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Understanding Patients' Perception and Experience in Improving Quality Healthcare with one of the Leading Public Hospitals in Erbil, Iraq

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Abstract
This public hospital survey aims to assess patients' satisfaction with health care services at one of the largest public institutions in Erbil-Kurdistan the semiautonomous region of Iraq. The study identifies factors in determining patients' perceptions and experiences in order to improve quality healthcare within public health facilities in this province.
Patient's sample was simple random sample of all eligible patients applying HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey instrument. As per National Research Corporation, HCAHPS is backed by leading hospital associations and is actively supported by foremost healthcare and consumer organizations. Data from 180 patients were collected over a period of 3 months, by medical and pharmacy students through direct interview of patients for the purpose of reliability and consistency of the assessment.
The study shows there were some factors in hospital care causing dissatisfaction among a number of patients. Those factors resulting dissatisfaction were courtesy and respect, poor sanitation, attitude of the providers, availability of medicines, and level of noise at night, communication and in providing vital information, as well as hygiene. The findings would assist in the implementation of quality health care and improvement of public health services.
Keywords: Patient satisfaction, quality improvement, healthcare quality
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Introduction,

The primary objective of conducting the analysis was to obtain a perception of patients' satisfaction with the health care delivery at public health facility. Patient feedback is imperative for gaining an understanding of the level of patient satisfaction. An understanding of the factors of client satisfaction helps policy and decision makers to implement programs customized to meet patients' needs as professed by patients and healthcare providers.
The hospital under study is the largest public hospital in Erbil. It is positioned to provide health services to patients from different parts of Kurdistan Region of Iraq and is, in fact, the summit of the public health service pyramid in Erbil. The hospital has the highest number of healthcare personnel, and it is equipped to provide the widest range of services in the region. Additionally, it is one of the major sites to offer training for medical and health professionals, including nursing and other allied health personnel.
Lately, patient satisfaction level has been determined to be the most valuable tool for the attainment of patients' perception on how to deliver quality care. Therefore, not only patients are the best source of information on quality of health services provided but also patient opinions are the decisive aspects in preparing and assessing satisfaction.
The quality improvement of the hospital is an ambitious reform process in need of financial and funding support by KRG (Kurdistan Regional Government). This reformation will involve restoration of the physical plant and revamp of the laboratories and attracting highly qualified healthcare professionals in order to provide state-of-the-art healthcare facility and related services proportionate to its status as the largest referral hospital. Therefore, it is necessary to perform an inclusive baseline assessment including studies on patient satisfaction, patient referrals, surgery and lab performance indicators. Likewise, health facility operation, prescription utilization, organization, and management should be evaluated as well.
The elements of this baseline assessment which is reported here intended to assess patient satisfaction with the quality health care and supplementary services provided by the hospital. The study measures the performance of healthcare providers as perceived by patients regarding the quality of health care and to understand the areas of

weakness in the institutional system. Therefore, the decision makers can make suggestions as to how these could be addressed and improved.

This study is the first formal hospital-wide patient satisfaction survey at a public hospital in Erbil and has great relevance to public institutions in Kurdistan Region. It is of great importance to developing a mechanism to evaluate the overall performance of the hospital and patients' perception of healthcare in this region. Kurdistan and neighboring countries strive to formulate and implement a quality healthcare plan in order to reform the existing health system. It is an essential aspect of the quality assurance initiatives and equity interventions accompanying the changes.

Statement of the Problem

As per IOM (Institute of Medicine USA) 2001 report in which it states that despite expeditious advances in medical science and technology, the healthcare delivery system has fallen behind in assuring consistent high-quality care for everyone. In Kurdistan region, issues of quality of healthcare have lately come under sharp criticism and the focal point as it has the greatest impact on the outcomes of their health systems. One such favorite result is the patient satisfaction.

There are two main influences for supporting the attention to quality health care systems at this point. Even though, the health systems are well established and resourced, there is clear indication that the quality remains a grave concern. With anticipated outcomes not predictably achieved and with wide disparities in standards of health-care delivery within and between health-care systems the quality assurance becomes a vital necessity.

Health systems, particularly in Kurdistan region, need to enhance resource usage and cultivate population coverage. Moreover, the process of improvement and expansion needs to be based on rigorous local strategies for implementing quality care to attain best achievable outcomes from financial assets and healthcare budget. These thorough plans must be evidence-based and secured on an in-depth understanding of factors of that anticipated endpoint.

Research Questions

What issues considerably influences Patients' satisfaction with the quality of healthcare received in Erbil largest public hospital?

What are the patients' perceptions and their satisfaction with the healthcare received in Erbil most major public hospital?

Research Objectives

The overall intention of the survey was to examine the issues influencing patients' satisfaction with the quality of healthcare received in Erbil main public hospital.

The unambiguous objectives of this research were to verify the degree of patient satisfaction with the health care received and to determine the elements that significantly influence patients' satisfaction with the quality of health care acquired.

Rationalization

The primary intention of piloting the study was to find out the level of patients' perception and satisfaction with the health care delivery at public health facility. As discussed above, patient response is essential for gaining an understanding of the level of their satisfaction. An understanding of the determinants of patient satisfaction helps policy and decision makers to implement programs personalized to meet patients' needs as perceived by patients and healthcare providers. The data gathered through measuring patient satisfaction accounts for the level of care delivered by health staff and, as a result, holds healthcare providers accountable for their service. The information generated from the survey will not only be used as a tool in decision-making but will also be used as recommendations for improving the experience of clients being seen at public health facilities in Kurdistan region.

This survey focused on the overall satisfaction that patients experience from consuming health services from a given provider. Patient satisfaction offers valuable information for planning effective policies of quality improvement. Indeed, contingent on whether patient experience is more swayed by patient or hospital features, different actions have to be well-defined and applied.

The Scope of Study

The researcher implemented patient satisfaction study in one of the largest public hospitals in Erbil, Kurdistan Region of Iraq.

Literature Review

Introduction

Literature review covers topics of patient satisfaction, concept of patient satisfaction, quality of healthcare and measuring quality of health care.

Patient Satisfaction as Quality Measure of Healthcare Service

Satisfaction denotes to a state of pleasure or gratification with an action, experience or service, particularly one that beforehand desired (Hornsby 2000). As it applies to health care, satisfaction of patients can be measured in the framework of their perceptions, hopes and expectations of healthcare. Furthermore, patients that are satisfied with the care are more prone to obey with set regiment and listen to physician's advice; moreover, they most probably would recommend the hospital to friends and family.

In 1990s researchers, health policy-makers and managers gave more attention to the patients' perception of the quality of healthcare services (Behm et al., 2000). Patient satisfaction originally appeared to be a challenging idea when measured and interpreted despite its colossal usage, (Fitzpatrick & Hopkins, 1983; Williams, 1994). A universal agreement on the description of satisfaction with healthcare is not by now completely attained. It is due to the multi-dimensional and subjective nature of this notion that is affected by patients' expectations, necessities and desires (Avis, 1996; Baker, 1997). For instance, as healthcare seekers have inadequate knowledge of opportunities and low anticipations of quality service, high satisfaction scores perhaps are recorded even though health care providers delivered poor standards of care.

Elements that generate dissatisfaction can be rather dissimilar from those producing pleasure. While an adequate and suitable level of quality deliberated as essential, a sense of satisfaction may result from an extraordinary quality of service. Similarly, when something leads to undesirable event consumers might be satisfied or dissatisfied. For example, this is contingent on whether the adverse event is triggered by the health professionals or it is not due to their behavior (Williams et al., 1998). Consequently, things that provide satisfaction for one person might create dissatisfaction for another (Avis et al., 1996; Greeneich, 1993).This vagueness correlated with the "patient satisfaction" theory enriches the argument among scholars, healthcare professionals and managers. New methods have been assessed and embraced recently in order to present additional objective measures of the quality services. For instance, investigators questioned people to report their thorough experience with health service using reporting and rating scales. The findings deliberated in order to identify flaws in the delivery of care and health service organization, (Jenkinson, 2002).

The concept of patient satisfaction

The idea of patient satisfaction in healthcare has led to no expressional agreement among the literatures on how to define the alleged notion. Within Donabedian's quality measurement model, patient satisfaction is distinguished as patient-reported outcome whereas patient experience reports the structures and processes of care. Many writers have a tendency of taking diverse views of descriptions of patient satisfaction; hence, Patient satisfaction is defined as patients' approach towards care or characteristics of care, Jenkinson C (2002). While other authors such as Rama and Kanagaluru (2011), defined patient satisfaction as patients' feelings, emotional state and their views on provided healthcare services. Additionally, a number of writers have specified the range of similarities of patient satisfaction lies between patient anticipations of ideal care and their opinions of real care received.

Role of Patient as a Factor in Patient Satisfaction

According to Herxheimer and Gooder (1999), verses as patient, user, and consumer are vaguely used as an alternative expression, although they vary in the nature of relationships between healthcare professionals and residents. While the patient is a person who has an ailment and comes to healthcare professionals inquiring for advice and treatment, the user may identify people who have used, utilize or could use health care services.

Instead, the consumer reminds us of a person who purchases goods and services for his needs or a person who consumes something for the purpose of satisfying his desire.

Patient is seeking health services after gathering all necessary information to make the optimal choice turns into a consumer (Shackley and Ryan, 1994). For this reason, scholars questioned: Can patient fulfill the role of consumer? Moreover, further, does the patient wish to meet it? (Owens and- Batchelor, 1996). A piloted study performed by eight European countries in 2002 has put emphasis on patients demand for additional independent role in the health care decision-making process. In addition, further information, justifiable access, and freedom of choice, prompt care, respect and quality of services were among that demand as well (Coulter and Jenkinson, 2005). On the other hand, consumers of health care still are not well and adequately educated. This information disproportionateness cause unevenness in the affiliation between person inquiring health services and person delivers those services. Regardless of extensive energy spend on such matters; the HealthCare Systems must still work in order to change from the idea of patient as a passive and reliant stakeholder to more of decision makers.

