortness, thus improving its risk management (Dansky and Miles, 1997). Third, satisfied patients are more likely to follow and implement specific medical regimens and treatment plans. Finally, patient satisfaction measurement adds important information on system performance, thus contributing to the organization's total quality management. Gadallah et al (2003) and Wartman (1983) suggested that health service quality has three domains: client quality, professional quality and management quality. Client quality is the domain that receives most attention in discussions of quality of health care based on how satisfied clients are with their care. So, the real challenge is to improve staff performance and patient satisfaction in order to minimize rework, wastage, delay and costs.

Some researchers focused on patient satisfaction as an outcome measure and cited that the assessment of health care outcomes can be measured by generic measures like condition-specific measures, and patient satisfaction measures (Kane, 1997). Furthermore, as the paradigm for health care has shifted toward a market model, patient satisfaction has become an outcome measure with great clinical and economic implications (Hall, Milburn and Epstein, 1993).

In this context, Donabedian (1988) stated that patient satisfaction is one of the desired outcomes of care, an element in health status, a measure of the quality of care, and "as indispensable to assessments of quality as to the design and management of health care systems". It has been proposed that the effectiveness of health care is determined, to some degree, by satisfaction with the services provided (Carr-Hill, 1992; Sitzia and Wood, 1997; Fitzpatrick, 1991). Support for this viewpoint has been found in studies that have reported that a satisfied patient is more likely to utilize health services (Larsen and Rootman, 1976), comply with medical treatment (Kincey, Bradshaw and Ley, 1975), and continue with the health provider (Baker, 1990). Various studies have shown that satisfaction is related to technical and interpersonal competence, more partnership building, more immediate and positive non-verbal behavior, more social conversation, courtesy, consideration, clear communication and information, respectful treatment, frequency of contact, length of consultation, service availability, and waiting time (Hall, Roter and Katz, 1988; Singh, Mustapha and Haqq, 1996; Sikosana, 1994).

Measuring quality of care from the patient perspective has been widely used and accepted in health care (Sitzia and Wood, 1997; Donabedian, 1988; Vuori, 1991; Williams, 1994; Rubin, 1990; Coulter, 1997). Some patients, for example individuals with psychiatric illnesses or older people with various forms of dementia, may have difficulties expressing their views about the quality of care (Kellet, 1999; Ygge and Arnetz, 2001; Rabin and Stocton, 1987; Grau et al, 1995). In these cases, patient relatives play a significant role in health care processes, and their views concerning the quality of care take on increased importance (Simpson, Scothern and Vincent, 1995). It is generally assumed that questioning relatives can generate useful

information about the quality of geriatric care (Kellet, 1999; Grau et al, 1995; Finnema et al, 2001). It has also been shown that relatives feel that it is their responsibility to monitor and assess the quality of care in nursing homes (Bowers, 1988).

The scope of quality measurement has witnessed a shift from a bias reflecting professional consensus to a shared expression that includes the patient's real and perceived expectations of quality (Elbeck, 1992). According to Gonnella (1979) to measure quality in the health care industry better, one must look at the entire process, including the setting in which care is rendered, the patient receiving the care, and the competence of those delivering the care.

Vavra (1997) urged that customer satisfaction is the leading criterion for measuring the quality of health care that is actually delivered to customers through the service and by the accompanying servicing. Hayes (1997) states that the knowledge of customer expectations and requirements, is essential for two reasons: it provides understanding of how the customer defines quality of service, and facilitates the development of a customer satisfaction questionnaires. Furthermore, customer satisfaction is recognized as of great importance to all commercial firms because of its influence on repeat purchases and word-of-mouth recommendations (Berkman and Gilson, 1986). There are several ways to assess the quality of services and customer satisfaction through subjective, or measures of quality, which focus on perceptions and attitudes of the customer rather than more concrete objective criteria. These measures include customer satisfaction surveys and questionnaires to determine customer attitudes and perceptions of the quality of the service they are receiving. Because the extent to which goods or services meet the customer's needs and requirements is the index by which quality is determined, customers' perceptions of service are vital in identifying customer needs and satisfaction (Hayes, 1997).

2.4. Methods of measuring patient satisfaction:

Several studies revealed many approaches including both quantitative and qualitative approaches and a wide variety of methods and questionnaires available for measuring patient satisfaction (Ford, Bach and Fottler, 1997). The variety of tools used suggests that survey instruments should be matched to the health care service being evaluated. Physical therapy has several characteristics that may influence patient satisfaction: the interaction between patient and therapist often takes longer time than a routine medical visit, it includes more physical contact, therapy usually requires the patient's active role, and therapy may cause pain and may be perceived as physically threatening. Therefore, a satisfaction questionnaire used for visits to physicians may not be optimal for physical therapy (Monnin and Perneger, 2002).

Several researchers have described the development of instruments for assessing patient satisfaction in outpatient physical therapy settings. Roush and Sonstroem (1999) developed an outpatient satisfaction survey by sequentially testing 3 patient samples totaling 607 people. The authors proposed using 34 items survey questionnaire to measure 4 dimensions: enhancers, detractors, location, and cost. Location and cost were found to be the greatest influences to satisfaction. Further, Goldstein, Elliott and Guccione (2000) reported measurement properties on a different instrument that was tested on 289 subjects. The authors proposed a 15-item questionnaire that indicated that a single dimension representing patient-therapist interaction was most important. Cost of care was not correlated with overall satisfaction. The variation in the content of these instruments suggests a need to investigate the variables associated with patient satisfaction. Also, Oermann, Swank and Sockiider (2000) were designed another questionnaire to measure satisfaction with physical therapy given to patients with cystic fibrosis. The factorial structure of this instrument contained 4 dimensions: effectiveness, convenience, comfort, and an overall score. Although these existing questionnaires differ so much, further exploration of how to measure patient satisfaction with physical therapy remains relevant.

Hudak and Wright (2000) cited that a simple self-report method for assessing satisfaction is to ask global questions such as, "Overall, I am completely satisfied with my care". These questions, although easy to administer, do not provide information about why a person is or is not satisfied. Therefore, many authors like Goldstein, Elliott and Guccione (2000); Pinto (1995); Roush and Sonstroem (1999); Hudak and Wright (2000); Linder-Pelz and Struening (1985); and Hall and Dornan (1988) recommend the use of multidimensional measures. Consequently, the question arises about which variables are needed to assess patient satisfaction adequately. If a measure does not include all relevant variables, important information maybe missed, whereas sampling too many variables may provide irrelevant or misleading information. For example, an instrument may erroneously identify a lack of parking and poor location as sources of patient dissatisfaction. This could result in a clinic undergoing an expensive relocation when the actual source of dissatisfaction was insufficient therapist time with the patient. Numerous aspects of patient satisfaction have been described, and the most common factors are: the patient-practitioner relationship (competence, personality of the practitioner, communication), location and accessibility of services, continuity of care, cost and payment issues, and the facility (eg, cleanliness, noise, equipments) (Goldstein, Elliott and Guccione, 2000; Hudak and Wright, 2000; Ware and Hays, 1988).

Beattie et al (2002) presented that the unique aspects of care related to outpatient physical therapy such as the need for frequent visits over a short period of time as well as the need for patients to stay in the clinic for sessions that are longer than those of a typical physician's visit may require a different, "specialty specific" scale.

Baker (1993) mentioned that the definition of patient satisfaction is not a clearly concept, although represent attitudes to care or aspects of care. While numerous questionnaires have been developed which ask people to rate aspects of care, such as an approach has limitations. Attitudes to services do not tell us very much about the nature of those services. Surveys of patient satisfaction tend to elicit very positive ratings which are not sensitive to specific problems in the quality of care

delivery. It has been argued that questionnaires should attempt to measure patients' experiences of their care, and then determine how such experiences are regarded to satisfaction (Cleary, Edgman-Levitan and McMullen, 1992). Patient satisfaction questionnaires have been criticized for failing to discriminate effectively between good and bad practice as they rarely ask patients about the value to them of their treatment (Coulter and Fitzpatrick, 2000). The Picker Institute has developed instruments which seek detailed information on patients' experiences of health care (Coulter, 2002; Bruster, Jarman and Bosanquet, 1994). These questionnaires are focused on specific dimensions of patient care which include information and communication, coordination of care, respect of patient preferences, involvement of family and friends, and continuity and transition. The questionnaires do not ask if patients are satisfied with these aspects of care but, instead, whether certain processes and events occurred during the course of a specific episode of care. Not only do the Picker instruments avoid asking if patients were satisfied with their care, but they address issues of particular salience to patients. The content of the measures is built upon qualitative in depth interviews with patients and focus groups. The included questions in the Picker survey reflect the concerns of patients.

Measurement of patient satisfaction fulfils three distinct aspects: understanding patients' experiences of health care, identifying problems in health care, and evaluation of health care. Evaluation is regarded as the most important dimension (Sitzia and Wood, 1997).

Maas, Buckwalter and Kelley (1991) described the reliability and content validity of a questionnaire for measuring perceptions of care from the perspective of Alzheimer patients' relatives. Several studies have used the well validated servqual instrument to measure relatives' expectations and perceptions of service quality in nursing homes (Duffy, Duffy and Kilbourne, 2001; Curry and Stark, 2000). However, the servqual indices do not include relatives' ratings of specific aspects of care, nor do they measure relatives' perception of their own involvement in the care process. Verho and Arnetz (2003) used a quantitative measurement instrument in a small municipality where citizens generally know each other, and a questionnaire with

concrete measurement areas would supply a tool that could be used on a regular basis for surveying relatives' views about different aspects of the quality of geriatric services.

Fitzpatrick (1990) cited most of studies use patient satisfaction scales developed in the United States of America despite the lack of evidence that they are reliable and valid when used in the United Kingdom context. Other scales produce general measures of satisfaction which are not useful for assessing specific aspects of services (Mitchie and Kidd, 1994; Williams, 1994). Baker was the first United Kingdom researcher produce reliable and valid scales designed to look specifically at satisfaction with general practitioners' services (Baker, 1990). He has produced two separate scales, one to measure patients' satisfaction with general practitioner consultations (the consultation satisfaction questionnaire), and the other to measure satisfaction with all other aspects of the service provided by the general practitioner (surgery satisfaction questionnaire) (Baker, 1990). Both scales are carefully constructed and have the advantage of brevity. However, they have two disadvantages. First, they do not assess patients' satisfaction with practice nurses, which may be an important contributor to overall satisfaction with the practice (Fitzpatrick, 1990). Secondly, the two questionnaires were developed separately and are designed to cover specific aspects of the service. It is likely to be more useful for general practices to have a single questionnaire that assesses all relevant aspects of care (Fitzpatrick, 1991; Mitchie and Kidd, 1994; Williams, 1994).

In general, a number of methods used to measure patient satisfaction such as interviews, self-completed questionnaires, telephone surveys, observations and comment cards some of which have advantages over the others and some of which complement each other; however, the use of closed questionnaires is practical (Jones et al, 1993; Bernhart et al, 1999; Ford, Bach and Fottler, 1997; Flocke, 1997; Kinnersely et al, 1996).

The researcher used structured questionnaires based on interview to measure patient satisfaction.

2.5. Dimensionality of satisfaction:

Several authors explored various dimensions of clients' satisfaction. Rubin, Ware and Hayes (1990) asserted that patients used nine dimensions in evaluating health care including: admissions, nursing, doctors' care, daily care, ancillary staff, discharge, billing and overall quality. Also, the variations of patient satisfaction is a result of complex dimensions.

Hulka et al (1970) and Fitzpatrick (1991) have developed measurement scales to quantify the quality of service provided by a hospital. The majority of these scales are straightforward satisfaction measures, placed in questionnaires completed by patients just before or after discharge. These satisfaction surveys have used a variety of dimensions. Hulka et al (1970) used three dimensions: personal relationship, convenience and professional competence. But, Thompson (1983) concentrated his work on seven dimensions: tangibles, communications, relationships between staff and patients, waiting time, admission and discharge procedures, visiting procedures and religious needs, while Baker (1990) focused on consultation time, professional care and depth of relationship. Also, Reidenbach and Sandifer-Smallwood (1990), based on seven dimensions: patient confidence, empathy, quality of treatment, waiting time, physical appearance, support services and business aspects.

Multiple studies assessed client satisfaction with health care services that identified several dimensions like: Boshoff and Gray (2004) studied the relationship between service quality, customer satisfaction, and loyalty among patients in the private health care industry in South Africa, that showed the service quality dimensions of nursing staff empathy, assurance, and tangibles impact strongly on patients' loyalty. Also, Zebiene et al (2004) investigated the relationship between meeting patients' expectations and patients' satisfaction with medical consultations in Lithuania. Based on analysis of 460 sets of questionnaires showed that satisfaction with medical consultations was higher among patients who have a greater number of expectations met. The study found that physicians' success in meeting different types of patient expectations have various influences on patient satisfaction. The most

important expectations to be met were "understanding and explanation" followed by expectations of "emotional support". Moreover, Wong (2002) assessed the quality of service provided for ambulatory clients at an Australian Bone Densitometry Unit using the servqual instrument that include five dimensions, responsiveness, assurance, and empathy factors were more important indicators of overall service satisfaction. The study also found that perception scores better predict overall satisfaction than scores.

Based on a sample of 130 respondents in Pennsylvania, Andaleeb (1998) proposed and tested a five-dimension model that explains difference in customer satisfaction with hospitals. These dimensions include communication with patients, competence of the staff, their demeanor, quality of the facilities, and perceived costs. The study concluded that perceived competence of the hospital staff and their demeanor have the greatest impact on customer satisfaction and followed by perceived hospital costs. Also the quality of communication and the general condition of the facilities were significant but less important in explaining customer satisfaction with hospital services. In addition, Another study conducted by Winsted (2000) that examined behaviors of doctors that influence patients' evaluation of medical encounters in the United States of America and Japan. Factor analysis was used to group behaviors from consumer surveys, into four dimensions in the United States of America (concern, civility, congeniality, and attention) and five dimensions in Japan (concern, civility, congeniality, communication, and courtesy). The study concluded many similarities in how consumers assess medical service in the two countries despite the many differences in their culture and medical delivery systems.

Physical therapy has several dimensions that may influence patient satisfaction: the interaction often extends longer than a routine medical visit, it involves more physical contact, therapy usually requires the patient's active participation. Oermann, Swank and Sockiider (2000) was designed instrument to measure satisfaction with cystic fibrosis patients who receiving physical therapy. The factorial structure of this instrument contained four dimensions: "effectiveness," "convenience," "comfort," and an overall score. Monnin and Perneger (2002)

conducted study at a large Swiss teaching hospital among patients who received physical therapy, they identified patient dimensions associated with satisfaction levels by using factor analysis that consists of three scales like; treatment scale, admission scale, logistics scale.

Numerous dimensions of patient satisfaction have been described, but the most common dimensions are: the patient-practitioner relationship (competence, personality of the practitioner, communication), location and accessibility of services, continuity of care, cost and payment issues, and the facility (eg, cleanliness, noise, equipments) (Goldstein, Elliott and Cuccione, 2000; Roush and Sonstroem, 1999; Hudak and Wright, 2000; Ware and Hays, 1988). Several authors were developed instruments for assessing patient satisfaction in outpatient physical therapy settings that reflect different dimensions of patient satisfaction. Roush and Sonstroem (1999) were explored four dimensions: enhancers, detractors, location, and cost. Location and cost were found to be the greatest influences to satisfaction. Also, Nelson (1990) performed a content analysis on surveys from 18 selected health care institutions and attempted to match questions to indicators of quality as described by Donabedian (1988) focused on this framework, he concluded that access, administrative technical management, clinical technical management, interpersonal management, and continuity of care are the domains of patient satisfaction. Also, these domains were represented in various patient satisfaction survey instruments that currently used by physical therapists across several practice settings.

The remarks of Donabedian (1988) that asserted that technical and interpersonal aspects are the first circle around the "bull's eye" of the "quality of care" target. Various authors like Cheng, Yang and Chiang (2003) and Williams and Calnan (1991) explored both technical aspects of care (i.e. equipment, competence, accessibility, continuity, compliance, pain management, waiting and consultation time) and interpersonal aspects of care (i.e. information, decision sharing, attitude). These aspects are both indicators of patient opinion on care and services. Ware et al (1983) classified the dimensions of care which develop patients attitudes towards each dimension. The dimensions were: interpersonal manner; (i.e. how clinicians interacted

with their patients); technical quality; (i.e. the competence and care standards of the clinician); accessibility/convenience; (i.e. issues in arranging to receive medical care); finances; (i.e. payments for medical care); efficacy/outcomes; (i.e. the helpfulness of clinicians in improving or maintaining health); continuity; (i.e. provision of care through the same clinician or at the same location); physical environment; (i.e. the physical setting in which care is delivered); and availability; (i.e. the presence of medical resources within the community). Moreover, Carr-Hill (1992) has demonstrated six dimensions of patient satisfaction including medical care and information, food and physical facilities, nontangible environment, nursing care, quantity of food and visiting arrangements.

Client satisfaction survey was used by Laferriere (1993) to explore the domains of client satisfaction with health nursing during descriptive study that included sample of 1.6966 clients and the results of factor analysis are four dimensions of client satisfaction: technical quality of care, communication, personal relationships between client and provider and delivery of services.

In Palestine, some studies have been done by several researchers like Abu Saileek (2004) who explored six dimensions of clients' satisfaction with nursing care in Gaza Strip representing: information and interaction, availability/attentineness and openness, comfort and environment, nurses skills and professionalism, organizational culture, and counseling and advising. Another study done by Al Hindi (2002) identified the dimensions of clients' satisfaction with radiology services like: organizational culture, continuity and affordability, availability, communication and interaction, attitude and perception, comfort and privacy, and approach of care. Finally, Mousa (2000) suggested five dimensions of clients' satisfaction with family planning services in Gaza Strip including: attitude and expectations, information and counseling, communication and interaction, mechanism of care and delivery of care.

The researcher used seven domains of patients' satisfaction with physiotherapy services based on literature review as follows (appointments

registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and finally loyalty).

2.6. The impact of selected characteristics on satisfaction:

Patient characteristics:

The literature and research appear to be a mixture of numerous characteristics that are represented in patients' demographic and social characteristics in determining satisfaction level. Some studies focused that patient demographics are a minor characteristic in patient satisfaction (Hall and Dornan, 1990), while others concluded that demographics represent 90 percent to 95 percent of the variance in rates of satisfaction (Sixma, Spreeuwenberg and van der Pasch, 1998). Nevertheless, the literature does shed some light on how particular demographic characteristics affect patient satisfaction. The most consistent variable has been related to age: some studies revealed that older patients tend to be more satisfied with their health care (Ross, Steward and Sinacore, 1995; Hall and Dornan,1990). Other studies that have looked at ethnicity that means a minority group is associated with lower rates of satisfaction. In a ranking of degrees of satisfaction, non-Hispanic whites had the highest satisfaction, followed by African Americans, Asian/Pacific Islanders and Hispanics. The lowest degree of satisfaction was found in Indians/Alaskan natives (Haviland et al, 2005). On the other hand, studies on the effect of gender are contradictory, some studies revealing that women tend to be less satisfied and other studies showing the contrast.

Most of studies have found that individuals of lower socioeconomic status and less education tend to be less satisfied with their health care. However, one study found that frequent visitors to a family practice had lower educational status, lower perceived quality of life, and higher anxiety and depression scores and were more satisfied with their family physician (Frostholm et al, 2005). Other studies have shown that poorer satisfaction with care is associated with experiencing worry, depression, fear or hopelessness (Desai, Stefanovics and Rosenheck, 2005). As is

having a psychiatric diagnosis such as schizophrenia, post-traumatic stress disorder or drug abuse (Redekop et al, 2002).

According to the patients with chronic disease has shown some consistent relationships. Patients with poorly controlled diabetes were less satisfied with their care (Redekop et al, 2002) as were migraine sufferers who reported more migraine-related disability (Walling et al, 2005). Dissatisfied migraine sufferers were less likely to use triptans currently, were more than two times more likely to have stopped them and were less likely to have their medications paid for by their insurance. Patients with two or more chronic illnesses reported more hassles with the health care system than those with a single chronic illness. Parchman, Noel and Lee (2005) pointed, when communication and coordination of care increased, the patients' perception of hassle decreased and satisfaction improved.

Therapist characteristics:

According to the literature, the physicians can promote higher rates of satisfaction by improving their interactions with their patients. The most important lesson for physicians is to take the time and effort to listen patients' expectations. When physicians recognize and address patient expectations, satisfaction is higher for both the patient and the physician; it may help to remember that patients often show up at a visit desiring information more than they desire a specific action (Rao, Weinberger and Kroenke, 2000). In addition, approximately 10 percent of patients in one study had one or more unvoiced desires in a visit with their physician (Bell et al, 2001).

The communication between doctor and patient can also affect rates of satisfaction. When patients who presented to their family physician for work-related, low-back pain felt that communication with the physician was positive (i.e., the physician took the problem seriously, explained the condition clearly, tried to understand the patient's job and gave advice to prevent reinjury), the patients were satisfied higher than explanation symptom relief (Shaw et al, 2005).

Physicians can also improve patient satisfaction by relinquishing some control over the encounter. Studies have found that when physicians exhibited less dominance by encouraging patients to express their ideas, concerns and expectations, patients were more satisfied with their visits and more likely to adhere to physicians' advice (Cecil, Killeen and Control, 1997).

Patient satisfaction can also be influenced by physicians' medical decision making. Patients expressed a preference for physicians who recognized the importance of their social and mental functioning as much as their physical functioning (Sherbourne, Sturm and Wells, 1999).

Time spent during a visit plays active role in patient satisfaction, with satisfaction rates improving as visit length increases (Gross et al, 1998). Also, Time spent chatting during the visit was also related to higher rates of satisfaction (Zyzanski et al, 1998). Interestingly, one study showed that while physicians felt rushed ten percent of the time, patients felt that way only three percent of the time. Patient satisfaction was identical whether the physician did or did not feel rushed. the physicians may be more sensitive to feelings of being rushed and their feelings may not reflect the actual time spent during the visit (Lin and Schneider, 1992).

Several studies have looked at patients' assessment of physicians' technical skills and the effect on satisfaction, but the findings are contradictory. In a survey of 236 "vulnerable" older patients reported higher satisfaction with better communication skills but technical expertise was not (Chang, Hayes and Shekelle 2006). However, another study found that a physician's ability to make the correct diagnosis and craft an effective treatment plan were more important than his or her "bedside manner" (Otani, Kurz and Harris, 2005).

In one study from New Zealand, the patients might respond to a physician's appearance., they preferred "semiformal" attire and a smile. Next, they preferred "semiformal" dress without a smile, a white coat, a formal suit, jeans and casual dress (Lill and Wilkinson, 2005). The patients were less comfortable with facial piercings,

short tops, or earrings on men. Also, most patients like to be called by their first name, be introduced to the doctor by his full name and title, and see a name badge.

System characteristics:

Patient satisfaction is not simply a product of the patient's demographics and the physician's skills. It is also affected by the health system in which care is provided.

Despite, it's clear that patients' first concern is their doctor, they also value the team cooperation. One study found that while physician care was most influential to patients' satisfaction, the compassion, willingness to help and promptness of the physician's staff were next in importance (Otani, Kurz and Harris, 2005). In another large database of surveys, nurses were the next most important source of satisfaction, ahead of access-to-care issues (Wolosin, 2005). While, Brown et al (1997) found that patients who had remained in a practice for more than 15 years attributed their loyalty to their physician first and to the "team concept" second.

One study done by Rosemann et al (2006) pointed that effective referrals play a role in patient satisfaction. He found that patient satisfaction with the referral's outcome was higher when the family physician initiated the referral. Similarly, another study of patients treated for recurring headaches revealed that those who self-referred to a neurologist were less satisfied than those whose primary doctor had referred them (Bekkelund and Salvesen, 2001). Furthermore, Norman et al (2001) used a survey of cancer patients and found that patients valued their family physician highly and wanted to maintain contact with him or her, even when they were receiving cancer care elsewhere.

Continuity of care is one of the pillars of family medicine. It is clear that patients who have been followed by their physician for more than two years are more satisfied with their care particularly when they are able to see their own physician (Donahue, Ashkin and Pathman, 2005).

The researcher used demographic factors, socio-economic factors, organizational and services factors to illustrate the level of patient's satisfaction with these factors.

2.7. Islamic values and ethics in therapist-patient relationship:

God says about Qur'an. "It (Qur'an) is a guide and a healing to those who believe" (Al-Isra: 82). Religion plays a significant role in satisfying our physical as well as spiritual needs: Islam teaches us a code of behavior and gives us a meaning for our existence. Unfortunately, in today's western society the religious, moral and ethical values have been declining. Also, Islam has acknowledged the right of providing patronage in the event of sickness, disability, senility and loss of family provider and confirm that the seeking of therapy is desirable. God addresses in the Qur'an by saying', "and make not your own hands throw you into destruction." (Al-Baqara: 195). The Prophet (peace be upon him) says "your body has a right on you and the known dictum is no harm or harming in Islam". The attitude of the Moslem, in case of illness, is a compliance to be close to Allah, it will become easy for him to bear his pains, and coping with all his ordeals, away from annoyance and depression (Islamic Organization for Medical Sciences, 2007).

In the light of Islamic approach, health care services offered to each person to regain his strength and vitality. Physical well being is important for performing religious observances and satisfying the aims of Shari'ah. When the therapist treats a Moslem patient, he helps him to perform religious observances. Also, the therapist, in any therapeutic procedure, serves as the tool of divine mercy and the means through which Allah would relieve peoples' pains. Abu Ramtha said to the Prophet (peace be upon him); "Let me treat the pain of your back, I am a doctor.", the Prophet (peace be upon him) replied; "You are but a companion and Allah is the Doctor." When the therapist realizes this message and own this feeling, Allah will success his works (Islamic Organization for Medical Sciences, 2007).

The medical profession is fundamentally the vocation to help human being under stress and not to exploit his need. So in this profession the therapist is a soldier

for "Life" only defending and preserving it as best as it can be, to the best of his ability. Health is the goal for anyone and medical care is the means, the therapist provides his service to the patient. As the Prophet (peace be upon him) says "The strongest should follow the pace of the weakest for he is the one to be considered in deciding the pace of travel". Rules, schedules, time-tables and services rotate around the patient and contribute with his welfare and comfort as the top priority. Because the patient is in the sanctuary of his illness need the therapist support and not of his social eminence, authority or personal relations (Islamic Organization for Medical Sciences, 2007).

The Islamic shari'ah has established many cardinal ethical principals of the medical professions such as a respect for human dignity and human liberty, justice and gracefulness. The principle of human dignity implies the connection recognition of a patient's fundamental right as a "person"; entitled to rights and committed to duties. Patients have aright to know all details relating to their case, to receive proper treatment, to have their medical secrets safeguarded, and to obtain adequate care (Khayat, 2006).

The main social value or the main social virtue on which a Muslim's conduct is based is collective rather than interpersonal, and this is an essential feature of the Islamic system. In Islam, the therapist should treat all his patients equally, without any discrimination, irrespective of patient's educational or social level, or religious or racial background, and respect him as a human being. A verse in the Holy Qur'an says: "Whoever restores a human being to life, it shall be as if he has restored all mankind" (Al-Maeda: 32). This restoration to life in Islam isn't only physical, it goes beyond that to include psychological, spiritual and social (Khayat, 2006). So, the therapist should employ his knowledge that a double indication in Islam. According to the Qur'anic guidance say: "God will raise up the ranks of those of you who believed and those who have been given knowledge." (Al-Mujadila: 11), and use his skills, knowledge, and experience to improve the quality of health services offered to the society (Islamic Organization for Medical Sciences, 2007).

Justice and gracefulness are also among those strongly stressed by Islam. They are mentioned together in the Holy Qur'an in the following verse: "God enjoins justice and gracefulness"(An-Nahl: 90), and they are highly regarded in contemporary medical ethics. Justice means equity, fairness in meeting needs and in delivering care. Gracefulness means ihsan that encompasses the duty of healthcare providers and points a living conscience and mindfulness of God in every moment of your behavior and works as implied by the statement of the Prophet (peace be upon him) says "Gracefulness is to worship God as if you are eying him" (Khayat, 2006). So, the therapist should implement this in his professional life as much as possible, the therapist should listen carefully to the patient's complaint, sympathizing with him in his suffering, treat him well, and examining him gently. Also, the therapist should honestly, wisely, clearly explain to the patient the type, causes, and complications of the illness, and of the proper of diagnostic and therapeutic procedures, and keep the privacy for his patient, also,this is supported in the Glorious Qur'an: "We offered trust to the heavens, the earth, and mountains, but they declined to bear it and were afraid of it, while man undertook to bear it. He is so unjust and ignorant" (Al-Ahzaab: 72), and in the Prophet's (peace be upon him) tradition: In an attributed tradition quoting Abu Sa'eed, "Among the worst people in God's estimate on the Day of Resurrection is a man who tells private things to his wife and she to him, and then he discloses her secret." (Cited by Muslim). In addition, the therapist should provide advices to his patients on the proper styles of healthy life and to discourage all health-damaging life styles (Islamic Organization for Medical Sciences, 2007).

