

Evaluation of Outpatients' Satisfaction with Attending Physicians in Ahvaz City

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Abstract

Aims: Good physician-patient communication and patient satisfaction increase the patient's adherence to the prescribed treatments and improve the patient's health. This study aimed to investigate outpatient satisfaction levels with attending physicians in educational clinics in Ahvaz city.

Instrument & Methods: This cross-sectional, descriptive-analytical study was carried out on 170 outpatients, who referred to the educational clinics of the Ahvaz Jundishapur University of Medical Science. The samples were selected by the convenience sampling method. Data were collected by the demographic questionnaire and the standard questionnaire developed by the Ministry of Health and Medical Education. Data were analyzed using SPSS 22 software.

Findings: The average age of patients was 35.53 ± 14.59 , and the mean total satisfaction of patients was 52.86 ± 7.52 . There was no significant relationship between age, hospital, gender, educational level, marital status, and residence of outpatient's satisfaction with the attending physician ($p < 0.05$).

Conclusion: The patient's satisfaction with the physician-patient communication was generally moderate, which is not desirable. Due to the role of communication skills in patient satisfaction and patient adherence to the treatment processes, it is necessary to consider the related skills in the educational and managerial programs of the relevant units.

Keywords

Patients Satisfaction [<https://www.ncbi.nlm.nih.gov/mesh/68017060>];
Hospital Attending Physician [<https://www.ncbi.nlm.nih.gov/mesh/68008505>];
Outpatients [<https://www.ncbi.nlm.nih.gov/mesh/?term=Outpatients>];
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Introduction

The dissatisfaction of people with hospitals, medical centers, and inappropriate treatment by some physicians is one of the main problems of the country's health care system. On the other hand, patient satisfaction is one of the important criteria of the quality of their care. Low patient satisfaction may lead to the weakening of patients' medical cooperation with physicians, which can lead to a waste of resources and reduce the quality of treatment [1]. For this reason, physicians in health care systems are always encouraged to consider the patient's point of view about provided health services [2]. Patients' higher satisfaction with the received medical services depends on several factors including the proper performance of services, manner, and staff performance, especially physicians [3].

Consequences such as quality of life and health of the patient and following medical instructions are directly related to the patient's characteristics, type of disease, and factors related to the physician. While patient satisfaction is influenced by physician and non-medical factors related to a physician. Non-medical factors include office cleanliness, scheduling appointments, and the friendly manner of non-medical office staff. Among the factors related to the physician, we can mention the ability to pay attention to the patient's concerns and expectations, the interpersonal communication technique, the physician's characteristics, and their ability from the patient's point of view [2]. The patient's peace, health, and aspirations should always be considered by the attending physician. While treating the patient, the physician should inform the patient as much as possible to diagnose the disease, disability, and other issues related to the disease and treatment. Spending enough time during the examination and establishing good communication with the patient will also help to receive information for a better diagnosis. In all these stages, the personality, status, and dignity of the patient must be considered and maintained [4]. The patients respond better to treatment if they realize the concerns of the attending physician and try to their treatment [5]. Dissatisfied patients are less likely to follow medical prescriptions and treatment processes. They are also more likely to change their physician or treatment system [2, 6]. There have been a few studies on patient satisfaction with physician-patient communication in Iran. So, this study aimed to evaluate the satisfaction of outpatients with attending physicians in the clinics of hospitals in Ahvaz city. It is hoped that the strengths and weaknesses of physician-patient communication can be found based on the findings of this study and positive steps can be taken to improve the quality of physician-patient communication and provide services and improve patient health by designing

strategies and educational programs for physicians and patients.

Instrument and Methods

This is a cross-sectional and descriptive-analytical study which was carried out on the outpatients, who referred to the educational clinics of Ahvaz City (Razi, Golestan, Emam) in 2017. The samples were selected using convenience sampling (n=147). The research tools were a demographic questionnaire and a standard questionnaire developed by the Ministry of Health and Medical Education, which its reliability and validity were confirmed by Esfahan Medical Science in 1996. The questionnaire had 18 items. The 5-points Likert scale was used for evaluating patient's satisfaction so that the options of completely satisfied, satisfied, dissatisfied, and completely dissatisfied were scaled by 5, 4, 3, 2, and 1 score, respectively. The satisfaction of each subject was determined based on the total scores obtained by the questionnaire. The questionnaire was provided to the subjects after confirming their consent.

