



RESEARCH

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Patient satisfaction in the public hospitals of Hillah (Iraq): a survey

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ABSTRACT

Patient satisfaction is a critical metric for healthcare systems, prompting hospitals and clinical practices to prioritize it as a strategic objective. This study, conducted in Al Hilla City, Iraq, assessed patient satisfaction with public hospital services and examined associated sociodemographic factors. The survey was carried out in primary healthcare facilities across Al Hilla City between February 5 and February 21, 2024, focusing on four governmental hospitals. Findings revealed that 40% of respondents considered specialized services to be accessible, while 15.3% expressed overall dissatisfaction. Regarding treatment adequacy, 36.7% strongly agreed and 46.7% agreed that their treatment was appropriate. Patient perceptions also highlighted healthcare personnel attentiveness (46.7% agreement), wait times (36% agreement, 16.7% strong agreement), and dissatisfaction with prolonged waiting periods (54%). Furthermore, 52.7% agreed and 12% strongly agreed that treatments were delivered in a rushed manner. Timely assessment of patient satisfaction is essential for enhancing care quality and guiding targeted improvements in healthcare facilities.

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1. Introduction

Patient satisfaction constitutes a subjective evaluation of service quality relative to established expectations, typically quantified by soliciting direct feedback from patients regarding their levels of contentment or dissatisfaction¹. The analysis of patient perceptions concerning healthcare services, personnel, and resources is essential for the comprehensive assessment of healthcare quality². Primary

health care (PHC), the initial interface connecting individuals to the healthcare system, facilitates essential services at the community level and is vital for public health outcomes. PHC was identified as the principal strategy for achieving the goal of "Health for All"³, underscoring the importance of providing accessible and inclusive healthcare services to the entire population⁴.

Patient satisfaction is a significant metric within the healthcare domain, particularly in the context of PHC in Western societies. It encompasses dimensions such as medical guidance, service utilization, and the doctor–patient relationship, thereby serving as an indicator of service quality⁵. The evaluation of patient satisfaction fulfils three essential roles: first, as a measure of care quality; second, as an independent metric of progress; and third, as an indicator of service inadequacies within a dynamic healthcare system⁶.

Concerns regarding the quality of healthcare services in Iraq have eroded public trust in both public and private hospitals, prompting an increasing number of Iraqi patients to seek medical care abroad. Given the scarcity of studies analysing healthcare quality in Iraq, it is imperative to evaluate the performance of healthcare services nationwide, with particular emphasis on integrating patient feedback into the evaluative framework. This study aims to determine the level of satisfaction among patients with the healthcare services provided by public hospitals in Al Hilla City. Furthermore, it investigates the sociodemographic variables associated with varying levels of patient satisfaction.

2. Methodology

This cross-sectional study assessed patient satisfaction with healthcare services provided by government hospitals in Babylon City between February 5 and 21, 2024. The study included patients attending four hospitals: Imam Al-Sadiq Hospital, Marjan Teaching Hospital, Al-Hilla General Teaching Hospital, and Babil Teaching Hospital for Maternity and Children. Both inpatients and outpatients from various departments were eligible to participate, provid-

ed they gave informed consent.

A structured questionnaire was developed in order to collect data with. The first section captured sociodemographic variables, including gender, age, marital status, income, employment status, education level, type of residence, and purpose of visit. The second section evaluated key aspects of the healthcare experience, including waiting times, cleanliness, service comprehensiveness, staff availability, adequacy of equipment and supplies, drug availability, affordability, physician behavior, responsiveness to complaints, privacy, availability of health education materials, and ease of appointment scheduling. Patient satisfaction was assessed using a three-point Likert scale (good, not good, somewhat).

Ethical approval was obtained from the Institutional Review Board of the College of Pharmacy of the University of Babylon (protocol number: A-0017; approval date: February 1, 2024). Confidentiality was maintained throughout the study. Data analysis was performed using the SPSS version 16 software. Categorical variables were expressed as frequencies and percentages and analysed using Chi-square tests. Statistical significance was defined as a *p*-value <0.05.

Inclusion criteria: (i) patients who received medical treatment at public hospitals in Hillah, Iraq and (ii) patients capable of providing informed consent. Exclusion criteria: (i) patients who did not receive medical treatment at public hospitals in Hillah, Iraq and (ii) patients unable to provide informed consent due to cognitive impairment.

3. Results and Discussion

The results of this study indicate that marital status, age, educational level, type of consultation, and occupational status significantly influenced patient satisfaction scores (p<0.05). In contrast, gender, residence, and economic status exhibited minimal impact (p>0.05; Table 1). These findings suggest that healthcare providers should tailor their services to accommodate contextual and demographic factors in order to enhance patient satisfaction.

