Deanship of Graduate Studies

Al-Quds University

Patient Satisfaction: Comparative Study Between Joint Commission International Accredited and Non-accredited Palestinian Hospitals

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Declaration:

I certify that this thesis submitted for the master's degree, is the result of my own research, except when otherwise acknowledged, and that this thesis (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

Signature:

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Date: 03/04/2017

Dedication

The sake of Allah.

My great teacher Mohammed Prophet.

My homeland Palestine.

The great martyrs and prisoners, the symbols of sacrifice.

My great parents, who never stop sacrificing themselves in countless ways.

My beloved brothers and sisters.

My dearest wife, who leads me with light of hope and support.

My beloved kids: Majdoleen, Dareen, and Majd for whom I make this progression.

The Al-Quds University; my second magnificent home.

My advisor, Dr. Asma Imam, who helped and supported me all along until this day.

To all my family, the symbol of love and giving.

I dedicate this research.

Acknowledgment

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Abstract

Background: Patient satisfaction is one of the important indicators in the health system that should be considered when evaluating the quality of health services provided and the impact of accreditation systems. This study aims to assess the level of patient satisfaction in accredited and non-accredited hospitals in Palestine.

Methods: Quantitative descriptive cross-sectional design used to compare patient satisfaction in Palestinian hospitals. The researcher measured the patient satisfaction between October and November 2016 using the SERVQUAL tool to assess five dimensions of quality (reliability, assurance, tangibility, empathy, and responsiveness). The sample size included was 332 inpatients, who were recruited by the researcher through convenient sampling method, and the data was analyzed using SPSS version 18.

Results: The patients have a high level of satisfaction with a total mean of (4.34) out of 5 points and a (0.70) standard deviation. The patients have a high level of satisfaction regarding each patient's satisfaction dimensions with the quality of services provided in the two hospitals. The results indicated that there are statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction relating to patient characteristics (with the exception of gender), and also indicated that there are no statistically significant differences related to hospital characteristics. Moreover, for all satisfaction dimension patients have more satisfaction in non-accredited hospitals than accredited ones. There was no statistically significant association between accreditation status and patient satisfaction.

Conclusion: The study indicated that there are no significant differences between the means of patient satisfaction attributed to accreditation status. The results reinforce that the patient perspective should also be given much importance in the health system, and certifies that it should be taken into consideration to ensure the quality of services provided by healthcare organizations.

رضا المريض: دراسة مقارنة بين مستشفى فلسطيني حاصل على اعتماد اللجنة الدولية المشتركة ومستشفى غير حاصل على الاعتماد.

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الملخص

المقدمة: يعتبر مؤشر رضا المرضى من المؤشرات المهمة في النظام الصحي لتقييم جودة الخدمات الصحية المقدمة للمرضى وكذلك في تقييم تأثير برامج الاعتماد للمؤسسات الصحية. تهدف هذه الدراسة بشكل عام الى مقارنة مستوى رضا المرضى في مستشفى فلسطيني حاصل على شهادة الاعتماد من اللجنة الدولية المشتركة لاعتماد المستشفيات وبين مستوى رضا المرضى في مستشفى فلسطيني غير حاصل على شهادة الاعتماد من اللجنة الدولية المشتركة لاعتماد المستشفيات.

المنهجية: استخدم الباحث منهجية البحث الوصفي لمقارنة رضا المرضى في المستشفيين ، وذلك من خلال توزيع استبيان (SERVQUAL) لجمع البيانات من المرضى في كافة الأقسام الداخلية للكبار ، وذلك في الفترة الواقعة بين شهري تشرين الأول وتشرين الثاني من العام 2016 ، وكانت حجم العينة المطلوبة 332 مريضاً. ولقد طَلب الباحث منهم تعبئة الاستبيان بما يتوافق مع معايير دخول الدراسة المحددة سابقاً ، وتم التحليل بواسطة برنامج تحليل البيانات الإحصائي (SPSS).