Measurement of Patient Satisfaction

There is an influence of measuring patient satisfaction on quality care improvement. Patients' assessment of care is a convincing tool to provide the prospect for growth, enrich strategic decision-making, decrease cost, and meet patients' expectations. Patients' evaluation of care also aids in structure strategies for managing effectively, monitoring healthcare performance plans and providing healthcare standards for all healthcare establishments. (Nicholas, Julie, Kimberly & Ron, 2005; Shou-Hisa, Ming-Chin, Tung-uang, 2003).

Furthermore, because of the propensity of healthcare businesses to focus on patient-centered care; patient satisfaction imitates patients' participation in decision making and their part as associates in cultivating the quality of healthcare services. (Iftikhar, Allah, Shadiullah, Habibullah, Muhammad, 2011; Sarah, Lei, Wendy & David, 2008).

In general, patient satisfaction measurements have been usually used to provide scholars, healthcare managers and professionals with useful data for comprehending patients' experience. The analysis were also used in supporting their compliance with treatment, ascertaining the weaknesses in services and assessing health service enactment (Fitzpatrick, 1984; Sitzia and Wood, 1997). Even though the argument on the use of patient satisfaction as an outcome measure is still open (Reker, 2002; Norquist, 2009). However, it has been witnessed that satisfied patients are more compliant and more likely to partake in their treatment (Stewart, 1989; Guldvog, 1999). In reality, a satisfied patient is well aware of his care plan and more enthusiastic to abide by the physician prescriptions.

Individual research studies have underlined that satisfaction strongly rises when treatment provided in accordance with the clinical standard procedures (Lantz et al., 2005; Marchisio et al., 2006). Moreover, the patients' viewpoints may help managers to evaluate many activities. For example, the purchase of new technologies or test of new medical treatments (Hopkins, 1994; Goulrey and Duncan, 1998; Dunlop, 2003, Van Koulil, 2009).

Creating patient-oriented services

In the last years, health care systems altered the mindsets of delivering care: patient became the center of the overall care practice, and new organizational models applied in order to provide patient-centered services. In a publication by Goodrich and Cornwell, 2008, by the title of Seeing the Person in the Patient, offers numerous meanings of the "patient-centered" healthcare notion. The following classifies the clearest and complete dimensions of "patient-centered" healthcare:

- Compassion, empathy, value and receptiveness to requirements
- Co-ordination and integration
- Information, communication, and education
- Physical comfort
- Emotional support, relieving fear and anxiety
- Participation of family and acquaintances (Institute of Medicine, 2001).

This definition is consistent with the responsiveness goal assigned to the international health coordination by W.H.O. (World Health Organization).

Healthcare Quality

The Institute of Medicine, IOM (2001) has specified a set of recommendations that a healthcare system should seek to make enhancements in six areas of quality, which are named and defined below.

- Effective: providing healthcare that is adherent to an evidence base and results in enhanced health consequences for individuals and communities as needed.
- Efficient: avoiding waste by delivering health care in a manner that maximizes resource use.
- Accessible: providing health care that is on time, geographically practical and given in a condition where skills and resources are appropriate for medical needs.
- Acceptable and patient-centered: health care delivery that respects individual aspirations and requirements and compliments the cultures of their communities.
- Equitable: delivering equivalent healthcare without any differentiation in quality because of personal characteristics for instance ethnicity, race, gender, location, or socioeconomic rank.
- Safe: providing health care that reduces risks and harm to service users.

Healthcare Quality Measurement

The setting behavior or characteristic in which care takes place named as structure or organization (Donabedia, 1985). Measures of the environment used might include features of Physicians and hospitals; Personnel; and Policies related to the delivery of care. Progressively, one should scrutinize the environment by set policy and procedure that potentially affect the quality of care. Therefore, the design and organization of clinics and hospitals are of lesser value. Such as, monitoring systems and quality encouragement processes, and providing enticement for superior quality care can have an influence on glowing health care delivery. An incentive for concentrating on organization is the evidence that the setting can be a resilient basis of healthcare quality and improved care follows when applying proper system. For instance, when employees are well aware of their roles and responsibilities, policies and processes for monitoring loyalty to suggested procedures, high-quality care exists. Additionally, when there are methodical approaches to continuously improving quality care, it is an indication that care is of higher quality.

In further elaboration Donabedian (1985) indicates that the method measures by means of evaluating whether a patient received what is acknowledged to be good quality care. They can denote to whatever that is performed as part of the meeting between a physician or another healthcare professional and a patient, comprising interactive processes such as providing health information and emotional support. Furthermore, including patients in decisions making regarding their care as such that is consistent with their preferences.

Methodology

In general the intention of the study was to investigate the issues influencing patients' satisfaction with the quality of healthcare received in Erbil largest public hospital.

The researcher implemented the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey questionnaire. The intent of the HCAHPS is to measure patients' viewpoints on hospital care through a standardized survey methodology of data collection. Furthermore, according to national research corporation, HCAHPS serves the society in enhancing the quality of care in hospitals. For instance, HCAHPS provides patients, healthcare providers and institutions with homogeneous and equivalent information on how patients analysis their quality of care experience (www.nationalresearch.com). The instrument furnishes valid and proving reliable information on several critical aspect of the hospital experience on a continuous basis (www.nationalresearch.com).

Instrumentation and Research Design

Patient's sample was simple Random sample of all eligible patients applying HCAHPS survey instrument which authorized by foremost hospital associations and supported by leading healthcare and consumer organizations.

The HCAHPS assessment is part of the Hospital Quality Alliance for an ongoing national effort to understand how patients view their hospital experience.

The survey questionnaire contains 29 patient perspectives on care and patient rating items. Survey encompass nine key topics, Communication with physicians, nurses, and receptiveness of hospital staff, pain control, patient discharge information, sanitation and tranquility of the hospital environment. The survey consisted of structured scale questions and formatted as follow:

HCAHPS (Hospital Consumer Assessment OF Healthcare Providers and Systems)

Gender: Male / Female Age: _____

Language: _____ Number of Days in the hospital: _____

Employed: Yes / No Nationality: _____

CARE FROM NURSES

1 Never 2 Sometimes 3 Usually 4 Always

1. During this hospital stay, how often do nurses treat you with courtesy and respect?

2. During this hospital stay, how often do nurses listen carefully to you?

3. During this hospital stay, how often do nurses explain things in a way you could understand?

4. During this hospital stay, after you pressed the call button, how often do you get help as soon as you want it?

CARE FROM DOCTORS

1 Never 2 Sometimes 3 Usually 4 Always

5. During this hospital stay, is a doctor readily available when you need him or her?

6. During this hospital stay, how often do doctors treat you with courtesy and respect?

7. During this hospital stay, how often do doctors listen carefully to you?

8. During this hospital stay, how often do doctors explain things in a way you could understand?

THE HOSPITAL ENVIRONMENT

1 Never 2 Sometimes 3 Usually 4 Always

9. During this hospital stay, how often were your room and bathroom kept clean?

10. During this hospital stay, how often is the area around your room quiet at night?

11. Hospital beds furnished with clean linen, pillows, pillow covers and blankets which is often changed and washed properly.

YOUR EXPERIENCES IN THIS HOSPITAL

1 Never 2 Sometimes 3 Usually 4 Always

12. During this hospital stay, does the hospital have all your prescribed medicines and provide you with all your medicines as prescribed?

13. During this hospital stay, have you needed help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

1 Yes 2 No If No, Go to Question 15

14. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

15. During this hospital stay, have you needed medicine for pain?

1 Yes 2 No If No, Go to Question 17

16. During this hospital stay, how often was your pain well controlled?

17. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

18. During this hospital stay, were you given any medicine that you had not taken before?

1 Yes 2 No If No, Go to Question 21

19. Before giving you any new medicine, how often do hospital staffs tell you what the medicine is for?

20. Before giving you any new medicine, how often do hospital staffs describe possible side effects in a way you could understand?

WHEN YOU LEAVE THE HOSPITAL

1 Yes 2 No

21. During this hospital stay, have doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

22. During this hospital stay, have you gotten any information in writing about what symptoms or health problems to look out for after you leave the hospital?

OVERALL RATING OF HOSPITAL

23. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

0 Worst hospital possible 1 2 3 4 5 6 7 8 9 10 Best hospital possible

24. Would you recommend this hospital to your friends and family?

1 Definitely no 2 Probably no 3 Probably yes 4 Definitely yes

KNOWLEDGE OF YOUR CARE WHEN DISCHARGED FROM HOSPITAL

25. At the time of my discharge, I will have a clear understanding of my responsibility in managing my own health.

1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree

26. At the time of my discharge, I will clearly understand the purpose for taking all of my medications.

1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree

5 I will not be given any information regarding post-hospital care.

About You

27. During this hospital stay, were you admitted to this hospital through the Emergency Room?

1 Yes 2 No

28. In general, how would you rate your overall health?

1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

29. What is the highest grade or level of school that you have completed?

1 No formal education 2 8th grade or less 3 Some high school, but did not graduate
4 High school graduate 5 Some college or 2-year degree 6 4-year college graduate
7 More than 4-year college degree

Research area

The surveyed healthcare facility is the largest public hospital in Erbil-Kurdistan semi-autonomous region of Iraq. It is strategically located to serve patients from different parts of the area. The hospital has the highest number of healthcare personnel, and it is equipped to provide the widest range of services. Furthermore, it is one of the major sites to offer training for medical and health professionals, including nursing and other allied health personnel.

Research Population and Sample Analysis

The study targeted the clients or patients who had visited the mentioned facility, and had received health services for the duration of their stay at the hospital. In this study, total of 180 adult participants in which 41.7% male and 58.3% female members over 18 years of age surveyed out of 200 distributed questionnaires. The total numbers of rejected questionnaires were 20 incomplete or partially completed surveys. Majority of participants, 35%, had no formal education as 15.6% had 8th grade or less of education. 3.3% attended high school but never graduated; on the other hand, 32.8% of participants were high school graduates. Among those with college education, 3.9% had some college or 2year college degree as 8.3% graduated from a 4-year college. Additionally, 1.1% had earned more than 4-year college degree.