Lastly, gracefulness also entails quality and perfection as far as possible, both in performance and in kindliness. To use the words of the Prophet (peace be upon him), "God has ordained perfection on everything." This is the source of the concept of quality assurance in providing health care which leads to patient satisfaction with medical services (Khayat, 2006).

2.8. Commentary on conceptual framework:

The researcher begins to identify the construct of patient satisfaction that is considered a main aspect in this study. According to literature there are several definitions of patient satisfaction, also, no global and precise definition of patient satisfaction, but the majority of authors defined patient satisfaction is as a multidimensional concept that determined as an important element to be involved in services planning and evaluation of quality of health care. Also, the researcher defines satisfaction operationally that the degree of patients' satisfaction of the received physiotherapy services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital about all items of satisfaction domains of instrument according to 5-points likert scale of patient satisfaction (strongly agree, agree, uncertain, , disagree, strongly disagree).

The literature shows the important role of involving patient in assessing the quality of health care and urged that patients' satisfaction is a crucial issue and central indicator of quality of health care, that tend to many researchers to link patient satisfaction and quality of health care. Most of studies revealed a wide variety of methods to measure specific aspects of patient satisfaction used both qualititative and quantitative approaches that the researcher representing both in designing the instrument of the present study. Also, some studies appeared development and designing instruments to measure patient satisfaction as a useful tool in physical therapy field because the relationship between patient and therapist in this branch characterized by long time and not just a routine medical visit. Additionally, the patient plays active participation in physical therapy plan. Despite, numerous methods to measure patient satisfaction but part of them have advantages and the other part complement each other. Additionally, the researcher used structured questionnaire based on interview to measure patient satisfaction with physiotherapy services. Several dimensions of satisfaction emerged from the literature, and the majority of these dimensions reflected the health services features. Moreover, the difference of patient satisfaction concept can lead to wide variety of dimensions. However, the researcher reviews literature and identified some dimensions that are related to physiotherapy to assess patients' satisfaction. Likewise, the researcher used seven

domains of patients' satisfaction with physiotherapy services based on literature review as follows (appointments registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and finally loyalty).

On the other hand, the researcher provided data about the influencing characteristics on satisfaction by many studies that described the relationship between satisfaction and many characteristics that related to therapist, patient, and health care system. Then, the researcher used demographic factors, socio-economic factors, organizational and services factors to illustrate the level of patient's satisfaction with these factors. Lastly, the researcher presented the Islamic value and ethics to confirm on the Islamic cardinal principles in therapist-patient relationship and duties of therapist towards their patients and deals with them as human beings and respect their desires.

Chapter 3

Chapter 3
Literature Review

3.1. Introduction:

This chapter presents the previous studies that related to patients' satisfaction with rehabilitation and physiotherapy services, then studies of patients' satisfaction with health care services, also, studies of patients' satisfaction with quality of health care services. After that, it presents commentary on each group of previous studies and commentary on the previous studies as a whole.

3.2. Studies of patients' satisfaction with rehabilitation and physiotherapy services:

3.2.1. Satisfaction with outpatient physiotherapy: a survey comparing the views of patients with acute and chronic musculoskeletal conditions:

Hills and Kitchen (2007) study, aimed to examine the level of patients satisfaction with acute and chronic musculoskeletal conditions have with their physiotherapy outpatient treatment within the national health services system of care in the United Kingdom. Mailed questionnaires to 420 patients with acute and chronic musculoskeletal conditions who had recently completed a course of outpatient physiotherapy. The 38-item self-completion questionnaire comprised six subscales including; expectation, communication, therapist, organization, outcome, and satisfaction, scored on a five-point Likert scale. Statistical Package for Social Sciences (SPSS) used to analyze data, frequency distribution of scores and regression analysis for factors predictive of satisfaction. The response rate was 66%. The results showed that patients were generally satisfied with the interpersonal, technical, and organizational aspects of care, although there was lower satisfaction with the clinical outcome in both groups. Organizational issues were the key predictors of satisfaction for the whole sample and the chronic group, with the therapist as key determinant for the acute group. Patient satisfaction surveys conducted as part of a continuous quality improvement program are particularly important in providing therapists with feedback from patients about their experiences of physiotherapy services. The authors used successfully a new questionnaire to examine patients' satisfaction with outpatient physiotherapy in the United Kingdom and suggest further studies are now needed to validate the new

questionnaire that incorporated into general physiotherapy practice as part of a regular audit program.

3.2.2. Development of a model of patient satisfaction with physiotherapy:

Hills and Kitchen (2007) study, aimed to prepare a model to describe patient satisfaction with outpatient physiotherapy, based on need theory and theories from marketing research. The model was designed following interviews and focus groups with patients who had recently completed a course of outpatient physiotherapy for musculoskeletal conditions. It describes the patients' overall evaluation of their physiotherapy care in terms of satisfaction with: a) the therapeutic encounter and b) clinical outcome. It recognizes possible predictors leading to satisfaction and provides an illustration for the relationship between expectations and satisfaction as a principle for patients' evaluation of their physiotherapy care. The theoretical basis of the concept of satisfaction in relation to physiotherapy practice and implications of the model for evaluating physiotherapy service provision are discussed together with the limitations of the model. Finally, the study was proposed further work to test the model.

3.2.3. Perceived pain and satisfaction with medical rehabilitation after hospital discharge:

Bergés et al (2006) study, aimed to examine the association between pain and satisfaction with medical rehabilitation in patients with hip or knee replacement approximately 90 days after discharge from in-patient medical rehabilitation. A cross-sectional design. The purposeful sample included 2,507 patients with hip or knee replacement using information from the information technology health track medical outcome database. The results showed that the average age was 70.2 years, 66.5% were female, and 88.5% were non-Hispanic white. Pain scores were significantly and inversely associated with satisfaction with medical rehabilitation after adjustment for possible confounding factors. In patients with hip replacement each one-point increase in pain score was associated with a 10% decreased odds ratio (OR) of being satisfied with medical rehabilitation (OR 0.90, 95 % CI: 0.84, 0.96). In patients with knee replacement, each one-point increase in pain score was associated with a 9% decreased odds ratio (OR 0.91, 95% CI: 0.87, 0.96) of being satisfied with medical rehabilitation. The study concluded that the data indicates that postoperative pain from hip or knee

replacement is associated with reduced satisfaction with medical rehabilitation. Also, better post-operative pain control may improve a patient's level of satisfaction.

3.2.4. Distinguishing patient satisfaction with treatment delivery from treatment effect: a preliminary investigation of patient satisfaction with symptoms after physical therapy treatment of low back pain:

George and Hirsh (2005) study, aimed to investigate the discrepancy between ratings of pain intensity and patient satisfaction by evaluating a questionnaire item that assesses patient satisfaction with treatment effect. Inception cohort design. This study was conducted in ambulatory care. Sixty-six consecutive participants referred to outpatient physical therapy with acute low back pain. The subjects were used treatment-based classification guidelines. And the main outcome measure was patient satisfaction 6 months after receiving physical therapy for low back pain. The results showed that patient satisfaction with symptoms was considerably lower than the other patient satisfaction items. Patient satisfaction with symptoms was responsive to measures of treatment effect (Spearman rho range, .36-.44, P value (P) < .01) and with whether expectations were met (Spearman rho = .45, P < .01). Patients who were satisfied with symptoms reported higher physical function, lower pain intensity, and less symptom bothersomeness (P < .01) at 6 months. The 2 strongest absolute and unique predictors of patient satisfaction with symptoms at 6 months were whether treatment expectations were met and change in symptom bothersomeness. The study suggested that a questionnaire item assessing patient satisfaction with symptoms allows patients to distinguish between satisfaction with treatment effect and treatment delivery.

3.2.5. Longitudinal continuity of care is associated with high patient satisfaction with physical therapy:

Beattie et al (2005) study aimed to provide preliminary information regarding the relationship between longitudinal continuity and patient satisfaction with physical therapy outpatient care. A total of 1,502 adult patients completed the MedRisk instrument for measuring patient satisfaction with physical therapy care at the time of discharge from outpatient physical therapy. The authors used binary logistic regression to assess the relationships between satisfaction measures and the presence or absence of longitudinal continuity. The results showed that overall, 36.8% of the patients reported complete satisfaction on the internal subscale (patient-therapist), and 47.9% of the

patients reported complete satisfaction on the external subscale (patient-support staff). The higher percentages of women (40.2% and 51.1% for internal and external subscales, respectively) than of men (31.9% and 43.3% for internal and external subscales, respectively) were completely satisfied with care. Of patients who reported complete satisfaction on the internal subscale, 71.2% had longitudinal continuity of care, and 28.8% did not. A similar trend was noted for the external subscale (patient support staff); 66.8% of patients who reported complete satisfaction had longitudinal continuity, and 33.2% did not. ORs describing the probability of complete satisfaction with care for subjects who had longitudinal continuity and for those who did not were significant and ranged from 2.7 to 3.5. The study concluded that the patients who received their entire course of outpatient physical therapy from only one therapist were approximately three times more likely to report complete satisfaction with care than those who received care from more than one therapist. The findings suggest that clinicians and managers should make efforts to preserve longitudinal continuity of care as a indicators of improving patient satisfaction with care.

3.2.6. Patient satisfaction with outpatient physical therapy: instrument validation:

Beattie et al (2002) conducted a pilot study to develop and test an instrument used to determine which variables are associated with the satisfaction of patients receiving outpatient physical therapy. 191 patients participated, and 1,868 patients then participated in the main phase of this work. The authors developed a survey instrument, the patients responded to global questions concerning general satisfaction with physical therapy. Content validation of the instrument was investigated using correlation, analysis of principal components, and factor analysis. Reliability was measured using the standard error of measurement. Concurrent validity was investigated by correlating summary scores of the final survey instrument with global measures of satisfaction. The results showed the reliability was best for a 10-item questionnaire. The patients were more satisfied that reflected a high-quality interaction with the therapist (eg, time, adequate explanations and instructions to patients). Environmental factors such as clinic location, parking, time spent waiting for the therapist, and type of equipment used were not strongly linked with overall satisfaction with care. The study concluded the time of the therapist spent with patients and the behavior of the therapists are important for

patient satisfaction, the authors emphasis on cost-cutting, high patient volume, and the use of "care extenders" may jeopardize satisfaction.

3.2.7. Scale to measure patient satisfaction with physical therapy:

Monnin and Perneger (2002) study, aimed to develop scale to measure patient satisfaction with physical therapy. A sample of 1,024 patients who received physical therapy between January and March 1999 at a teaching hospital in Geneva, Switzerland. A cross-sectional mail survey was conducted in which a structured questionnaire measuring patient satisfaction with different aspects of physical therapy followed by open-ended questions was sent to the patients. The results revealed that overall, 528 of 1,024 patients (52%) responded (patient demographics for 501 respondents who provided demographic data: mean years of age=58.6, Standard deviation (SD) = 18.9, range=15-95; 258 men, 243 women). Factor analysis was used to explore main domains of satisfaction, and a scale was constructed to measure satisfaction with each dimension: treatment subscale (5 items), admission subscale (3 items), logistics subscale (4 items), and a global assessment subscale (2 items). All subscales had good acceptability. Internal consistency coefficients varied between .77 and .90, establishing good reliability for all subscales. Scale validity was supported by a logical grouping of items into subscales, according to their content, and by correlations of satisfaction scores with the patient's intention to recommend the facility and with the number of positive and negative comments to open-ended questions. Younger patients tend to be less satisfied than older patients for 2 of the subscales (admission and logistics). The study concluded that the 14-item instrument is a suitable tool for the assessment of patient satisfaction with physical therapy in both inpatients and outpatients.

3.2.8. Satisfaction with physiotherapy among patients at a general hospital in Kuwait:

Sadeq and Adib (2002) conducted study with adult patients attending the physiotherapy department at the Farwaniah Hospital, Kuwait. A pilot survey was during the year 2000, to validate a questionnaire measuring outpatients' satisfaction with different factors of physiotherapy care and associated socio-demographic variables. The study was carried out in the department of physiotherapy, Farwaniah Hospital, during extended period of 5-months. A structured questionnaire was developed to include

questions relating to ease of contact for appointments, the organizational settings, quality of therapeutic services, overall satisfaction with the department, and willingness to re-utilize or to recommend the department in the future, in addition socio-demographic characteristics and the duration of the disease. The results showed a total of 144 questionnaires were completed by women (64%) married (70%) participants, with a mean age of 40 years. Kuwaitis were 59% of the group, and less than 50% had a secondary education or more. The majority of participants perceived the department was easy to contact. Those with lower such perception were relatively older patients. On all other domains of satisfaction, the response was generally positive, regardless of socio-demographic variables or duration of disease. The patients with less educated had a slightly lower tendency to recommend the department in the future (51%) than more educated ones (60%). The study concluded that patients in Kuwait report high levels of satisfaction with health services, an attitude, which may be biased by cultural reluctance to express public negative opinions. Alternatively, it may be influenced by interaction between patients and their therapists. The study recommend that it is important to provide more attention to older, less educated patients who may feel lost within a process they do not fully comprehend.

3.2.9. Satisfaction with hospital rehabilitation: is it related to life satisfaction, functional status, age or education?:

Franchignoni et al (2002) study, aimed to investigate whether, as an index of care quality, patient satisfaction can be considered as a distinct domain or instead is subsidiary to other patient characteristics. A total of 55 in-patients admitted to a rehabilitation unit after hip or knee surgery. Satisfaction with rehabilitation care was measured through a questionnaire, The Self Administered Tool (SAT-16) scores were moderately correlated with a short form of the Life Satisfaction Index (LSI-11: $r_s = 0.41$, $p = 0.001$), but did not correlate with either the Functional Independence Measure, the STAI form X (the Spielberger State-Trait Anxiety Inventory), age or educational level. According to the "discrepancy mode", the fair degree of correlation between SAT-16 and LSI-11 could be explained by connecting both expressions of satisfaction with personal background expectations and their perceived degree of fulfillment. The results confirm, also for rehabilitation care, that patient satisfaction should be considered as

a valuable specific outcome, independent of most of the patient characteristics investigated (functional and cognitive status, anxiety, age, and education).

3.2.10. The development of an instrument to measure satisfaction with physical therapy:

Goldstein, Elliott and Guccione (2000) study, described the development of an instrument that measures patient satisfaction among physical therapists' patients. A 26-item instrument designed to measure the domains of patient satisfaction among patients and tested on patients from several settings of physical therapy. Reliability and validity were assessed with the instrument. A sample of 289 individuals completed the instrument. The results showed that the coefficient for reliability (Cronbach alpha=.99) obtained for the instrument was clearly within a high range. The study concluded that instrument is a useful tool for measuring patient satisfaction with physical therapy.

3.2.11. The dimensions of client satisfaction with rehabilitation services:

Schwab et al (1999) study, aimed to assess the dimensions of client satisfaction and to identify predictors of client satisfaction. The sample of 11,959 clients to the Texas Rehabilitation Commission's 1996 client satisfaction telephone survey. The results showed that four components were found to underlie most of the survey questions: satisfaction with employment, satisfaction with services, responsiveness to the client, and client participation in the rehabilitation process. Additional analysis found that a combination of four variables was moderately successful in predicting satisfaction with services: satisfied with how long it took to provide services, responsiveness to the client, closure status, and understanding what services were available. The study concluded that in measuring client satisfaction, vocational rehabilitation agencies should be mindful that satisfaction is a multidimensional concept. More importantly, vocational rehabilitation staff should recognize that satisfaction with services rests more on the way clients are treated than any other variables, including whether or not their rehabilitation ends in employment.

3.2.12. Development of the physical therapy outpatient satisfaction survey (PTOPS):

Roush and Sonstroem (1999) study, aimed to develop of the Physical Therapy Outpatient Satisfaction Survey (PTOPS). Also, the purposes of this 3-phase study were (1) to identify the underlying components of outpatient satisfaction in physical therapy and (2) to develop a test that would yield reliable and valid measurements of these components. The study includes three samples, consisting of 177, 257, and 173 outpatients from 21 facilities, were used in phases 1, 2, and 3, respectively. The results showed the first phase is principal component analyses, reliability checks, and correlations with social desirability scales were used to reduce a pool of 98 items to 32 items. These analyses explored a 5-component model of outpatient satisfaction in physical therapy. The second phase is principal component analyze, with a revised pool of 48 items, indicated that 4 components rather than 5 components represented the best model and resulted in the 34-item PTOPS. Factor analyses conducted with the second phase and the third phase data supported and provided evidence for the internal validity of the PTOPS scores. The 4-component scales were labeled "Enhancers," "Detractors," "Location," and "Cost". Responses from subsamples of the third phase the subjects provided evidence for validity of scores in that the PTOPS components of "Enhancers," "Detractors," and "Cost" appeared to differentiate overtly satisfied patients from overtly dissatisfied patients. "Location" and "Enhancer" scores discriminated subjects with excellent attendance at scheduled physical therapy sessions from those with poor attendance. The study concluded that components of outpatient satisfaction were identified in physical therapy and used them to develop a test that would yield valid and reliable measurements of these components.

3.2.13. Patient satisfaction and rehabilitation services:

Keith (1998) study, aimed to examine patient satisfaction and rehabilitation services. The author highlights issues in patient satisfaction, given the unique circumstances of rehabilitation services and reviews the huge amount of literature on satisfaction in health care, examines work in rehabilitation settings, and source of data was A Medline search was made of the past 10 years using descriptors related to patient satisfaction, rehabilitation, and selected diagnostic categories. Also, additional sources came from references on satisfaction accumulated by the author over the past

20 years. The selection of study was the voluminous literature, findings from existing reviews were emphasized, especially those using meta-analytic methods. All satisfaction articles with rehabilitation services were included. The synthesized data illustrated the research in health care generally shows high levels of satisfaction. Personal aspects of care, including full communication, are the most important predictors, while age, education, and social status show weak relationships with rating levels. Dissatisfied patients tend to seek other providers. Higher satisfaction is associated with patient compliance and better outcomes. Levels of satisfaction are especially high in rehabilitation. The study concluded that measures of patient satisfaction with rehabilitation should include items related to progress and degree of return to independent living. Responses of proxies answering in place of patients should not be regarded as equivalent to patients' opinions. The study suggests that the field is in need of standard, validated measures appropriate for various settings.

3.2.14. Commentary on previous studies related to patients' satisfaction with rehabilitation and physiotherapy services:

These studies were conducted by different researchers in various countries. There were some similarities and variations aspects between them and the present study. The researcher found after review several relevant studies, that patient satisfaction is used as a measure of the outcome in rehabilitation and physiotherapy intervention. The majority of the available studies are updating studies. The researcher highlights on many points in these studies as follows:

The objectives of studies are different and various but some of studies objectives are similar and the rest of objectives are different. Objectives of previous studies are similar like Goldstein, Elliott and Guccione (2000) study that aimed to develop an instrument that measures patient satisfaction, also, Beattie et al (2002) study that aimed to develop and test an instrument to determine which variables are associated with patient satisfaction, and Monnin and Perneger (2002) study that aimed to develop scale to measure patient satisfaction with physical therapy, but in Hills and Kitchen (2007) study aimed to build a model to describe patient satisfaction with outpatient physiotherapy, while Roush and Sonstroem (1999) study that aimed to develop a test to measure the components of patient satisfaction in physiotherapy and these objectives are different with the objective of the present study. Sadeq and Adib (2002) study measured outpatients' satisfaction with various aspects of physiotherapy care to validate

questionnaire, also, Franchignoni et al (2002) study, aimed to investigate patient satisfaction with rehabilitation care. But Schwab et al (1999) study, aimed to assess the dimensions of client satisfaction and identify predictors of client satisfaction while Beattie et al (2005) study aimed to provide information relating to the association between longitudinal continuity and patient satisfaction with physiotherapy care, also Hills and Kitchen (2007) study aimed to examine the level of patient satisfaction with physiotherapy treatment in United Kingdom. These objectives are similar in some aspects with the present study that aimed to assess the patient satisfaction and to explore the factors that affect patient satisfaction with outpatient physiotherapy. George and Hirsh (2005) study, aimed to investigate the discrepancy between ratings of pain intensity and patient satisfaction that closely accordance with Berges et al (2006) study that aimed to examine the association between pain and patient satisfaction with medical rehabilitation and this objective is different in the present study objective. Keith (1998) study, aimed to examine patient satisfaction and rehabilitation services.

According to study population, the most of the previous studies were focused on patients that attending to outpatient physiotherapy departments that similar with this study. Also, the sample sizes differs from study to other, some studies were included high numbers of subjects like Schwab et al (1999) study that include a total 11.959 patients and Berges et al (2006) study, the sample size include 2.507 patients. Another studies were included small numbers of subjects like Franchignoni et al (2002) study, the purposeful sample consists of 55 patients and George and Hirsh (2005) study, the sum of subjects were 66, while Sadeq and Adib (2002) study, a total of 144 subjects that closely similar with this study that include 151 subjects.

About the study design of studies, Berges et al (2006) study, were used cross-sectional design that similar with Monnin and Perneger (2002) study and the design of the present study.

Regarding the instruments of studies, the majority of instruments measure patient satisfaction with physiotherapy services. Also, there are several instruments from study to other according to objectives of study. Although, the authors were used various instruments but no discrepancy in the results of studies. Sadiq and Adib (2002) study, were used structured questionnaire which consistent with the present study. Also, instrument of Goldstein, Elliott and Guccione (2000) study is similar in some domains with this study instrument but the researcher adds some descriptive data and some

patient satisfaction domains that are suitable with Palestinian environment. Goldstein, Elliott and Guccione (2000) study was similar with Monnin and Perneger (2002) study that develop scale to measure patient satisfaction, while Schwab et al (1999) study used client satisfaction telephone survey, but in Hills and Kitchen (2007) study used mailed questionnaire, as Roush and Sonstroem (1999) study, used physical therapy outpatient satisfaction survey.

The results of previous studies are various and different from each other, the results of Goldstein, Elliott and Guccione (2000) study are slightly similar with Beattie et al (2002) due to reliability of instrument while Franchignoni et al (2002) study is similar with Beattie et al (2002) that considered patient satisfaction is a valuable outcome. Also, there is similar with Monnin and Perneger (2002) study and Goldstein, Elliott and Guccione (2000) study, concluded that the instrument were designed in their studies are useful tool to measure patient satisfaction with physiotherapy services. While, Roush and Sonstroem (1999) identified components of outpatient satisfaction in physiotherapy and used them to develop a test that lead to validate a reliable measurements of these components.

About suggestions, Beattie et al (2002) suggest that clinicians should make efforts to keep longitudinal continuity of care as predictor of improving patient satisfaction with care. While, Hills and Kitchen (2007) suggest further studies to validate new questionnaire with physiotherapy practice and also, in another study to them they suggest further work to test the model with outpatient satisfaction with physiotherapy services. Keith (1998) suggests to standardize and validate measures useful for different rehabilitation settings. Finally, from the previous review of literature the researcher stresses that the need for actual study which aimed to assess outpatient satisfaction with physiotherapy services. Whereas this is will be consider the first study in physiotherapy branch in Gaza Strip also, benefited in definition patient satisfaction, determining patient satisfaction domains, study design, determining sample size, preparation new instrument, factors that affect on patient satisfaction.

3.3. Studies of patients' satisfaction with health care services:

3.3.1. Identifying the expenses and the level of satisfaction of referred patients abroad by Palestine MOH:

Abu Hashem (2007) study, aimed to identify the level of patient's satisfaction, and the expenses of the treatment abroad services that presented by Palestinian MoH. A purposeful sample was 102 subjects who were transferred in year 2005 for treatment in Jordan, Israel, and Egypt. Across-sectional design was used. The study findings presented 52% tend to 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 were reported 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%. Also, the study revealed that high cost of medical services abroad that led to a financial burden on MOH. Finally, the study recommended that the need to improve the performance of doctors to alleviate burden on MOH and patients from travel suffering.

3.3.2. Communication skills training for doctors increases patient satisfaction:

Trumble et al (2006) study purposed to examine changes in patients' satisfaction after participation their doctor in a brief educational intervention on medicolegal risk management. A questionnaire completed by ambulatory patients, measuring satisfaction with their doctor's communication skills before and three months after the doctor participated in a three hour workshop on medicolegal risk management. The number of doctors was 75 obstetrician and gynaecologists and 99 general practitioners were each rated by 60 of their patients following a consultation in their clinical rooms. The findings showed patient satisfaction as evidenced by change to "complete satisfaction" with doctor's communication skills and overall satisfaction with the clinical encounter. The participants had high initial patient satisfaction ratings and these were found to have improved across all parameters three months after the educational intervention. The authors pointed to value of this study, the educational intervention lead to improve doctors' communication skills as evidenced by enhanced patient satisfaction in all key aspects, including those most frequently associated with patient complaint, litigation and adverse outcome.

3.3.3. An empirical study of patients' expectations and satisfactions in Egyptian hospitals:

Mostafa (2005) study, aimed to investigate how patients perceive service quality in Egypt's public and private hospitals. Also tests the servqual dimensions in hospitals within an Arab, non-Western context. A cross-sectional questionnaire survey used and performed in 2005. A total of 332 patients from 12 hospitals in Egypt participated in the study. The results highlighted a three-factor solution for the servqual instrument with 67% of variance explained. This result does not support the five-components original servqual. A discriminant function was estimated for patients who selected public hospitals and those who selected private hospitals. The model was found to be significant in explaining patients' choice of the type of hospital. The study implicated that the use of quantitative methods alone is valuable in establishing relationships between variables, but is considered weak when attempting to identify the reasons for those relationships. Patients may have a complex set of important beliefs that cannot be captured in the questionnaire. Therefore, using qualitative research along quantitative methods in future studies may enhance the findings of this study. The author pointed to the interest to both public and private hospitals wishing to determine what patients expect from the quality of service provided to them.

3.3.4. Satisfaction of patients with physicians and nurses:

Jovanoviæ (2005) study, aimed to explore level of satisfaction of patients with physicians and nurses and to provide information of patients' expectation of healthcare professionals at the Institute of Oncology Sremska Kamenica. The data were collected from the patients of four various hospitals departments using a survey questionnaire designed by the Institute of Public Health of Serbia and Ministry of Health of the Republic of Serbia. That included eight items regarding physicians and nurses were selected from this questionnaire. The sample was every eligible patient discharged from the Institute of Oncology Sremska Kamenica, from 1 to 5 November 2004 (n = 65). The findings confirm positive feedback of the most surveyed patients with healthcare professionals. However, the results showed different level of satisfaction of patients with physicians and nurses. The study concluded that the survey results showed that patients had mostly positive level of satisfaction with physicians and nurses; these

results can be used to prioritize patient-centered improvements in healthcare in this Institute.

3.3.5. Clients' satisfaction with nursing care provided at selected hospitals in Gaza Strip:

Abu Saileek (2004) study, aimed to assess the level of clients' satisfaction with nursing care provided at selected hospitals in Gaza Strip, and recognized the major domains regarding clients' satisfaction that related to some organizational and demographic variables. The study was conducted at the two major governmental hospitals in south of Gaza Strip, European Gaza hospital and Nasser hospital. The author was used across-sectional design with systematic randomized sample. Standardized structured questionnaire was developed. A total of 427 clients admitted to medical and surgical wards and receiving nursing care during hospitalization, 159 clients from European Gaza hospital and 268 clients from Nasser hospital. The response rate was 93.6%. SPSS was used to analyze data. The study identified six domains of satisfaction with nursing care including; information and interaction, availability/attentiveness and openness, comfort and environment, nurses 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 European Gaza hospital reported higher satisfaction 84.2% than the clients' in Nasser hospital 61.7%. The study concluded that the demographics, soci-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 including 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. On the other hand, gender, and the ward showed no significant relationship on the level of clients satisfaction with nursing care. Finally, the study provided some information to improve the quality of nursing care services that led to improve the level of clients' satisfaction with nursing care.

3.3.6. Women's satisfaction with antenatal care services in Gaza strip:

Abu Harbeid (2004) study, aimed to assess the degree of women's satisfaction with antenatal care provided at the two major health sectors, MoH and UNRWA in Gaza Strip. Generally, the study evaluated the quality of antenatal care at PHC level from the women's point of view. Women's satisfaction was measured through using specific exit-interview. The response rate was 92.8%. The selected 504 clients were interviewed randomly selected at PHC in Gaza Strip. The study reported eight dimensions of satisfaction, the findings showed that, the level of satisfaction represented with provider competence was 83%, service provider consultation was 62%, interpersonal relation was 81%, waiting time was 86%, accessibility was 89.5%, infrastructure was 82%, during availability was 79.5%, general satisfaction was 89.5% and overall satisfaction was 79.3%, the study revealed some variables that affect on satisfaction contain age, educational level, employment status, services provider consultation, waiting time, health provider manners and type of health sector. The study concluded that there are high level of women's' satisfaction but the author suggests the level of satisfaction could be improved when considered the findings of this study like the health education issues particularly services provider consultation needs intensive attention from health decision makers also the waiting time has real impact on satisfaction level and active participation in communication process, so it's need creative solution to improve health services and achieve satisfactory women's needs and expectations. The study recommends to some of perspective, perception and information, education and practice of both client and health provider towards antenatal care to enhance the level of satisfaction.