The quantitative variable was described using mean (or median), and data scattering was described using standard deviation (or interquartile range). Frequency and percentage were used for describing the qualitative variables. Data normality was assessed using the Komologrove-Smironove test and q-q chart. Data were analyzed using Spearman correlation coefficient, T, Mann-Whitney, ANOVA, and Kruskal Valis tests by SPSS 22 software.

Findings

The demographic information of the subjects have been shown in Table 1. Out of the 170 patients, 46.5 and 53.5 were residents of Ahvaz and outside of Ahvaz, respectively. The referral percentages of the patients to the Emam, Golestan and Razi hospitals in Ahvaz city were 35.3, 35.3, and 29.4, respectively. Also, 86.5 and 13.5 of the subjects were female and male, respectively. 63.5 of the subjects were married. The frequency of education levels were 21.2, 22.4, 24.1, and 32.4 for the illiterate, secondary school, diploma, and higher education, respectively.

Table 1) Demographic information of the subjects

Variable		N (%)
Resident place	Ahvaz	79 (46.5)
	Outside of Ahvaz	91 (53.5)
Hospital	Razi	50 (29.4)
	Golestan	60 (35.3)
	Emam	60 (35.3)
Gender	Male	23 (13.5)
	Female	147 (86.5)

The average age of patients was 35.53 ± 14.59 years, and the mean total satisfaction of patients was 52.86 ± 7.52 . There was a positive relationship between the age of the patients and the satisfaction

with the attending physician, but this relationship was not significant ($p=0.88$; $r=0.011$; Table 2).

Table 2) Average age and satisfaction of patients with the attending physician (N=170)

Variable	Mean±SD	r	p-value
Age	35.53±14.59	0.011	0.88
Satisfaction	52.86±7.52		

The relationship between age and patient satisfaction was evaluated using the Spearman test.

Data were described using mean±SD. There was not a significant difference between the levels of patient satisfaction according to the hospital, whereas the level of patient satisfaction was better in the Razi (53.6±48.16), Golestan (53.9±42.54), and Emam (51.6±78.13) hospitals, respectively (Table 3). The level of patient satisfaction with attending physicians in males (55.8±48.32) was higher in females (52.45±7.33), but this difference was not significant. There was a significant difference between patient satisfaction levels in terms of education level. However, the highest satisfaction rates were observed in the subjects with middle education level, illiterate subjects, and the subjects with higher education level, respectively. The satisfaction of the studied patients with the attending physician in married patients was 53.02±7.76, which was higher in the single subjects (52.7±58.14), but this difference was not significant. Also, patients' satisfaction with attending physicians was higher in the residents of Ahvaz (53.62±8.34) than the residents outside of Ahvaz (52.6±20.71), but this was not significant.

Table 3) Level of patient satisfaction according to the studied variables

Variable		Level of satisfaction	p-value	Test
Hospital	Razi	53.6±48.16	0.567	
	Golestan	53.9±42.54		
	Emam	51.6±78.13		
Gender	Male	55.8±48.32	0.072	T
	Female	52.7±45.33		
Education level	Illiterate	53.7±00.30	0.493	ANOVA
	Secondary school	53.7±42.50		
	Diploma	52.7±15.55		
	Higher Education	52.7±22.69		
Marital status	Married	53.7±02.76	0.634	Mann-Whitney U
	Single	52.7±58.14		
Resident place	Ahvaz	53.7±62.34	0.220	T
	Outside Of Ahvaz	52.6±20.71		

Discussion

This study aimed to investigate outpatient satisfaction levels with attending physicians in educational clinics in Ahvaz city. The findings of this study are in accordance with the studies confirming

the higher level of patient satisfaction with attending physicians in women than men. Also, the result of this study is in accordance the studies confirming the higher frequency of married people referred to the health centers. The results of this study were consistent with several studies conducted in this field in terms of patient dispersion by place of residence as well as education level [1, 3].