Duration of the hospital stay varies among participants from 1 to 10 days and beyond. 42.2% Amongst those stayed in the hospital for the term of 1 to 2 days, while 30% stayed 3 to 5 days as an inpatient. Some other patients, 23.3%, spent 6 to 10 days as 4.4% had to stay beyond ten days in their hospital beds.

Majority of partakers were unemployed, 61.7% of total, however, 38.8% indicated that they were currently employed.

Those with Kurdish nationality spoken Kurdish language were the majority (95%) of the participants in this study as 4.4% were Iraqi Arab and 0.6% were Syrian national (one Patient).

Overall health status of patients assessed with one patient (0.6%) indicated being in excellent health and the others 14.4% declared as Very Good while 22.8% stated as being in good health. Meanwhile, 37.8% of patients were in fair condition as 24.4% confirmed poor health

In order to attain reliable and consistent result, the quantitative HCAHPS survey questionnaire was conducted by senior medical and pharmacy students from Hawler Medical College over three month's period. Questions

presented for direct interview of those selected patients. Additionally, patients were assured that the purpose of the study is to identify the flaws and improve the value of care within the hospital. Therefore, patients and their provided responses would be strictly confidential and for research purposes only.

Chart 1 Gender Participants

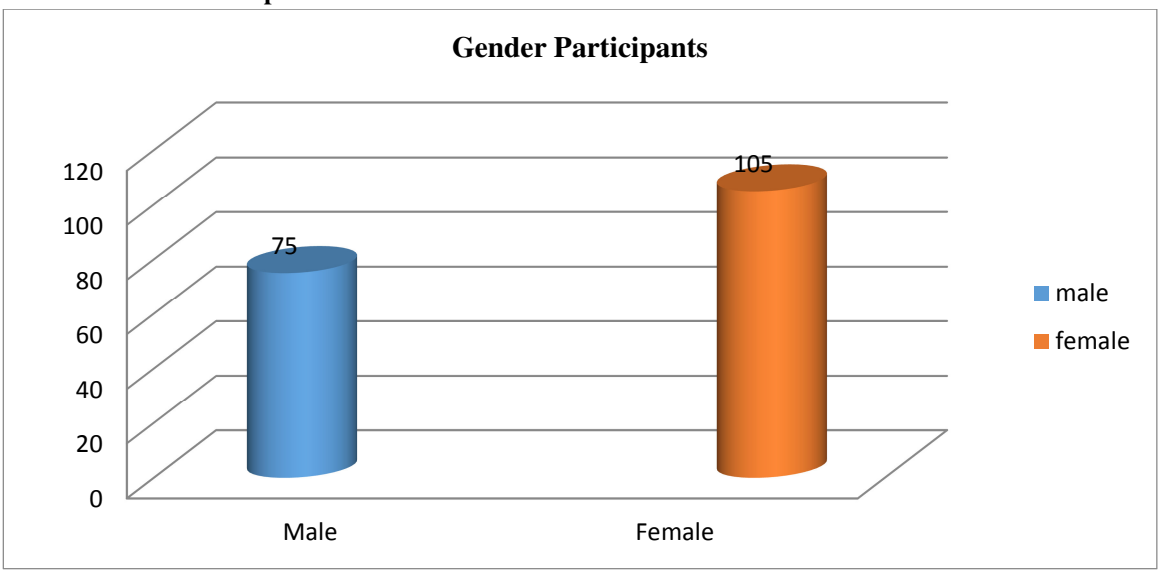


Table 1: Participants Profile

Male	75 (41.7%)					
Female	105 (58.3%)					
Age: 18-25	**26-35**	**36-45**	**46-55**	**56-65**	**65+**	**Total**
41 (22.8%)	29 (16.1%)	21 (11.7%)	43 (23.9%)	32 (17.7%)	14 (7.8%)	180 (100%)
Education Level						
No formal education	63 (35.0%)					
8th grade or less	28 (15.6%)					
Some high school, but did not graduate	6 (3.3%)					
High school graduate	59 (32.8%)					
Some college or 2-year degree	7 (3.9%)					
4-year college graduate	15 (8.3%)					
More than 4-year college degree	2 (1.1%)					
	180 (100%)					
Duration of Hospital Stay: 1-2	**3-5**	**6-10**	**10+**	**Total**		
76 (42.2%)	54 (30.0%)	42 (23.3%)	8 (4.4%)	80 (100%)		
Employment	**Yes**	**No**	**Total**			
69 (38.3%)	111 (61.7%)	180 (100%)				
Language: Kurdish	**Iraqi Arabic**	**Other**	**Total**			
171 (95.0%)	8 (4.4.0%)	1 (0.6%)	180 (100%)			
Overall Health Status						
Excellent	**Very good**	**Good**	**Fair**	**Poor**	**Total**	
1 (0.6%)	26 (14.4%)	41 (22.8%)	68 (37.8%)	44 (24.4%)	180 (100%)	

Data collection methods

In order to attain reliable and consistent result, the quantitative HCAHPS survey questionnaire was conducted by senior medical and pharmacy students from Hawler Medical College over three month's period. Questions presented for direct interview of those selected patients. Additionally, participants were assured that the purpose

of the study is to identify the flaws and enhance the quality of care within the public facility. Therefore, patients and their provided responses would be strictly confidential and for research purposes only.

Data analysis and interpretation

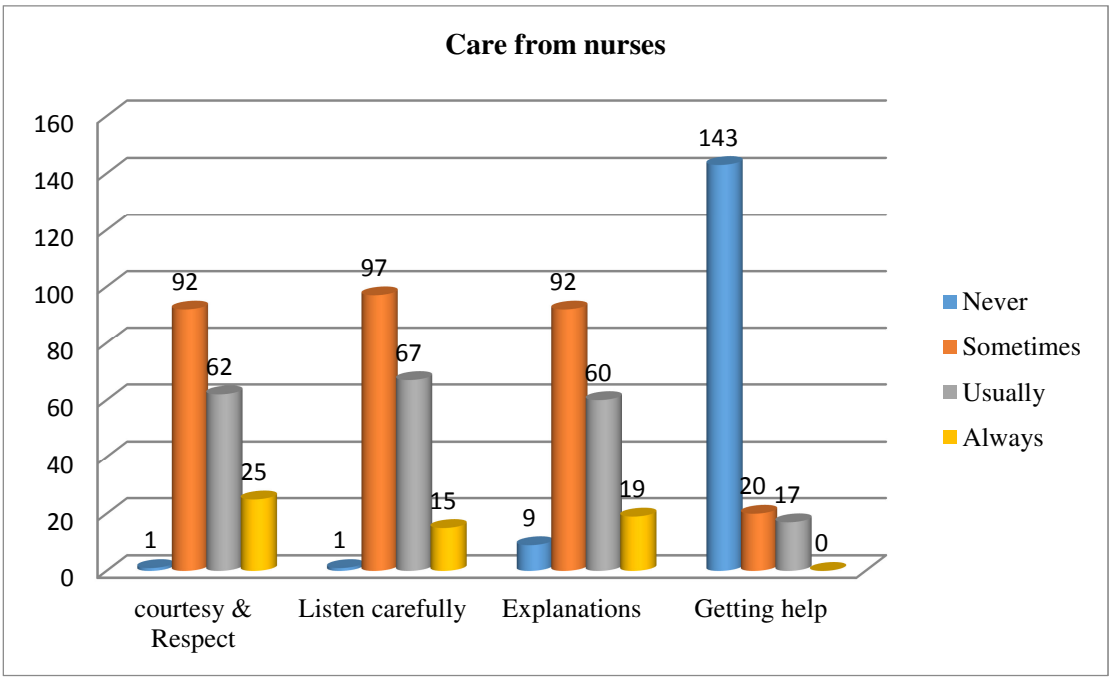
The collected quantitative data analyzed in order to offer decision makers a starting point for future improvement of healthcare facilities' current environment. Gathered data will be reviewed and documented in different sections with outcome of each question will be demonstrated using frequencies and percentages in the form of tables and charts for immediate reference point. Evaluation of the survey questionnaire will include determining reliability and consistency patterns of outcome to address issues of the highest importance as a crucial matter. Currently, the researcher will be using the tables and charts since the survey performed on a small scale of only one public healthcare facility. However, for the future study of several institutions and greater quantity of participant more Added professional process of study will be practical and statistical analysis software program will be useful.

Table 2. Care from nurses

Statement	Responses									
	1-Never		2-Sometimes		3-Usually		4-Always		Total	
	F	%	F	%	F	%	F	%	F	%
1 Courtesy and Respect	1	0.6	92	51.1	62	34.4	25	13.9	180	100
2 Listen carefully	1	0.6	97	53.9	67	37.2	15	8.3	180	100
3 Explanations	9	5.0	92	51.1	60	33.3	19	10.6	180	100
4 Getting Help	143	79.4	20	11.1	17	9.4	0	0	180	100

F = Frequency % = Percentage

Chart 2 care from nurses



In response to the questions of care received from nurses, the participants expressed mixed views (Table 2). When respondents asked about their treatment with courtesy and respect by the nursing staff, most of the clients 51.1% responded as sometimes they were treated as such. While 34.4% said, Usually, they got treatment in such manner. As 13.9% responded as always cared for with admirations. However, 0.6% reported as never been treated with courtesy and respect.

In regards to being listen to by the nursing providers, 53.9% felt, Sometimes they were being listened to carefully as 37.2% reported, Usually they attended to by the nursing staff. While 8.3% responded as they always listened carefully; on the other hand, 0.6% of patients reported nurses never carefully attended.

Regarding nurses explain things in a way ordinary patient could understand, 51.1% reported as sometimes they explain things in an understanding manner. While 33.3% felt they usually told well, and 10.6% responded that nurses always explained things in an understanding way. However, 5% of respondents said nurses never explain issues that could be understood by ordinary patients.