3.3.7. Inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia:

Al-Doghaither (2004) study, aimed to evaluate inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia. The sample included 400 inpatients with physician services at King Khalid University Hospital, Riyadh was evaluated. Patient characteristics and ward of admission were collected and a questionnaire based on the standardized Likert scale was used. The results showed that the highest mean satisfaction score was for admission and the lowest for communication. Among service items, the highest mean score was for physicians

enquiring about patient conditions and opinions when planning care and the lowest for physicians asking for opinions about care quality and problems. Female and less educated patients tend to be more satisfied with their care than male and educated patients. Male surgical and medical ward patients were the most dissatisfied with physicians' services. The findings offer hospital management information about shortcomings requiring remedial intervention.

3.3.8. Primary health care services utilization and satisfaction among the elderly in Asir region, Saudi Arabia:

Mahfouz et al (2004) study aimed to examine PHC services utilization and satisfaction among the elderly in Asir region, Saudi Arabia. The study was conducted in 26 PHC centers. They visited PHC centers significantly less often than younger adults but they were referred significantly more often to secondary and tertiary care and for more laboratory tests. A random sample of 253 elderly people (60 years and more) attending the centers was interviewed about many aspects accessibility, continuity, humaneness, informativeness and thoroughness of care. Overall satisfaction was 79.0% with the services provided. The leading 3 components of dissatisfaction were: not enough audiovisual means for health education (65.1%), long time spent in the centre (46.4%), and not enough specialty clinics (42.5%).

3.3.9. Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt:

Gadalla et al (2003) study aimed to compare patient satisfaction with PHC services and identifies factors associated with patient satisfaction in two health districts in Egypt where a project for upgrading PHC services had been running for three years. An exit interview was conducted for 1108 patients using a structured questionnaire. The results revealed that most patients using PHC services were females. The patient reported high satisfaction for accessibility, waiting area conditions and performance of doctors and nurses. Also, the main complaints centered on the availability of prescribed drugs and laboratory investigations. Additionally, level of privacy in the consultation room was described as unsatisfactory by 33% of patients. The study concluded that there was no association between overall patient satisfaction and age, gender, education level or type of service received.

3.3.10. Patients' satisfaction with nursing care in Jordan:

Alasad and Ahmad (2003) exploratory study that investigated patients' satisfaction with nursing care at a major teaching hospital in Jordan. The sample size was 266 in-patients participated. Patients were recruited from the medical, surgical, and gynecological wards. The methods of analyses were used pearson correlation, one-way analysis of variance (ANOVA), and logistic regression. The results showed that patients in surgical wards associated with lower levels of satisfaction than patients in medical or gynecological wards. Gender, educational level, and having other diseases were significant indicators for patients' satisfaction with nursing care. Methodological challenges, implications to nursing practice, and recommendations to nursing research are discussed.

3.3.11. Patients' recommendation of doctor as an indicator of patient satisfaction:

Kersnik (2003) study aimed to determine whether patients' recommendation of their family doctor to others correlates with patient satisfaction scores, and to investigate other factors influencing patients' recommendation of doctor. The author used self-administered patient questionnaire at thirty-six family practice clinics, Slovenia. A sample of 2160 consecutive adult patients attending the clinics were approached to complete a self-administered questionnaire, to be returned in a prepaid envelope. The questionnaire included validated tools, such as the EUROPEP questionnaire on patient satisfaction and gathered data on health related quality of life, patient demographic, socio-economic and health characteristics, and attitudes and experience of health services. Patients also selected a response to the statement "I can strongly recommend my family doctor to my friends" on a five-point scale, from strongly disagree to strongly agree. The results showed that overall satisfaction was 92% of respondents were in agreement with the statement that they would strongly recommend their family doctor to their friends. Patient satisfaction in the group of patients strongly agreeing with the statement was 11.1 points higher than that for the group responding they agreed only (92.4 versus 81.3 points; $P<0.001$). Multivariate analysis showed that 51.5% of the variation in the response to the statement could be explained by patient, doctor, and practice characteristics investigated. The study concluded that higher agreement with the statement "I can strongly recommend my

family doctor to my friends" was associated with higher patient satisfaction with the doctor's working style, with some patient demographic characteristics, aspects of patients' health care utilization, and some doctor characteristics. Using a simple question regarding recommendation of the doctor to friends can be used as a surrogate measure of patient satisfaction, but should be interpreted with caution.

3.3.12. Patient satisfaction with primary health care services in the United Arab Emirates:

Margolis et al (2003) study aimed to evaluate the suitability of a patient satisfaction questionnaire to survey health care consumers of traditional Arabic background. A cross-sectional survey using an Arabic language questionnaire that drew upon concepts of patient satisfaction measurement in Western research literature. All participants were interviewed once by experienced interviewers to ascertain their levels of satisfaction with their health care service. A random sample of patients attending the only resource-intensive clinic (RIC) in the United Arab Emirates and one resource-thrifty clinic (RTC) located in an adjacent suburb and serving essentially the same population over a 5-day period. The authors were measured six domains of patient satisfaction. The results showed that the patients with the RTC (n = 125), the RIC (n = 156) scored significantly higher in continuity (P = 0.001), comprehensiveness (P < 0.001), health education (P = 0.05), effectiveness (P = 0.001), and overall satisfaction (P < 0.001), while accessibility (P = 0.130) and humaneness (P = 0.102) were not significantly different. Humaneness scored the highest and continuity the lowest at both clinics. Older people's was reported higher satisfaction for comprehensiveness but otherwise the same as those who were younger. More highly educated people's satisfaction was lower for effectiveness, but otherwise the same as those who were less educated. Men and women had equal levels of satisfaction. The study concluded that the significantly higher patient satisfaction in the RIC compared with the RTC was a strong a priori expectation, suggesting that this satisfaction questionnaire is a useful quality assurance tool in this setting.

3.3.13. Outpatient satisfaction with health centers in Urban Areas:

Bodur, Zdemir and Kara (2002) study aimed to estimate the level of patient satisfaction with health centers services and related factors. This study was performed

on eight randomly selected health centers in urban areas of Ankara and Konya by interviewing patients who were about to go home after examination. The questionnaire included demographic variables and a four-point rating scale of 13 items measuring the satisfaction of outpatients. The authors were used chi-square test to assess differences in proportions. The results: showed that satisfaction score was 3.11 ± 0.41 and 70% of the patients were satisfied with the patient care of health centers. The level of satisfaction was related to educational level and age. The ratio of satisfaction was very high regarding the courtesy of physicians and nurses, but was the lowest with regards to technical adequacy. Generally, outpatients were satisfied with health centers, and described them as humane. The study concluded that complaints of patients should be taken into consideration by the administration and staff of health centers.

3.3.14. Clients' satisfaction with radiology services in Gaza Strip:

Al Hindi (2002) study, aimed to assess clients' satisfaction with radiology services at two major radiology centers. Al Shifa Hospital represents governmental services and Gaza Diagnostic Center represents the private sector in Gaza, the author used the dimension related to the clients' satisfaction and some organizational and demographic, socio-economic variables affecting their satisfaction. A cross-sectional design with a systematic randomized sample was used. A standardized structured questionnaire was designed concentrated on services features. A representative sample 410 clients were participated after receiving the radiology services. The response rate was 78.04%. Reliability and validity measurement were assessed of the questionnaire. The study explored seven dimensions of satisfaction consisting of: organizational culture, continuity and affordability, availability, interaction and communication, attitude and perception, comfort and privacy and approach of care. The results showed high level of satisfaction with radiology services 82.5%. The study concluded that the type of institution and the organizational variables including the number of visits, waiting time and procedure time showed a great impact on the level of clients' satisfaction. The study illustrated significant relationship between financial status, and educational level and level of satisfaction, on the other hand, there are no significant relationships between age, gender, residency place and occupation regarding the level of satisfaction.

3.3.15. Patients' satisfaction with primary health carecenters services in Kuwait city, Kuwait:

Al-Doghaither, Abdelrhman and Saeed (2000) study aimed to assess patient Satisfaction with respect to PHC services and explore the association of sociodemographic variables on the patient satisfaction level. The selected sample consisted of 301 patients selected systematically from five PHC centers to represent various geographic areas in Kuwait City. Just over 56% of the sample were females, 59% were married, the great majority (70.4%) were government employees, more than 60% had a monthly income of less than 900 Kuwait Dinar, more than 54% were intermediate and high secondary school graduates, and 37% were university graduates or had advanced degrees. The data was collected by personal interview using structured questionnaire. The results showed that the overall mean satisfaction was 3.1 points out of five (62%). The mean satisfaction scores were 3.64, 3.29, 3.08, 3.05, 2.21 for laboratory, pharmacy, radiology, dental and physician services, respectively. The highest mean score for physician services was obtained for communication skills (2.23); for pharmacy services, the availability of medicine (4.01); for laboratory services, the availability of lab materials (3.73); for radiology services, the waiting time for x-ray (3.60); and for dental services, the adequacy of dentists (3.27). The results indicated that gender, income, marital status and occupation were the most consistent demographic characteristics of satisfaction, with females, those with lower income, lower education levels and the unemployed having higher mean satisfaction scores. The study concluded that there is a need for corrective intervention in some service areas and for an educational program to inform patients of the objectives and limitations of primary health services.

3.3.16. Clients' satisfaction with the family planning services at Ministry of Health and United Nation Relief and Work Agency clinics in Gaza Strip, Palestine -2000:

Mousa (2000) study, aimed to assess clients' satisfaction with family planning services at MoH and UNRWA clinics and identify the effective factors and providing some improvement ideas to health providers. A sample of 377 clients were interviewed by client model home visit interview in six various areas in Gaza Strip. Also, to measure clients' satisfaction with different domains of satisfaction. The response rate was 87.3%. The study presented that the overall satisfaction with the family planning services was

72%. The satisfaction domains identified in this study were attitude and expectation, information and counseling, communication and interaction, interpersonal relationships, mechanism of care and delivery of care. The results showed higher level of satisfaction with information and counseling, but the lowest level of satisfaction with communication and interaction. Also, clients attending UNRWA clinics were more satisfied than clients attending MoH clinics. Younger, less educated and clients living in refugee camps were more satisfied than older highly educated and clients living out-side refugee camps. The study concluded that the improvement is important to enhance services by many factors like, technical solutions, e.g. training in counseling, communication and human relations, that lead to improve the level of clients' satisfaction of family planning in Gaza Strip.

3.3.17. Patient satisfaction in government health facilities in the State of Qatar:

Abd al, Aday and Walker (1996) study aimed to assess patient satisfaction in government health facilities in the State of Qatar. The data collected on a mail, self-administered survey of patients who receiving care in two major government outpatient health care facilities-Hamad General Hospital and the Khalifa Town Health Center-in the State of Qatar, to provide data to improve service delivery and the quality of primary care provided in that country. A total of 444 participants. The authors used seven dimensions of patient satisfaction with medical care: general satisfaction, availability of services, convenience of services, facilities (physical environment), humaneness of doctors, quality of care, and continuity of care. The study pointed to a number of deficiencies in the availability and delivery of services in government health facilities in the State of Qatar. It also surfaced methodological issues that should be addressed in comparable studies of culturally diverse populations.

3.3.18. Client satisfaction with home health care nursing:

Laferriere (1993) descriptive study that explored the domain of client satisfaction with home health nursing as assessed by the Client Satisfaction Survey developed by Reeder and Chen (1990). The overall mean response for surveyed clients is 1.6966, indicating satisfaction with the nursing services received. Through factor analysis were identified four dimensions of client satisfaction: (a) technical quality of care, (b) communication, (c) personal relationships between client and provider, and (d)

delivery of services. This study validates that consumer clients can willingly participate in the objective evaluation of the nursing care they receive. In addition, the measurement of satisfaction using instruments with established reliability and validity can contribute to the advancement of the definition of client satisfaction of the home care client.

3.3.19. Survey of satisfaction with care in a rheumatology outpatient clinic:

Hill et al (1992) study, aimed to investigate the satisfaction with care among patients with rheumatoid arthritis attending a rheumatology outpatient clinic at Leeds General Infirmary in United Kingdom. The authors were developed the leeds satisfaction questionnaire and tested reliability (cronbachs alpha and stability (test/retest). A total of 70 rheumatoid arthritic patients on at least three previous occasions. Generally, the results showed that patients were satisfied with the care. The highest satisfaction level pointed to technical quality and competence of health professionals. The lowest satisfaction level pointed to the difficulty of unscheduled access to the clinic and the lack of continuity with the providers of care. The time spent in the waiting area before consultation was highlighted as the one aspect which caused the greatest dissatisfaction.

3.3.20. Commentary on previous studies related to patient satisfaction with health care services:

After reviewing patient satisfaction studies about health care services. The researcher illustrated that all studies are new studies also, some studies carried out in United Kingdom like Hill et al (1992) study, in America like Meng et al (1997) study, In Kuwait as Olusina, Ohaeri and Olatawura (2002) study, In Egypt as Al asad and Ahmad (2003) study, and in Palestine like Mousa (2000) study and Abu Saileek (2004) study.

Regarding the objectives of these studies that aimed mainly to assess patient satisfaction with health care services like Mousa (2000) study assessed women satisfaction with family planning services, and Al-Doghaither, (2004) study that assess inpatient satisfaction with physician services, while, Al Hindi (2002) study that assess clients' satisfaction with radiology services.

According to the sample size, there are some variations in total number of sample , Jovanoviæ (2005) study was used 65 subjects and this nearly similar with the sample size of Hill et al (1992) study that used 70 patients with compared with another studies like Laferriere (1993) was used a high number 106966 subjects, also study conducted by Kersnik (2003) was used a total of 2160 consecutive patients also, Gadallah et al (2003) study were used 1108 patients, but the present study was included 151 subjects. Finally, the rest of studies samples are closely similar with each other.

Regarding the methodology, some studies used cross-sectional design with similar with the present study design like, Abu Hashem (2007) study, Mostafa (2005) study, Margolis et al (2003) study, Abu Saileek (2004) study, Mousa (2000) study and Laferriere (1993) study. Also, Laferriere (1993) study, Abu Saileek (2004) study, Mousa (2000) study and Al Hindi (2002) study were used factor analysis to explore and identify the dimensions of patient satisfaction.

About the instruments that are used to assess the level of patient satisfaction was differ from each study representing: interview, instrument, both of them, and survey, but the most of studies was used a standardized structured questionnaires like Al Hindi (2002) study, Abo Saileek (2004) study and Al-Doghaither (2004) study with similar with the present study, while Laferriere (1993) study was used client satisfaction survey but Abdal, Ady and Walker (1996) study were used mail self administered survey. Also, Mahfouz et al (2004) were used interview to assess patient satisfaction.

For the results of previous studies, there were some differentiations but most of studies showed that patients' in general, satisfied with health care services and there are similar results with Al Hindi (2002) study that revealed high degree of client satisfaction with radiology services 82.5% and Abu Saileek (2004) study results were recorded (70.1%) with closely similar with Mousa (2000) study results were recorded 72%, and Bodur, Zdemir and Kara (2002) study that revealed the overall satisfaction 70% of health centers, but Mahfouz et al (2004) study cited that the overall satisfaction was 79%, while Kersnik (2003) study that revealed the overall satisfaction was 92% with slightly similar with this study that revealed the overall satisfaction was 88.7%.

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 like Gadallah et al (2003)

study that revealed no association between overall patient satisfaction and age, gender, educational level that similar with the present study results. Also, these results inconsistent with Al-Doghaither, Abdelrhman and Saeed (2000) study results that showed gender, marital status were predictors consistent of satisfaction. Also the result of Al-Doghaither, Abdelrhman and Saeed (2000) study is similar with the present study result that showed there is significant relationship between occupation and satisfaction. Also, some studies explored and identified some patient satisfaction domains like Al Hindi (2002) study, Abu Saileek (2004) study and Mousa (2000) study.

According to suggestions, all studies suggest same recommendations to enhance patient satisfaction as a key determinant in quality of services, and suggestions related to findings of studies like Abu Saileek (2004) study that provides important informations for decision makers to improve quality of nursing care services, on the other hand, Mousa (2000) study suggests that training the staff in some domains of satisfaction lead to improve level of clients' satisfaction that are similar with this study recommendations, while Abu Harbeid (2004) study recommends that information, education and practice of both clients and health provider might elevate the level of satisfaction, but Bodure, Zdemir and Kara (2002) and Trumble et al (2006) study that suggest to pay attention and including patient complaint by administration and health providers to improve patient satisfaction. Finally, the researcher takes consideration to use some domains in preparing the instrument that had a great impact on the patient satisfaction and use closely the same methodology in previous studies to assess the level of patient satisfaction.

3.4. Studies of patients' satisfaction with quality of health care services:

3.4.1. The quality of health care and patient satisfaction: An exploratory investigation of the five qualities (5Qs) model at some Egyptian and Jordanian medical clinics:

Zineldin (2006) study, aimed to examine the major factors affecting patients' perception of cumulative satisfaction and to address the question whether patients in Egypt and Jordan evaluate quality of health care similarly or differently. The author used a conceptual model including behavioral dimensions of patient-physician relationships and patient satisfaction has been developed. As the empirical research setting, this study concerns three hospitals in Egypt and Jordan. The survey instrument

was designed in a questionnaire form. A total of 48 items (attributes) of the newly developed five quality dimensions were identified to be the most relevant. A sample of 224 complete and usable questionnaires was received from the in-patients. The findings showed that hospital C has above-average total and dimensional qualities and patients are the most satisfied in accordance with all dimensions of services. Hospitals A and B have under-average total qualities as the majority of patients are not satisfied with services. Comparing hospitals A and B, in the majority of dimensions (with the exception of Q5), the quality in hospital B is higher than in hospital A. Patients' satisfaction with different service quality dimensions is correlated with their willingness to recommend the hospital to others. A cure to improve the quality for health-care services can be an application of total relationship management and the 5Qs model together with customer orientation strategy. The result helped to reengineer and redesign creatively their quality management processes and the future direction of their more effective health-care quality strategies. The author described that involving a new instrument and a new method which assure a reasonable level of relevance, validity and reliability, while being explicitly change-oriented. This study argues that a patient's satisfaction is a cumulative construct, summing satisfaction with different 5Qs of the hospital: quality of object, processes, infrastructure, interaction, and atmosphere.

3.4.2. Patient satisfaction, treatment experience, and disability outcomes in a population-based cohort of injured workers in Washington state: implications for quality improvement:

Wickizer et al (2004) study, aimed to determine what aspects of patient satisfaction are most important in explaining the variance in patients' overall treatment experience and to evaluate the relationship between treatment experience and subsequent outcomes. A survey of 804 randomly selected injured workers in Washington State filing a workers' compensation claim between November 1999 and February 2000 were combined with insurance claims data indicating whether survey respondents were receiving disability compensation payments for being out of work at 6 or 12 months after claim filing. The authors used a two-step analysis. In the first step, a multiple linear regression model was tested to assess the relationship of satisfaction measures to patients' overall treatment experience. In the second step, logistic regression was used to assess the relationship of treatment experience to subsequent outcomes. The Findings showed among injured workers who had ongoing follow-up care after their

initial treatment (n=681), satisfaction with interpersonal and technical aspects of care and with care coordination was strongly and positively associated with overall treatment experience ($p<0.001$). As a group, the satisfaction measures explained 38 percent of the variance in treatment experience after controlling for demographics, satisfaction with medical care prior to injury, job satisfaction, type of injury, and provider type. Injured workers who reported less-favorable treatment experience were 3.54 times as likely (95 percent confidence interval, 1.20–10.95, $p=.021$) to be receiving time-loss compensation for inability to work due to injury 6 or 12 months after filing a claim, compared to patients whose treatment experience was more positive.

3.4.3. Validation and application of an instrument for measuring patient relatives' perception of quality of geriatric care:

Verho and Arnetz (2003) study, aimed to test and validate a questionnaire concerning patient relatives' perception of the quality of geriatric care. The authors used three anonymous questionnaire studies at a community-based geriatric care organization and a university hospital in Sweden. A total of three hundred and eighteen relatives of patients within the geriatric care organization and 38 relatives of patients at the university hospital. The authors used questionnaire that composed of eight quality of care indices and an overall quality rating. Reliability and validity estimates were compared between the results from the three surveys. The results showed that internal reliability estimates for all indices were >0.65 and consistent over time. Inter-index correlations were >0.60 between certain indices, indicating some overlap. The results of factor analysis are three distinct index groupings: personnel, relative's role, and care content. These three dimensions summarize relatives' perceptions of the quality of geriatric care. The study concluded that there is a need for a confidential patient relatives' questionnaire in geriatric care. The results revealed good questionnaire reliability and validity. The questionnaire needs to be tested in larger, independent samples in order to validate the indices further.

3.4.4. Patient and staff satisfaction with the quality of in-patient psychiatric care in a Nigerian general hospital:

Olusina, Ohaeri, and Olatawura (2002) study, aimed to assess how satisfied the patients and staff in an acute admission psychiatric unit were with experiences in the

ward, including the physical environment, freedom, comfort, attitudes of staff towards patients, access to staff, and duration of hospitalization. The authors used a descriptive study of all patients admitted for functional psychiatric disorders in a 5-month period was conducted. Patients and staff completed similar 16-item self-rated Likert-type questionnaires. Satisfaction was rated as follows: dissatisfaction < 50 % positive appreciation), bare satisfaction (50-65 %), moderate (66-74 %), and highest satisfaction (> or = 75 %). The results showed 118 patients were dissatisfied with items that indicated curtailment of their freedom, while the 35 staff were dissatisfied with the physical facilities for care. The highest satisfaction for patients and staff were for items on staff-patient relationship. Barely satisfactory items for patients included the time spent with doctors. Patients had a higher positive appraisal of the adequacy of physical facilities than staff, while staff had a more positive appraisal of their relationship with patients. There were no significant differences in satisfaction among diagnostic groups. The study concluded that logical and discriminating manner in which patients assessed satisfaction supports the impression that they can be relied upon to make objective appraisal of the process of care, and that patient satisfaction is a valid index of the quality of care.

3.4.5. Client satisfaction and quality of health care in rural Bangladesh:

Aldana, Piechulek, and Al-Sabir (2001) study, aimed to assess user expectations and degree of client satisfaction and quality of health care provided in rural Bangladesh. A sample of 1913 persons selected by systematic random sampling was successfully interviewed immediately after receiving care in government health facilities. The findings revealed that the most strong predictor for client satisfaction with the government services was provider behavior, especially respect and politeness. For patients this factor was much more important than the technical competence of the provider. Furthermore, a reduction in waiting time (on average to 30 min) was more important to clients than a prolongation of the quite short (from a medical standpoint) consultation time (on average 2 min, 22 sec), with 75% of clients being satisfied. Waiting time, which was about double at outreach services than that at fixed services, was the only element with which users of outreach services were dissatisfied. The study concluded that the emphasis of client satisfaction is determined by the cultural background of the people. It shows the dilemma that, though optimally care should be capable of meeting both medical and psychosocial needs, in reality care that meets all

medical needs may fail to meet the client's emotional or social needs. Conversely, care that meets psychosocial needs may leave the clients medically at risk. It seems important that developing countries promoting client-oriented health services should carry out more in-depth research on the determinants of client satisfaction in the respective culture.

3.4.6. Assessment of medical care by elderly people: general satisfaction and physician quality:

Lee and Kasper (1998) study, aimed to identify personal characteristics and factors related to health and patterns of healthcare utilization associated with the elderly people's satisfaction with medical care. The data collected from the 1991 Medicare Current Beneficiary Survey on 8,859 persons age 65 and over living in the community. The design was items reflecting general satisfaction with care and views of physician quality are examined and, based on factor analysis, grouped in dimensions of two (global quality, access) and three (technical skills, interpersonal manner, information giving), respectively. The relationship of high levels of satisfaction in each dimension to personal characteristics of elderly people, and to measures of access and utilization, is assessed using logistic regression. The findings showed that level of satisfaction is high, with over 90%, but there is substantial variation with less likelihood of high satisfaction among those 80 or older, with less education and income and in poorer health. Longer waiting time at visits and less frequent visits are factors in lower satisfaction as well. A favorable perception of physician quality, especially regarding technical skills, appears to play a significant role in satisfaction with global quality of care. The study concluded that studies of patient satisfaction in elderly people are rare. Some factors expected to be related to positive assessment based on earlier studies, were, e.g., better health and shorter waiting time, while others were not, e.g., increasing age. Elderly people appear to place greater importance on physician technical skills, as opposed to interpersonal dimensions, in assessing global quality. The authors suggest the need for a better understanding of how elderly people evaluate care and what they value in interactions with the healthcare system.

3.4.7. Satisfaction with access to and quality of health care among medicare enrollees in a health maintenance organization:

Meng et al (1997) study, aimed to determine the levels and predictors of Medicare enrollees' satisfaction with access to medical care and quality of health care in a health maintenance organization. Data collected by an instrument adapted from the Group Health Association of America's Consumer Satisfaction Survey were analyzed after being linked with administrative data. Generally, Medicare enrollees reported high satisfaction with both access to and quality of health care. The majority of members (96%) rated skill, experience, and training of physicians and the friendliness and courtesy of the staff favorably. (77%) of members rated favorably the ability to contact a physician after hours. Levels of satisfaction were essentially not explained by patient characteristics such as age, sex, geographic region, medications, or utilization. Stepwise regression identified the ease of arranging appointments as the strongest predictor of satisfaction, with access to care and outcomes of medical care as the strongest predictor of overall satisfaction with quality of health care. The findings indicate that items that members rated least favorably, such as ability to contact a physician after hours, added little to the prediction of satisfaction with access to and quality of health care.

3.4.8. Commentary on previous studies related to patients' satisfaction with quality of health care services:

Patient satisfaction is a multidimensional construct and major component in assessment of health care quality. The researcher found that all previous studies are new, and all literature pointed to the necessity of patient satisfaction in evaluating quality of health care services.

The objectives of these studies were participated nearly in the same objective that examine and determine the major factors and personal characteristics that influencing on satisfaction and evaluate the quality of health care like Zineldin (2006) study that aimed to examine the major factors affecting patient satisfaction and assessment of quality of health care, Lee and Kasper (1998) study that identify personal characteristics and factors relating to medical care that associated with elderly peoples' satisfaction, while Verho and Arnetz (2003) study aimed to test and validate a questionnaire that concerns to patient relevants perception of the quality of geriatric care.

About sample size, there are some variations of the total number of patients that participated in these studies like Lee and Kasper (1998) study collected data from 8,859 patient, and Al dana, Piechulek and Al-Sabir (2001) study that interviewed about 1913 patients, while Wickizer et al (2004) were used 804 patients, but Verho and Arnetz (2003) were used 356 patients, and Zineldin (2006) was used 224 subjects, while Olusina, Ohaeri, and Olatawura (2002) were used (153) subjects that closely similar with the sample size of the present study.

For instruments of previous studies, several methods were used in previous studies like Olusina, Ohaeri and Olatawura (2002), Meng et al (1997), Zinedin (2006) and Verhoand Arnetz (2003) were used a questionnaire to collect data that similar with this study. While Aldana, Piechulek and Al-Sabir (2001) were used interview to collect data, but Lee and Kasper (1998) and Wickizer et al (2004) were used survey to collect data.

Regarding the results of studies, the results of Zineldin (2006) study revealed that reengineering and redesigns the hospitals and direct effective health care quality strategies, but Aldana, Piechulek and Al-Sabir (2001) study cited that the most powerful aspect for patient satisfaction with government services was provider behaviour that represent in respect and politeness more than technical competence. Also, Wickizer et al (2004) showed there was strong association between satisfaction with interpersonal and technical aspects with care coordination and overall treatment experience. In addition, Verhoand Arnetz (2003) showed that reliable and valid questionnaire that composed eight quality of care. Also, Lee and Kasper (1998) showed that elderly people seem to focus on physical technical skills in assessing quality. Finally, the results of Olusina, Ohaeri and Olatawura (2002) study showed that patient satisfaction is valid element of the quality of care.

About suggestions, Aldana, Piechulek and Al-Sabir (2001) study suggested that promoting client oriented health services, and more research carry out on the elements of patient satisfaction. But Zineldin (2006) said that patient satisfaction is accumulative construct that participate with five qualities of the hospital as: quality of object, processes, infrastructure, interaction and atmosphere. Also, Lee and Kasper (1998) suggest that the need for good understanding of how elderly people assess care and their value in interaction with health care system. The researcher found that patient satisfaction is the major crucial element in assessing the quality of health care.

the researcher benefited from these studies in writing the conceptual framework, study design, determining sample size, preparation new instrument, factors that affect on patient satisfaction.