In a study by Bastani *et al.*, the patients were in the age range of 1-76 years with an average age of 36.84±13.57 years [3], which was consistent with the results of this study. In this study, the mean of patient satisfaction with attending physicians was 52.86±7.52, which is not desirable and can be due to the lack of knowledge in communication skills in physicians or inattention to these skills. Numerous studies have been conducted in developed countries compared to developing countries to assess patients' satisfaction to improve their treatment process. In our country, satisfaction studies have been conducted in various areas of the health care system such as outpatients, hospitalized patients, emergencies patients, etc. However, studies on patients' satisfaction with the physician are limited. In the study of Zali *et al.* on patients referred to hospitals, clinics, and clinics in Tehran, 93.5% of respondents were satisfied with the performance of the attending physician, and 74% of the respondents believed that the better and more intimate the doctor's communication with the patient, the greater their satisfaction [4]. Also, in the study by Heidari *et al.* on patients' satisfaction with physicians in Qom, the average satisfaction score was 112.21 and the scores range was 66-125. The medium percentage of patient satisfaction was 88% [7]. In the study of Hajian on the satisfaction of hospitalized patients with the providing medical services in Shahid Beheshti and Yahya Nejad hospitals in Babol, the total satisfaction of patients was 93.6%, and the patient satisfaction with physician services was in the high and very high levels (94%) [8]. In a study by Nasirani *et al.* on patient satisfaction with the communication of medical staff in the emergency department of Shahid Sadoughi Hospital in Yazd, 50% of patients were satisfied with the communication with physicians and 45% of patients were satisfied with communication with nurses [9]. Marsinwicks *et al.* In a study at the University of Poland found that 49.6% of patients had a positive interaction with physicians, and the overall evaluation of physicians was 73.5% [11]. In the study of Linda *et al.* at the University of Amsterdam, patients' total satisfaction with physicians was 81% [12]. According to an evaluation by the OECD Health Database in 2005, satisfaction with the health system varies from country to country, which the satisfaction with the Australian health care system, France, Finland, the United Kingdom, Germany, Canada, the United States, Italy, and Greece were 83%, 78%, 73%, 56%, 50%, 46%, 40%, 24%, and 195, respectively. Health system satisfaction rates are higher in many

developing countries than in developed ones. Perhaps high satisfaction in these countries can be due to differences in patients' knowledge, experiences, and expectations [13]. Also, the patient satisfaction with attending physicians will be different due to the cultural, educational, and social status of people in different cities, which can be influenced by the existing facilities. Despite the differences in the high and low rates of patient satisfaction due to the effect of contextual variables or the quality of services and interpersonal communication, patients' satisfaction with the health care system, especially in the field of communication with medical staff and physicians should be emphasized more. In the evaluation system of medical centers and hospitals, more points should be assigned to provide patients' rights and more effectiveness and development of our country's health system.

In the present study, there was a positive relationship between the age of the patients and the satisfaction with the attending physician, but this relationship was not significant. In the study by Linda *et al.* [12], no significant relationship has been observed between age and satisfaction, which is consistent with the present study. Also, many studies have reported that older patients are more satisfied with the provided services, which may be due to lower expectations at older ages. Elderly patients have higher patience and tolerance, and the passage of time has increased their endurance in the face of adversity. On the other hand, elderly patients consider many diseases due to aging; therefore, any services are valuable to them, even if they do not receive a complete answer, but young patients seek complete recovery. Also, high satisfaction in the elderly can indicate a more friendly and respectful treatment of the medical staff [7, 8, 10, 14]. In this study, patient's satisfaction with the attending physician was higher in men than women, but this difference was not significant. In this regard, it should be noted that our findings are contradictory to the results of studies examining the effect of gender on patient satisfaction.

Some studies have shown more satisfaction in women [4, 9] or men [8, 15], and some have not mentioned a difference in the satisfaction level between women and men [7, 12]. In the study of Heydari *et al.* [7], patients were more satisfied with male physicians. In the study of Bertakis *et al.* on the effect of gender on physicians' performance, it was shown that the satisfaction with female physicians was higher than male physicians [16].

In this study, the rate of patients' satisfaction with the attending physician in married patients was 76 higher than in single patients, but this difference was not significant. Many studies have mentioned the satisfaction of married people more than single, but in the mentioned studies, this difference has been significant [7, 8]. In other studies, such as Haji Fattahi *et al.*, no significant relationship was observed

between patient satisfaction and marital status, which are consistent with our findings [17].