Response to the question of getting help from nurses after pressing the call button, 79.4% said they never got help or call buttons are disabled, or there are no call buttons. While 11.1% responded as sometimes they received help, and 9.4% felt they usually got help; 0% responded for always getting help.

Table 3. Care from doctors

	Statement	Responses									
		1-Never		2-Sometimes		3-Usually		4-Always		Total	
		F	%	F	%	F	%	F	%	F	%
5.	Doctors availability	8	4.4	96	53.3	63	35.0	13	7.2	180	100
6.	Courtesy and respect	0	0	65	36.1	88	48.9	27	15.0	180	100
7.	Listen carefully	6	3.3	46	25.6	97	53.9	31	17.2	180	100
8.	Clear explanation	7	3.9	43	23.9	99	55.0	31	17.2	180	100

F = Frequency % = Percentage

Chart 3 Care from doctors

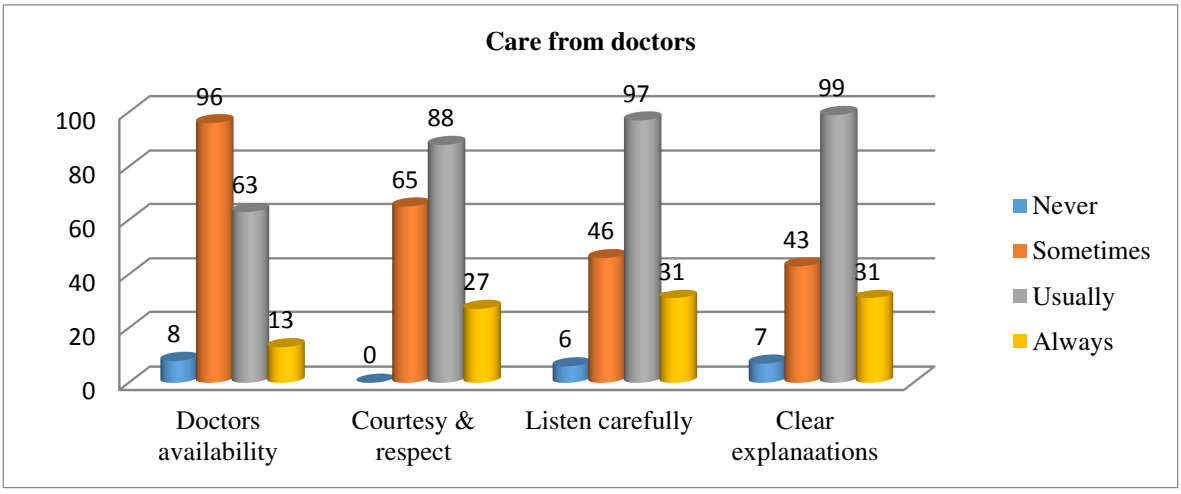


Table 3 indicates the response to questions presented to the clients regarding care received from doctors during their hospital stay. Availability of physicians when needed created the following responses: 53.3% indicated doctors were sometimes available when needed and 35% of patients felt they were usually available, while 7.2% responded doctors were always accessible. On the other hand, 4.4% replied that physicians were never available.

In response to the question of courtesy and respect received from doctors, majority 48.9% responded as usually doctors treated them with courtesy and respect; 36.1% indicated sometimes physicians treated them with good manners and admiration. While 15% felt They, always, treated with civility and respect. None of the respondents rated the doctors' behaviors as dissatisfying.

The reaction of clients when asked if doctors listened carefully to their issues and complaints were fairly satisfying. As 31% said, the doctors were, usually, listened attentively as 25.6% responded Sometimes doctors

listened to them conscientiously, and 17.2% mentioned that physicians, always, listened carefully. Nevertheless, a small number of patients 3.3% felt they were not listened to thoughtfully.

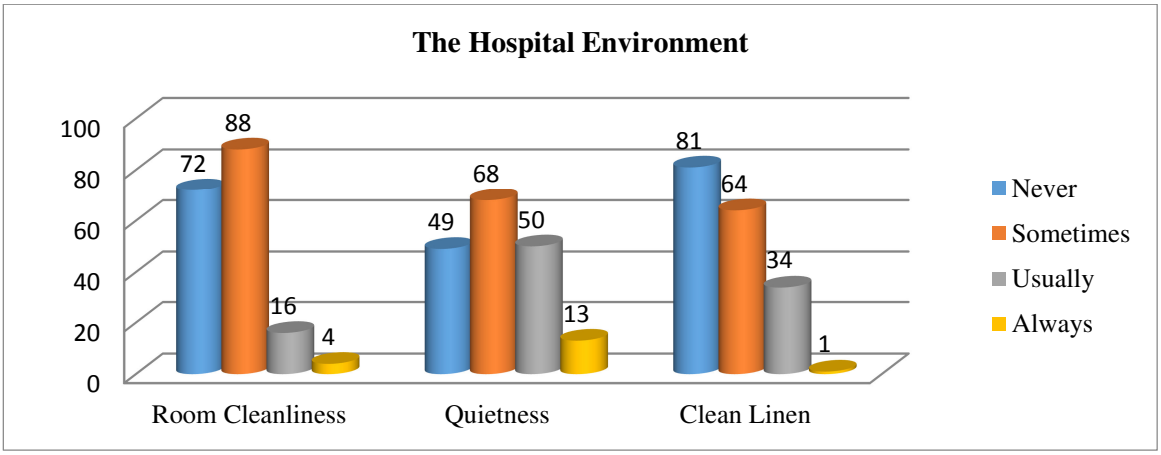
Question regarding explanations of procedures and medical necessities in a clear and understanding manner by doctors produced the following reactions. Among the respondents, 55% felt they usually given a clear explanation as 17.2% said they always provided with well understandable answers. In the meantime 23.9% indicated, Sometimes, doctors explain things clear to be understood by ordinary patients. However, 3.9% felt they never received clear, understandable explanations by the physicians during their stay at this hospital.

Table 4 The hospital environment

	Responses									
Statement	**1-Never**		**2-Sometimes**		**3-Usually**		**4-Always**		**Total**	
	F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**
9. Room & bathroom Kept clean	72	40.0	88	48.9	16	8.9	4	2.2	180	100
10. Quietness at night	49	27.2	68	37.8	50	27.8	13	7.2	180	100
11. Furnished beds with Clean linen changed & washed often	81	45.0	64	35.6	34	18.9	1	0.6	180	100

F = Frequency % = Percentage

Chart 4 The hospital environment



In Table 4, responding to hospital environment questions such as cleanliness of their room and bathroom, majority of respondents 48.9% reported that rooms and bathrooms were, sometimes, cleaned. As 8.9% said, the rooms were usually cleaned while 2.2% felt the rooms were always hygienic. Nonetheless, 40% of the clients thought the rooms were, never, cleaned.

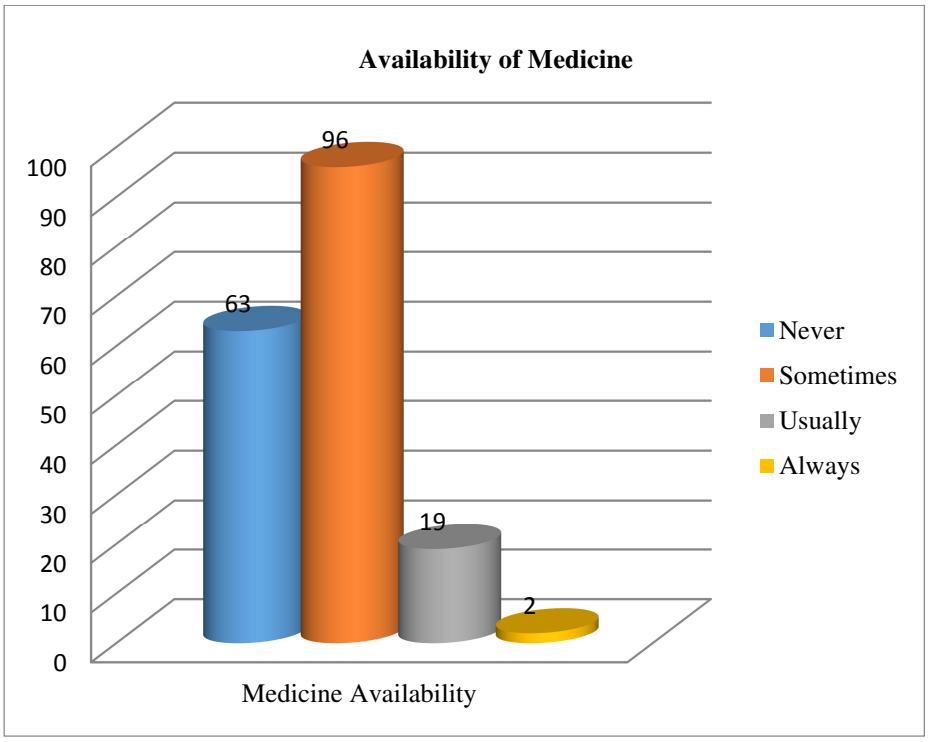
Hospital environment tranquility at night is essential for patients' health and wellbeing. 37.8% responded as sometimes the ward was quiet at night, and 27.8% said, usually the nights were quiet around them; 7.2% indicated that it was always quiet at night. However, 27.2% felt that the environment was never quiet at night.

In respond to bed and linen sanitation, majority of respondents 45% said that beds were, never, supplied with clean linen and linen were never changed and washed. 35.6% felt, sometimes, the clean linen were provided and changed as 18.9% reported clean linen were, usually, furnished and supplied. Only 0.6% indicated bed were, always, furnished with clean linen and changed and often washed.