3.4.9. Commentary on previous studies as a whole:

As effected in such studies, some aspects of these studies were similar to the present study, since they used different methods of research. These studies were applied on various health care services in many countries and used tests and questionnaires, which were used to achieve their aims. Accordingly, the researcher benefited from these studies in different points, especially in definition patient satisfaction, determining patient satisfaction domains, writing the conceptual framework, study design, determining sample size, preparation new instrument, factors that affect on patient satisfaction, explanation of issues and recommendations. The present study is applied on Palestinian subjects that were attending outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza. According to the researcher's knowledge, it is the first study in physiotherapy branch in the Gaza Strip that provides principal information to decision makers about the shortage aspects in physiotherapy services and this aims to enhance the physiotherapy services by improve patient satisfaction level.

Chapter 4

Chapter 4
Methodology

4.1. Introduction:

This chapter explains the methodology in this study. The researcher explains the study design, study population, study setting, study timeline, sample size, sampling process, an instrumentation, an instrument design, pilot study and data collection, data entry and analysis, In addition, the researcher illustrates the psychometric of an instrument, statistical analysis tools, ethical consideration, eligibility criteria and limitations of this study.

4.2. Study design:

This study design is cross-sectional design, quantitative and qualititative study. Which involves the collection of data at single point of time (fixed point of time). In fact, the main advantages of cross-sectional design are practical, easy to do, economical and cheap (Polit, 2004).

4.3. Study population:

The study population was composed in this study 243 of all registered patients who meet the study criteria and received physiotherapy services in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

4.4. Study setting:

The study was conducted in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza.

4.5. Study timeline:

The study was carried out from July through December 2007 for 151 patients selected conveniently from Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza.

4.6. Sample size:

The sample was estimated 151 patient (62%) selected conveniently from the total population, 100 patient from Al-Shifa Hospital and 51 patient from Al-Wafa Medical Rehabilitation Hospital. The researcher has used the statistical formula of sample to determine a scientifically based sample. The population was all patients attended and registered in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital aged between 18-65 year old and having at least 5 physiotherapy sessions during the implementation of this study.

4.7. Sampling process:

The researcher used non probability sample (convenience sample) to select the proposed sample. Convenience sampling is the weakest form of sampling, but it is the most commonly used in rehabilitation field, also the risks of bias maybe minimal if the subject under investigation are fairly homogenous within the population (Polit, 2004).

The total number of sample is 151 patient distributed as follows, 100 patient (66.2%) from Al-Shifa Hospital and 51 patient (33.8%) from Al-Wafa Medical Rehabilitation Hospital.

4.8. An instrumentation:

Structured questionnaires based on interview were administered to 151 patient after they had received the physiotherapy services. The data collected by the researcher alone. The main reasons for used this method to collect data because an interviewed questionnaire was practical, easy, and some patients were not well educated. Finally, the time of filling the questionnaire may took approximately from 15-20 minutes.

4.9. An instrument design:

The researcher used likert scale of 5-points of patients' satisfaction to prepare structured questionnaires according to literature review and researcher experience in physiotherapy field. The designed questionnaire consists of three domains:

The first field: include 17 questions related to some characteristic data like age, gender, marital status, residency place, occupation, education qualification and organizational services.

The second field: seven domains of patients' satisfaction (table 4.1.) based on likert scale of 5-points were used to assess the level of patients' satisfaction with physiotherapy services, actually, the researcher asked the patients to express about their degree of satisfaction by rating 5-points likert scale (1= strongly agree, 2= agree, 3=uncertain, 4= disagree, 5= strongly disagree) (Annex, 7).

Table 4.1

Domains and number of items of each domain in patient satisfaction questionnaire with physiotherapy services

No.	Domains	Total number of items	Number of items
1.	**Appointments registration**	6	1-2-3-4-5-6
2.	**Environment comfort and convenience**	10	7-8-9-10-11-12-13-14-15-16
3.	**Approach of care**	9	17-18-19-20-21-22-23-24-25
4.	**Physiotherapy staff skills and courtesy**	10	26-27-28-29-30-31-32-33-34-35
5.	**Communication and information**	10	36-37-38-39-40-41-42-43-44-45
6.	**Privacy**	4	46-47-48-49
7.	**Loyalty**	2	50-51

Table (4.1) illustrates the domains and number items of each domain in patient satisfaction questionnaire with physiotherapy services.

The third field: contains of acceptance domain that the researcher asks the patient to choose between yes or no. Also, there are 2 open ended questions to mention three main problems and positive aspects of physiotherapy services.

4.10. Pilot study:

The pilot sample consists of 30 patient who received physiotherapy services from Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital. A pilot study is pre-test of the instrument and the results of it direct the researcher to modify, cancel and rephrase some items and questions. Also, it examined clarity, ambiguity, length and suitability of questions before the beginning of data collection (Polit, 2004). Additionally, the pilot subjects were excluded from the sample.

4.11. Data collection:

The data was collected by the researcher with response rate of 86.3% (86.9% at Al-Shifa Hospital and 85% at Al-Wafa Medical Rehabilitation Hospital, all questionnaires are arranged, organized and numbered serially. Each questionnaire consists of consent form in the first and tell the patient to participate in the study with time extent between 15-20 minutes. The researcher collects 151 questionnaire and checked for completeness before data entry of the computer.

4.12. Data entry and analysis:

The researcher entered the data of 151 questionnaire using SPSS version 13 with cooperation of statistician and data analyze which illustrated in the following steps:

1- Over viewing the filled questionnaires.

2- Coding of questionnaires.

3- Designing data entry model.

4- Defining variables.

5- Coding variables.

6- Data cleaning.

7- Frequency table for the study variables.

8- Testing validity and reliability.

9- Cross tabulation of results.

10- Conducting advanced statistical tests like independent T- test, ANOVA.

11- Correlation coefficient.

4.13. Psychometric of an instrument:

Validity

Validity of an instrument means that the degree to which an instrument measures what it is suppose to be measured (Polit, 2004).

Face and content validity

Face and content validity of an instrument is necessarily based on judgment that means the degree to which the items in an instrument adequately represent the universe of content. The instrument is submitted to experts panel with experience and knowledge of the topic who make suggestions and judgment about the adequacy of the instrument (Polit, 2004).

Face and content validity done prior collection of data to judge clarity, simplicity and completeness of the instrument. About 7 instruments were sent to various experts and researchers including the operational definitions (Annex, 4). Also, according to panel comments, the researcher modified the instrument by adding and removing some items and statements and checked the instrument in English and Arabic languages. A criteria of 85% acceptance among experts panel were used.

Internal consistency validity

The researcher used the correlation coefficient to evaluate the instrument validity which include construct validity.

Table (4.2) illustrates the correlation coefficient between each domain and total degree of instrument in the whole instrument.

Table 4.2

Correlation coefficient between each satisfaction domains and total degree of instrument

No.	Satisfaction domains	Pearson correlation	Significant level
1.	**Appointments registration**	0.49	significant at the 0.05(*)
2.	**Environment comfort and convenience**	0.60	significant at the 0.05(*)
3.	**Approach of care**	0.90	significant at the 0.05(*)
4.	**Physiotherapy staff skills and courtesy**	0.94	significant at the 0.05(*)
5.	**Communication and information**	0.90	significant at the 0.05(*)
6.	**Privacy**	0.62	significant at the 0.05(*)
7.	**Loyalty**	0.72	significant at the 0.05(*)

(*) Correlation is significant at 0.05 level

Table (4.2) illustrates the correlation coefficients between satisfaction domains and total degree of instrument, all the coefficients are positive and significant at the 0.05 level and all correlation coefficients ranged between (0.49-0.94), that means a content validity for what it is suppose to be measured.

Table 4.3

Correlation coefficient between each item of appointments registration domain and total degree of domain

No.	Items of appointments registration domain	Pearson correlation	Significant level
1.	You are satisfied regarding ease of appointments registration procedures	0.37	significant at the 0.05 (*)
2.	You feel that the physiotherapy sessions scheduled appointments at convenient times	0.57	significant at the 0.05 (*)
3.	Your first visit for physiotherapy services was scheduled quickly	0.73	significant at the 0.05 (*)
4.	It was easy to schedule physiotherapy sessions appointments after your first visit	0.56	significant at the 0.05 (*)
5.	You was seen promptly when you arrived for physiotherapy session	0.80	significant at the 0.05 (*)
6.	The registration process is hard and complex	0.05	not significant

(*) Correlation is significant at 0.05 level

Table (4.3) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are positive and significant at 0.05 level and all correlation coefficients ranged between (0.05-0.80), that means a content validity for what it is suppose to be measured. But, item no.(6) is not significant and deleted.

Table 4.4

Correlation coefficient between each item of environment comfort and convenience domain and total degree of domain

No.	Items of environment comfort and convenience domain	Pearson correlation	Significant level
1.	The location of hospital is easy to arrive it	0.32	not significant
2.	You are satisfied regarding cleanliness of reception office	0.55	significant at the 0.05 (*)
3.	You are satisfied regarding cleanliness of physiotherapy department	0.38	significant at the 0.05 (*)
4.	The waiting area is convenient and seats are enough	0.49	significant at the 0.05 (*)
5.	The waiting area is comfortable	0.65	significant at the 0.05 (*)
6.	You feel with calm and relaxing atmosphere in physiotherapy department	0.40	significant at the 0.05 (*)
7.	Parking is available and convenient	0.39	significant at the 0.05 (*)
8.	The physiotherapy department had a proper ventilation	0.62	significant at the 0.05 (*)
9.	Bathrooms cleanliness are good	0.38	significant at the 0.05 (*)
10.	The physiotherapy department environment is adaptive for all patients	0.61	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.4) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are positive and significant at the 0.05 level and all correlation coefficients ranged between (0.32-0.65), that means a content validity for what it is suppose to be measured. But, item no. (1) is not significant and deleted.

Table 4.5

Correlation coefficient between each item of approach of care domain and total degree of domain

No.	Items of approach of care domain	Pearson correlation	Significant level
1.	The physiotherapist understands your problem /condition	0.81	significant at the 0.05 (*)
2.	The physiotherapist explains your physiotherapy plan	0.69	significant at the 0.05 (*)
3.	You are satisfied with the treatment provided by your physiotherapist	0.75	significant at the 0.05 (*)
4.	The physiotherapist gives you detailed instructions regarding your home program	0.88	significant at the 0.05 (*)
5.	The instructions by your physiotherapist help you	0.83	significant at the 0.05 (*)
6.	You are satisfied with the overall quality of your physiotherapy care services	0.80	significant at the 0.05 (*)
7.	You are satisfied with explanations about what will be done to you during physiotherapy session	0.80	significant at the 0.05 (*)
8.	You feel with security at all times during the physiotherapy session	0.55	significant at the 0.05 (*)
9.	Overall, You are satisfied with your experience with physiotherapy services	0.81	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.5) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are positive and significant at 0.05 level and all correlation coefficients ranged between (0.55-0.88), that means a content validity for what it is suppose to be measured.

Table 4.6

Correlation coefficient between each item of physiotherapy staff skills and courtesy domain and total degree of domain

No.	Items of physiotherapy staff skills and courtesy domain	Pearson correlation	Significant level
1.	You feel the courtesy of the physiotherapy staff	0.58	significant at the 0.05 (*)
2.	The physiotherapy staff respects you as a person	0.55	significant at the 0.05 (*)
3.	The physiotherapist listens to your concerns	0.88	significant at the 0.05 (*)
4.	The physiotherapist listens and answers all your questions	0.81	significant at the 0.05 (*)
5.	The physiotherapy staff favor some patients over others	-0.35	significant at the 0.05 (*)
6.	The physiotherapy staff took enough notice of your views and wishes	0.77	significant at the 0.05 (*)
7.	The physiotherapist spends enough time with you	0.75	significant at the 0.05 (*)
8.	The physiotherapist advises you on ways to avoid future problems	0.52	significant at the 0.05 (*)
9.	There is a distance between you and your physiotherapist	-0.37	significant at the 0.05 (*)
10.	You feel that your physiotherapy staff gave you psychological support	0.79	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.6) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are significant at 0.05 level and all correlation coefficients ranged between (0.35-0.88), that means a content validity for what it is suppose to be measured.

Table 4.7

Correlation coefficient between each item of communication and information domain and total degree of domain

No.	Items of communication and information domain	Pearson correlation	Significant level
1.	The physiotherapist presents himself to you	0.73	significant at the 0.05 (*)
2.	The physiotherapist provides you clear explanations about the examinations which were done to you	0.76	significant at the 0.05 (*)
3.	The physiotherapist explains things for you in simple and clear manner	0.80	significant at the 0.05 (*)
4.	There are adequate communications between you and physiotherapy staff	0.82	significant at the 0.05 (*)
5.	You are satisfied about answers to your questions	.084	significant at the 0.05 (*)
6.	You are expressed about your worries to your physiotherapist	0.81	significant at the 0.05 (*)
7.	It is easy to exchange smiles with the physiotherapy staff	0.67	significant at the 0.05 (*)
8.	enough information was given about your condition	0.75	significant at the 0.05 (*)
9.	enough information was given about your home program	0.76	significant at the 0.05 (*)
10.	You had a difficulty in communicating with physiotherapy staff	-0.44	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.7) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are significant at 0.05 level and all correlation coefficients ranged between (-0.44 -0.84), that means a content validity for what it is suppose to be measured.

Table 4.8

Correlation coefficient between each item of privacy domain and total degree of domain

No.	Items of privacy domain	Pearson correlation	Significant level
1.	Your privacy was respected during your physiotherapy session	0.72	significant at the 0.05 (*)
2.	The physiotherapy department arrangement and preparation provided you with adequate privacy	0.90	significant at the 0.05 (*)
3.	The physiotherapist respected your privacy during the examination	0.91	significant at the 0.05 (*)
4.	The physiotherapy department environment gave you independent privacy	0.79	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.8) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are significant at the 0.05 level and all correlation coefficients ranged between (0.72-0.91), that means a content validity for what it is suppose to be measured.

Table 4.9

Correlation coefficient between each item of Loyalty domain and total degree of domain

NO.	Items of loyalty domain	Pearson correlation	Significant level
1.	You will recommend this hospital to your family / friends who are in need of similar service	0.89	significant at the 0.05 (*)
2.	You will return to this hospital if you need physiotherapy services in the future	0.89	significant at the 0.05 (*)

(*) Correlation is significant at 0.05 level

Table (4.9) illustrates the correlation coefficient for each item of the domain and total degree of domain, all the coefficients are strong and significant at the 0.05 level and all correlation coefficients ranged between (0.89-0.89), that means a content validity for what it is suppose to be measured.

Reliability

Reliability of instrument reflects the degree of consistency of an instrument during measurement the attribute (Polit, 2004). A reliable measure is one that maximizes the true score component and minimizes the error component. In this study, the statistical test used for Cronbachs' Alpha coefficient and this test measure the reliability of the instrument between each domain and the whole of the instrument.

The normal range of Cronbachs' Alpha value between (0.00 - +1.0) but in this study the cronbachs' Alpha value of the instrument was 0.94 that is very high and reflects a higher degree of reliability of the instrument. The following table illustrates Cronbach's Alpha value of patients' satisfaction domains.

Table 4.10

Cronbach's Alpha of satisfaction domains with physiotherapy services

No.	Domains	Total number of items	Cronbach's Alpha Value
1.	**Appointments registration**	5	6.0
2.	**Environment comfort and convenience**	9	0.65
3.	**Approach of care**	9	0.78
4.	**Physiotherapy staff skills and courtesy**	10	0.73
5.	**Communication and information**	10	0.76
6.	**Privacy**	4	0.82
7.	**Loyalty**	2	0.89
8.	**Total**	49	0.94

4.14. Statistical analysis tools:

The researcher used quantitative data analysis methods. The data was analyzed by SPSS version 13. The researcher followed these tools:

1- Correlation coefficient for validity test.

2- Cronbach's Alpha for reliability test.

3- Frequency and descriptive analysis.

4- Cross tabulation.

5- Parametric Tests (independent T- test and ANOVA).

6- Correlation coefficient.

4.15. Ethical consideration and procedures:

According to the most important ethical aspects of research:

- Many ethical approval letters have been issued in this study such as ethical approval letter to the General Director of Al-Shifa Governmental Hospital and Director of Al-Wafa Medical Rehabilitation Hospital (annex 2, 3).
- Explanatory letter was added to each questionnaire to maintain participants rights, also, all patients asked to participate in the study and received full explanations about the research purposes (annex 8).
- respect, anonymity and confidentiality were given and maintained by consent form for each participants and the liberty to withdraw at any stage of the interview and their participation wasn't undergo to any pressure.

4.16. Eligibility criteria:

Inclusion criteria:

All patients attended and registered in outpatient physiotherapy departments at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital, aged between 18-65 years old, both males and females and having at least 5 physiotherapy sessions during the implementation of this study.

Exclusion criteria:

- Patients who are not related to previous criteria.
- Patients who refuse to participate.

4.17. Limitations of Study:

- Time limitation, the data was collected in limited time during one month in August 2007.
- Lack of literature that is related to patients' satisfaction especially, in physiotherapy field.
- Bad political and socioeconomic conditions of the patients might be reflected on their satisfaction degree during this study.

Chapter 5

Chapter 5
Results and Discussion

5.1. Introduction:

This chapter illustrates the results of statistical analysis of the data including descriptive analysis that presents the demographic characteristics, socio-economic characteristics, organizational and services characteristics of patients, also it presents the main domains of patient satisfaction with physiotherapy services in both hospitals (Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital). In addition, the relationships and differences between study variables and overall satisfaction scores and subscales by using various statistical tests. Lastly, the researcher interprets the results in the light of previous literature.

5.2. Descriptive analysis for study variables:

The total number of this study sample was 151 patient, two thirds (66.2%) (100) patient from Al-Shifa Hospital while the remaining third (33.8%) (51) patient were from Al-Wafa Medical Rehabilitation Hospital. Table (5.11), and Table (5.12) illustrate various demographic, socio-economic characteristics, organizational and services characteristics that included in this study.

Table 5.11

Demographic, socio-economic characteristic of the patients

Variables	Frequency	Percent %
Gender		
Male	**76**	**50.3**
Female	**75**	**49.7**
Age		
18-33	**48**	**31.8**
34-49	**40**	**26.5**
50-65	**63**	**41.7**
Residency place		
Camp	**12**	**7.9**
City	**139**	**92.1**
Marital status		
Single	**32**	**21.2**
Married	**105**	**69.5**
Other	**14**	**9.3**
Occupation		
Employed	**50**	**33.1**
Unemployed	**101**	**66.9**
Income average		
$120 - $500	**31**	**20.5**
More than $500	**16**	**10.6**
Less than $120	**104**	**68.9**
Educational level		
Illiterate and primary	**45**	**29.8**
Preparatory	**30**	**19.9**
Secondary	**40**	**26.5**
University and more	**36**	**23.8**

Table 5.12

Organizational and service variables

Variables	Frequency	Percent %
Source of payment		
Insurance	101	66.9
Self-Pay	36	23.8
Free Medical Care	14	9.3
Medical diagnosis categories		
Orthopedic	129	85.4
Neurological	22	14.6
Source of hospital knowledge		
Physician	124	82.1
Dispensary	27	17.9
First experience of hospital		
Yes	49	32.5
No	102	67.5
First experience of physiotherapy services		
Yes	86	57.0
No	65	43.0
Waiting time / minutes		
Less than 10	119	78.8
11-15	19	12.6
More than 15	13	8.6
Physiotherapy session duration		
Reasonable	127	84.8
Short	24	15.2
Physiotherapy sessions number		
5-37	144	95.4
38-70	7	4.6
Body locations that received physiotherapy care		
Upper limbs	28	18.5
Lower limbs	41	27.2
Upper & lower limbs	11	7.3
Spinal column	64	42.4
Other	7	4.6

5.3. The results and interpretation of the first research question:

The results of the first research question:

Overall satisfaction

The overall satisfaction scores reflect the total satisfaction of all the domains scores. Domains of patients' satisfaction with physiotherapy services were appointments registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and finally loyalty.

Table (5.13), answers the first research question (What is the level of patient's satisfaction with physiotherapy services?), that illustrats the degree of patients' satisfaction in 5-points likert scale representing; strongly agree, agree, uncertain, disagree, and strongly disagree with physiotherapy services in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in each domains of satisfaction and overall satisfaction. The percentage of overall satisfaction was (87.4%). Also the percentage ranged of satisfaction scores for all domains between (64.2%-98%), the highest percentage reflects the highest level of satisfaction and vice versa. The highest level of satisfaction was pointed to appointments registration domain (98%), but the lowest level of satisfaction was pointed to communication and information domain (64.2%).

Table 5.13

Domains of patient satisfaction

Domains	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Appointments registration	Al-Shifa Hospital	20	20.0	77	77.0	3	3.0	0	0.0	0	0.0
	Al-Wafa Hospital	31	60.8	20	39.2	0	0.0	0	0.0	0	0.0
	Total	51	33.8	97	64.2	3	2.0	0	0.0	0	0.0
Environment comfort and convenience	Al-Shifa Hospital	13	13.0	83	83.0	4	4.0	0	0.0	0	0.0
	Al-Wafa Hospital	37	72.5	13	25.5	1	2.0	0	0.0	0	0.0
	Total	50	33.1	96	63.6	5	3.3	0	0.0	0	0.0
Approach of care	Al-Shifa Hospital	13	13.0	54	54.0	24	24.0	9	9.0	0	0.0
	Al-Wafa Hospital	43	84.3	8	15.7	0	0.0	0	0.0	0	0.0
	Total	56	37.1	62	41.1	24	15.9	9	6.0	0	0.0

Physiotherapy staff skills and courtesy	Al-Shifa Hospital	33	33.0	52	52.0	13	13.0	2	2.0	0	0.0
	Al-Wafa Hospital	50	98.0	1	2.0	0	0.0	0	0.0	0	0.0
	Total	83	55.0	53	35.1	13	8.6	2	1.3	0	0.0
Communication and information	Al-Shifa Hospital	13	13.0	33	33.0	37	37.0	17	17.0	0	0.0
	Al-Wafa Hospital	39	76.5	12	23.5	0	0.0	0	0.0	0	0.0
	Total	52	34.4	45	29.8	37	24.5	17	11.3	0	0.0
Privacy	Al-Shifa Hospital	30	30.0	60	60.0	2	2.0	7	7.0	1	1.0
	Al-Wafa Hospital	47	92.2	3	5.9	0	0.0	1	2.0	0	0.0
	Total	77	51.0	63	41.7	2	1.3	8	5.3	1	0.7
Loyalty	Al-Shifa Hospital	33	33.0	52	52.0	3	3.0	5	5.0	7	7.0
	Al-Wafa Hospital	50	98.0	1	2.0	0	0.0	0	0.0	0	0.0
	Total	83	55.0	53	35.1	3	2.0	5	3.3	7	4.6
Overall satisfaction score	Al-Shifa Hospital	24	24.0	57	57.0	18	18.0	1	1.0	0	0.0
	Al-Wafa Hospital	48	94.1	3	5.9	0	0.0	0	0.0	0	0.0
	Total	72	47.7	60	39.7	18	11.9	1	0.7	0	0.0

Interpretation of the study results:

This study was conducted to assess the level of patients' satisfaction with physiotherapy services in outpatient physiotherapy departments at the two major governmental and non governmental hospitals in Gaza (Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital), and to explore the variables that affect the domains of satisfaction. In addition, this study aims to identify the positive and negative areas that affect patients' satisfaction with physiotherapy services at the two hospitals in Gaza. The researcher used some domains according to literature review, also, the researcher attempts to interpret and discuss the results.

Interpretation of the results of the first research question:

The results showed that the level of satisfaction in both hospitals was (87.4%). The patients' of Al-Wafa Medical Rehabilitation Hospital reported higher percentage of satisfaction level (100%) than the patients' of Al-Shifa Hospital (81%). Another study conducted in the Gaza Strip, which identified the expenses and the level of satisfaction of referred patients abroad by Palestine MOH. The study results showed that (52%) only of the patients expressed their satisfaction from the services that provided by the

treatment abroad unit at MOH, (52.9%) only of patients' expressed their satisfaction from the performance of the medical doctors at the local hospitals before traveling to abroad, and (69.9%) expressed their satisfaction from the treatment abroad in the neighboring countries (Jordan, Israel and Egypt). Also the level of satisfaction was the highest for Jordan (88.9%), then Israel (76.9%) and the lowest level of satisfaction was from Egypt (60.3%). The study concluded that the need to enhance the performance of the medical doctors to decrease the cost and suffering of travel (Abu Hashem, 2007). On the other hand, Abu Saileek (2004) investigated the clients' satisfaction with nursing care provided at selected hospitals in Gaza Strip. The results of the study showed that the level of satisfaction was (70.1%) in both hospitals. The patients' in European Gaza Hospital reported higher level of satisfaction (84.2%) more than the patients' in Nasser Hospital (61.7%). Likewise, Abu Harbeid (2004) study, aimed to assess the degree of women's satisfaction with antenatal care provided at the two major health sectors, MoH and UNRWA in Gaza Strip. The results showed that overall satisfaction was (79.3%).

Al Hindi (2002) assessed the level of clients' satisfaction with radiology services in Gaza Strip. The study showed that the overall satisfaction level with radiology services was (82.5%). Another study conducted in Gaza Strip by Mousa (2000) measured the clients' satisfaction with family planning services, the percentage of women who were satisfied was 72% with family planning services at MoH and UNRWA clinics. Furthermore, Backhouse and Brown (2000) examined the patients' satisfaction in a 26-bedded rehabilitation unit within a large hospital. The results showed (76%) of patients are satisfied from primary nursing care.

The researcher interprets the results in the light of conceptual framework, literature review, and Palestinian situation. In this study, although, the political and socio-economic situations in Palestinian community is unstable, but the patients recorded the higher percentage of satisfaction level, on the other word, these situations might affect on their satisfaction level. In addition, the qualitative data may direct the researcher to explore the dissatisfied areas that need more enhancements to improve the quality of physiotherapy services.

Domains of patients' satisfaction with physiotherapy services:

According to literature review the researcher used seven domains of patients' satisfaction with physiotherapy services in Gaza which consists of (49) items that presented as follows:

The results of appointments registration domain:

Appointments registration domain reflects the extent of patients' satisfaction with the helpness regarding ease of appointments procedures and scheduling appointments at convenient times.

The findings showed in table (5.13) that the patients have reported (98%) of satisfaction level with appointments registration domain. Additionally, the results identified some differences between Al-Shifa Hospital patients and Al-Wafa Medical Rehabilitation Hospital patients regarding satisfaction level with appointments registration. Al-Wafa Medical Rehabilitation Hospital patients' reported higher satisfaction level (100.0%) of appointments registration domain, while Al-Shifa Hospital patients' reported (97.0%) of satisfaction level with the same domain. Table (5.14) illustrated the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

Table 5.14

Appointments registration items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q1-You are satisfied regarding ease of appointments registration procedures	Al-Shifa Hospital	14	14.0	76	76.0	0	0.0	10	10.0	0	0.0
	Al-Wafa Hospital	16	31.4	32	62.7	0	0.0	3	5.9	0	0.0
	Total	30	19.9	108	71.5	0	0.0	13	8.6	0	0.0
Q2- You feel that the physiotherapy sessions scheduled appointments at convenient times	Al-Shifa Hospital	15	15.0	80	80.0	0	0.0	5	5.0	0	0.0
	Al-Wafa Hospital	21	41.2	30	58.8	0	0.0	0	0.0	0	0.0
	Total	36	23.8	110	72.8	0	0.0	5	3.3	0	0.0
Q3- Your first visit for physiotherapy services was scheduled quickly	Al-Shifa Hospital	5	5.0	81	81.0	0	0.0	13	13.0	1	1.0
	Al-Wafa Hospital	20	39.2	23	45.1	0	0.0	8	15.7	0	0.0
	Total	25	16.6	104	68.9	0	0.0	21	13.9	1	0.7

Q4- It was easy to schedule physiotherapy sessions appointments after your first visit	Al-Shifa Hospital	7	7.0	91	91.0	0	0.0	2	2.0	0	0.0
	Al-Wafa Hospital	27	52.9	24	47.1	0	0.0	0	0.0	0	0.0
	Total	34	22.5	115	76.2	0	0.0	2	1.3	0	0.0
Q5- You were seen promptly when you arrived for physiotherapy session	Al-Shifa Hospital	8	8.0	88	88.0	0	0.0	4	4.0	0	0.0
	Al-Wafa Hospital	23	45.1	26	51.0	0	0.0	2	3.9	0	0.0
	Total	31	20.5	114	75.5	0	0.0	6	4.0	0	0.0

Interpretation of the results of appointments registration domain:

The researcher interprets the results of appointments registration domain. The findings showed that the patients have reported (98%) of satisfaction level with appointments registration domain. Meng and colleagues identified that the ease of arranging appointments as the powerful predictor of satisfaction. Furthermore, the findings suggest that any efforts in improving the organizing for appointments lead to medicare enrollees more satisfied important in all quality of health care (Meng et al, 1997). Also, Goldstein and collogues (2000) designed an instrument to measure the domain of patient satisfaction and used by physical therapists in various settings, including acute care hospitals, sub acute rehabilitation hospitals and private outpatient offices. The instrument contains eleven domains, two domains of these were convenience of appointment time and ease of scheduling an appointment. Several researchers asserted that patient satisfaction is associated with health status (Williams and Calnan, 1991; Fitzpatrick, 1991) and with health-related behaviours such as compliance with medical regimens and appointment-keeping (Frances, Korsch and Morris, 1969; Hulka et al, 1976; Ware and Hays, 1988).