النتائج: أظهرت الدراسة أن معدل رضا المرضى في المستشفيين عالٍ بشكلٍ عام بمعدل (4.34) من (5) وكما أظهرت معدلاً عالياً من رضا المرضى في مجالات الاستبيان الخمسة. وأظهرت الدراسة أن معدل مستوى رضا المرضى كان أعلى في المستشفى الذي لم يحصل على شهادة الاعتماد بشكلٍ عام وكما كان أعلى أيضاً في مجالات الاستبيان الخمسة. كما أظهرت الدراسة أنه هناك اختلاف ملموس بين رضا المرضى بناءً على اعتماد المستشفيات والعوامل الديموغرافية ما عدا جنس المريض. أما فيما يخص العوامل التي تدرس خصائص المستشفيات المشاركة في الدراسة، أظهرت النتائج أنه لا يوجد هناك اختلاف ملموس بين رضا المرضى بناء على اعتماد المستشفيات وخصائص المستشفيات.

الخلاصة: لم تظهر الدراسة ان اعتماد المستشفيات كان له تأثير ملموس على رضا المرضى في العينة التي تم دراستها. تؤكد نتائج هذه الدراسة على أهمية نظرة المريض في تقييمه لمستوى الخدمات الصحية المقدمة له من قبل مؤسسات الرعاية الصحية ، ولذلك لا بد لمؤسسات الرعاية الصحية الإهتمام بهذا الجانب وتطوير جودة الخدمات الصحية المقدمة من قبلها وتطويرها مما ينعكس على رضا المرضى.

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List of Abbreviations

No.	Abbreviation	Meaning
1)	AAOS	American Academy of Orthopedic Surgeons
2)	ACS	American College of Surgeons
3)	ADA	American Dental Association
4)	AGPAL	Australian General Practice Accreditation Limited
5)	AHA	American Hospital Association
6)	AHRQ	Agency for Healthcare Research and Quality
7)	AMA	American Medical Association
8)	CCU	Coronary Care Unit
9)	DV	Dependent Variables
10)	et al.	And Others
11)	IPSG	International Patient Safety Goal
12)	ISQua's	International society for quality in healthcare
13)	IV	Independent Variables
14)	JCAHO	Joint Commission on Accreditation of Healthcare Organization
15)	JCI	Joint Commission International
16)	KSA	Kingdom of Saudi Arabia
17)	LOS	Length of Stay
18)	MEDPAR	Medicare provider Analysis Review
19)	MOH	Ministry of Health
20)	NGO	Non-Governmental Organization
21)	No.	Number
22)	OPD	Out Patient Department

23)	PCBS	Palestinian Central Bureau of Statistics
24)	PCC	Patient Centered Care
25)	PSQ	Patient Safety Questionnaire
26)	SAS	Satisfaction Assessment Scale
27)	SERVQUAL	Service Quality
28)	SPSS	Statistical Package for the Social Science
29)	St. Dev.	Standard Deviation
30)	WHO	World Health Organization

Definitions

Accreditation:

- A public recognition by a healthcare accreditation body of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards (The International Society for Quality in Health Care, Organization Survey Handbook, January 2008).

Joint Commission International Accreditation:

- JCI Accreditation is an internationally recognized evaluation process used to assess and improve the quality, efficiency, and effectiveness of health care organizations (Ajarmeh & Hashem, 2015).

Quality Definitions:

- Quality is proper performance (according to standards) of interventions that are known to be safe, that are affordable to the society in question, and have the ability to produce an impact on mortality, morbidity, disability, and malnutrition. (Roemer and Montoya Aguilar, 1988).

- Quality is carrying out interventions correctly according to pre-established standards and procedures, with an aim of satisfying the customers of the health system and maximizing results without generating health risks or unnecessary cost (Qotba, 2015).

- Quality means freedom from deficiencies-freedom from errors that require doing work over again (rework) or that result in field failures, customer dissatisfaction, and customer claims, and so on. In this sense, the meaning of quality is oriented to costs, and higher quality usually "costs less" (Juran & Godfrey; 1999, P.27).

Patient Satisfaction:

- Patient satisfaction is a highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects. Whatever its strengths and limitations, patient satisfaction is an indicator that should be indispensable to the assessment of the quality of care in hospitals, (Donabedian, 1988).

- Patient satisfaction is multifaceted and a very challenging outcome to define, patient expectations of care and attitudes greatly contribute to satisfaction; other psychosocial factors, including pain and depression, also known to contribute to patient satisfaction scores, (Lazarevik & Kasapinov, 2015).