Table 5. Your experience in the hospital

Statement	Responses									
	1-Never		2-Sometimes		3-Usually		4-Always		Total	
	F	%	F	%	F	%	F	%	F	%
12. Availability of all your medicines	63	35.0	96	53.3	19	10.6	2	1.1	180	100

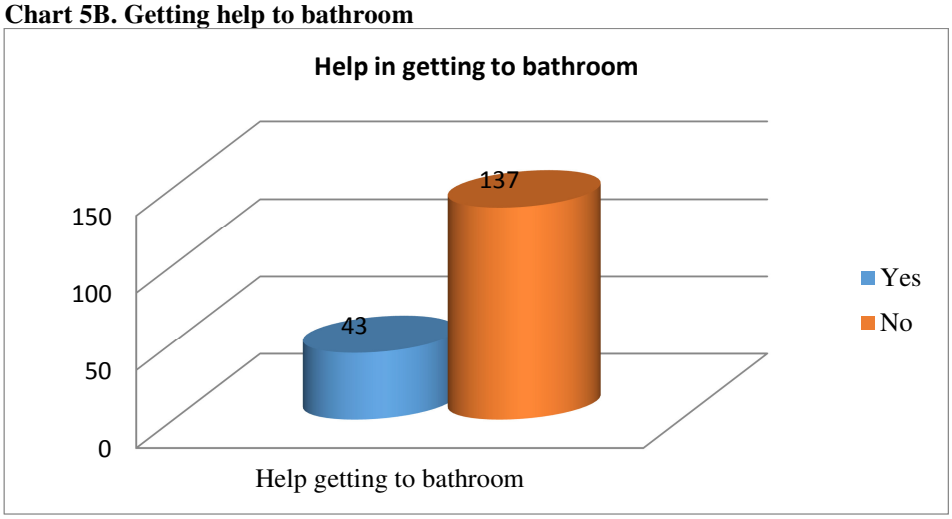
Chart 5A. Availability of Medicine



Among the respondents (Table 5), 35% felt that the hospital never had all their medicine. The majority, 53.3% said, sometimes, the drugs were available and 10.6% reported, usually, they had all their medicines, and only 1.1% responded as drugs were always available.

	Responses					
	Yes		No		Total	
	F	%	F	%	F	%
13. Help needed from staff in getting to bathroom or using bed pan	43	23.9	137	76.1	180	100

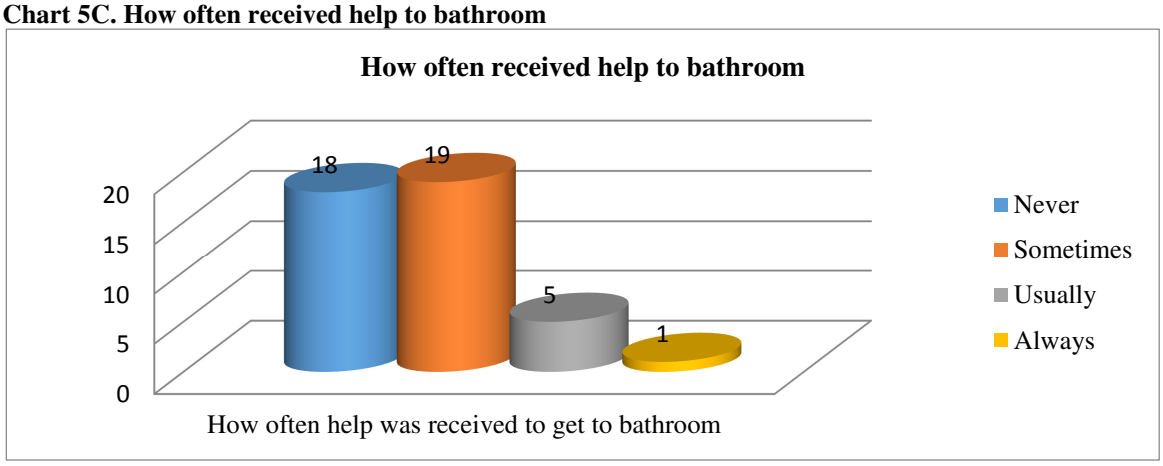
Chart 5B. Getting help to bathroom



Among clients, 23.9% said yes they needed help in getting to bathroom or use of bedpans while 76.1% indicated they did not need any assistance in this matter.

	Responses									
	1-Never		2-Sometimes		3-Usually		4-Always		Total	
	F	%	F	%	F	%	F	%	F	%
14. How often you got help in getting to bathroom or using bedpan	18	41.9	19	44.2	5	11.6	1	2.3	43	100

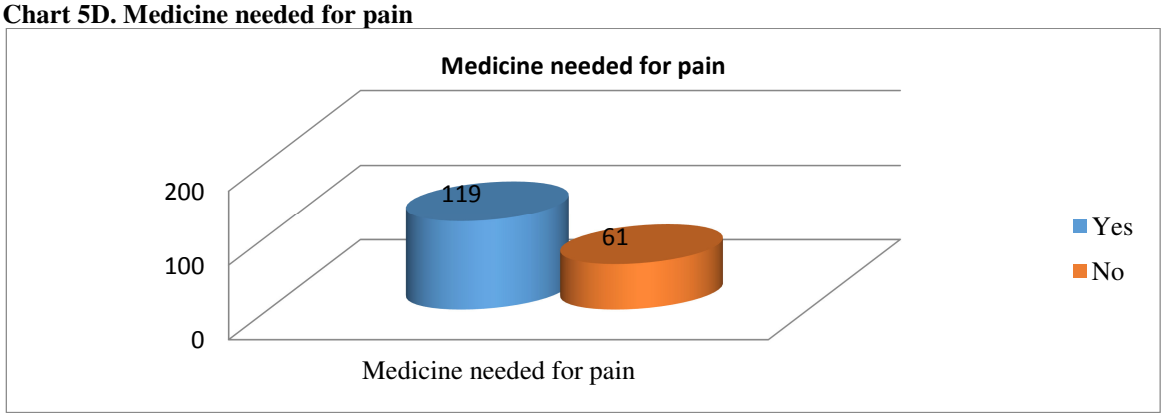
Chart 5C. How often received help to bathroom



Among 43 patients in need of aid to get to bathrooms, 41.9% reported as never received help. As 44.2% said, sometimes, they got help, and 11.6% felt, usually, they offered with support. While 2.3% said they always received assistance for this issue.

	Responses					
	Yes		No		Total	
	F	%	F	%	F	%
15. Have you needed medicine for pain	119	66.1	61	33.9	180	100

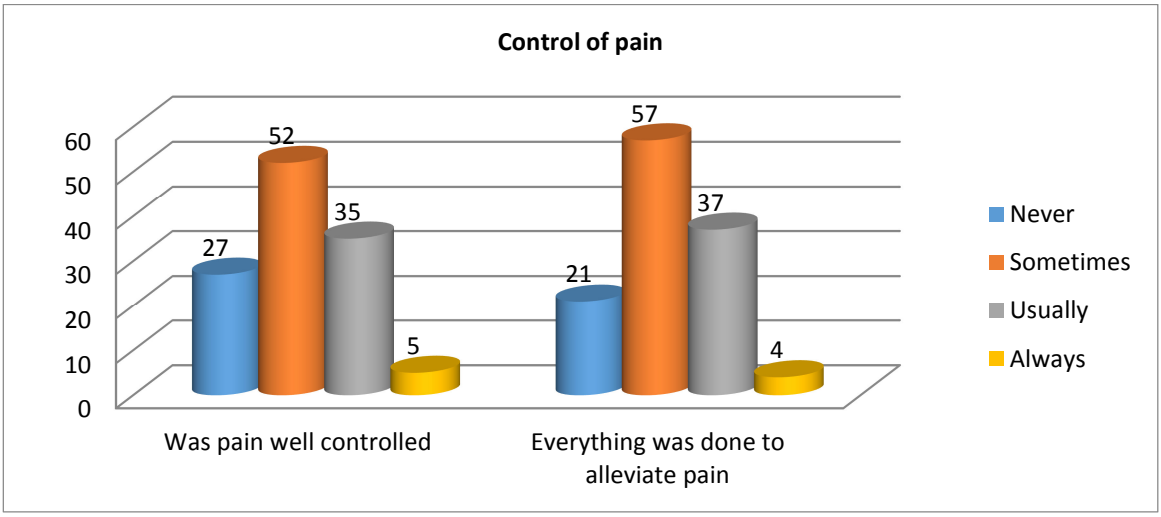
Chart 5D. Medicine needed for pain



Of Patients needing medicine for pain, 119 (66.1%) reported, yes, they needed pain medicine as 61(33.9%) said they did not require pain medicine.

	Responses									
	1-Never		2-Sometimes		3-Usually		4-Always		Total	
	F	%	F	%	F	%	F	%	F	%
16. Was your pain well controlled	27	22.7	52	43.7	35	29.4	5	4.2	119	100
17. Staff did everything they could to help you with your pain alleviate	21	17.6	57	47.9	37	31.1	4	3.4	119	100

Chart 5E . Control of Pain

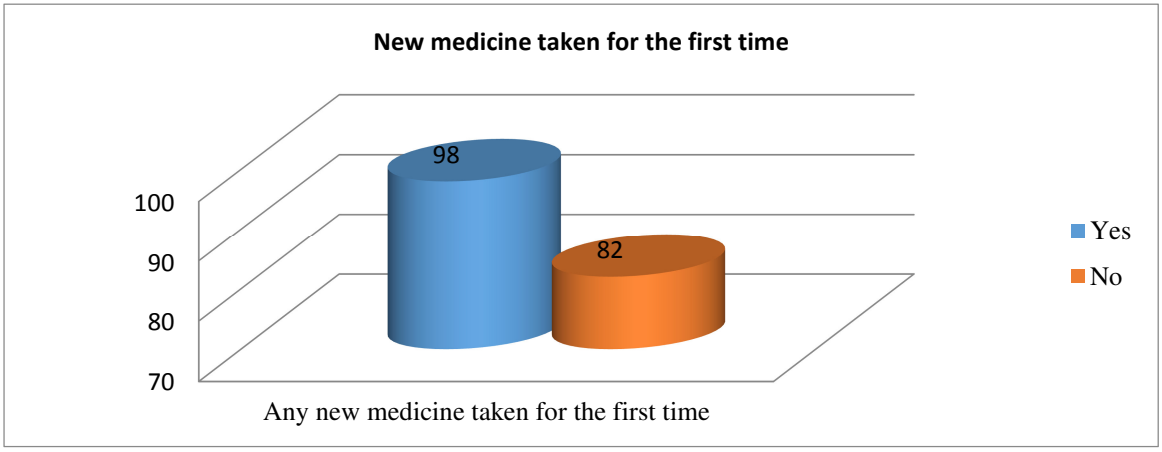


Among those 119 patients requiring pain medication, 22.7% reported, their pain never was controlled. While 43.7% indicated that, sometimes, it was controlled as 29.4% responded, usually, pain was well controlled. Moreover, 4.2% felt their pain was, always, controlled.