The researcher illustrated that cooperation between administrative staff, physiotherapy staff and patients regarding ease of appointments registration, scheduling at convenient times that lead the patients to be more satisfied.

The results of environment comfort and convenience domain:

Environment comfort and convenience domain reflects the extent of patients' satisfaction with comfort and cleanliness in waiting area and physiotherapy department, also adequacy of seats that means the comfort of environment lead to comforting and

satisfying feeling in this place. The findings in table (5.13) showed that the patients have reported (96.7%) of satisfaction level with environment comfort and convenience domain. Additionally, the results identified some differences between Al-Shifa Hospital patients and Al-Wafa Medical Rehabilitation Hospital patients regarding satisfaction level with environment comfort and convenience. Al-Wafa Medical Rehabilitation Hospital patients' reported higher satisfaction level (98.0%) of environment comfort and convenience domain, while Al-Shifa Hospital patients' reported (96.0%) of satisfaction level with this domain. Also table (5.15) presented the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

The qualititative data that was analyzed from an open ended questions can express the real feelings and perceptions of patients about the level of satisfaction with physiotherapy services by their own words and responses that guided the researcher to explain and make interpretation about the meaning of score for each domain.

The findings showed the level of satisfaction, some patients expressed dissatisfactory feelings due to discomfort in the waiting area and the place in this area isn't convenient because the seats are placed infront of toilets and this leads to embarrassing feeling when any patient used the toilet. Another patient said: " The waiting area is very narrow and seats aren't enough for high number of patients".

Another patient said: "I am not satisfied with this department because the department is noisy de to therapists speech and I did not feel any comfort or relaxing atmosphere inside the physiotherapy department".

Table 5.15

Environment comfort and convenience items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q6- You are satisfied regarding cleanliness of reception office	Al-Shifa Hospital	14	14.0	75	75.0	1	1.0	10	10.0	0	0.0
	Al-Wafa Hospital	38	74.5	13	25.5	0	0.0	0	0.0	0	0.0
	Total	52	34.4	88	58.3	1	0.7	10	6.6	0	0.0
Q7- You are satisfied regarding cleanliness of	Al-Shifa Hospital	13	13.0	76	76.0	0	0.0	11	11.0	0	0.0
	Al-Wafa Hospital	42	82.4	9	17.6	0	0.0	0	0.0	0	0.0

physiotherapy department	Total	55	36.4	85	56.3	0	0.0	11	7.3	0	0.0
Q8- The waiting area is convenient and seats are enough	Al-Shifa Hospital	6	6.0	85	85.0	1	1.0	8	8.0	0	0.0
	Al-Wafa Hospital	24	47.1	14	27.5	2	3.9	11	21.6	0	0.0
	Total	30	19.9	99	65.6	3	2.0	19	12.6	0	0.0
Q9- The waiting area is comfortable	Al-Shifa Hospital	4	4.0	86	86.0	4	4.0	6	6.0	0	0.0
	Al-Wafa Hospital	23	45.1	17	33.3	2	3.9	9	17.6	0	0.0
	Total	27	17.9	103	68.2	6	4.0	15	9.9	0	0.0
Q10- You feel with calm and relaxing atmosphere in physiotherapy department	Al-Shifa Hospital	19	19.0	76	76.0	0	0.0	4	4.0	1	1.0
	Al-Wafa Hospital	31	60.8	17	33.3	1	2.0	2	3.9	0	0.0
	Total	50	33.1	93	61.6	1	0.7	6	4.0	1	0.7
Q11- Parking is available and convenient	Al-Shifa Hospital	9	9.0	89	89.0	0	0.0	2	2.0	0	0.0
	Al-Wafa Hospital	31	60.8	20	39.2	0	0.0	0	0.0	0	0.0
	Total	40	26.5	109	72.2	0	0.0	2	1.3	0	0.0
Q12- The physiotherapy department has a proper ventilation	Al-Shifa Hospital	3	3.0	60	60	0	0.0	36	36	1	1.0
	Al-Wafa Hospital	31	60.8	14	27.5	0	0.0	4	7.8	2	3.9
	Total	34	22.5	74	49	0	0.0	40	26.5	3	2.0
Q13- Bathrooms cleanliness are good	Al-Shifa Hospital	0	0.0	4	4.0	94	94.0	2	2.0	0	0.0
	Al-Wafa Hospital	11	21.6	6	11.8	34	66.7	0	0.0	0	0.0
	Total	11	7.3	10	6.6	128	84.8	2	1.3	0	0.0
Q14- The physiotherapy department environment is adaptive for all patients	Al-Shifa Hospital	9	9.0	75	75.0	7	7.0	8	8.0	1	1.0
	Al-Wafa Hospital	37	72.5	7	13.7	1	2.0	6	11.8	0	0.0
	Total	46	30.5	82	54.3	8	5.3	14	9.3	1	0.7

Interpretation of the results of environment comfort and convenience domain:

The researcher interprets the results of environment comfort and convenience domain. The findings showed that the patients have reported (96.7%) of satisfaction level with environment comfort and convenience domain. In contrast with Abu Saileek (2004) study, the results showed that the patients' reported only (69.7%) of satisfaction level with nursing care in this domain. Another study by Al Hindi (2002), the clients' reported a higher percentage of satisfaction level (90%) with comfort and privacy domain in receiving radiology services. Gadallah et al (2003) investigated patient satisfaction with PHC services in two districts in lower and upper Egypt. The study

concluded that the physical environment of outpatient clinics is an important indicator in clients' satisfaction. Also, the satisfaction level among patients was related to many factors such as a relaxing physical environment and the attentiveness and "bedside manner" of the physician. These factors improve patient satisfaction and secure their intention to continue of care. Moreover, Bitner (1992) pointed that physical environment plays vital role in customer satisfaction. The physical environment, such as waiting rooms in hospitals, could be made more satisfying for patients.

The researcher suggests that to enhance the patients satisfaction in this domain, the service provider may provide enough seats in waiting area, pay attention about noise and provide a comfortable atmosphere inside the physiotherapy departments.

The results of approach of care domain:

Approach of care domain reflects the extent of patients' satisfaction about the physiotherapy services during physiotherapy session, also the patient attends to physiotherapy session because he/she is satisfied with quality of services and feel security. Furthermore, the patient satisfied with treatment provided in this hospital. Lastly, he/she has good adherence and compliance with physiotherapy services. So, the patient continues to receive physiotherapy services in this hospital. Also, the results in table (5.13) showed that there are real differences between Al-Shifa Hospital patients and Al-Wafa Medical Rehabilitation Hospital patients regarding satisfaction level with approach of care. Al-Wafa Medical Rehabilitation Hospital patients' reported higher satisfaction level (100.0%) of approach of care domain, while Al-Shifa Hospital patients' reported only (67.0%) of satisfaction level with this domain. Also, table (5.16) presented the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

These findings are consistent with the qualititative data in this study. For example, the first patient said: "I am commitmed to attend in physiotherapy sessions in this hospital because I am satisfied with quality of my physiotherapy care services". The second patient said: "I am not satisfied with treatment provided by some therapists in the same physiotherapy department". Another patient said: "I am not satisfied with physiotherapy treatment, the therapist didn't give me any advices and instructions about my condition".

Table 5.16

Approach of care items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q15- The physiotherapist understands your problem /condition	Al-Shifa Hospital	10	10.0	72	72.0	5	5.0	9	9.0	4	4.0
	Al-Wafa Hospital	40	78.4	10	19.6	0	0.0	1	2.0	0	0.0
	Total	50	33.1	82	54.3	5	3.3	10	6.6	4	2.6
Q16- The physiotherapist explains your physiotherapy plan	Al-Shifa Hospital	7	7.0	35	35.0	0	0.0	16	16.0	42	42.0
	Al-Wafa Hospital	28	54.9	7	13.7	0	0.0	15	29.4	1	2.0
	Total	35	23.2	42	27.8	0	0.0	31	20.5	43	28.5
Q17- You are satisfied with the treatment provided by your physiotherapist	Al-Shifa Hospital	8	8.0	69	69.0	3	3.0	10	10.0	10	10.0
	Al-Wafa Hospital	29	56.9	20	39.2	1	2.0	1	2.0	0	0.0
	Total	37	24.5	89	58.9	4	2.6	11	7.3	10	6.6
Q18- The physiotherapist gives you detailed instructions regarding your home program	Al-Shifa Hospital	12	12.0	49	49.0	1	1.0	13	13.0	25	25.0
	Al-Wafa Hospital	38	74.5	10	19.6	0	0.0	1	2.0	2	3.9
	Total	50	33.1	59	39.1	1	0.7	14	9.3	27	17.9
Q19- The instructions by your physiotherapist help you	Al-Shifa Hospital	11	11.0	48	48.0	39	39.0	2	2.0	0	0.0
	Al-Wafa Hospital	41	80.4	9	17.6	0	0.0	1	2.0	0	0.0
	Total	52	34.4	57	37.7	39	25.8	3	2.0	0	0.0
Q20- You are satisfied with the overall quality of your physiotherapy care services	Al-Shifa Hospital	1	1.0	75	75.0	1	1.0	19	19.0	4	4.0
	Al-Wafa Hospital	31	60.8	20	39.2	0	0.0	0	0.0	0	0.0
	Total	32	21.2	95	62.9	1	.7	19	12.6	4	2.6
Q21- You are satisfied with explanations about what will be done to you during physiotherapy session	Al-Shifa Hospital	1	1.0	31	31.0	7	7.0	53	53.0	8	8.0
	Al-Wafa Hospital	21	41.2	23	45.1	0	0.0	7	13.7	0	0.0
	Total	22	14.6	54	35.8	7	4.6	60	39.7	8	5.3
Q22- You feel with security at all times during the physiotherapy session	Al-Shifa Hospital	8	8.0	72	72.0	6	6.0	12	12.0	2	2.0
	Al-Wafa Hospital	32	62.7	19	37.3	0	0.0	0	0.0	0	0.0
	Total	40	26.5	91	60.3	6	4.0	12	7.9	2	1.3
Q23- Overall, You are satisfied with your experience with physiotherapy services	Al-Shifa Hospital	2	2.0	75	75.0	0	0.0	19	19.0	4	4.0
	Al-Wafa Hospital	29	56.9	22	43.1	0	0.0	0	0.0	0	0.0
	Total	31	20.5	97	64.2	0	0.0	19	12.6	4	2.6

Interpretation of the results of approach of care domain:

The researcher interprets the results of approach of care domain. The results showed that the patients have reported (78.2%) in this domain. In congruence with Al Hindi (2002) who assessed clients' satisfaction with radiology services in Gaza, the results showed that (80%) of the clients were satisfied with approach of care at both service provider.

The researcher shows that the improvement of patient satisfaction level in this domain referred to development of physiotherapy staff skills and general knowledge to be more qualified and competent as well as possible that lead to quality of physiotherapy services.

The results of physiotherapy staff skills and courtesy domain:

Physiotherapy staff skills and courtesy domain reflects that physiotherapy staff have adequate knowledge and experiences of patients' complaints and offering physiotherapy services in professional way. Also, there was good and effective courtesy between the service provider and patients are positively contributing to quality physiotherapy care.

The findings in table (5.13) showed that the patients have reported satisfaction level (90.1%). In addition, the results revealed real differences between Al-Shifa Hospital patients and Al-Wafa Medical Rehabilitation Hospital patients regarding satisfaction level with physiotherapy staff skills and courtesy. Al-Wafa Medical Rehabilitation Hospital patients' reported higher satisfaction level (100.0%) of physiotherapy staff skills and courtesy domain, while Al-Shifa Hospital patients' reported only (85.0%) of satisfaction level in the same domain. Also table (5.17) presented the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital. The findings in qualitative data showed regarding the level of satisfaction, some patients were satisfied with physiotherapy care, such as, one patient said: "Really, I felt that the therapists had good knowledge and skills in giving me physiotherapy session". Another patient said that "All therapists make possibilities to do the best they can to improve my case and relieve my pain". Also, another patient said that "The physiotherapy staff is co-operative and worked as a team and this spirit affects positively on patient case that

represented by checking the patients, treat in gently way, giving advices, lastly making sure that the treatment is good and the case improved". Moreover, patients expressed many concerns toward the physiotherapy staff skills and courtesy. For example, "The therapists did not took enough notice of my views and concerns".

Table 5.17

Physiotherapy staff skills and courtesy items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q24- You feel the courtesy of the physiotherapy staff	Al-Shifa Hospital	42	42.0	53	53.0	2	2.0	3	3.0	0	0.0
	Al-Wafa Hospital	49	96.1	2	3.9	0	0.0	0	0.0	0	0.0
	Total	91	60.3	55	36.4	2	1.3	3	2.0	0	0.0
Q25- The physiotherapy staff respects you as a person	Al-Shifa Hospital	38	38.0	60	60.0	0	0.0	2	2.0	0	0.0
	Al-Wafa Hospital	49	96.1	2	3.9	0	0.0	0	0.0	0	0.0
	Total	87	57.6	62	41.1	0	0.0	2	1.3	0	0.0
Q26- The physiotherapist listens to your inquiries	Al-Shifa Hospital	28	28.0	52	52.0	13	13.0	6	6.0	1	1.0
	Al-Wafa Hospital	48	94.1	2	3.9	1	2.0	0	0.0	0	0.0
	Total	76	50.3	54	35.8	14	9.3	6	4.0	1	0.7
Q27- The physiotherapist listens and answers all your questions	Al-Shifa Hospital	21	21.0	54	54.0	19	19.0	6	6.0	0	0.0
	Al-Wafa Hospital	48	94.1	3	5.9	0	0.0	0	0.0	0	0.0
	Total	69	45.7	57	37.7	19	12.6	6	4.0	0	0.0
Q28- The physiotherapy staff favor some patients over others	Al-Shifa Hospital	3	3.0	2	2.0	18	18.0	46	46.0	31	31.0
	Al-Wafa Hospital	0	0.0	3	5.9	1	2.0	2	3.9	45	88.2
	Total	3	2.0	5	3.3	19	12.6	48	31.8	76	50.3
Q29- The physiotherapy staff took enough notice of your views and wishes	Al-Shifa Hospital	10	10.0	58	58.0	23	23.0	7	7.0	2	2.0
	Al-Wafa Hospital	43	84.3	7	13.7	1	2.0	0	0.0	0	0.0
	Total	53	35.1	65	43.0	24	15.9	7	4.6	2	1.3
Q30- The physiotherapist spends enough time with you	Al-Shifa Hospital	5	5.0	43	43.0	0	0.0	44	44.0	8	8.0
	Al-Wafa Hospital	19	37.3	31	60.8	0	0.0	1	2.0	0	0.0
	Total	24	15.9	74	49.0	0	0.0	45	29.8	8	5.3
Q31- The physiotherapist advises you on ways to avoid future problems	Al-Shifa Hospital	8	8.0	36	36.0	1	1.0	40	40.0	15	15.0
	Al-Wafa Hospital	29	56.9	17	33.3	0	0.0	5	9.8	0	0.0
	Total	37	24.5	53	35.1	1	0.7	45	29.8	15	9.9

Q32- There is a distance between you and your physiotherapist	Al-Shifa Hospital	7	7.0	6	6.0	0	0.0	64	64.0	23	23.0
	Al-Wafa Hospital	0	0.0	0	0.0	0	0.0	3	5.9	48	94.1
	Total	7	4.6	6	4.0	0	0.0	67	44.4	71	47.0
Q33- You feel that your physiotherapy staff gives you psychological support	Al-Shifa Hospital	34	34.0	31	31.0	1	1.0	7	7.0	27	27.0
	Al-Wafa Hospital	45	88.2	3	5.9	1	2.0	1	2.0	1	2.0
	Total	79	52.3	34	22.5	2	1.3	8	5.3	28	18.5

Interpretation of the results of physiotherapy staff skills and courtesy domain:

The researcher interprets the results of physiotherapy staff skills and courtesy domain. The results showed that the patients have reported satisfaction level (90.1%) in physiotherapy staff skills and courtesy domain.

This results are inconsistent with other satisfaction studies results that emphasized on the skills and professionalism of staff as a major factor that is influencing satisfaction for example, Abu Saileek (2004) study, the level of patients' satisfaction with nurses skills and professionalism domain was (77.4%), the results of Abu Saileek study showed that the nurses had enough skills and quality in nursing work in both hospitals because the patients were relatively satisfied with nurses skills and professionalism. Another study conducted by Meng et al (1997) about satisfaction with access to and quality of health care among medicare enrollees in a health maintenance organization, the findings indicated that most members (96%) rated skill, experience and training of physicians and the courtesy of staff favorably. On the other hand, the perception of patients of physician quality plays a significant role and as indicator of satisfaction with care. The overall satisfaction with a general practitioner's was related to practitioner's skills (Williams and Calnan, 1991). Ware and Hays (1988) identified the district dimensions of satisfaction with care (like, technical quality). Also, lee and kasper (1998), urged that there is positive relationship between physician quality and general satisfaction of care (e.g., physician competence and skills). Some authors pointed to staff courtesy as domain of patient satisfaction domains like Goldstein and his colleagues (2000), which developed an instrument to measure satisfaction with physical therapy, the study concluded that this instrument is a useful tool for measuring patient satisfaction which includes a list of eleven domains. Physiotherapy staff courteous domain is one of these domains.

The researcher interprets that the improvement of physiotherapy staff skills and courtesy is achieved by training, refreshing courses in physiotherapy field to develop their experience, practical and theoretical knowledge.

The results of communication and information domain:

Communication and information domain refers to communication and interaction between physiotherapy staff and patients and reflects the extent of patients' satisfaction with physiotherapy staff dealing and chance to patients to express about their worries by well communication and information that provided by therapist to patients about his/her condition and home program. The findings in table (5.13) showed that the patients have reported satisfaction level (64.2%). In addition, the results of study in table (5.13) revealed real differences between Al-Shifa Hospital patients and Al-Wafa Medical Rehabilitation Hospital patients regarding satisfaction level with communication and information. Al-Wafa Medical Rehabilitation Hospital patients' reported higher satisfaction level (100.0%) of communication and information domain, while Al-Shifa Hospital patients' reported only (46.0%) of satisfaction level in the same domain. Also table (5.18) presented the degree of satisfaction in each item of this domain in both hospitals (Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital). The qualititative data helped the researcher to understand the dissatisfying areas in this domain. Some patients' complain of therapists in this department. For example, one patient said: "The therapist didn't provide any information about my condition". Another patient suggests: "I will be satisfied if the therapist deals with patients positively because good dealing is the half of the treatment". Also another patient said: "The therapists did not present himself for me".

Table 5.18

Communication and information items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q34- The physiotherapist presents himself to you	Al-Shifa Hospital	7	7.0	20	20.0	1	1.0	23	23.0	49	49.0
	Al-Wafa Hospital	30	58.8	11	21.6	0	0.0	5	9.8	5	9.8
	Total	37	24.5	31	20.5	1	0.7	28	18.5	54	35.8
Q35- The physiotherapist	Al-Shifa Hospital	5	5.0	19	19.0	3	3.0	41	41.0	32	32.0

provides you clear explanations about the examinations which were done to you	Al-Wafa Hospital	18	35.3	25	49.0	2	3.9	6	11.8	0	0.0
	Total	23	15.2	44	29.1	5	3.3	47	31.1	32	21.2
Q36- The physiotherapist explains things for you in simple and clear manner	Al-Shifa Hospital	7	7.0	39	39.0	7	7.0	19	19.0	28	28.0
	Al-Wafa Hospital	30	58.8	17	33.3	1	2.0	3	5.9	0	0.0
	Total	37	24.5	56	37.1	8	5.3	22	14.6	28	18.5
Q37- There are adequate communications between you and physiotherapy staff	Al-Shifa Hospital	3	3.0	54	54.0	3	3.0	24	24.0	16	16.0
	Al-Wafa Hospital	29	56.9	19	37.3	1	2.0	2	3.9	0	0.0
	Total	32	21.2	73	48.3	4	2.6	26	17.2	16	10.6
Q38- You are satisfied about answers to your questions	Al-Shifa Hospital	3	3.0	49	49.0	15	15.0	21	21.0	12	12.0
	Al-Wafa Hospital	27	52.9	20	39.2	1	2.0	3	5.9	0	0.0
	Total	30	19.9	69	45.7	16	10.6	24	15.9	12	7.9
Q39- You are expressed about your worries to your physiotherapist	Al-Shifa Hospital	30	30.0	41	41.0	10	10.0	12	12.0	7	7.0
	Al-Wafa Hospital	46	90.2	3	5.9	1	2.0	1	2.0	0	0.0
	Total	76	50.3	44	29.1	11	7.3	13	8.6	7	4.6
Q40- It is easy to exchange smiles with the physiotherapy staff	Al-Shifa Hospital	9	9.0	73	73.0	10	10.0	5	5.0	3	3.0
	Al-Wafa Hospital	36	70.6	15	29.4	0	0.0	0	0.0	0	0.0
	Total	45	29.8	88	58.3	10	6.6	5	3.3	3	2.0
Q41- Enough information was given about your condition	Al-Shifa Hospital	9	9.0	25	25.0	0	0.0	24	24.0	42	42.0
	Al-Wafa Hospital	30	58.8	14	27.5	0	0.0	7	13.7	0	0.0
	Total	39	25.8	39	25.8	0	0.0	31	20.5	42	27.8
Q42- Enough information was given about your home program	Al-Shifa Hospital	8	8.0	39	39.0	1	1.0	20	20.0	32	32.0
	Al-Wafa Hospital	34	66.7	12	23.5	0	0.0	5	9.8	0	0.0
	Total	42	27.8	51	33.8	1	0.7	25	16.6	32	21.2
Q43- You had a difficulty in communicating with physiotherapy staff	Al-Shifa Hospital	1	1.0	16	16.0	2	2.0	52	52.0	29	29.0
	Al-Wafa Hospital	0	0.0	0	0.0	0	0.0	0	0.0	51	100.0
	Total	1	0.7	16	10.6	2	1.3	52	34.4	80	53.0

Interpretation of the results of communication and information domain:

The researcher interprets the results of communication and information domain. The results in this study showed that the patients have reported satisfaction level (64.2%) in communication and information domain. In congruence with Abu Saileek

(2004) study, the patients reported only (67.4%) of satisfaction in the information and interaction domain. Another study conducted in Gaza Strip by Mousa (2000), the findings showed that the percentage of satisfaction in communication and interaction domain was only (54%). Also, the results of Al Hindi (2002), pointed to the level of satisfaction that the clients' reported in the communication and interaction domain about (77.5%). Several authors focused on the necessity of communication and information domain as a major domain of satisfaction in various studies like Kaplan and Ware (1995) who stressed that information that gave to patients' about their condition from therapist lead the patients' to be satisfied more than others with less information. Also, Shaw et al (2005), urged that doctor-patient communication is correlated with the level of satisfaction and pointed to interact with patient problem seriously, explained the condition clearly, tried to understand the patient's job and gave advice to prevent reinjury). Also, communication and information is the main issue to patient satisfaction that indicated involving the patients in decisions about treatment (Buck et al, 1996; Cohen, 1996; Bensing, Schreurs and DeRijk, 1996). Research also shows that patients appreciate being given the opportunity to discuss and explain issues about their health status (Cohen, 1996; Bensing, Schreurs and DeRijk, 1996). Qualitative studies have found out that decrease of information about diagnosis and treatment has been a problem for some patients and care givers (Fitzpatrick and Hopkins, 1983; Buck et al, 1996). In addition, there is link between medical practitioners' communication skills and their patients' degree of satisfaction with the medical services (Ong et al, 1995; Little et al, 2001). Further, patients may express their dissatisfaction with the doctor's communication skills by complaining about the doctor or even by initiating litigation (Levinson et al, 1997; White et al, 2005).

The variation between the level of patients' satisfaction in Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital within communication and information domain reflects that the physiotherapists in Al-Wafa Medical Rehabilitation Hospital offering clear explanations about the examinations and treatment, spending adequate time with patients, answered the patients' questions, giving the patients' enough information about their condition, and give their chance to express about their worries that lead to promote patients satisfaction and wellbeing. Generally, patient-therapist communication and information are global measure in health care services especially in physiotherapy because the patient plays an active role in participating in the plan of

treatment. Therefore, the enhancement of communication skills and build positive relationships between patient and therapist lead to high quality of patient-therapist interactions and to fulfill these by various continuous training courses (how to deal with patients), and develop the abilities of therapist to breakdown the gaps between them, learning listening skills and strengthening the communication channels that reflect positively on the psychology of patients.

The results of privacy domain:

Privacy means respect of the therapist and keeping the privacy of patients during examinations and treatment, also arrangement of physiotherapy department that provides the patients with adequate privacy. In this study, the findings in table (5.13) showed that the patients have reported satisfaction level (92.7%). Additionally, the patients of Al-Wafa Medical Rehabilitation Hospital reported higher satisfaction level (98.1%) of privacy domain, while Al-Shifa Hospital patients reported only (90%) of satisfaction level with privacy domain. Also table (5.19) presented the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital.

Table 5.19
Privacy items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q44- Your privacy was respected during your physiotherapy session	Al-Shifa Hospital	30	30.0	60	60.0	1	1.0	8	8.0	1	1.0
	Al-Wafa Hospital	47	92.2	3	5.9	0	0.0	1	2.0	0	0.0
	Total	77	51.0	63	41.7	1	0.7	9	6.0	1	0.7
Q45- The physiotherapy department arrangement and preparation provided you with adequate privacy	Al-Shifa Hospital	18	18.0	71	71.0	2	2.0	8	8.0	1	1.0
	Al-Wafa Hospital	44	86.3	5	9.8	0	0.0	2	3.9	0	0.0
	Total	62	41.1	76	50.3	2	1.3	10	6.6	1	0.7
Q46- The physiotherapist respected your privacy during the examination	Al-Shifa Hospital	16	16.0	72	72.0	2	2.0	9	9.0	1	1.0
	Al-Wafa Hospital	45	88.2	5	9.8	0	0.0	1	2.0	0	0.0
	Total	61	40.4	77	51.0	2	1.3	10	6.6	1	0.7
Q47- The physiotherapy department environment gave you independent privacy	Al-Shifa Hospital	12	12.0	79	79.0	0	0.0	8	8.0	1	1.0
	Al-Wafa Hospital	46	90.2	4	7.8	0	0.0	1	2.0	0	0.0
	Total	58	38.4	83	55.0	0	0.0	9	6.0	1	0.7

Interpretation of the results of privacy domain:

The researcher interprets the results of privacy domain. The results showed that the patients have reported (92.7%) in this domain. This results are consistent with the islamic values and medical ethics in patient-therapist relationship. Privacy is one element that islamic religion urged and encourage to keep it during examination and treatment. The findings of this study are closely similar with Al Hindi (2002) study, the patients reported the highest level of satisfaction (90%) with comfort and privacy domain, the findings revealed that both service providers kept the comfort and privacy of patients inside the investigation rooms during receiving the radiological services. Also, Goldstein et al (2000) cited that the privacy is one of eleven domains of patient satisfaction that used by physical therapists in various settings of care. Furthermore, Nelson (1990) cited that the privacy is a major item in interpersonal management dimension of patient satisfaction dimensions.

The researcher shows that privacy is crucial factor during examination and treatment. So, the therapists pay more attention to insure the patients and give him/her adequate privacy and treat him/her as human being according to islamic values.

The results of loyalty domain:

Loyalty means attitudes of patients toward the therapists and physiotherapy services that lead the patients to return again and recommend their families and friends to have physiotherapy services who are in need of similar care. The findings in table (5.13) showed that the patients have reported satisfaction level (90.1%). Additionally, the patients of Al-Wafa Medical Rehabilitation Hospital reported higher satisfaction level (100.0%) of loyalty domain, while Al-Shifa Hospital patients reported only (85%) of satisfaction level with loyalty domain. Also table (5.20) illustrated the degree of satisfaction in each item of this domain in both hospitals Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital. These findings are consistent with the qualititative data in this study because the majority of patients expressed their concerns as follows: "I return and recommend this hospital to my family and friends if I / they need to similar services".