Chapter One
Introduction

1.1 Introduction

Accreditation of health market has been implemented in many countries in the world, and this approach is growing to ensure quality of services provided to the patients (Al Tehewy, 2009); those countries use this program / tool to improve the quality of services (Haj-Ali, 2014). Healthcare organizations consider accreditation a tool that measures the quality improvement of the health care organizations provided services, along with other quality indicators, such as morbidity, mortality, hospital infection rates and patient satisfaction (Sack, 2011), which is considered in many countries an integral part of the health system (Nicklin, 2014).

The Appraisal of Quality program is required by the accreditation body (Mahran et al, 2016). The key parameter to evaluate the quality of care and the health care services provided in the hospital setting is patient satisfaction (Sack, 2011), thus many health care organizations, and mainly hospitals, have considered measuring patient satisfaction (Almasabi, 2014).

In some countries, accreditation is still voluntary (Nicklin, 2014), and in other countries it is mandated by the government (Almasabi, 2014). Health care organizations may be accredited by a national or local accreditation body, for example the Health Care Accreditation Council (HCAC) in Jordan, or by an international accreditation body like Joint Commission International (JCI).

One of the famous accreditation bodies and largest in the world is the Joint Commission International, formerly known as JCI, which was established in the late 1990s, and is the international arm of the Joint Commission on Accreditation of Healthcare Organizations known commonly as JCAHO (Khair, 2015). It is an independent, not-for-profit organization, and was founded in 1951 to evaluate and accredit organizations in the USA, while JCI was founded to survey health care organizations outside the United States, which accredited more than 900 organizations in more than 100 countries (JCI, 2016).

According to the study conducted by Nicklen in 2011, there are many areas of accreditation that require further studies. Of these areas were patient involvement in quality improvement and methods of assuring quality, like performance measures (Nicklen, 2015). There is insufficient information about patient satisfaction with JCI (Qahtani, 2012).

1.2 Problem Statement and Significance of Study

JCI accreditation standards in quality and patient safety have been developing through evidence-based, best practice and surveyor notes. It has helped health care organizations and leaderships across all settings improve performance and outcomes (JCI, 2016).

Recently, health care organizations intend to improve the quality of services by going through the accreditation process either voluntarily or mandatory. For example, in the USA, hospitals should be accredited by JCAHO to become health providers in the Medicare program (Sprague, 2005), while accreditation is voluntary in many countries like Palestine.

Accreditation benefits are embodied in mitigating hospitals' risks (Al-Awa, 2011), improving patient health outcome (El Jardali et al, 2013), promoting a quality and safety culture (Greenfield et. al, 2011; Al-Awa, 2011), and improving patient satisfaction with accreditation, which is considered the key indicator of the level of healthcare delivered and reflects the quality of care provided (Heuer, 2002; Sack, 2011).

As mentioned previously, the health care organizations and health care providers aim to provide a high quality of care. The literature defines quality as "carrying out interventions correctly according to pre-established standards and procedures, with an aim of satisfying the customers of the health system and maximizing results without generating health risks or unnecessary costs" (Qotba, 2015). Based on the forging definition, the patients evaluate what they experienced compared to certain standards or criteria (Aboshiqah, 2016).

Patient satisfaction is an important dimension that reflects patients' experiences of the quality of services provided (Haj-Ali, 2014). The literature shows the patients who are satisfied to be more compliant with their treatment plan (Saeed et al, 2001). The patient satisfaction findings are used to monitor the quality of health care and are considered an important source for planning health services (Al-Qahtani et al, 2012).

Some studies have shown that the impact of hospital accreditation on patient satisfaction is significantly positive (Al Tehewy et al., 2009; Al-Qahtani et al., 2012; Ajarmeh and Hashem, 2015), while other studies showed that hospital accreditation has no significant impact on patient satisfaction (Hayati et al., 2010; Sack et al., 2011).

Quality has multiple definitions and dimensions, one of those dimensions being patient satisfaction, which reflects patients' experiences of how well the services provided are meeting their expectations. In addition, satisfaction is considered one of the patients' rights and ethical principles, ensuring the quality of services provided and meeting the patients' needs and expectations (Haj-Ali, 2014).