Among the 119 despondence, 17.6% felt that hospital staff never provided everything to aid their grief. As 47.9% said, sometimes, they did everything possible while 31.1% reported, usually, the team carried out everything possible to help ease their suffering. Additionally, 3.4% said the staff was always available to help any way feasible to assist in controlling the pain.

	Responses					
	Yes		No		Total	
	F	%	F	%	F	%
18. Were you given any medicine that you had not taken before	98	54.4	82	45.6	180	100

Chart 5F. Any new medicine taken for the first time

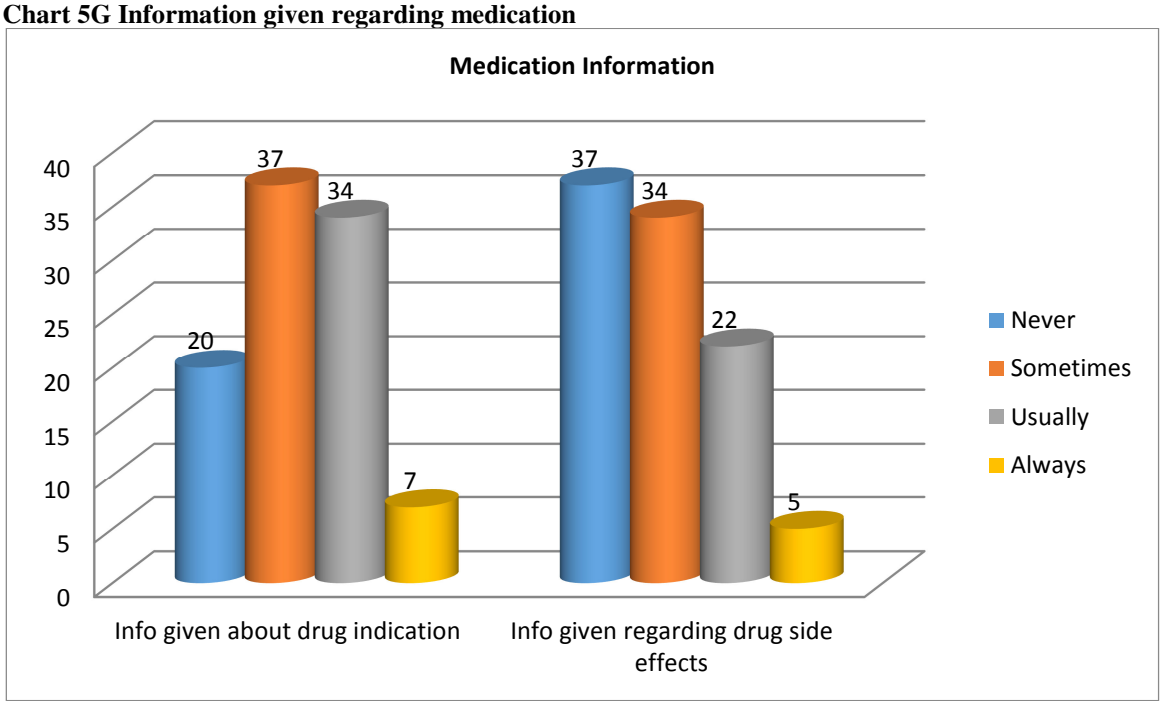


Majority of patients 54.4% indicated they had given medicine that they have not taken previously. On the other hand, 45.6% said they have not given any new medicine.

	Responses									
	1-Never		2-Sometimes		3-Usually		4-Always		Total	
	F	%	F	%	F	%	F	%	F	%
19. Before given any new Medicine, do hospital staffs tell you what the medicine is for?	20	20.4	37	37.8	34	34.7	7	7.1	98	100
20. Before giving you any new medicine, do hospital staff tell you about side effects in an understanding manner	37	37.8	34	34.7	22	22.4	5	5.1	98	100

F = Frequency % = Percentage

Chart 5G Information given regarding medication



Among 98 participants receiving new medicine, 20.4% said, they were never informed about indications of a new medicine. While 37.8% indicated, they were, sometimes, given information regarding drugs' indications and 34.7% said, they were, usually, offered the necessary information. As 7.1% felt, they were, always, informed of the new drug and its indications.

98 Participants receiving a new drug responded regarding the side effects information as follow: 37.8% of those patients receiving new medicines reported as, never, informed of the side effects. As 34.7% indicated, they were, sometimes, told about side effects and 22.4% said, usually, they were given information while 5.1% felt they were always well-versed in that regard.

Table 6. When you leave the hospital

Statement	Responses					
	Yes		No		Total	
	F	%	F	%	F	%
21. Have healthcare providers talk to you about possible need of help when leaving the hospital?	29	16.1	151	83.9	180	100
22. Have you received any information In writing regarding symptoms or health problems to look out for after leaving the hospital?	26	14.4	154	85.6	180	100

F = Frequency % = Percentage

Chart 6. When you leave the hospital

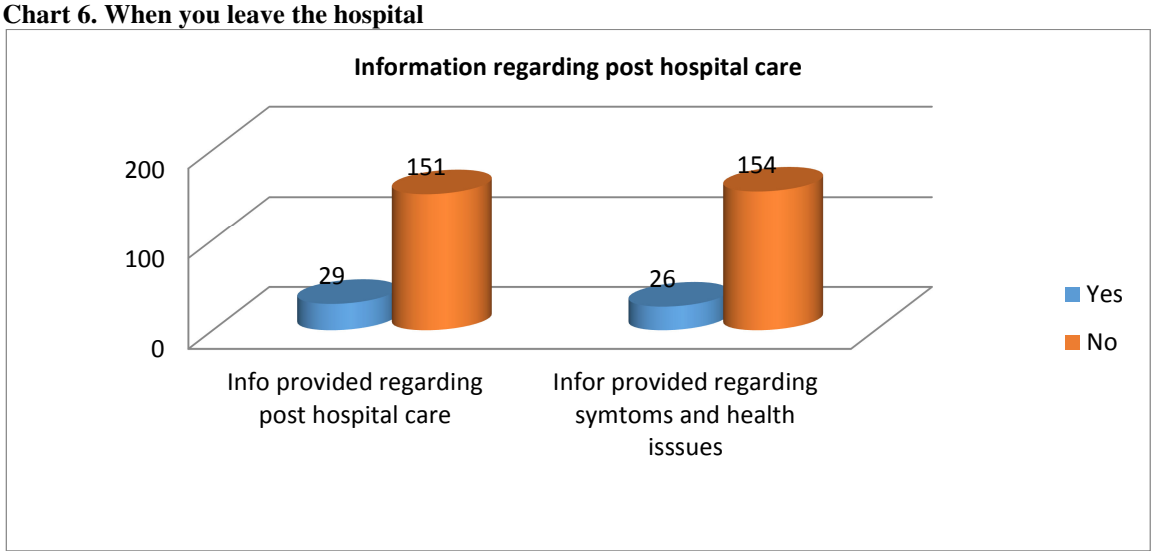


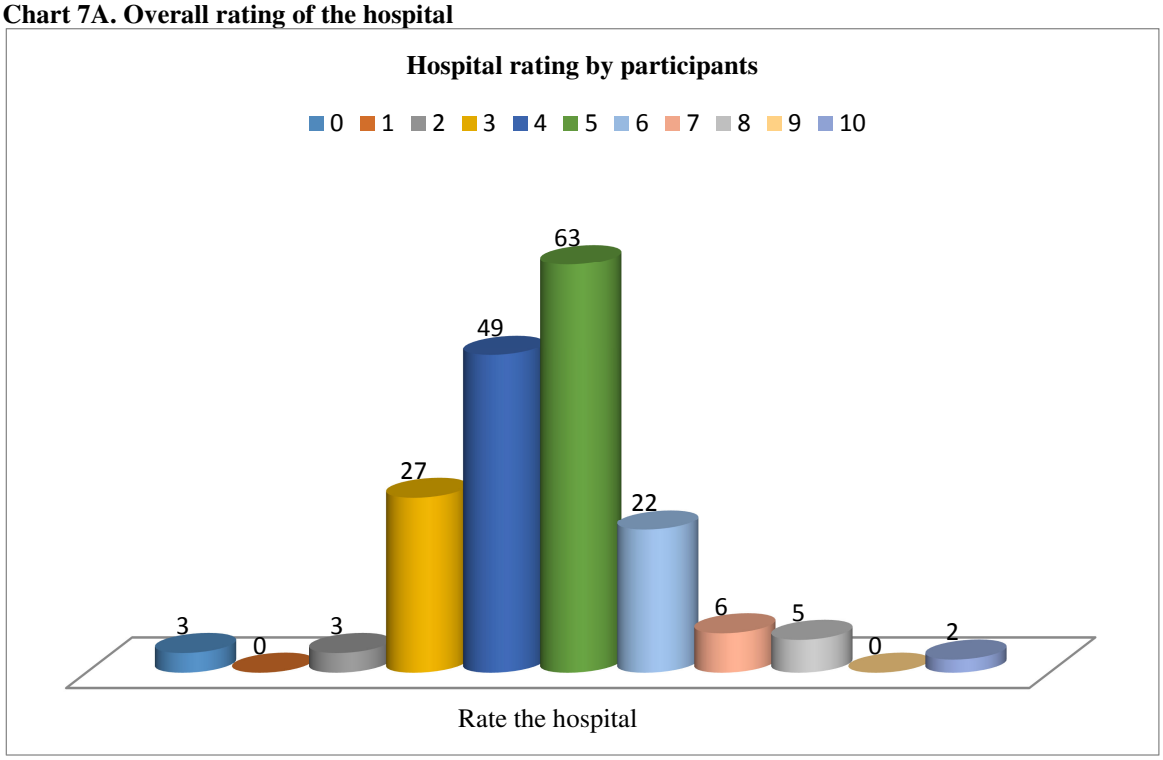
Table 6 shows that when leaving the hospital healthcare providers have a discussion with patients in regards to the possible need of help as majority 83.9% indicated they have not been spoken to concerning any post-hospital assistance. While 16.1% of patients reported, they had received information in regards to post-hospital help if needed.