Table 5.20
Loyalty items and degree of satisfaction

Questions	Service provider	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		N	%	N	%	N	%	N	%	N	%
Q48-You will recommend this hospital to your family / friends who are in need of similar service	Al-Shifa Hospital	28	28.0	58	58.0	1	1.0	6	6.0	7	7.0
	Al-Wafa Hospital	51	100.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	79	52.3	58	38.4	1	0.7	6	4.0	7	4.6
Q49-You will return to this hospital if you need physiotherapy services in the future	Al-Shifa Hospital	30	30.0	56	56.0	0	0.0	5	5.0	9	9.0
	Al-Wafa Hospital	50	98.0	0	0.0	0	0.0	1	2.0	0	0.0
	Total	80	53.0	56	37.1	0	0.0	6	4.0	9	6.0

Interpretation of the results of loyalty domain:

The researcher interprets the results of loyalty domain. The results showed that the patients have reported satisfaction level (90.1%). In the study of Lyon and Powers (2003) which identified the influence of mass communication and time on satisfaction and loyalty, the findings indicate a significant decline in future loyalty overtime with overall satisfaction. In addition, patient willingness to return and recommend decreased one to two years after the service encounter. Various authors focused on satisfaction which is positively linked with consumer loyalty (LaBarbera and Mazursky, 1983; Newman and Werbel, 1973). Several studies show evidence that there is a direct and strongly positive correlation between customer satisfaction and loyalty (Fornell, 1992; Anderson, 1994).

The researcher asserted that loyalty and patient satisfaction is strongly correlated that reflect on the patients attitudes, when dissatisfaction occurs, patients become less likely to comply with his/her treatment and utilize additional services in the future and vice versa. Therefore, the therapist take account to encourage patients to return to receive physiotherapy services.

5.4. The results and interpretation of the second research question:

The results of the second research question:

Satisfaction and service provider:

To answer the second research question (Are there significant differences between Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital regarding the level of patient's satisfaction with physiotherapy services?). The researcher used an independent t-test to compare the means of satisfaction scores with means of service provider (Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital). Table (5.21) revealed significant statistical differences between service providers with all domains of patient satisfaction with physiotherapy services. Also, it shows that Al-Wafa Medical Rehabilitation Hospital patients reported higher level of the overall satisfaction scores (mean 223.0392), while Al-Shifa Hospital patients (mean 174.5000). Also Al-Wafa Medical Rehabilitation Hospital reported higher level of satisfaction in all domains in contrast to Al-Shifa Hospital. These variations between the two hospitals were significant statistical ($p=0.001$). It means that the patients from Al-Wafa Medical Rehabilitation Hospital were more satisfied with physiotherapy services than the patients from Al-Shifa Hospital. The results pointed to strong influence of organization on satisfaction scores and also revealed that the satisfaction level was (87.4%) in both hospitals, furthermore, the patients from Al-Wafa Medical Rehabilitation Hospital reported higher percentage of satisfaction level (100%), while the patients from Al-Shifa Hospital reported only (81%) of satisfaction level.

Table 5.21
Independent t-test comparing patient satisfaction scores with service provider

Dep. var. "patient satisfaction"	Indep. var. "service provider"	N	Mean	S. D.	T	Sig
Appointments registration	Al-Shifa Hospital	100	19.7800	1.97244	-5.121	.000
	Al-Wafa Hospital	51	21.5882	2.20160	-4.941	.000
Environment comfort and convenience	Al-Shifa Hospital	100	33.8700	3.49503	-7.687	.000
	Al-Wafa Hospital	51	39.0980	4.72971	-6.981	.000
Approach of care	Al-Shifa Hospital	100	29.95	6.933	-9.948	.000
	Al-Wafa Hospital	51	40.45	4.120	-11.643	.000
Physiotherapy staff skills and courtesy	Al-Shifa Hospital	100	37.28	7.118	-10.150	.000
	Al-Wafa Hospital	51	47.76	2.658	-13.053	.000
Communication and information	Al-Shifa Hospital	100	29.82	9.136	-11.056	.000
	Al-Wafa Hospital	51	44.82	4.484	-13.534	.000
Privacy	Al-Shifa Hospital	100	15.93	3.003	-7.369	.000
	Al-Wafa Hospital	51	19.37	2.029	-8.327	.000
Loyalty	Al-Shifa Hospital	100	7.87	2.168	-6.748	.000
	Al-Wafa Hospital	51	9.94	.420	-9.220	.000
Overall satisfaction	Al-Shifa Hospital	100	174.5000	28.60970	-11.306	.000
	Al-Wafa Hospital	51	223.0392	15.31008	-13.577	.000

Interpretation of the results of the second research question:

Satisfaction with service provider:

The findings identified that the patients from Al-Wafa Medical Rehabilitation Hospital reported higher level of the overall satisfaction than the patients from Al-Shifa Hospital that reflect the organization can affect patients' satisfaction, also this indicates that the patients from Al-Wafa Medical Rehabilitation Hospital are more satisfied with physiotherapy services. In congruence with Al Hindi (2002) who assessed the clients' satisfaction level with radiology services in Al-Shifa Hospital and Gaza Diagnostic Center. The findings showed that the clients' of Gaza Diagnostic Center are more satisfied with radiology services than the clients in Al-Shifa Hospital. Also,

another study conducted by Abu Saileek (2004) who investigated that the clients were more satisfied with nursing care received at European Gaza Hospital than with the nursing care in Nasser Hospital. In addition, the results of Mousa (2000) study showed that clients provided UNRWA clinics were more satisfied with family planning services than clients provided MoH clinics.

The results of this study asserted that there is apositive and strong correlation between service provider and patients' satisfaction level. So, the organizational managers need to pay attention to enhance the management rules and systems, organizational structure and improve institutional climate and strength physiotherapy staff skills to improve the quality of physiotherapy services that lead to increase patients' satisfaction level.

5.5. The results and interpretation of the third research question:

Patients' characteristics and satisfaction:

Demographic variables and satisfaction domains:

To answer the third research question (Are there significant differences in the level of patient's satisfaction with physiotherapy services regarding demographic variables like gender, age, and residency place?), was analyzed statistically with regard to overall and all domains of patient satisfaction scores. The study results showed that there are no significant relationships between the demographic variables (gender, and age groups) and patient satisfaction level, but there are significant relationships between residency place and patient satisfaction level.

The results of patient satisfaction and gender:

An independent t-test used to compare the means of the satisfaction scores in regard to the gender. Table (5.22), illustrated that males and females had closely similar mean scores as a whole with overall and all domains of satisfaction. Also, the results showed no significant statistical differences were recorded between both gender regarding satisfaction with physiotherapy services.

Table 5.22

Independent t-test comparing patient satisfaction scores with gender

Dep. var. "patient satisfaction"	Ind. var. "gender"	N	Mean	SD	T	Sig.
Appointments registration	Male	76	20.6053	2.49308	1.198	.233
	Female	75	20.1733	1.89147	1.200	.232
Environment comfort and convenience	Male	76	34.8947	4.97347	-1.988	.049
	Female	75	36.3867	4.21033	-1.990	.048
Approach of care	Male	76	33.88	8.180	.602	.548
	Female	75	33.11	7.615	.603	.548
Physiotherapy staff skills and courtesy	Male	76	41.58	7.287	1.206	.230
	Female	75	40.05	8.230	1.205	.230
Communication and information	Male	76	35.97	10.305	1.270	.206
	Female	75	33.79	10.859	1.269	.206
Privacy	Male	76	16.80	3.798	-1.136	.258
	Female	75	17.39	2.336	-1.140	.257
Loyalty	Male	76	8.62	2.160	.297	.767
	Female	75	8.52	1.906	.297	.767
Overall satisfaction	Male	76	192.3553	34.45914	.532	.596
	Female	75	189.4133	33.47936	.532	.595

Interpretation of the results of patient satisfaction and gender:

The findings of this study are similar to Abu Saileek (2004) study, who assessed clients' satisfaction with nursing care in Gaza Strip and explored that there are no statistically significant differences between gender of patients and their satisfaction level. Moreover, the findings are emphasized by Al Hindi (2002) study, who cited that there are no significant differences between gender and client satisfaction. The findings are consistent with Blenkiron and Hammill (2003) study, who investigated the determines patients' satisfaction with their mental health care and quality of life. The results showed that no relationship between gender and service satisfaction. This result is endorsed by Gadallah et al (2003), that concluded that there was no association between overall patient satisfaction and gender. On the other hand, Baker (1996), examined the characteristics of practices, general practitioners and patients related to levels of patients' satisfaction with consultations, the results indicated that women having higher satisfaction scores than men. Further, The results of Thiedke (2007) study, asserted that some studies showing that women tend to be less satisfied and other studies showing the opposite. Other study conducted by Al-Doghaither, Abdelrhman and Saeed (2000), assessed patients' satisfaction with primary health carecenters services in Kuwait city, the results indicated that females are usually more satisfied than males. In general, several studies have examined the difference in satisfaction between

women and men. However, many studies have found that women reported greater overall satisfaction (Buller and Buller, 1987). Likewise, studies have identified that men were less satisfied (Chisick, 1997; Singh, 1990; Fox and Storms, 1981). Few studies have reported a strong link between male patients and higher satisfaction (Tucker and Kelly, 2000).

The researcher shows that both genders undergo similar situations and circumstances that lead both genders to express and expect in similar way. Also, the researcher interprets that gender might haven't any impact on the patients' expectations and perceptions.

The results of patient satisfaction and age:

As it appears in table (5.23), one way ANOVA was used to evaluate the differences between the age groups of the patients regarding the level of satisfaction. The different age groups including (18-33), (34-49), and (50-65). The results showed that there are no significant statistical differences between age groups regarding the overall satisfaction and all domains of satisfaction.

Table 5.23

One-Way ANOVA comparing patient satisfaction scores with age

Dep. var. "patient satisfaction"	Indep. var. "age"	Sum of squares	Df	Mean square	F	Sig.
Appointments registration	Between Groups	9.179	2	4.589	.932	.396
	Within Groups	728.768	148	4.924		
	Total	737.947	150			
Environment comfort and convenience	Between Groups	25.788	2	12.894	.592	.555
	Within Groups	3225.179	148	21.792		
	Total	3250.967	150			
Approach of care	Between Groups	7.570	2	3.785	.060	.942
	Within Groups	9324.179	148	63.001		
	Total	9331.748	150			
Physiotherapy staff skills and courtesy	Between Groups	32.947	2	16.473	.269	.764
	Within Groups	9049.225	148	61.143		
	Total	9082.172	150			
Communication and information	Between Groups	88.132	2	44.066	.389	.679
	Within Groups	16782.954	148	113.398		
	Total	16871.086	150			
Privacy	Between Groups	17.894	2	8.947	.894	.411
	Within Groups	1480.808	148	10.005		
	Total	1498.702	150			
Loyalty	Between Groups	.727	2	.364	.087	.917
	Within Groups	618.292	148	4.178		
	Total	619.020	150			
Overall satisfaction	Between Groups	457.637	2	228.819	.197	.821
	Within Groups	171870.667	148	1161.288		
	Total	172328.305	150			

Interpretation of the results of patient satisfaction and age:

The results showed that there are no significant statistical differences between age groups regarding the overall satisfaction. The findings of this study are similar to Al Hindi (2002) study, pointed that no significant statistical differences between age groups and patient satisfaction level. In contrast with Mousa (2000) study results who discussed that the lack of general satisfaction level with age increasing, and he found that the older women were dissatisfied with family planning services. Compared with Abu Saileek (2004) study, found significant relationship between age groups and client satisfaction. Moreover, the older clients reported higher satisfaction with nursing care, but the younger clients showed lower satisfaction level. Moreover, Baker (1996) study, the results indicated that the older patients having higher satisfaction scores than younger patients. Also, the results of Thiedke (2007) study asserted that older patients tend to be more satisfied with their health care. Hall, Milburn and Epstein (1993) pointed out that young age patients associated with more dissatisfaction and general satisfaction was significantly associated with older age patients. These results are consistent with Gadallah et al (2007) study, that concluded that there was no association between overall patient satisfaction and age. Also, Blenkiron and Hammill (2003) cited that patients' satisfaction with psychiatric services correlated significantly with patients' age.

The researcher found that there was no relationship between patients' satisfaction and age groups that reflects that age is ineffective factor on patients' satisfaction in this study.

The results of patient satisfaction and residency place:

An independent t-test used to compare the means of the satisfaction scores in regard to the residency place. Table (5.24), illustrated that there are significant statistical differences between residency place regarding the overall satisfaction and all domains of satisfaction with physiotherapy services. The results show that city residents who reported higher level of overall satisfaction scores (mean 192.7986) than camp residents (mean 168.8333). Also the city residents reported higher level of satisfaction in some satisfaction domains (communication and information) and overall satisfaction.

Table 5.24

Independent t-test comparing patient satisfaction scores with residency place

Dep. var. "patient satisfaction"	Ind. var. "residency place "	N	Mean	SD	T	Sig.
Appointments registration	camp	12	19.3333	2.46183	-1.733	.085
	city	139	20.4820	2.18145	-1.564	.143
Environment comfort and convenience	camp	12	33.6667	2.10339	-1.534	.127
	city	139	35.8058	4.77900	-2.930	.008*
Approach of care	camp	12	29.75	6.930	-1.726	.086
	city	139	33.82	7.904	-1.929	.075
Physiotherapy staff skills and courtesy	camp	12	35.75	9.097	-2.390	.018*
	city	139	41.26	7.536	-2.038	.064
Communication and information	camp	12	26.83	9.233	-2.804	.006*
	city	139	35.58	10.456	-3.115	.008*
Privacy	camp	12	16.00	2.954	-1.250	.213
	city	139	17.19	3.170	-1.328	.207
Loyalty	camp	12	7.50	2.276	-1.918	.057
	city	139	8.66	1.991	-1.712	.111
Overall satisfaction	camp	12	168.8333	29.84455	-2.386	.018*
	city	139	192.7986	33.64202	-2.641	.020*

Interpretation of the results of patient satisfaction and residency place:

According to residency place (city, and camp), the result of this study revealed that there are significant statistical differences between residency place and patients' satisfaction. This result is inconsistent with Al Hindi (2002) study, cited that there were no significant statistical differences between residency place and patients' satisfaction. Also, this result is consistent with and similar to another study conducted by Abu Saileek (2004) that pointed the cities clients reported higher percentage of satisfaction level than the clients who were living in camps. Moreover, Mousa (2000) found that the clients who were living inside refugees camps were more satisfied with family planning services by MOH and UNRWA than the clients' who were living outside refugee camps.

The researcher shows that the patients' live in different situation and this variable has effects on patients' satisfaction, and the researcher takes into account this variable regarding patients' satisfaction.

5.6. The results and interpretation of the forth research question:

Socio-economic variables and satisfaction domains:

To answer the forth research question (Are there significant differences in the level of patients' satisfaction with physiotherapy services regarding socio-economic variables like marital status, occupation and educational level?), it was analyzed statistically with regard to overall and all domains of patient satisfaction scores. The results showed that there are no significant statistical differences between marital status, educational level regarding the patient satisfaction while there are significant statistical differences between occupation and patient satisfaction.

The results of patient satisfaction and marital status:

As shown in table (5.25), one way ANOVA was used to evaluate the differences between the marital status of the patients regarding the level of satisfaction. The results showed that there are no significant statistical differences between marital status regarding the overall satisfaction and all domains of satisfaction.

Table 5.25

One-Way ANOVA comparing patient satisfaction scores with marital status

Dep. var. "patient satisfaction"	Indep. var. "marital status"	Sum of squares	Df	Mean square	F	Sig.
Appointments registration	Between Groups	11.374	2	5.687	1.158	.317
	Within Groups	726.574	148	4.909		
	Total	737.947	150			
Environment comfort and convenience	Between Groups	21.393	2	10.697	.490	.613
	Within Groups	3229.574	148	21.821		
	Total	3250.967	150			
Approach of care	Between Groups	159.626	2	79.813	1.288	.279
	Within Groups	9172.123	148	61.974		
	Total	9331.748	150			
Physiotherapy staff skills and courtesy	Between Groups	133.407	2	66.703	1.103	.335
	Within Groups	8948.765	148	60.465		
	Total	9082.172	150			
Communication and information	Between Groups	294.120	2	147.060	1.313	.272
	Within Groups	16576.966	148	112.007		
	Total	16871.086	150			
Privacy	Between Groups	12.508	2	6.254	.623	.538
	Within Groups	1486.194	148	10.042		
	Total	1498.702	150			
Loyalty	Between Groups	1.963	2	.981	.235	.791
	Within Groups	617.057	148	4.169		
	Total	619.020	150			
Overall satisfaction	Between Groups	2420.500	2	1210.250	1.054	.351
	Within Groups	169907.804	148	1148.026		
	Total	172328.305	150			

Interpretation of the results of patient satisfaction and marital status:

The results show that there are no significant statistical differences between marital status and patients' satisfaction. Compared with Abu Saileek (2004) study, the result reveals that significant statistical differences between marital status and patients' satisfaction, also, married clients' reported higher satisfaction level than single clients'.

The results of patient satisfaction and occupation:

An independent t-test used to compare the means of the satisfaction scores regarding occupation, the results of table (5.26) show real differences and significant statistical differences between occupation regarding the overall satisfaction and some domains of satisfaction (environment comfort and convenience, approach of care, privacy, and loyalty). The results show that unemployed patients reported higher level of overall satisfaction scores (mean 195.9208) than employed patients (mean 180.7400).

Table 5.26

Independent t-test comparing patient satisfaction scores with occupation

Dep. var. "patient satisfaction"	Ind. var. "occupation"	N	Mean	SD	T	Sig.
Appointments registration	Employed	50	20.3400	2.45457	-.197	.844
	Unemployed	101	20.4158	2.10365	-.187	.852
Environment comfort and convenience	Employed	50	33.5200	4.82443	-4.135	.000*
	Unemployed	101	36.6832	4.21410	-3.950	.000*
Approach of care	Employed	50	30.98	9.074	-2.822	.005*
	Unemployed	101	34.74	6.945	-2.581	.012*
Physiotherapy staff skills and courtesy	Employed	50	39.46	8.411	-1.519	.131
	Unemployed	101	41.50	7.401	-1.455	.149
Communication and information	Employed	50	32.46	10.946	-1.999	.047*
	Unemployed	101	36.09	10.276	-1.956	.053
Privacy	Employed	50	16.16	3.971	-2.600	.010*
	Unemployed	101	17.55	2.571	-2.260	.027*
Loyalty	Employed	50	7.82	2.616	-3.293	.001*
	Unemployed	101	8.94	1.554	-2.794	.007*
Overall satisfaction	Employed	50	180.7400	37.22563	-2.641	.009*
	Unemployed	101	195.9208	31.09974	-2.486	.015*

Interpretation of the results of patient satisfaction and occupation:

Regarding occupation, the result of this study shows significant statistical differences between occupation and patients' satisfaction, the unemployed patients were more satisfied with physiotherapy services than employed patients. The findings of this study are similar with Al-Doghaither, Abdelrhman and Saeed (2000) study assessed

patients' satisfaction with primary health carecenters services in Kuwait city, the result indicated that the patients with unemployed have higher mean satisfaction scores than employed patients. In contrast with Bialor et al (1997) examined the effect of primary care training on patient satisfaction ratings, and the findings showed the employed patients who reported a higher satisfaction score than unemployed patients. Compared with Al Hindi (2002) result shows no significant statistical differences between occupation and patients' satisfaction.

The results of patient satisfaction and educational level:

As shown in table (5.27), one way ANOVA was used to evaluate the differences between the educational level of the patients regarding the level of satisfaction. The results showed that there are no significant statistical differences between educational level regarding the overall satisfaction and all domains of satisfaction except one domain (environment comfort and convenience). Benferroni test showed in this damain that the patients with illiterate and primary in this domain are satisfied (mean 36.8222) more than the patients with university and more (mean 33.778) or other categories.

Table 5.27

One-Way ANOVA comparing patient satisfaction scores with educational level

Dep. var. "patient satisfaction"	Indep. var. "educational level"	Sum of squares	Df	Mean square	F	Sig.
Appointments registration	Between Groups	21.028	3	7.009	1.437	.234
	Within Groups	716.919	147	4.877		
	Total	737.947	150			
Environment comfort and convenience	Between Groups	196.225	3	65.408	3.148	.027*
	Within Groups	3054.742	147	20.781		
	Total	3250.967	150			
Approach of care	Between Groups	274.787	3	91.596	1.487	.221
	Within Groups	9056.961	147	61.612		
	Total	9331.748	150			
Physiotherapy staff skills and courtesy	Between Groups	175.606	3	58.535	.966	.411
	Within Groups	8906.567	147	60.589		
	Total	9082.172	150			
Communication and information	Between Groups	376.128	3	125.376	1.117	.344
	Within Groups	16494.958	147	112.211		
	Total	16871.086	150			
Privacy	Between Groups	45.785	3	15.262	1.544	.206
	Within Groups	1452.917	147	9.884		
	Total	1498.702	150			
Loyalty	Between Groups	30.073	3	10.024	2.502	.062
	Within Groups	588.947	147	4.006		
	Total	619.020	150			
Overall satisfaction	Between Groups	4593.316	3	1531.105	1.342	.263
	Within Groups	167734.989	147	1141.054		
	Total	172328.305	150			

Interpretation of the results of patient satisfaction and educational level:

In this study, the researcher found no significant statistical differences between educational level and patients' satisfaction. This finding of this study is consistent and similar with Gadallah et al (2003) study, that concluded no association between overall patient satisfaction with education level. This finding is inconsistent with Abu Saileek (2004) study that showed that the clients' with low educational level were more satisfied with nursing care than the clients' with high educational level. Another study conducted by Mousa (2000) that illustrated that the clients were more satisfied with the lower educational level and the clients were less satisfied with the higher educational level. Compared with Al Hindi (2002) study, that pointed that the clients' with higher educational level reported a higher satisfaction level. Further, Bialor et al (1997) examined the effect of primary care training on patient satisfaction ratings, the findings showed that the patients who associated with a higher satisfaction score were higher and more school graduate than high school graduate only. Also, the results of Baker (1996) study, indicated that the patients with low educational level having higher satisfaction scores than the patients with high educational level. Another study conducted by Al-Doghaither, Abdelrhman and Saeed (2000), the result indicated that the patients with lower education levels are more satisfied than higher education levels patients. In addition, Thiedke (2007) asserted that most studies have found that patients' with lower education tend to be less satisfied with their health care. Likwise, Al-Doghaither (2004) assessed inpatient satisfaction with physician services at King Khalid University Hospital, the result shows that less educated patients were more satisfied with their care than educated patients.

These variations between socio-economic variables with patients' satisfaction level may reflect the bad socio-economic situation in Palestinian community. Therefore, the researcher suggests that further studies in good socio-economic situation should assess in depth the relationship between socio-economic variables with patients' satisfaction level.

5.7. The results and interpretation of the fifth research question:

Organizational characteristics and satisfaction domains:

To answer the fifth research question (Are there significant differences in the level of patient's satisfaction with physiotherapy services regarding organizational variables like source of payment, medical diagnosis, source of hospital knowledge, first experience of hospital, first experience of physiotherapy services, waiting time, physiotherapy session duration, physiotherapy sessions number?), was analyzed statistically with regard to overall and all domains of patient satisfaction scores. The results of this study revealed that there are strong relationships between organizational variables and patients' satisfaction level with physiotherapy services except waiting time .

The results of patient satisfaction and source of payment:

As it appears in table (5.28), one way ANOVA was used to assess the differences between the payment sources of medical care (health insurance, self pay, and free medical care) regarding the level of satisfaction. The results showed that there are significant statistical differences between the payment sources of medical care regarding the overall satisfaction and all domains of satisfaction. Benferroni test showed that the patients who were self pay reported the higher satisfaction scores with the overall satisfaction (mean 224.8889), and in all domains of satisfaction. On the other hand, the patients who covered their medical care by health insurance reported the lower level of overall satisfaction (mean 174.5446), and in all domains of satisfaction. The results reported that there are significant differences between the payment sources of medical care regarding the overall satisfaction ($p=0.001$) and also there are significant differences between the payment sources of medical care regarding the all domains of satisfaction.

Table 5.28

One-Way ANOVA comparing patient satisfaction scores with source of payment

Dep. var. "patient satisfaction"	Indep. var. "source of payment "	Sum of squares	Df	Mean square	F	Sig.
Appointments registration	Between Groups	132.451	2	66.225	16.187	.000
	Within Groups	605.496	148	4.091		
	Total	737.947	150			
Environment comfort and convenience	Between Groups	1006.148	2	503.074	33.167	.000
	Within Groups	2244.819	148	15.168		
	Total	3250.967	150			
Approach of care	Between Groups	3751.024	2	1875.512	49.738	.000
	Within Groups	5580.724	148	37.708		
	Total	9331.748	150			
Physiotherapy staff skills and courtesy	Between Groups	3660.731	2	1830.365	49.967	.000
	Within Groups	5421.442	148	36.631		
	Total	9082.172	150			
Communication and information	Between Groups	7614.356	2	3807.178	60.871	.000
	Within Groups	9256.731	148	62.545		
	Total	16871.086	150			
Privacy	Between Groups	464.147	2	232.073	33.200	.000
	Within Groups	1034.555	148	6.990		
	Total	1498.702	150			
Loyalty	Between Groups	152.960	2	76.480	24.287	.000
	Within Groups	466.059	148	3.149		
	Total	619.020	150			
Overall satisfaction	Between Groups	81654.271	2	40827.136	66.639	.000
	Within Groups	90674.034	148	612.662		
	Total	172328.305	150			

Interpretation of the results of patient satisfaction and source of payment:

Regarding the source of payment, the result showed that there are significant statistical differences between the payment sources of medical care and patients' satisfaction, also, the patients' who were self paid reported higher satisfaction level than patients' with health insurance. This result is inconsistent with the study conducted by Abu Saileek (2004), the findings indicated that the patients' who were medically insured represented higher percentage (86%) and reported higher satisfaction while the clients who self paid care represented the lowest percentage (9.5%) and reported low satisfaction.

The results of patient satisfaction and medical diagnosis:

An independent t-test used to compare the means of the satisfaction scores regarding medical diagnosis, the results of table (5.29) show significant statistical differences between medical diagnosis regarding the overall satisfaction and some

domains of satisfaction (environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and loyalty). The results show that neurological conditions reported higher level of overall satisfaction scores (mean 211.6364) than orthopedic conditions (mean 187.3566).

Table 5.29

Independent t-test comparing patient satisfaction scores with medical diagnosis

Dep. var. "patient satisfaction"	Ind. var. "medical diagnosis"	N	Mean	SD	T	Sig.
Appointments registration	Orthopedic	129	20.3566	2.24930	-.457	.648
	Neurological	22	20.5909	2.06234	-.486	.631
Environment comfort and convenience	Orthopedic	129	35.2326	4.39729	-2.627	.010*
	Neurological	22	38.0000	5.48591	-2.246	.033*
Approach of care	Orthopedic	129	32.69	7.839	-3.132	.002*
	Neurological	22	38.23	6.510	-3.573	.001*
Physiotherapy staff skills and courtesy	Orthopedic	129	40.12	7.855	-2.722	.007*
	Neurological	22	44.91	5.991	-3.294	.002*
Communication and information	Orthopedic	129	33.65	10.458	-3.605	.000*
	Neurological	22	42.14	8.504	-4.173	.000*
Privacy	Orthopedic	129	16.88	3.176	-1.987	.049*
	Neurological	22	18.32	2.835	-2.154	.039*
Loyalty	Orthopedic	129	8.42	2.128	-2.240	.027*
	Neurological	22	9.45	.963	-3.728	.000*
Overall satisfaction	Orthopedic	129	187.3566	33.70131	-3.200	.002*
	Neurological	22	211.6364	27.48947	-3.696	.001*

Interpretation of the results of patient satisfaction and medical diagnosis:

Regarding medical diagnosis, the findings showed that the patients with neurological conditions reported higher satisfaction level than patients with orthopedic conditions. In another study conducted by Abu Saileek (2004), the result showed that the clients who had chronic illness represented percentage (37.3%) and were more satisfied with nursing care than others, while the clients with injuries represented percentage only (14.8%) and were less satisfied.

The results of patient satisfaction and source of hospital knowledge:

An independent t-test was used to compare the means of the satisfaction scores regarding source of hospital knowledge, the results of table (5.30) showed significant statistical differences between source of hospital knowledge regarding the overall

satisfaction and all domains of satisfaction (appointments registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and loyalty). The results show that the patients with source of hospital knowledge of dispensary reported higher level of overall satisfaction scores (mean 212.2963) than the patients with source of hospital knowledge of physician mean (186.2339).