Healthcare managers can benefit from the patient satisfaction indicator to enhance structures, processes and outcomes of care, and increasing patient satisfaction results in patients returning to the same hospital for care, thus increasing the health care organizations' revenues and profits (Haj-Ali, 2014; Ajarmeh and Hashem, 2015).

It is important for accreditation systems to evaluate the relationship between patient satisfaction and accreditation. Some of the studies conducted attempt to measure the impact of hospital accreditation on patient satisfaction, and many studies aim to examine the relationship between the accreditation program and patients' satisfaction, (Greenfield and Braithwaite, 2008).

The literature's findings may indicate that the relationship between accreditation and patient satisfaction may not be positive, thus making healthcare organizations adopt an appropriate approach that combines different quality parameters and indicators to evaluate the accreditation program applied in the health settings. However, patient satisfaction is still an important quality indicator in assessing the accreditation programs (Greenfield and Braithwaite, 2008).

When adopting an accreditation program as a tool for evaluating the service quality of a hospital, it is rational to question if this system is improving patient satisfaction (Chakravaty, 2011). Some believe that quality is when the patient receives a health service that meets his expectation (Zamil et. al, 2012), while others define quality as meeting the customer's needs and requirements in addition to expectations *(*Haj-Ali, 2014).

During the last two decades, the JCI accreditation program has gotten wider in the health organization, and many organizations still prepare themselves to get accreditation from JCI. Therefore, many studies will be measuring patients' satisfactions with JCI to evaluate the benefits gained from the accreditation program.

In Palestine, the application of quality management system in healthcare started in the last decade, and the TQM criteria were not priorities for hospitals (Al-Ghanim, 2004). The first hospital to be accredited by JCI as a general hospital is the Augusta Victoria Hospital in 2013. Therefore, studies about patients' satisfaction with JCI in Palestine is limited; there are no studies that assess the relationship between patients' satisfaction and JCI. Hence, this study may be the first study to assess that according to the best of the researcher knowledge.

This study may provide an important implication for the decision makers in the Ministry of Health and Palestinian hospital administrators into taking the actions needed for encouraging the implementation of the JCI accreditation program among the Palestinian health care organizations.

1.3 Aim of the Study

The aim of the study is to assess the level of patient satisfaction in accredited and non-accredited hospitals in Palestine.

1.4 Specific objectives of the study

1. To assess the relationship between patient satisfaction subscales (Tangibles, Reliability, Responsiveness, Assurance and Empathy) and hospital accreditation status.
2. To assess the relationship between general patient satisfaction and hospital characteristics, such as: Accreditation status, number of beds, owner and teaching status.
3. To assess the relationship between patient satisfaction and some socio-demographic characteristics of patients, such as: age, gender, place of residency, length of stay and education level.

1.5 Study Hypothesis

1. There are no statistically significant differences at the level ($P \leq 0.05$) between patient satisfaction subscales (Tangibles, Reliability, Responsiveness, Assurance and Empathy) and hospital status.
2. There are no statistically significant differences at the level ($P \leq 0.05$) between general patient satisfaction and organizational factors (Number of bed, owner and teaching status).
3. There are no statistically significant differences at the level ($P \leq 0.05$) between patient satisfaction and demographic characteristics (age, gender, place of residency, length of stay and education level).

1.6 Limitations of the Study

Despite the feasibility of this study, each study has limitations, and the limitations of this study are:

- Generalization of the findings of this study may be limited, as this study includes only two hospitals.
- Data collection depends on questionnaires, so the participants might have feared to report their experiences regarding needing services from the hospitals.

Chapter Two
Literature Review

2.1 Introduction

The researcher reviewed literatures relevant to accreditation, joint commission international accreditation, patient satisfaction, hospital characteristics, patient characteristics, impact of accreditation programs on health system, impact of JCI on health system, patient characteristics' influence on patient satisfaction, hospital characteristics' influence on patient satisfaction and patient satisfaction with accreditation.

Intensive research in electronic resources was conducted using different data bases, including EBISCO, PUBMED, HINIRI, SAGE and Google search. The researcher found a similar study conducted in Jordan, and other studies conducted in Arabic countries such as Saudi Arabia, Lebanon and Egypt, which examined the impact of accreditation on patient satisfaction.