Getting information regarding symptoms or health problems to look out for after leaving the hospital was a concern as 85.6% of respondents said, they had not received any post-hospital health instructions. Only 14.4% of patients reported that they had obtained information and guidance on health symptoms.

Table 7. Overall rating of the hospital

Statement	Responses										
	Worst										Best
	0	1	2	3	4	5	6	7	8	9	10
23. What number do you use to rate this hospital	3 1.7%		3 1.7%	27 15%	49 27.2%	63 35%	22 12.2%	6 3.3%	5 2.8%		2 1.1%

Chart 7A. Overall rating of the hospital



In rating this particular hospital as 0 (zero) being the worst hospital and 10 (ten) as the best hospital. Table 7 indicates that 1.1% of respondents rated the hospital as 10(ten); 2.8% rated as 8(eight). While 3.3% graded the hospital as 7(seven), 12.2% rated as 6(six). At the same time, the majority, 35% of respondents rated the hospital as 5 (five) and 27.2% rated as 4(four). Wherease15% rated the hospital as 3(three); 1.3% rated as 2(two), and three respondents 1.7% rated the hospital as 0(zero)

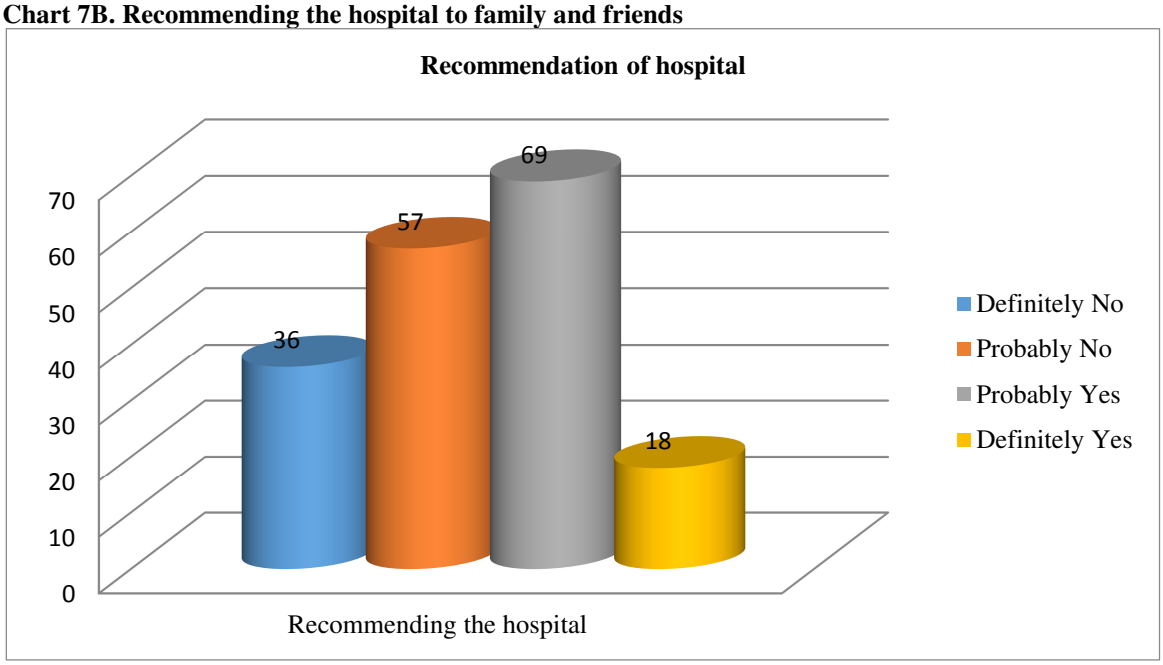
Report on hospital rating analysis indicates dissatisfaction with the hospital as majority rated the hospital below 5(five) totaling 45.6% of the respondents. 35% rated the hospital as 5(five) being acceptable, and only 19.4% of patient rated the hospital above 5(five) as being very satisfied.

Responses

	1-Definitely no		2-Probably no		3-Probably yes		4-Definitely yes			
	F	%	F	%	F	%	F	%	F	%
24. would you recommend this hospital to friends and family	36	20.0	57	31.7	69	38.3	18	10.0	180	100

F = Frequency % = Percentage

Chart 7B. Recommending the hospital to family and friends



In response to recommending of the hospital under study, majority of participants 38.3% reported they probably support the hospital. Therefore, they recommend it to relatives and friends as 10.0% answered, "Definitely Yes," they would advocate the facility. However, 31.7% felt, "Probably No," they perhaps won't recommend this hospital while 20.0% reported "Definitely No," they will not advise the hospital.

It indicates since the overall rating of the hospital was below average; therefore, supporting the hospital will have a reduced response. As noted in Table 7.

Responses

	1-Definitely no		2-Probably no		3-Probably yes		4-Definitely yes			
	F	%	F	%	F	%	F	%	F	%
25. would you recommend this hospital to friends and family	36	20.0	57	31.7	69	38.3	18	10.0	180	100

F = Frequency % = Percentage

Chart 7B. Recommending the hospital to family and friends

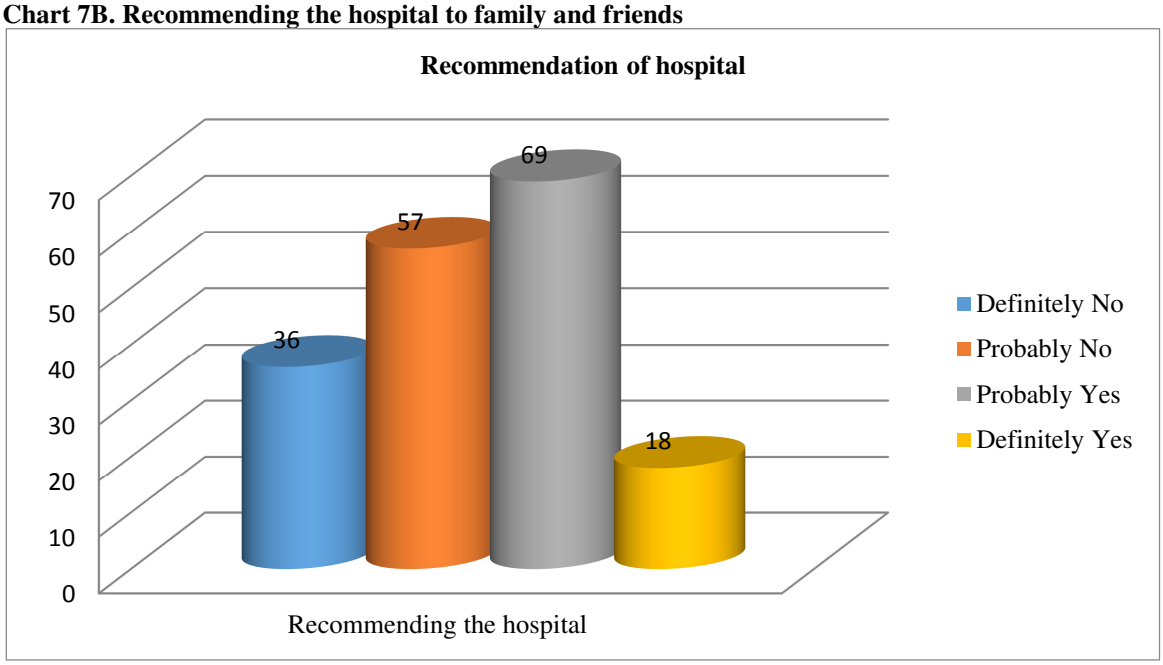


Table 8. Knowledge of your care when discharged from hospital

Statement	Responses									
	1-Strongly disagree		2-Disagree		3-Agree		4-Strongly agree		Total	
	F	%	F	%	F	%	F	%	F	%
26. At the time of my discharge, I will have a clear understanding of my responsibility in managing my own health	12	6.7	65	36.1	88	48.9	15	8.3	180	100
27. At the time of my discharge, I will clearly understand the purpose for taking all of my medications.	15	8.3	49	27.2	92	51.1	24	13.3	180	100