Table 5.30

Independent t-test comparing patient satisfaction scores with source of hospital knowledge

Dep. var. "patient satisfaction"	Ind. var. "source of hospital knowledge"	N	Mean	SD	T	Sig.
Appointments registration	Physician	124	20.2097	2.23525	-2.176	.031*
	Dispensary	27	21.2222	1.96769	-2.362	.023*
Environment comfort and convenience	Physician	124	35.0000	4.50293	-3.750	.000*
	Dispensary	27	38.5556	4.28174	-3.874	.000*
Approach of care	Physician	124	32.61	7.910	-3.030	.003*
	Dispensary	27	37.56	6.489	-3.440	.001*
Physiotherapy staff skills and courtesy	Physician	124	39.78	7.853	-3.658	.000*
	Dispensary	27	45.59	5.366	-4.647	.000*
Communication and information	Physician	124	33.61	10.613	-3.265	.001*
	Dispensary	27	40.74	8.524	-3.757	.000*
Privacy	Physician	124	16.70	3.266	-3.369	.001*
	Dispensary	27	18.89	1.761	-4.880	.000*
Loyalty	Physician	124	8.31	2.139	-3.422	.001*
	Dispensary	27	9.74	.656	-6.205	.000*
Overall satisfaction	Physician	124	186.2339	33.79087	-3.777	.000*
	Dispensary	27	212.2963	25.43743	-4.525	.000*

Interpretation of the results of patient satisfaction and source of hospital knowledge:

In this study, the finding showed that there are significant statistical differences between source of hospital knowledge and patients' satisfaction. Also, the patients with source of hospital knowledge of dispensary reported higher level of overall satisfaction scores, while the patients with source of hospital knowledge of physician reported the lower level of satisfaction. Compared with Abu Saileek (2004) study, the findings indicated that the patients who were referred by other hospitals reported the higher satisfaction. This finding is inconsistent with Thiedke (2007) study, that found the patients' with referrals from the family physician were higher satisfaction than others.

The results of patient satisfaction and first experience of hospital:

An independent t-test was used to compare the means of the satisfaction scores in regard to the first experience of hospital. The results in table (5.31), illustrated that the patients who had the first experience of hospital were higher level of overall satisfaction scores (mean 205.8163) than the patients who had previous experiences of hospital (mean 183.7255). Also, the patients who had the first experience of hospital reported higher level of some satisfaction domains (appointments registration, environment comfort and convenience, approach of care, physiotherapy staff skills and courtesy, communication and information, and privacy) and overall satisfaction. These variations between the two groups were significant statistical (p=0.001). This means that there is significant relationship between the first experience of hospital and patients satisfaction.

Table 5.31

Independent t-test comparing patient satisfaction scores with first experience of hospital

Dep. var. "patient satisfaction"	Indep. var. "first experience of hospital"	N	Mean	S. D.	T	Sig.
Appointments registration	Yes	49	21.0000	2.36291	2.375	.019*
	No	102	20.0980	2.09436	2.277	.025*
Environment comfort and convenience	Yes	49	37.2245	4.74019	2.982	.003*
	No	102	34.8725	4.43807	2.914	.005*
Approach of care	Yes	49	36.71	7.533	3.611	.000*
	No	102	31.95	7.615	3.625	.000*
Physiotherapy staff skills and courtesy	Yes	49	44.20	6.228	3.872	.000*
	No	102	39.20	7.954	4.215	.000*
Communication and information	Yes	49	39.80	9.014	4.150	.000*
	No	102	32.53	10.541	4.384	.000*
Privacy	Yes	49	17.86	3.291	2.083	.039*
	No	102	16.73	3.045	2.026	.046*
Loyalty	Yes	49	9.02	2.015	1.907	.058
	No	102	8.35	2.013	1.906	.060
Overall satisfaction	Yes	49	205.8163	30.23841	3.926	.000*
	No	102	183.7255	33.34285	4.063	.000*

Interpretation of the results of patient satisfaction and first experience of hospital:

In this study, the result shows that there is significant relationship between the first experience of hospital and patients satisfaction. The patients who had the first experience of hospital were higher level of overall satisfaction scores than the patients who had previous experiences of hospital. Moreover, Goldstein, Elliott, and Guccione (2000) designed an instrument to measure patient satisfaction with physical therapy and added some items to determine whether differential effects on the ratings of patient satisfaction like identification of the visit as the patient's first experience with that particular facility.

The results of patient satisfaction and first experience of physiotherapy services:

An independent t-test was used to compare the means of the satisfaction scores in regard to the first experience of physiotherapy services. The results in table (5.32), illustrated that the patients who had the first experience of physiotherapy services were higher level of overall satisfaction scores (mean 195.7558) than the patients who had previous experiences of physiotherapy services (mean 184.4615). Also the patients who had the first experience of physiotherapy services reported higher level of some satisfaction domains (approach of care, and physiotherapy staff skills and courtesy) and overall satisfaction.

Table 5.32

Independent t-test comparing patient satisfaction scores with first experience of physiotherapy services

Dep. var. "patient satisfaction"	Indep. var. "first experience of physiotherapy services"	N	Mean	SD	T	Sig
Appointments registration	Yes	86	20.5465	2.16201	.993	.322
	No	65	20.1846	2.29055	.985	.327
Environment comfort and convenience	Yes	86	36.0930	4.65423	1.393	.166
	No	65	35.0308	4.62321	1.394	.166
Approach of care	Yes	86	34.72	7.401	2.222	.028*
	No	65	31.88	8.270	2.188	.030*
Physiotherapy staff skills and courtesy	Yes	86	42.09	6.771	2.345	.020*
	No	65	39.14	8.716	2.265	.025*
Communication and information	Yes	86	36.31	10.013	1.918	.057
	No	65	33.00	11.140	1.890	.061
Privacy	Yes	86	17.22	3.054	.572	.568
	No	65	16.92	3.313	.566	.573
Loyalty	Yes	86	8.77	1.920	1.381	.169
	No	65	8.31	2.157	1.359	.177
Overall satisfaction	Yes	86	195.7558	31.39237	2.049	.042*
	No	65	184.4615	36.19396	2.009	.047*

Interpretation of the results of patient satisfaction and first experience of physiotherapy services:

In this study, the result shows that there is significant relationship between the first experience of physiotherapy services and patients' satisfaction. The patients who had the first experience of physiotherapy services were higher level of overall satisfaction scores than the patients who had previous experiences of physiotherapy services. Further, Goldstein, Elliott, and Guccione (2000) pointed to identification of the visit as the patient's first experience with physical therapy when they developed an instrument to measure patient satisfaction with physical therapy.

The results of patient satisfaction and waiting time:

As shown in table (5.33), one way ANOVA was used to evaluate the differences between the waiting time regarding the level of satisfaction. The results showed that there are no significant statistical differences between waiting time regarding the overall satisfaction and some domains of satisfaction. Benferroni test showed that there are significant statistical differences between waiting time regarding some domains of satisfaction (appointments registration, and environment comfort and convenience).

Table 5.33

One-Way ANOVA comparing patient satisfaction scores with waiting time

Dep. var. "patient satisfaction"	Indep. var. "waiting time"	Sum of squares	Df	Mean square	F	Sig.
Appointments registration	Between Groups	110.743	2	55.371	13.066	.000*
	Within Groups	627.204	148	4.238		
	Total	737.947	150			
Environment comfort and convenience	Between Groups	232.435	2	116.217	5.698	.004*
	Within Groups	3018.532	148	20.395		
	Total	3250.967	150			
Approach of care	Between Groups	131.016	2	65.508	1.054	.351
	Within Groups	9200.732	148	62.167		
	Total	9331.748	150			
Physiotherapy staff skills and courtesy	Between Groups	77.632	2	38.816	.638	.530
	Within Groups	9004.540	148	60.841		
	Total	9082.172	150			
Communication and information	Between Groups	186.189	2	93.095	.826	.440
	Within Groups	16684.897	148	112.736		
	Total	16871.086	150			
Privacy	Between Groups	58.494	2	29.247	3.005	.053
	Within Groups	1440.208	148	9.731		
	Total	1498.702	150			
Loyalty	Between Groups	10.444	2	5.222	1.270	.284
	Within Groups	608.576	148	4.112		
	Total	619.020	150			
Overall satisfaction	Between Groups	4321.807	2	2160.903	1.904	.153
	Within Groups	168006.498	148	1135.179		
	Total	172328.305	150			

Interpretation of the results of patient satisfaction and waiting time:

Regarding waiting time, the researcher found that there are no significant statistical differences between waiting time and patients' satisfaction. This result is inconsistent with Al Hindi (2000) study, the findings indicated that the clients who waited the shortest time tend to be more satisfied than the others who waited long time. Furthermore, Bialor et al (1997) found that the patients who waited shorter waiting time reported a higher satisfaction score than the patients who waited longer waiting time. Also, Gadallah et al (2003) concluded that the few existing studies on waiting times and patient satisfaction in primary health care have shown mixed results of the relationship between waiting time and patient satisfaction is unclear manner. Several researchers like (El-Sabrawy and Mahamoud, 1993; Mansour and Al-Osimy, 1993) urged that long waiting time is major item of patients' dissatisfaction.

The results of patient satisfaction and physiotherapy session duration:

An independent t-test was used to compare the means of the satisfaction scores in regard to physiotherapy session duration. The results in table (5.34), illustrated that the patients who had reasonable physiotherapy session reported the higher level of overall satisfaction (mean 194.4331) than the patients who had short physiotherapy session (mean 172.1667). Also the patients who had reasonable physiotherapy session reported higher level of some satisfaction domains (approach of care, physiotherapy staff skills and courtesy, communication and information, privacy and loyalty) and overall satisfaction.

Table 5.34

Independent t-test comparing patient satisfaction scores with physiotherapy session duration

Dep. var. "patient satisfaction"	Indep. var. "physiotherapy session duration"	N	Mean	SD	T	Sig
Appointments registration	Short	24	20.0000	1.64184	-.941	.348
	Reasonable	127	20.4646	2.30870	-1.183	.244
Environment comfort and convenience	Short	24	34.5417	4.24243	-1.258	.210
	Reasonable	127	35.8425	4.71644	-1.353	.185
Approach of care	Short	24	29.42	8.732	-2.827	.005*
	Reasonable	127	34.27	7.508	-2.549	.016*
Physiotherapy staff skills and courtesy	Short	24	35.75	8.853	-3.619	.000*
	Reasonable	127	41.78	7.208	-3.145	.004*
Communication and information	Short	24	29.29	12.859	-2.887	.004*
	Reasonable	127	35.94	9.830	-2.405	.023*
Privacy	Short	24	15.71	3.641	-2.376	.019*
	Reasonable	127	17.35	3.007	-2.084	.046*
Loyalty	Short	24	7.46	2.919	-2.999	.003*
	Reasonable	127	8.78	1.754	-2.145	.041*
Overall satisfaction	Short	24	172.1667	38.86058	-3.031	.003*
	Reasonable	127	194.4331	31.82132	-2.644	.013*

Interpretation of the results of patient satisfaction and physiotherapy session duration:

The results showed that there are significant statistical differences between physiotherapy session duration regarding the overall satisfaction. The patients who had reasonable physiotherapy session reported the higher satisfaction scores than the patients who had short physiotherapy session. This finding is inconsistent with Bialor et al (1997) study, that showed the patients who are associated with longer visit length

reported a higher satisfaction score than the patients who associated with shorter visit length.

The results of patient satisfaction and physiotherapy sessions number:

An independent t-test was used to compare the means of the satisfaction scores in regard to physiotherapy sessions number. The results in table (5.35), illustrated that the patients who had physiotherapy sessions number (38-70) reported the higher satisfaction scores with the overall satisfaction (mean 224.8571) than the patients who had physiotherapy sessions number (5-37) reported the lower level of overall satisfaction (mean 189.2431). Also the patients who had physiotherapy sessions number (38-70) reported higher level of some satisfaction domains (appointments registration, approach of care, physiotherapy staff skills and courtesy, and communication and information) and overall satisfaction.

Table 5.35

Independent t-test comparing patient satisfaction scores with physiotherapy sessions number

Dep. var. "patient satisfaction"	Indep. var. "physiotherapy sessions number"	N	Mean	SD	T	Sig
Appointments registration	5-37	144	20.2917	2.20893	-2.534	.012*
	38-70	7	22.4286	1.27242	-4.150	.003*
Environment comfort and convenience	5-37	144	35.5417	4.71402	-1.128	.261
	38-70	7	37.5714	2.76026	-1.821	.107
Approach of care	5-37	144	33.10	7.852	-2.838	.005*
	38-70	7	41.57	2.440	-7.488	.000*
Physiotherapy staff skills and courtesy	5-37	144	40.47	7.781	-2.598	.010*
	38-70	7	48.14	2.268	-7.143	.000*
Communication and information	5-37	144	34.34	10.521	-2.948	.004*
	38-70	7	46.14	4.298	-6.393	.000*
Privacy	5-37	144	16.99	3.189	-1.896	.060
	38-70	7	19.29	1.254	-4.233	.002*
Loyalty	5-37	144	8.51	2.062	-1.534	.127
	38-70	7	9.71	.488	-4.762	.000*
Overall satisfaction	5-37	144	189.2431	33.76766	-2.775	.006*
	38-70	7	224.8571	11.58201	-6.844	.000*

Interpretation of the results of patient satisfaction and physiotherapy sessions number:

The researcher divides physiotherapy sessions number into groups like (5-37, 38-70). The results showed that there are significant statistical differences between the physiotherapy sessions number and patients' satisfaction. The patients who had physiotherapy sessions number (38-70) reported the higher satisfaction than others.

This result isn't similar with Al Hindi (2000) study, that found the clients with the first visit reported a higher level of satisfaction comparing with the other clients who attended 2-5 times and more than 5 times.

The researcher shows that organizational variables are crucial elements that can affect on the level of patients' satisfaction, so, it is very important and desirable to physiotherapy staff and organizational managers to pay account all organizational variables that include; source of payment, medical diagnosis categories, source of hospital knowledge, first experience of hospital, first experience of physiotherapy services, physiotherapy session duration, physiotherapy sessions number which have impact on the level of satisfaction.

5.8. The results and interpretation of the sixth research question:

The results of the sixth research question:

To answer the sixth research question (Are there correlations in the level of patients' satisfaction with physiotherapy services regarding the patients' acceptance of physiotherapist?).

The researcher used correlation coefficient between acceptance domain, all domains and overall satisfaction. Table (5.36) illustrates the correlation coefficient for each patient satisfaction domains and acceptance domain, all the coefficients are significant at the 0.01 level and all correlation coefficients ranged between (0.153-0.449) except one domain isn't significant (appointments registration).

Table 5.36

Correlation coefficient between each patient satisfaction domains and acceptance domain

No.	Patient satisfaction domains	Person correlation	Significant level
8.	**Appointments registration**	.153	Not significant
9.	**Environment comfort and convenience**	.312	significant at the 0.01(**)
10.	**Approach of care**	.440	significant at the 0.01(**)
11.	**Physiotherapy staff skills and courtesy**	.421	significant at the 0.01(**)
12.	**Communication and information**	.449	significant at the 0.01(**)
13.	**Privacy**	.346	significant at the 0.01(**)
14.	**Loyalty**	.372	significant at the 0.01(**)
15.	**Overall satisfaction**	.447	significant at the 0.01(**)

(**) Correlation is significant at the 0.01 level

Interpretation of the results of the sixth research question:

The researcher shows that the patient acceptance of therapist is the most core issue in compliance and continuing the treatment. By incorporating this, the therapist employs concepts of empowerment and acceptance to patients by providing psychological and physical support. According to this feeling the patients motivate to follow-up their treatment and obtained improvement in their conditions in shorter time.

Further, during descriptive study conducted by Grisetti (1989) that examined the effect of oral communication skills used by physical therapists on patients' level of satisfaction with treatment by using questionnaires based on a communication model. The study concluded that the patients were highly satisfied with therapists communication behaviors during treatment and this lead to compliance with treatment. Physical therapists are a group whose interaction with patients has been identified as being important to the patients' acceptance and understanding of their disability.

5.2.10. Commentary on the study results:

This study revealed that the patients' satisfaction level was closely high. The patients of Al-Wafa Medical Rehabilitation Hospital reported higher satisfaction level with physiotherapy services than the patients of Al-Shifa Hospital. The researcher used seven domains according to the literature review which might reflect global measures of patients' satisfaction with physiotherapy services. The highest level of satisfaction was pointed to appointment registration domain but the lowest level of satisfaction was pointed to communication and information domain. The demographic variables of patients are considered important issue regarding the level of patients' satisfaction because these variables might affect the patients' satisfaction. So, it is very necessary to give attention to these variables by further studies. Likewise, the socio-economic variables that showed variables regarding patients' satisfaction level, that means the Palestinian people live in bad socio-economic and unstable political situation during the time of this study. The researcher suggests that further studies with suitable and quite political and socio-economic situation are more recommended. Moreover, the organizational variables also might affect on the level of patients' satisfaction with physiotherapy services, so the physiotherapy staff pay attention about all variables to improve the quality of physiotherapy services. Finally, the patient acceptance of therapist is the most core issue in compliance with continuing of the treatment.

Chapter 6

Chapter 6

Recommendations and Suggestions

Recommendations:

The researcher set some recommendations which might help service providers, physiotherapy managers and physiotherapy staff to improve patients' satisfaction level with physiotherapy services and develop the quality of services. These address as follows:

4- The physiotherapy managers and policy makers in health care institutions should improve the patients' satisfaction level according to global domains of patients' satisfaction and enhance all strategies to increase patients' satisfaction level.

5- Encourage continuous educational training program that will positively influence the physiotherapy staff and make them professional and competent.

6- Physiotherapy staff and physiotherapy managers need to concentrate on the weakness domains of patients' satisfaction to develop their abilities especially in communication and information domain by re-inforce interaction and communication skills through training courses and take account that patient-therapist communication should increase the compliance of treatment and patients' satisfaction level.

7- Physiotherapy staff and physiotherapy managers need to support effectiveness strategies to provide the patients all information about their diagnosis, plan of treatment and their participation in decision making with their families that lead to enhance the patients' expectation and perception.

8- The need to train physiotherapy staff to be advisor, case manager and teacher by educating and solving problems of patients and their families as much as possible that improve quality of physiotherapy services.

9- Motivate physiotherapy staff and physiotherapy managers to make training courses and workshops to increase the awareness of the importance of patients' satisfaction that due to the strong impact on quality of physiotherapy services.

10- Health professionals, physiotherapy managers and policy makers need to establish evaluative and monitoring system to detect and solve any problems that face patients and their families.

11- Physiotherapy managers, and health professionals, should support supervision to reinforce technical and professional skills that physiotherapy staff learned in continuous medical education training.

12- Appropriate efforts should be exerted to improve quality of physiotherapy services in various and safe aspects of services that led to enhance patients' satisfaction level.

13- Physiotherapy managers and physiotherapy staff should be informed about the results of this study to overcome any complaints or shortage in physiotherapy services.

Suggestions:

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

1- Evaluative study in stable political and good soci-economic situations to evaluate the impact of these situations on patients' satisfaction level.
2- Survey study to determine the areas of physiotherapy services which seem to be improved in quick and inexpensive way.
3- Further study to assess physiotherapy professionals opinions about patients' involvement in physiotherapy care.
4- Further study to explore the impact of physiotherapy staff job satisfaction and patients' satisfaction.
5- Follow-up study to assess patients' satisfaction with physiotherapy services after training courses of physiotherapy staff.
6- Qualititave study to understand patients' expressions, perceptions, and expectations that aimed to standarized physiotherapy services.
7- Further study to assess the relationship between psychological aspects of patients and patients' satisfaction.
8- Research agencies and health professionals need to support research and evaluation of patients' satisfaction with health care services and provide financial support to anyone who have any desire to research.

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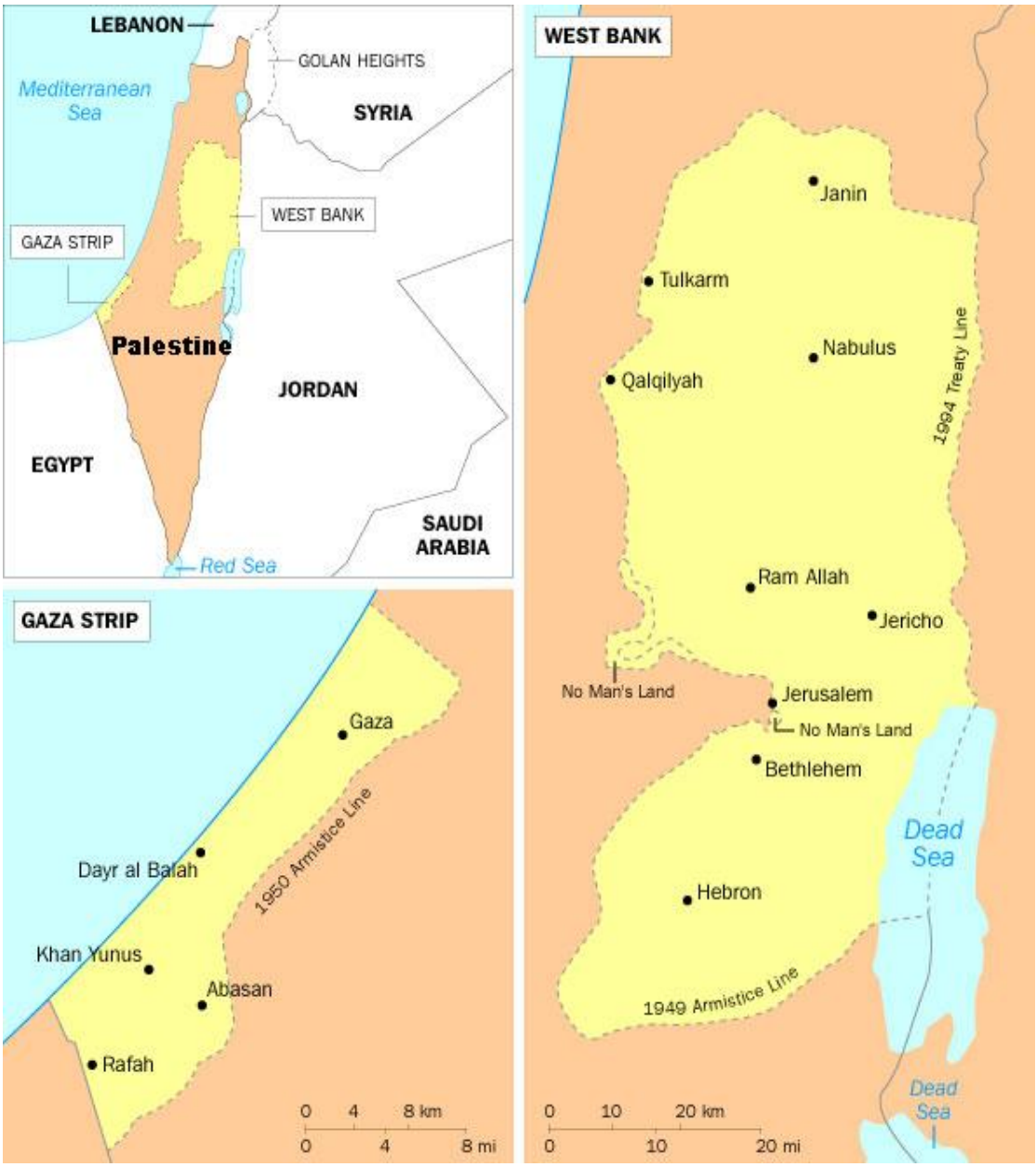
Annexes

Annexes

Annex 1

Map of Palestine



http://www.palestinehistory.com/arabic/sights/images/maps_pal1.jpg [accessed 15/12/2007].

Annex 2

بسم الله الرحمن الرحيم

الجامعة الإسلامية – غزة
The Islamic University - Gaza

عمادة الدراسات العليا
هاتف داخلي: 1150

Ref. ج س ع/35/
Date 2007/07/25

الأخ الفاضل/ مدير مستشفى الشفاء حفظه الله،

السلام عليكم ورحمة الله وبركاته،

الموضوع/ تسهيل مهمة طالبة ماجستير

تهديكم عمادة الدراسات العليا بالجامعة الإسلامية أعطر تحياتها، وترجو التكرم بمساعدة الطالبة/ **جيهان محمد سعيد حلس** برقم جامعي ***2004/5745*** والملتحقة في برنامج الماجستير بكلية التربية قسم **الصحة النفسية والمجتمعية/علوم التأهيل** في تطبيق الاستبانة الخاصة بدراستها والحصول على المعلومات التي تساعدها في إعدادها والمعنونة بـــ:

"رضى المرضى عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة"

"Outpatients' Satisfaction with Physiotherapy Services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza"

والله ولي التوفيق،،،

عميـــد الدراسات العليا

د. مازن إسماعيل هنية

صورة إلى:-
- الملف.

ص.ب 108 الرمال غزة فلسطين تلفون +970 (8) 286 0700 فاكس +970 (8) 286 0800
public@iugaza.edu.ps www.iugaza.edu.ps

Annex 3

بسم الله الرحمن الرحيم

الجامعة الإسلامية – غزة
The Islamic University - Gaza

عمادة الدراسات العليا
هاتف داخلي: 1150

Ref. ج س/35/
Date 2007/07/25

الأخ الفاضل/ مدير مستشفى الوفاء للتأهيل الطبي حفظه الله،

السلام عليكم ورحمة الله وبركاته،

الموضوع/ تسهيل مهمة طالبة ماجستير

تهديكم عمادة الدراسات العليا بالجامعة الإسلامية أعطر تحياتها، وترجو التكرم بمساعدة الطالبة/ **جيهان محمد سعيد حلس** برقم جامعي ***2004/5745*** والملتحقة في برنامج الماجستير بكلية التربية قسم الصحة النفسية والمجتمعية/علوم التأهيل في تطبيق الاستبانة الخاصة بدراستها والحصول على المعلومات التي تساعدها في إعدادها والمعنونة بـــ:

"رضى المرضى عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة"

"Outpatients' Satisfaction with Physiotherapy Services at Al-Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza"

والله ولي التوفيق،،،

عميـــد الدراسات العليا

د. مازن إسماعيل هنية

صورة إلى:-
- الملف

ص.ب 108 الرمال غزة فلسطين تلفون Tel. +970 (8) 286 0700 تلفاكس Fax. +970 (8) 286 0800
public@iugaza.edu.ps www.iugaza.edu.ps

Annex 4

Experts Panel Names

Member	Collogue	University
Dr. Samir Qouta	Education / psychology	Islamic University-Gaza
Dr. Atef El AGha	Education / psychology	Islamic University-Gaza
Dr. Nabeel Dokhan	Education / psychology	Islamic University-Gaza
Dr. Jamil Al Tahrawi	Education / psychology	Islamic University-Gaza
Dr. Yousif Al Jeesh	Nursing	Islamic University-Gaza
Dr. Yehia Abed	Public Health	Al Quds University
Dr. Bassam Abu Hamad	Public Health	Al Quds University

Annex 5

فقرات استبانة رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة في صورتها الأولية.

بسم الله الرحمن الرحيم

السيد الدكتور/ة.....حفظه/ها الله

السلام عليكم ورحمة الله وبركاته.

تقوم الباحثة بإعداد بحث لنيل درجة الماجستير في (علوم التأهيل) بعنوان **رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء و مستشفى الوفاء للتأهيل الطبي بغزة.** بإشراف الأستاذ المشارك في قسم علم النفس / **د. سمير قوته،** وقد قامت الباحثة بإعداد إستبانة ستقوم بتطبيقها على عينة من المرضى الذين يتلقون خدمات العلاج الطبيعي في كل من مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة، لذا أرجو التكرم بإبداء آرائكم في الاستبانة المرفقة من حيث ملاءمتها في قياس مدى رضى المرضى عن طبيعة الخدمات المقدمة، وتعديل العبارات التي ترون أنها بحاجة إلى تعديل.

التعريفات الإجرائية:

- **الرضى:** درجة رضى المرضى عن خدمات العلاج الطبيعي في كل من مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي عن كل فقرة من فقرات الاستبانة، وقد تم ترتيب درجات الرضى على محتوى كل فقرة تبعاً لمقياس ليكرت الخماسي (موافق بقوة، موافق، لا أدرى، غير موافق، غير موافق بقوة).
- **المريض:** هو الشخص المسجل في قسم العلاج الطبيعي الخارجي في كل من مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي، وحصل على خمس جلسات علاج طبيعي على الأقل أثناء وقت الدراسة، من كلا الجنسين من عمر(18-65) عاماً.
- **خدمات العلاج الطبيعي:** هي خدمات طبية يتلقاها المرضى كجلسات علاج طبيعي في الأقسام الخارجية لكل من مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي أثناء وقت الدراسة.