2.2 Accreditation History

Accreditation is a formal process that evaluates and recognizes health care organizations which may be local or international (Ajarmeh and Hashem, 2015). The accreditation is recognized usually by non-governmental organizations that are accredited by the international society for quality in healthcare (ISQua's) (Almasabi, 2014), which evaluate and recognize that a health organization meets pre-established standards or criteria (Aboshiqah, 2016).

The accreditation process is a mechanism used to assess or evaluate the health care organizations' compliance based on the pre-established standards by external evaluators or surveyors, with the purpose of improving the quality of services provided and patient safety (Hayati, 2010).

The purpose of accreditation surveys is not only to evaluate the quality program implemented in the health care settings, but also to provide education, share experiences, and share the lessons learnt from other health institutions surveyed by the surveyors in the world (Sprague, 2005).

The accreditation journey started formally in the USA with Joint Commission on Accreditation of Healthcare Organizations, known formally as JCAHO in 1951. After that, the accreditation program advanced to other countries such as Canada, Australia, European countries, and all over the world respectively in the 1960s, 1970s, 1980s, and 1990s. Many developing countries also implemented accreditation programs (Greenfield and Braithwaite, 2008).

In many countries, accreditation was implemented to ensure the quality of health services *(*Haj-Ali, 2014), and to improve the quality of care and patient safety (Halasa, 2014). Health organizations use accreditation to evaluate their processes *(*Haj-Ali, 2014), ensure the use of resources efficiently and improve the effectiveness of the organizations (Ajarmeh and Hashem, 2015).

2.3 JCI Accreditation

Improving the quality of care in hospitals began in the early 20th century; American College of Surgeons (ACS) was established in 1918, and the standards for accreditation started with five requirements. The ACS leaders decided to expand accreditation through joining with the American Medical Association (AMA), the American Hospital Association (AHA), and the American College of Physician to Joint Commission on Accreditation of Hospitals (JCAHO) in 1951, while the American Dental Association (ADA) joined later on (Sprague, 2005).

JCAHO accredited health care organizations in the USA. The international branch for JCAHO is the Joint Commission International (JCI), which was established in 1991 to accredit health care organizations around the world. JCI developed measures in quality and safety to provide innovative solutions across all healthcare organizations, improve their performance and health outcomes and finally award them JCI accreditation and certification (JCI, 2016).

Healthcare organizations are usually accredited for their compliance with pre-standards. The survey focused on the implementation of the standards and processes; the assumption is that if healthcare organizations are regulated and controlled properly as per the standards, patient health outcomes and patient satisfaction are likely to be improved (Sack, 2011).

Each hospital and health care organization preparing for the JCI accreditation journey may take about two or three years to complete its preparation (JCI, 2016). During this time, the organization creates a new leadership style to develop and implement the new policies, practices and procedures that are required to meet JCI standards (Almasabi, 22014). During surveying, a team of JCI experts including physicians, nurses, and/or allied healthcare professionals survey the organization and assess more than a thousand measurable elements (JCI, 2016).

The survey activities include meetings with the management team or selected committees, interviews with health care organization staff, patients and leadership, along with facility tours and reviews of medical records. The survey activities touch every part of the organization and provide a complete assessment of the effectiveness of the organization's quality program and patient safety (JCI, 2016).

JCI have accredited programs for hospitals, academic medical centers, clinics, laboratories, ambulance services, emergency transport organizations, home care, long term care and primary care facilities. Accreditation may have a positive impact with the standardization of procedures, cost containment or even marketing, especially in competitors' market where accreditation is perceived by the public as a quality indicator. (JCI, 2016).

The JCI accreditation standards are illustrated in the JCI manual book; the manual consists of four sections: accreditation participation requirements standards, patient-centered standards, health care organization standards and academic medical center hospital standards (JCI, 2014).

Each section includes a group of chapters. For example, the patient-centered standards section contains these chapters: “International patient safety goals, Access to care, continuity of care, Patient and Family Rights, Assessment of Patients, Care of Patients, Anesthesia and Surgical Care, Medication Management and Use and Patient and Family Education” (JCI, 2014).

Each chapter includes some of the standards that are required for the accreditation process and each organization prepares itself according to these standards. The standards describe the structure, process or procedure that must be followed by the organization in order to pass the survey and meet the accreditation requirements of the accreditation body (JCI). For example: (“IPSG.1: The hospital develops and implements a process to improve accuracy of patient identifications”), (JCI, 2014).