F = frequency **% = Percentage**

Chart 8. Knowledge of your care when discharged from hospital

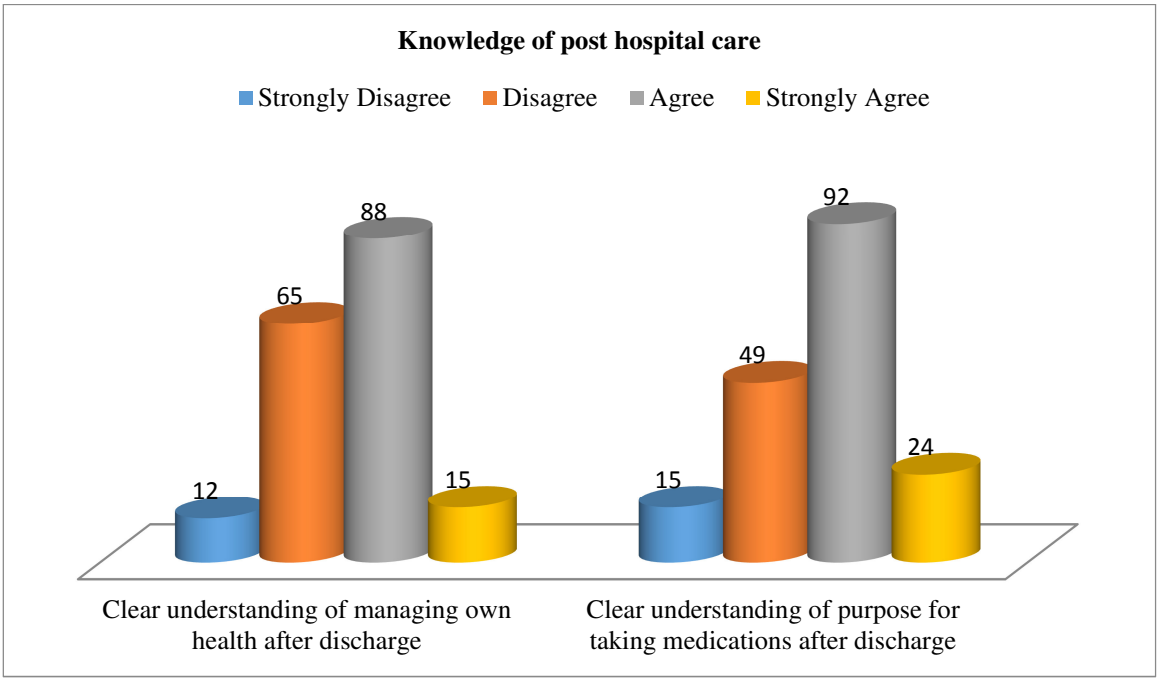


Table 8 demonstrate the knowledge of precise understanding of self-care in managing own health after leaving the hospital. Majority of respondents 48.9% agree they will have a clear understanding of own responsibility in managing own health. As 8.3% strongly agree with the statement; however, 36.1% disagree and 6.7% strongly disagree to have a clear understanding of the responsibilities of managing own health.

In response to the second question in Table 8 for precise understanding of taking medications as prescribed, majority of patients 51.1% agree that they will understand the purpose for taking all their medications. As 13.3% strongly agree with the statement. On the other hand, 27.2% disagree that they will understand the purpose for taking their drugs as 8.3% strongly disagree with the declaration.

Result and Discussion

In general, the intent of the survey was to examine the issues influencing patients' satisfaction with the quality of healthcare services in Erbil largest public hospital. The unambiguous goal of the research was to verify the degree of patient satisfaction with the healthcare offered by the hospital and to determine the fundamentals that significantly influence patients' satisfaction with the quality of healthcare received.

Patient satisfaction provides valuable information for planning effective policies of quality improvement. Additionally, an understanding of the determinants of patient satisfaction helps policy and decision makers to implement programs personalized to meet patients' needs as perceived by patients and healthcare providers. The information generated from the survey should not only be used as a tool in decision-making but also should be used as recommendations for improving the experience of clients being seen at public health facilities in Kurdistan region.

The researcher implemented the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey questionnaire. Medical and pharmacy students conducted the patient interview; total of 180 participants of which 105 female and 75 male patients interviewed. The survey questionnaire contains 29 patient perspectives on care and patient rating items. The study covers nine key topics: communication with physicians, nurses, and receptiveness of hospital staff, pain control, patient discharge information, sanitation and tranquility of the hospital environment.

In Table 2 analysis of communication with nurses, we can determine that the practice of patient-centered care is not at the standard level. Even though some patients were satisfied with the nursing care, yet there are

shortcomings to point out in a professional manner. Lack of respect and curtsey for patients will add to their ailments. Nurses must be adherent to listen to patients carefully to meet their needs and explain options and treatments in an understanding fashion and provide compassionate care, relieve fear and anxiety. Furthermore, responsiveness to patients' needs is utmost step in patient-centered care practice as the nurses have trained for and must adhere to the said practice.

In communications with the doctors, it can be concluded from Table 3 analyzes that physicians rated higher than nurses in response to some of the same questions presented to the patients in the survey. Availability of doctors in the hospital is a vital matter to the patients' condition in making the decisions regarding their health status. Physicians rated satisfactory for their professional demeanor. However, doctors need to be more attentive to patient's necessities and explain things in an understanding manner. Patient –centered care must be the standard base for treating patients in the hospitals.

Sanitation, hygiene, and clean environment are factors in reducing microorganisms that cause infections disease or worsen certain conditions in the hospital atmosphere. Therefore, cleanliness of floor and beds are the utmost importance in eliminating contagious diseases. Patients are somewhat dissatisfied with the level of cleanliness as indicated in Table 4 analysis. This particular hospital is in need of better cleaning policy and procedures and ways to find tranquility in the environment for patients to rest comfortably at night.

The study shows that the availability of medicine at the hospital is a concern. Most patients said they were told by the hospital staff to get the medicine from outside the hospital as they did not have all their prescribed drugs. Unavailability of drug supplies can be of real concern if the patient does not have a companion and cannot obtain the medicine through other means.

In asking for help to get to bathroom, majority of those in need of assistance indicated that they never got help or only sometimes they given support in this task.

Among those patients in need of medicine to control their pain, majority reported poor handling of their pain by the providers.

This study also shows that among patients taking new drugs, reported by those surveyed in this study in Table 5 analysis, information regarding drug indication and its possible side effects was not communicated to patients.

Providing healthcare is more than just giving a few pills or injections rather education and instructions to patients, and their family members are vital elements of providing medical care. Table 6 analysis indicates a high concern regarding the lack of communication in receiving essential information about post-hospital care as reported by majority of respondents.

Survey shows that the hospital rating indicates dissatisfaction with the hospital as majority rated the hospital below 5(five) totaling 45.6% of the respondents. 35% rated the hospital as 5(five) being acceptable, and only 19.4% of patient rated the hospital above 5(five) as being very satisfied. Since the assessment indicates the overall rating of the hospital was below average; therefore, recommending the hospital will have a poor response as shown in Table 7.

As there are definite indications of post-hospital communication regarding self-care and medication administration, yet there are signs causing dissatisfied patients in those regards. Communication of vital information in regards to medical care is an essential factor of providing healthcare to all. Healthcare providers must be adherent to clarify and make available all the pertaining information in an understanding manner that ordinary patients can comprehend.

The study indicates that females tend to be more satisfied than male in a majority of factors in this survey. However, the higher the education and employment level of participants the lower the satisfaction rating as indicated in this study. Furthermore, better health and older age affirmed higher satisfaction level.

Limitations

When healthcare seekers have inadequate knowledge of opportunities and low anticipations of quality service, high satisfaction scores may be recorded even though the patient received poor standards of care. Additionally, some patients may have responded to interview questions dishonestly for the concern about the confidentiality and uncertainty of their responses. Therefore, there is a likelihood that conceivably these precincts may have led to flawed outcomes and interpretation.

Furthermore, the study findings are restricted to only one public hospital based in the region. Therefore, the overall determination cannot be made to all the hospitals in the Erbil province. Finally, because only one general hospital included in the study, the result of the study and succeeding recommendations are based exclusively on those patients in the mentioned hospital.

Future studies

Further research needs to be on a broader spectrum of hospitals including private and public healthcare facilities in all three provinces (Erbil, Duhok, and Solemania) of Kurdistan region.

Conclusion,

Even though, it is not a well-defined concept, patient satisfaction is one of the most significantly recognized tools for quality outcome to measure success of a healthcare delivery system. Patient assessment of healthcare is necessary to provide an opportunity for enhancement by formulating a strategic plan to exceed patient's expectations. The researcher relied heavily on using standardized, proven method of utilizing well-rounded questionnaire and tested data collection approach. Therefore, the surveyor used HCAHPS sample questionnaire as to be most reliable method to this research.

The study indicates a common determining factor between the patients such as interpersonal skills in terms of manners, respect by health care providers as well as communication skills. Additionally, clarification and flawless information, which are more significant and useful than other practical abilities such as clinical proficiency and hospital paraphernalia.

It thus offers the opportunity for institutional leadership; managers and policy makers to harvest a better understanding of patient outlooks and perceptions, and the degree of their participation in cultivating the quality of healthcare and services. Therefore, this study is performed based on the need for sporadic evaluation of care in health facilities to aid health managers pinpoint areas of weakness and formulate a plan to develop the quality of health services rendered.

Recommendations

The findings suggest that the hospital has some flaws that need prompt attention in order to improve the health of its citizens in the region and add to quality improvement of its healthcare system. Conversely, the study outcomes are restricted to only one public hospital based in the area; therefore, the overall determination cannot be made to all the hospitals in the Erbil province. Finally, because only one general hospital surveyed, the results of the study and below recommendations are based exclusively on those patients in the mentioned hospital. In the meantime, the following are recommendations given by the researcher based on the obtained result of this study:

- Health authorities to implement a training program and encourage healthcare staff in treating all patients with respect, dignity, and courtesy.
- Healthcare leaders and management to formulate and implement policy and procedures in communicating relevant information in a clear, understandable manner to patients as deemed necessary
- Hospital to make available all prescribed medicine for all patients within the hospital pharmacy.
- It is imperative to arrange 24/7 medical services availability with a medical doctor on site.
- Listening is a key to understanding, therefore, in order to understand patients' medical needs; health care providers including physicians must listen to their patients.
- Formulate and implement cleaning policy and procedure for the highest degree of sanitation.
- Prepare and execute a policy and procedure to practice utmost hygiene technique in providing medical care to patients.
- Healthcare providers must assist patients in a compassionate manner and be receptive to their requirements.
- Healthcare team must support in physical comfort and reducing patient's anxiety
- Healthcare providers must educate, communicate and inform patients of relevant issues concerning their medication, health and well being as inpatient or when discharged.
- Providers must create tranquility at night for patients to rest which is a vital element of well-being.

- An extra note in addition to the survey results, providers must adhere to patients' privacy policy including patient information unless permissible by patient.

Acknowledgement

Our sincere appreciations go to the patients participating in this survey; their observations and experience essentially add valuable information for improving quality health care in this particular health facility. In addition, We would immensely thank the hard work of those students assisted in carrying out the research interviews and collecting data for the last three months.

Researcher hopes that this study becomes a stepping stone for authorities to start on strategic plans for driving health care forward in the direction of high-quality care within public hospitals.

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