In this study, also, the level of patient satisfaction did not show a significant difference according to the education level. In the study by Zali *et al.*, the higher the education, the lower the patient's satisfaction with the attending physician and vice versa, which means that the lower the education, the higher the satisfaction with the physician [4]. In Heidari *et al.*'s study, patients with higher education expressed less satisfaction with physicians than patients with lower education [7]. Whereas, in the study of Khamseh *et al.*, The average of general satisfaction, quality of services, communication, and ease of access to services in patients with an education level less than a diploma was higher than other groups. While the mean score of satisfaction with interpersonal relationships, financial aspects, and effective duration of physician's presence in the subjects with a higher level of education and diploma was higher than other groups, the relationship was not statistically significant [18]. In a study by Madani *et al.* the patient satisfaction in the illiterate group was 76% and in the bachelor's group and above was 25% and there was a significant relationship between education level and satisfaction [15]. In the study by Hajian, with increasing literacy levels, the satisfaction tended to decrease [8]. Many studies suggest that lower education levels lead to higher satisfaction, and vice versa, which may be since lower education may make lower expectations, resulting in higher satisfaction. On the other hand, the higher the education, the more information patients have about the disease and the method of treatment (through study, Internet, etc.), so they do not follow any treatment, but illiterate people completely accept the decisions of a physician.

Also, in this study, the patient satisfaction with the attending physician in patients living in Ahvaz was higher than this value in patients outside of Ahvaz, but this difference was not significant. The level of patients' satisfaction did not show a significant difference according to the hospital. In studies, the level of satisfaction with public hospitals was lower than in private and university hospitals, but the relationship was not significant. It seems there is more discipline in the university and private centers, and due to higher costs, these centers try to create competition with other centers by providing more patient satisfaction through more training of medical staff, providing facilities and cleanliness, etc. On the other hand, other factors, such as the physician's timely presence in a clinic, are directly related to patient satisfaction with the physician-patient relationship. The Charter of Patients' Rights also states that providing health services should be done as soon as possible concerning the patient's time; therefore physicians should pay more attention to this issue. The secretary's good treatment with patients was directly related to patient satisfaction

with the physician-patient communication, which shows that in addition to physicians, the emotional skills of other medical staff, including secretaries, should also be emphasized to increase patient satisfaction.

As patients' expectations are met, their satisfaction will increase, and they will be more likely to follow treatment and not change their physician and place of treatment. However, various studies have shown conflicting results as to which of patients' expectations has been a top priority for influencing their satisfaction. It should be noted that various factors affect the level of patient satisfaction, and these factors are different in different patients, different age groups, and different classes of human society. Therefore, it can be said that the factor of patient satisfaction, is often defined as a single concept. On the other hand, satisfaction is a multidimensional factor, and the relationship between expectations and satisfaction is not direct. Also, the tools used to measure satisfaction are based on an overall satisfaction score, which assesses satisfaction differently compared to questionnaires containing more specific questions. Also, quantitative satisfaction scales show higher levels of satisfaction compared to qualitative satisfaction reports, which is considered as a kind of reductionism and questions the validity of quantitative methods of satisfaction [2, 14]. Also, outpatients referred to government treatment centers are usually people from low socio-economic levels, and not only they do not have much choice in choosing their physician (compared to those who refer to private treatment centers) but they also do not see themselves as the authority to physician evaluation. Therefore, the expectations and the quality and quantity of their satisfaction cannot be generalized to society. The physician-patient communication is an important factor determining the degree of adherence to treatment, the level of satisfaction, and the patient decision to change physician. Also, a significant part of physician failure and incorrect treatment in the medical profession is the result of failure to establish communication between physicians and patients [2, 19]. Therefore, in addition to the cases mentioned about educating medical staff, it's important to inform patients about their rights and demands and communicate with the attending physician.

Conclusion

In this study, there was no significant relationship between age, gender, educational level, marital status, and residence of the patients and the satisfaction of the attending physician in the patients referred to the health educational and medical centers. Patient satisfaction with the physician-patient communication is generally at a mediate level, which is not very desirable. Considering the role of communication skills in patient satisfaction, it

is necessary to consider these skills in the educational program of medical students and the continuous training of general practitioners and specialists. Also, it's important to pay attention to the evaluation of the student's communication skills, such as their scientific evaluation. Also, in evaluating and validating medical centers, more emphasis should be placed on scoring patients' satisfaction with health services, especially in communication between medical staff and patients.

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