2.4 Patient Satisfaction

The flourishing and rapid progression in the quality program and health system introduces the patient-centered care (PCC) concept to be one of the core concepts in the health system. The patient satisfaction measure has become an acceptable tool for the evaluation of the quality program and health services provided, adding to that the patient’s needs and preferences being a valuable issue in the health system (Almeida et al., 2015).

Patient-centered care is individualized care or focus on the patients through providing the services needed with respect to his or her values and beliefs (Sack et al., 2010). This respect builds trust in the provider-patient relationship (Widmar, 2012), and focuses on the person himself, not only on his illness and treatment (Sack et al., 2010).

Satisfaction as a concept is the affective judgment on the health services provided formed by the patient (LaVela, 2014), or the comparison between expectations and perceptions (Fournier, 1999); depending on this meaning, healthcare managers are trying to achieve excellence of services when designing the quality program and take patient perception into account (Al-Abri, 2013).

Customer satisfaction is a known concept and is applied in management, especially in marketing, and is also playing an important role in quality of care reforms and health-care delivery in the USA and Europe. Customer satisfaction studies are challenged by the lack of a uniform definition or instrument; some studies examine patient satisfaction with the quality of health care, while other studies examine patient satisfaction with the health system generally. These perspectives have been demonstrated in the literature (Bleich et. al, 2008).

The measurement of patient satisfaction is an important and legitimate indicator, and some countries make it mandatory, as France did in 1996 (Boyer et al, 2006) and Germany in 2005 (Al-Abri, 2013). In other countries, there are normal reasons to measure patient satisfaction, like patients' satisfaction being the objective of the healthcare provider; this gives us data about the structure, process and outcome, and another reason is that satisfied and dissatisfied patients have various behavioral intentions. For instance, satisfied patients are more compliant with the treatment plan and with recommending the healthcare provider to others (Boudreaux & O'Hea, 2004).

Patient satisfaction helps in healthcare market build up (Ajarmeh and Hashem, 2015). Recently, the competition between healthcare providers in many countries has become more intense, which made the concern for quality grow until it became the cornerstone of marketing strategies. This means that healthcare organizations provide excellent services to their patients to increase their market share (Asubonteng et al., 1996), because happier patients recommend these organizations to their families and friends (Ajarmeh and Hashem, 2015).

Customer satisfaction is considered very important in the health industries as well as in other industries because the quality of services provided may affect patients' intentions to use products and services in the future. Till now, there is no uniform approach to measure this concept, or to rate how much this measure will reflect the quality of the services provided. The most used approach is built on that the level of quality of services experienced by patients is determined by the gap between their expectations and perception of what they actually receive (Anbari and Tabaraie, 2013).

If the services do not meet what the patients have wished or expected, we consider the level of satisfaction low. And if the services are better than the patient expected, that indicates a high level of satisfaction (Swartz et al., 1993 as cited in Vadhana, 2012). Patients' opinion about quality services may change if the patient continuously receives the same services through different ways of serving; change of patient opinion is considered one of the critical issues in the measurement of the quality of services provided, because the patients' expectation is influenced by his feeling, needs, communications and word of mouth (Parasuraman et al., 1985),

The patient's opinion, safety and the clinical effectiveness are all pillars of the quality of healthcare (Doyle et al., 2012). The patient's safety and clinical effectiveness, according to Doyle (2012), have a positive impact on his experiences. Patient satisfaction may be dependent on various factors other than the services provided, it may also depend on the demographic patient characteristics or the hospital's characteristics (Afzal et al. 2014).

The demographic patient characteristics include: age, gender, health status, socio-economic factors, educational level, LOS, occupation…etc. (Quintana et al. 2006). The literature showed that characteristics have a significant correlation with patient satisfaction, while other studies showed no correlation with the level of patient satisfaction (Wolf et al. 2012).

The literature emphasizes that the LOS is a desired outcome of healthcare and is linked to the quality of services from the patient's perspective, but is mainly analyzed in terms of health care costs by the organization (Tokunaga, 2002). Some literatures studied the LOS's impact on patient satisfaction to ensure that the LOS influences the patient's satisfaction (Husted, 2008), while others found no evidence that the hospital LOS, either for a short or a long period, had any correlation with patient satisfaction (Borghans et al. 2012).