Satisfied patients are more likely to establish pos-

Table 1. Statistical correlation between the overall patient satisfaction and the patients' demographic data (N=150) in the Babylon Governorate.

m ene Babyre	n Governorate.	Total	satisfaction	n score				
Variables	Categories	unsatisfied		somewhat satisfied		satisfied		
		N	%	N	%	N	%	<i>p</i> -value
Age	<20 years	2	1.33%	3	2%	4	2.66%	0.015
	20-29 years	31	20.66%	31	20.66%	22	14.66%	
	30-39 years	2	1.33%	4	2.66%	7	4.66%	
	40-49 years	7	4.66%	3	2%	7	4.66%	
	50-60 years	3	2%	4	2.66%	4	2.66%	
	>60 years	0	0%	4	2.66%	12	8%	
Gender	male	15	10%	13	8.66%	15	10%	0.72
	female	30	20%	36	24%	41	27.33%	
Residence	rural	22	14.66%	25	16.66%	35	23.33%	0.33
	urban	23	15.33%	24	16%	21	14%	
Marital status	single	31	20.66%	24	16%	15	10%	<0.001
	married	14	9.33%	23	15.33%	39	26%	
	widowed	0	0%	1	0.66%	2	1.33%	
	separated	0	0%	1	0.66%	0	0%	
Educational level	illiterate	0	0%	1	0.66%	10	6.66%	<0.001
	primary	0	0%	9	6%	17	11.33%	
	intermediate	4	2.66%	2	1.33%	4	2.66%	
	secondary	1	0.66%	3	2%	2	1.33%	
	college	40	26.66%	34	22.66%	23	15.33%	
Occupational status	not working	0	0%	2	1.33%	3	2%	<0.001
	student	27	18%	20	13.33%	13	8.66%	
	housewife	5	3.33%	9	6%	25	16.66%	
	self-employed / private	1	0.66%	6	4%	7	4.66%	
	governmental employee	12	8%	11	7.33%	4	2.66%	
	retired	0	0%	1	0.66%	4	2.66%	
Economic status	insufficient	9	6%	8	5.33%	18	12%	0.16
	somewhat sufficient	25	16.66%	22	14.66%	26	17.33%	
	sufficient	11	7.33%	19	12.66%	12	8%	
Number of visits	few	34	22.66%	35	23.33%	26	17.33%	0.025
	1-3 monthly	7	4.66%	11	7.33%	21	14%	
	4-6 monthly	1	0.66%	1	0.66%	6	4%	
	>6 monthly	3	2%	2	1.33%	3	2%	
Type of consultation	internal medicine	8	5.33%	11	7.33%	18	12%	0.01
	surgery	4	2.66%	3	20%	10	6.66%	
	gynaecology / obstetrics	5	3.33%	9	6%	7	4.66%	
	emergency	16	10.66%	8	5.33%	2	1.33%	
	dentistry	0	0%	1	0.66%	2	1.33%	
	medication refill	7	4.66%	5	3.33%	8	5.33%	
	other	5	3.33%	12	8%	9	6%	

itive relationships with healthcare providers, which in turn promotes adherence, continuity of care, and improved health outcomes. Among the 150 participants, individuals aged 20–29 years constituted the largest subgroup and reported notably lower satisfaction levels compared to other age groups, reflecting trends observed in a study conducted in Riyadh⁶. Moreover, lower educational attainment was associated with higher satisfaction, consistent with findings from Saudi Arabia and Iran^{6,7}. In contrast, individuals with higher education levels in the Kingdom tend to prefer private hospitals, with education emerging as a key determinant of patient satisfaction^{7,8}.

Gender did not influence satisfaction levels in the present study. However, other research has shown that women report higher satisfaction than men with PHC services, likely due to their roles as patients or caregivers. This contrasts with findings from Saudi Arabia, where men reported greater satisfaction than women 9 . Consistent with studies by Weber $et\ al.$ our findings underscore that hospital cleanliness is a major concern for patients and significantly affects satisfaction, alongside the competence and demeanour of healthcare personnel.

This study was limited to 150 participants due to constraints such as sample size, recruitment challenges, and occasional lack of cooperation from patients. These limitations may affect the generaliza-

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bility of the findings to the broader population.

4. Conclusion

Assessing patient satisfaction is essential for ensuring quality healthcare. While patients expressed satisfaction with staff behavior, they have reported dissatisfaction with medication availability, equipment adequacy, waiting area comfort, and cleanliness.

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Conflicts of interest

None exist.

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