شاكرين لكم حسن تعاونكم،،،

وتفضلوا بقبول فائق الاحترام والتقدير،،،

الباحثة: جيهان محمد حلس

استبانة

رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة

بيانات ديمغرافية:

1. الجهة التي تقدم الخدمة: □ م.الشفاء □ م. الوفاء للتأهيل الطبي
2. عمر المريض: _____
3. جنس المريض: □ ذكر □ أنثى
4. الحالة الاجتماعية: □ أعزب □ متزوج □ مطلق □ أرمل
5. مكان الإقامة: □ مخيم □ قرية □ مدينة
6. المؤهل العلمي:□ ابتدائي □ إعدادي □ ثانوي □ دبلوم متوسط □ بكالوريوس □ ما فوق □ أخرى
7. الوظيفة: □ طالب □ موظف حكومي □ موظف غير حكومي □ أعمال حرة □ ربة بيت □ لا أعمل □ أخرى
8. معدل الدخل الشهري: _____ دولار
9. تشخيص المريض: _____
10. المصدر المالي لتغطية الخدمات التي تتلقاها:

□ التأمين الصحي □ نفقتك الخاصة □غير ذلك

11. كيف عرفت عن هذه المستشفى؟

□ طبيب □ مستوصف □ العائلة □ صديق □ مريض آخر □ أخرى

12. هل هذه أول خبرة لك مع هذه المستشفى؟ □ نعم □ لا
13. هل هذه أول خبرة لك في خدمات العلاج الطبيعي؟ □ نعم □ لا
14. كم دقيقة يستغرق مكوثك في المتوسط في مكان الانتظار تقريباً ؟ _____
15. كيف تدرك مدة جلسة العلاج الطبيعي؟ □ طويلة □ قصيرة □ معقولة
16. كم عدد جلسات العلاج الطبيعي التي تلقيتها في المستشفى ؟ _____

الرجاء اختيار المدى الذي يصف شعورك بدقـــة.

م.	السـؤال	مدى انتماء الفقرة للمحور			الملاءمة اللغوية	التعديلات
		بدرجة كبيرة	بدرجة متوسطة	لا تنتمي		
* تسجيل المواعيد						
.1	أنت راضٍ عن سهولة إجراءات تسجيل المواعيد					
.2	أنت راضٍ عن لطف ومساعدة السكرتارية في مكتب التسجيل					
.3	أنت تشعر بأن مواعيد جلسات العلاج الطبيعي أوقاتها مناسبة لك					
.4	زيارتك الأولى لخدمات العلاج الطبيعي أنجزت بسرعة					
.5	سهولة تحديد مواعيد جلسات العلاج الطبيعي بعد زيارتك الأولى					
.6	عملية التسجيل شاقة ومعقدة					
* المكـــان						
.7	مكان المستشفى سهل الوصول إليه					
.8	أنت راضٍ عن نظافة مكتب الاستقبال					
.9	أنت راضٍ عن نظافة قسم العلاج الطبيعي					
.10	منطقة الانتظار ملائمة ومقاعدها كافية					
.11	منطقة الانتظار مريحة					
.12	التهوية في قسم العلاج الطبيعي مناسبة					
.13	نظافة الحمامات جيدة					
.14	بناء قسم العلاج الطبيعي مهيأ لجميع المرضى					
* العـــلاج						
.15	أخصائي العلاج الطبيعي يفهم مشكلتك / حالتك					
.16	أخصائي العلاج الطبيعي يشرح لك خطة العلاج الطبيعي					
.17	أنت راضٍ عن العلاج المقدم من أخصائي العلاج الطبيعي					
.18	أخصائي العلاج الطبيعي يعطيك تعليمات مفصلة عن البرنامج البيتي					

.19	تعليمات أخصائي العلاج الطبيعي تساعدك					
.20	أنت راضٍ عن جودة خدمات العلاج الطبيعي					
.21	أنت راضٍ عن شرح أخصائي العلاج الطبيعي أثناء جلسة العلاج الطبيعي					
.22	أنت تشعر بالأمن أثناء جلسة العلاج الطبيعي					
	*** لطف ودعم طاقم العلاج الطبيعي**					
.23	أنت تشعر بلطف طاقم العلاج الطبيعي					
.24	طاقم العلاج الطبيعي يحترمك كشخص					
.25	أخصائي العلاج الطبيعي يستمع لاستفساراتك					
.26	أخصائي العلاج الطبيعي يستمع ويجيب عن جميع أسئلتك					
.27	طاقم العلاج الطبيعي يفضل بعض المرضى على مرضى					
.28	أخصائي العلاج الطبيعي ينصحك بتجنب المشاكل المستقبلية					
.29	يوجد مسافة بينك وبين أخصائي العلاج الطبيعي					
.30	أنت تشعر أن طاقم العلاج الطبيعي يدعمك نفسياً					
	*** الاتصال والمعلومات**					
.31	أخصائي العلاج الطبيعي يعرف نفسه لك					
.32	أخصائي العلاج الطبيعي يمدك بشرح واضح عن الفحوصات التي ستجرى لك					
.33	أخصائي العلاج الطبيعي يشرح لك الأشياء بطريقة بسيطة وواضحة					
.34	الاتصالات كافية بينك وبين طاقم العلاج الطبيعي					
.35	أنت راضٍ عن الإجابات على أسئلتك					
.36	أنت تعبر عما يقلقك لأخصائي العلاج الطبيعي					
.37	من السهولة تبادل الابتسامات مع طاقم					

	العلاج الطبيعي					
.38	أخذت معلومات كافية عن حالتك					
.39	أخذت معلومات كافية عن البرنامج البيتي					
*** الخصوصيـــة**						
.40	خصوصيتك تحترم أثناء جلسة العلاج الطبيعي					
.41	تجهيز وتنظيم قسم العلاج الطبيعي يمدك بخصوصية ملائمة					
.42	بيئة قسم العلاج الطبيعي تمنحك خصوصية مستقلة					

*** الشكاوى:**

43. الرجاء ذكر أهم ثلاث مشكلات واجهتك داخل قسم العلاج الطبيعي.

_____

_____

_____

_____

*** الاقتراحات:**

44. ما أهم اقتراحاتك لحل المشكلات السابقة؟

_____

_____

_____

_____

شكراً لتعاونـك ومساعدتك.

Annex 6

فقرات استبانة رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغـــزة في صورتها بعد التحكيم.

استبانة

رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغـــزة

بيانات ديمغرافية:

1. الجهة التي تقدم الخدمة: □ م.الشفاء □ م. الوفاء للتأهيل الطبي
2. عمر المريض: _____
3. جنس المريض: □ ذكر □ أنثى
4. الحالة الاجتماعية: □ أعزب □ متزوج □ مطلق □ أرمل
5. مكان الإقامة: □ مخيم □ قرية □ مدينة
6. المؤهل العلمي:□ ابتدائي □ إعدادي □ ثانوي □ دبلوم متوسط □ بكالوريوس □ ما فوق □ أخرى
7. الوظيفة: □ طالب □ موظف حكومي □ موظف غير حكومي □ أعمال حرة □ ربة بيت □ لا أعمل □ أخرى
8. معدل الدخل الشهري: _____ دولار
9. تشخيص المريض: _____
10. المصدر المالي لتغطية الخدمات التي تتلقاها:

□ التأمين الصحي □ نفقتك الخاصة □غير ذلك

11. كيف عرفت عن هذه المستشفى؟

□ طبيب □ مستوصف □ العائلة □ صديق □ مريض آخر □ أخرى

12. هل هذه أول خبرة لك مع هذه المستشفى؟ □ نعم □ لا
13. هل هذه أول خبرة لك مع خدمات العلاج الطبيعي؟ □ نعم □ لا
14. كم دقيقة يستغرق مكوثك في المتوسط في مكان الانتظار تقريباً ؟ _____
15. كيف تدرك مدة جلسة العلاج الطبيعي؟ □ طويلة □ قصيرة □ معقولة
16. كم عدد جلسات العلاج الطبيعي التي تلقيتها في المستشفى ؟ _____
17. اختر موضع المشكلة التي تلقيت لها خدمات العلاج الطبيعي ؟

□ الرقبة □ أسفل الظهر □ الكتف

□ الكوع □ اليد □ الفخذ

□ الركبة □ القدم □ أخرى،حدد_____

العبارات التالية تهدف إلى معرفة مدى رضاك عن طبيعة خدمات العلاج الطبيعي المقدمة، الرجاء اختيار المدى الذي يصف شعورك بدقــة.

م.	السؤال	موافق بقوة	موافق	لا أقرر	غير موافق	غير موافق بقوة
*** تسجيل المواعيد**						
.1	أنت راضٍ عن سهولة إجــراءات تــسجيل المواعيد					
.2	أنت تشعر بأن مواعيــد جلــسات العــلاج الطبيعي أوقاتها مناسبة لك					
.3	زيارتك الأولى لخدمات العــلاج الطبيعــي أنجزت بسرعة					
.4	سهولة تحديد مواعيد جلسات العلاج الطبيعي بعد زيارتك الأولى					
.5	أنت تتلقى جلسة العلاج الطبيعي فوراً بعــد وصولك					
.6	عملية التسجيل شاقة ومعقدة					
*** ملاءمة وراحة البيئة**						
.7	مكان المستشفى سهل الوصول إليه					
.8	أنت راضٍ عن نظافة مكتب الاستقبال					
.9	أنت راضٍ عن نظافة قسم العلاج الطبيعي					
.10	منطقة الانتظار ملائمة ومقاعدها كافية					
.11	منطقة الانتظار مريحة					
.12	أنت تشعر بهدوء وراحة الجــو فــي قــسم العلاج الطبيعي					
.13	موقف السيارات متوفر وملائم					
.14	التهوية في قسم العلاج الطبيعي مناسبة					
.15	نظافة الحمامات جيدة					
.16	بناء قسم العــلاج الطبيعــي مهيــأ لجميــع المرضى					
*** نهج العلاج**						
.17	أخصائي العلاج الطبيعي يفهم مشكلتك / حالتك					
.18	أخصائي العلاج الطبيعي يشرح لــك خطــة العلاج الطبيعي					

.19	أنت راضٍ عن العلاج المقدم من أخصائي العلاج الطبيعي					
.20	أخصائي العلاج الطبيعي يعطيك تعليمات مفصلة عن البرنامج البيتى					
.21	تعليمات أخصائي العلاج الطبيعي تساعدك					
.22	أنت راضٍ عن جودة خدمات العلاج الطبيعي					
.23	أنت راضٍ عن شرح أخصائي العلاج الطبيعي أثناء جلسة العلاج الطبيعي					
.24	أنت تشعر بالأمن أثناء جلسة العلاج الطبيعي					
.25	بشكل إجمالي، أنت راضٍ عن خدمات العلاج الطبيعي					
* **لطف ومهنية طاقم العلاج الطبيعي**						
.26	أنت تشعر بلطف طاقم العلاج الطبيعي					
.27	طاقم العلاج الطبيعي يحترمك كشخص					
.28	أخصائي العلاج الطبيعي يستمع لاستفساراتك					
.29	أخصائي العلاج الطبيعي يستمع ويجيب عن جميع أسئلتك					
.30	طاقم العلاج الطبيعي يفضل بعض المرضى على مرضى					
.31	طاقم العلاج الطبيعي يهتم بوجهات نظرك وأمنياتك					
.32	أخصائي العلاج الطبيعي يقضى وقتاً كافياً معك					
.33	أخصائي العلاج الطبيعي ينصحك بتجنب المشاكل المستقبلية					
.34	يوجد مسافة بينك وبين أخصائي العلاج الطبيعي					
.35	أنت تشعر أن طاقم العلاج الطبيعي يدعمك نفسياً					
* **الاتصال والمعلومات**						
.36	أخصائي العلاج الطبيعي يعرف نفسه لك					
.37	أخصائي العلاج الطبيعي يمدك بشرح					

	واضح عن الفحوصات التي ستجرى لك					
.38	أخصائي العلاج الطبيعي يشرح لك الأشياء بطريقة بسيطة وواضحة					
.39	الاتصالات كافية بينك وبين طاقم العلاج الطبيعي					
.40	أنت راضٍ عن الإجابات على أسئلتك					
.41	أنت تعبر عما يقلقك لأخصائي العلاج الطبيعي					
.42	من السهولة تبادل الابتسامات مع طاقم العلاج الطبيعي					
.43	أُعطيت معلومات كافية عن حالتك					
.44	أُعطيت معلومات كافية عن البرنامج البيتي					
.45	لديك صعوبة في الاتصال مع طاقم العلاج الطبيعي					
*** الخصوصية**						
.46	خصوصيتك تحترم أثناء جلسة العلاج الطبيعي					
.47	تجهيز وتنظيم قسم العلاج الطبيعي يمدك بخصوصية ملائمة					
.48	أخصائي العلاج الطبيعي يحترم خصوصيتك أثناء الفحص					
.49	بيئة قسم العلاج الطبيعي تمنحك خصوصية مستقلة					
*** الإخلاص**						
.50	أنت ستنصح هذه المستشفى لعائلتك/ أصدقائك إذا احتاجوا لخدمة مماثلة					
.51	أنت ستعود للمستشفى مستقبلاً في حالة حاجتك لتلقى خدمات العلاج الطبيعي					

*** التقبـــل:**

52. أنت تحب الحضور لجلسة العلاج الطبيعي لأنك:

- تحب الحديث مع أخصائي العلاج الطبيعي. □ نعم □ لا
- ترتاح لرؤية أخصائي العلاج الطبيعي. □ نعم □ لا
- ترغب في معرفة بعض الجوانب الشخصية لأخصائي العلاج الطبيعي. □ نعم □ لا
- تتحسن حالتك. □ نعم □ لا

*** الشكاوى:**

53. **الرجاء ذكر أهم ثلاث مشكلات واجهتك داخل قسم العلاج الطبيعي.**

_____

_____

_____

_____

*** الاقتراحات:**

54. **ما أهم اقتراحاتك لحل المشكلات السابقة؟**

_____

_____

_____

_____

شكراً لتعاونـك ومساعدتك.

Annex 7

فقرات استبانة رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغزة في صورتها النهائية.

استبانة

رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغـزة

بيانات ديمغرافية:

1. الجهة التي تقدم الخدمة: □ م.الشفاء □ م. الوفاء للتأهيل الطبي
2. عمر المريض: _____
3. جنس المريض: □ ذكر □ أنثى
4. الحالة الاجتماعية: □ أعزب □ متزوج □ مطلق □ أرمل
5. مكان الإقامة: □ مخيم □ قرية □ مدينة
6. المؤهل العلمي:□ ابتدائي □ إعدادي □ ثانوي □ دبلوم متوسط □ بكالوريوس □ ما فوق □ أخرى
7. الوظيفة: □ طالب □ موظف حكومي □ موظف غير حكومي □ أعمال حرة □ ربة بيت □ لا أعمل □ أخرى
8. معدل الدخل الشهري: _____ دولار
9. تشخيص المريض: _____
10. المصدر المالي لتغطية الخدمات التي تتلقاها:
    □ التأمين الصحي □ نفقتك الخاصة □غير ذلك
11. كيف عرفت عن هذه المستشفى؟
    □ طبيب □ مستوصف □ العائلة □ صديق □ مريض آخر □ أخرى
12. هل هذه أول خبرة لك مع هذه المستشفى؟ □ نعم □ لا
13. هل هذه أول خبرة لك مع خدمات العلاج الطبيعي؟ □ نعم □ لا
14. كم دقيقة يستغرق مكوثك في المتوسط في مكان الانتظار تقريباً ؟ _____
15. كيف تدرك مدة جلسة العلاج الطبيعي؟ □ طويلة □ قصيرة □ معقولة
16. كم عدد جلسات العلاج الطبيعي التي تلقيتها في المستشفى ؟ _____
17. اختر موضع المشكلة التي تلقيت لها خدمات العلاج الطبيعي ؟

□ الرقبة	□ أسفل الظهر	□ الكتف
□ الكوع	□ اليد	□ الفخذ
□ الركبة	□ القدم	□ أخرى،حدد_____

العبارات التالية تهدف إلى معرفة مدى رضاك عن طبيعة خدمات العلاج الطبيعي المقدمة، الرجاء اختيار المدى الذي يصف شعورك بدقـــة.

م.	السؤال	موافق بقوة	موافق	لا أقرر	غير موافق	غير موافق بقوة
*** تسجيل المواعيد**						
.1	أنت راضٍ عن سهولة إجراءات تسجيل المواعيد					
.2	أنت تشعر بأن مواعيد جلسات العلاج الطبيعي أوقاتها مناسبة لك					
.3	زيارتك الأولى لخدمات العلاج الطبيعي أنجزت بسرعة					
.4	سهولة تحديد مواعيد جلسات العلاج الطبيعي بعد زيارتك الأولى					
.5	أنت تتلقى جلسة العلاج الطبيعي فوراً بعد وصولك					
*** ملاءمة وراحة البيئة**						
.6	أنت راضٍ عن نظافة مكتب الاستقبال					
.7	أنت راضٍ عن نظافة قسم العلاج الطبيعي					
.8	منطقة الانتظار ملائمة ومقاعدها كافية					
.9	منطقة الانتظار مريحة					
.10	أنت تشعر بهدوء وراحة الجو في قسم العلاج الطبيعي					
.11	موقف السيارات متوفر وملائم					
.12	التهوية في قسم العلاج الطبيعي مناسبة					
.13	نظافة الحمامات جيدة					
.14	بناء قسم العلاج الطبيعي مهيأ لجميع المرضى					
*** نهج العناية**						
.15	أخصائي العلاج الطبيعي يفهم مشكلتك / حالتك					
.16	أخصائي العلاج الطبيعي يشرح لك					

	خطة العلاج الطبيعي					
.17	أنت راضٍ عن العلاج المقدم من أخصائي العلاج الطبيعي					
.18	أخصائي العلاج الطبيعي يعطيك تعليمات مفصلة عن البرنامج البيتى					
.19	تعليمات أخصائي العلاج الطبيعي تساعدك					
.20	أنت راضٍ عن جودة خدمات العلاج الطبيعي					
.21	أنت راضٍ عن شرح أخصائي العلاج الطبيعي أثناء جلسة العلاج الطبيعي					
.22	أنت تشعر بالأمن أثناء جلسة العلاج الطبيعي					
.23	بشكل إجمالي، أنت راضٍ عن خدمات العلاج الطبيعي					
*** لطف ومهنية طاقم العلاج الطبيعي**						
.24	أنت تشعر بلطف طاقم العلاج الطبيعي					
.25	طاقم العلاج الطبيعي يحترمك كشخص					
.26	أخصائي العلاج الطبيعي يستمع لاستفساراتك					
.27	أخصائي العلاج الطبيعي يستمع ويجيب عن جميع أسئلتك					
.28	طاقم العلاج الطبيعي يفضل بعض المرضى على مرضى					
.29	طاقم العلاج الطبيعي يهتم بوجهات نظرك وأمنياتك					
.30	أخصائي العلاج الطبيعي يقضى وقتاً كافياً معك					
.31	أخصائي العلاج الطبيعي ينصحك بتجنب المشاكل المستقبلية					
.32	يوجد مسافة بينك وبين أخصائي العلاج الطبيعي					
.33	أنت تشعر أن طاقم العلاج الطبيعي يدعمك نفسياً					

* الاتصال والمعلومات						
.34	أخصائي العلاج الطبيعي يعرف نفسه لك					
.35	أخصائي العلاج الطبيعي يمدك بشرح واضح عن الفحوصات التي ستجرى لك					
.36	أخصائي العلاج الطبيعي يشرح لك الأشياء بطريقة بسيطة وواضحة					
.37	الاتصالات كافية بينك وبين طاقم العلاج الطبيعي					
.38	أنت راضٍ عن الإجابات على أسئلتك					
.39	أنت تعبر عما يقلقك لأخصائي العلاج الطبيعي					
.40	من السهولة تبادل الابتسامات مع طاقم العلاج الطبيعي					
.41	أُعطيت معلومات كافية عن حالتك					
.42	أُعطيت معلومات كافية عن البرنامج البيتي					
.43	لديك صعوبة في الاتصال مع طاقم العلاج الطبيعي					
* الخصوصيـــة						
.44	خصوصيتك تحترم أثناء جلسة العلاج الطبيعي					
.45	تجهيز وتنظيم قسم العلاج الطبيعي يمدك بخصوصية ملائمة					
.46	أخصائي العلاج الطبيعي يحترم خصوصيتك أثناء الفحص					
.47	بيئة قسم العلاج الطبيعي تمنحك خصوصية مستقلة					
* الإخـــلاص						
.48	أنت ستنصح هذه المستشفى لعائلتك/ أصدقائك إذا احتاجوا لخدمة مماثلة					
.49	أنت ستعود للمستشفى مستقبلاً في حالة حاجتك لتلقى خدمات العلاج الطبيعي					

*** التقبـــل :**

50. أنت تحب الحضور لجلسة العلاج الطبيعي لأنك:

- تحب الحديث مع أخصائي العلاج الطبيعي. □ نعم □ لا
- ترتاح لرؤية أخصائي العلاج الطبيعي. □ نعم □ لا
- ترغب في معرفة بعض الجوانب الشخصية لأخصائي العلاج الطبيعي. □ نعم □ لا
- تتحسن حالتك. □ نعم □ لا

*** الشكـــــاوى:**

51. **الرجاء ذكر أهم ثلاث مشكلات واجهتك داخل قسم العلاج الطبيعي.**

_____

_____

_____

_____

*** الايجابيات:**

52. **الرجاء ذكـــر أهم ثلاثة إيجابيات في قسم العلاج الطبيعي.**

_____

_____

_____

_____

شكراً لتعاونـك ومساعدتك.

Annex 8

استمارة وصف الاستبانة للمرضى المشاركين في الدراسة

استبانة

رضى المرضى الخارجيين عن خدمات العلاج الطبيعي في مستشفى الشفاء ومستشفى الوفاء للتأهيل الطبي بغـــزة

عزيزي/تي المريض/ة ،،،

إنني أقدر مشاركتك في تقييم مشروع البحث هذا، الذي يعتبـر جـزءاً مـن دراسـتي لماجستيرعلوم التأهيل في الجامعة الإسلامية – غـزة. حيث تهدف هذه الدراسـة إلـى تقيـيم رضى المرضى الذين يتلقون خدمات العلاج الطبيعي، كما أن نتائج هذه الدراسة قد تـؤدي إلـى تحسين جودة خدمات العلاج الطبيعي وتعود بالنفع على المرضى. إنني أهتم في هـذه الدراسـة برأيك وانطباعك حول مدى رضاك عن الخدمة، والعناية المقدمة لك داخل قسم العلاج الطبيعي.

إن مقابلتي لك لتعبئة الاستبانة ستستغرق مـن 15 – 20 دقيقـة، وإذا شـعرت بعـدم الارتياح في أي وقت فإنه بإمكانك أن تطلب وقف المقابلة. علماً بـأن الاسـتبانة تحتـوى علـى (خمسة) خيارات للإجابة، فحاول اختيار مدى الرضى الذي يصف شعورك بدقة، كمـا أنهـا لا تحتوى على إجابات صحيحة أو خاطئة، فإذا وافقت على المشاركة في البحث يبقى لك الحق فـي الانسحاب متى تشاء دون التأثير على تلقيك الخدمة والعناية مستقبلاً.

ولا داعي لكتابة اسمك، و إجابتك ستحترم وتحفظ بسرية تامة، وستستخدم لأغراض البحث فقط.

Annex 9

Questionnaire explanatory letter for patients who participated in this study

Questionnaire
Outpatients' Satisfaction with Physiotherapy Services at Al–Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza

Dear patient:

I will appreciate your participation in this evaluation research project as a part of my study in rehabilitation sciences master program at the Islamic University-Gaza. The study aims to assess the level of patients' satisfaction with physiotherapy services. The findings of this study might help in improving the quality of physiotherapy services that are provided to the patients in Gaza. I'm interested in this study to know your opinion and expression about your satisfaction with physiotherapy services and care which provided to you from physiotherapy department.

Filling this questionnaire takes 15-20 minutes, if you feel uncomfortable, please ask to stop the interview. There are five scales to choose the appropriate answer, please select the scale that best represents your feelings. There are no right or wrong answers. If you accept to participate, you have the right to withdraw at any time, and this will not affect your request for any of physiotherapy services and care in the future. No need to write down your name, confidentiality will be provided.

Annex 10

Questionnaire of Outpatients' Satisfaction with Physiotherapy Services

at Al–Shifa Hospital and Al-Wafa Medical Rehabilitation Hospital in Gaza (final version)

Demographic Data:

1. Service provider: □ Al-Shifa Hospital
□ AL-Wafa Medical Rehabilitation Hospital
2. Patient's age: _____
3. Patient's sex: □ Male □ Female
4. Marital Status: □ Single □ Married □ Divorced □ Widow
5. Residency place: □ Camp □ Village □City
6. Educational qualification: □ Primary □ Preparatory □ Secondary
□ Diploma □ Bachelor □ Above □ Other
7. Occupation: □ Student □ Governmental employee □ Non Governmental employee □ Free works □ Home wife □ Unemployed □ Other
8. Average of monthly income: _____$
9. Patient's diagnosis: _____
10. Main source of payment: □ Insurance □ self-pay □ Free medical care
11. How did you learn about this hospital?
□ Physician □ Dispensary □ Family □ Friend □ Former patient □ Other
12. Was this your first experience with this hospital? □ Yes □ No
13. Was this your first experience with physiotherapy services? □ Yes □ No
14. How many minutes did you wait in the waiting area before you were called to the physiotherapy session (In average)? _____
15. How did you perceive the duration of the physiotherapy session?
□ Long □ Short □ Reasonable
16. How many sessions did you receive at this hospital? _____
17. Please check the location of the problem for which you received physiotherapy.
□ Neck □ Lower back □ Shoulder □ Elbow □ Hand
□ Hip □ Knee □ Foot □ Other, please indicate_____

The following statements aim to know your degree of satisfaction about received physiotherapy services. There are five scales to choose your answer, please select the scale that best represents your feelings.

No.	Item	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
	*** Appointments registration**					
1.	You are satisfied regarding ease of appointments registration procedures					
2.	You feel that the physiotherapy sessions scheduled appointments at convenient times					
3.	Your first visit for physiotherapy services was scheduled quickly					
4.	It was easy to schedule physiotherapy sessions appointments after your first visit					
5.	You were seen promptly when you arrived for physiotherapy session					
	*** Environment comfort and convenience**					
6.	You are satisfied regarding cleanliness of reception office					
7.	You are satisfied regarding cleanliness of physiotherapy department					
8.	The waiting area is convenient and seats are enough					
9.	The waiting area is comfortable					
10.	You feel with calm and relaxing atmosphere in physiotherapy department					
11.	Parking is available and convenient					
12.	The physiotherapy					

	department has a proper ventilation					
13.	Bathrooms cleanliness are good					
14.	The physiotherapy department environment is adaptive for all patients					
	*** Approach of care**					
15.	The physiotherapist understands your problem /condition					
16.	The physiotherapist explains your physiotherapy plan					
17.	You are satisfied with the treatment provided by your physiotherapist					
18.	The physiotherapist gives you detailed instructions regarding your home program					
19.	The instructions by your physiotherapist help you.					
20.	You are satisfied with the overall quality of your physiotherapy care services					
21.	You are satisfied with explanations about what will be done to you during physiotherapy session					
22.	You feel with security at all times during the physiotherapy session					
23.	Overall, You are satisfied with your experience with physiotherapy services					
	*** Physiotherapy staff skills and courtesy**					
24.	You feel the courtesy of the physiotherapy staff					
25.	The physiotherapy staff respects you as a person					
26.	The physiotherapist listens to your inquiries					
27.	The physiotherapist listens and answers all your questions					

28.	The physiotherapy staff favors some patients over others					
29.	The physiotherapy staff took enough notice of your views and wishes					
30.	The physiotherapist spends enough time with you					
31.	The physiotherapist advises you on ways to avoid future problems					
32.	There is a distance between you and your physiotherapist					
33.	You feel that your physiotherapy staff gives you psychological support					
*** Communication and information**						
34.	The physiotherapist presents himself to you					
35.	The physiotherapist provides you clear explanations about the examinations which were done to you					
36.	The physiotherapist explains things for you in simple and clear manner					
37.	There are adequate communications between you and physiotherapy staff					
38.	You are satisfied about answers to your questions					
39.	You are expressed about your worries to your physiotherapist					
40.	It is easy to exchange smiles with the physiotherapy staff					
41.	Enough information was given about your condition					
42.	Enough information was given about your home program					
43.	You had a difficulty in					

	communicating with physiotherapy staff					
	*** Privacy**					
44.	Your privacy was respected during your physiotherapy session					
45.	The physiotherapy department arrangement and preparation provided you with adequate privacy					
46.	The physiotherapist respected your privacy during the examination					
47.	The physiotherapy department environment gave you independent privacy					
	*** Loyalty**					
48.	You will recommend this hospital to your family / friends who are in need of similar service					
49.	You will return to this hospital if you need physiotherapy services in the future					

Acceptance:

50. You like attendance to physiotherapy session because:

- You like to speak with physiotherapist. ☐ Yes ☐ No
- You comfort to see physiotherapist. ☐ Yes ☐ No
- You had a sense to know some of physiotherapist personal characteristics.

☐Yes ☐ No

- To improve your condition. ☐ Yes ☐ No

Complaints:

51. Please. mention three important problems that you faced inside the physiotherapy department.

_____
_____
_____
_____

Recommendations:

52. Please. mention three important positive aspects inside the physiotherapy department.

_____
_____
_____
_____

Thank you for your help and cooperation.