The hospital characteristics also may have an impact on patient satisfaction. These characteristics include teaching status, size, region, profit orientation and staffing per bed (Kraska and Weigand, 2016; Bacon and Mark, 2009). These variables may have a significant impact on patient satisfaction (Kraska and Weigand, 2016), or may not have a significant impact on the patient satisfaction (Foster and Zrull, 2013).

2.5 The Studies that Assessed Patient Satisfaction and Accreditation

This section summarizes global studies done by researchers to study patient satisfaction, accreditation, and patient satisfaction with accreditation program.

A cross-sectional study was conducted in Germany by (Kraska and Weigand, 2016) to explore which organization characteristics exert an influence on patient satisfaction. The sample size included 999 hospitals whose patients were surveyed, and the researchers extracted the data from mandatory quality reporting from 2013. Four dimensions of patient satisfaction were studied as the outcome indicator in addition to factors such as region, profit orientation, size, staffing per bed and quality scores, which were considered influences on hospital characteristics. The results concluded that the structure and characteristics of hospitals have a significant impact on patient satisfaction; the association indicates that the patients are sensitive to hospital characteristics and assure that the patient satisfaction measure is a very important indicator to evaluate the health care system.

A comparison study was conducted in Jordan by Ajarmeh and Hashem (2015) to examine the effect of the accreditation program on patient satisfaction. The sample size included 1000 inpatients from public and private hospitals in the country. The researcher recruited the sample through stratified random sampling, and the data was collected by SERVQUAL questionnaire. Out of 1000 distributed, 778 were completed questionnaires with a return rate of 78.8%. The results are evidence that accreditation significantly increases the level of patient satisfaction, and based on patients' perception, accredited hospitals have preferences compared to non-accredited hospitals.

A quasi-experimental study in Iran was conducted by Akbari et al. (2015) to examine the effects of hospital visitors' training on patient satisfaction for inpatients in CCU. The sample size included 124 patients from CCU, and the data was collected using the SAS Questionnaire. The results concluded that overall satisfaction was higher in the experimental group than in the patients in the control group, which ensures that the planned training for hospital visitors can increase the patients' satisfaction and improve their recovery.

A comparative cross-study was conducted by Aboshiqah et al. (2016) in Riyadh to compare patients' assessment of the quality of care provided by the public tertiary hospital according to the accreditation status in middle Saudi Arabia. The sample size includes 1059 adult patients recruited by the researcher from whom he planned to discharge within 24-48 hours through non-randomized quota sampling method, and the data was collected by questionnaires. The results of the study showed that number of patients in the accredited public tertiary hospital was statistically higher than number of patients in non-accredited hospitals, and no significant differences were found in process indicators. The concluding results were better in accredited hospitals in terms of the structure, outcome and overall quality of care.

A systematic review study was conducted by Almeida et al. (2014) in France, who conducted a review of the validated patient satisfaction measurement implemented by the healthcare. The researcher searched for the studies up until December 2013 on the database, and included certain journal profiles for the validated studies only, which were published between 2002 – 2013 in English, Spanish, Portuguese, and French; it used the patient satisfaction tool to evaluate the patients' perceptions of the healthcare services provided. The duplicate articles were removed after reviewing all titles and abstracts by two independent reviewers. The initial search found 1398 articles, and after implementing the inclusion and exclusion criteria there remained 49 articles. After the rereading of the articles included in this study, there were 37 articles. The study's conclusion is that there is no golden standard or uniform patient satisfaction measurement in healthcare, but there are some dimensions that are essential for many of the patient satisfaction measurements.

A retrospective study was conducted by Halasa et al. (2014) in Jordan to assess the economic impact of JCI on hospital performance measures. The study compared two accredited, acute general and two matched, non-accredited hospitals by covariance analysis to test five structural and outcome performance indicators for 4 years retrospectively. The results showed that 3 out of the 5 measures have a significant impact associated with accreditation and this impact can be economically translated to save about half a million dollars for the health care system in Jordan.

A qualitative study was conducted by Elnour et al. (2014) in Australia to explore AGPAL surveyors' perceptions of the impact of accreditation on patient safety and elicit suggestions for improving patient safety. The sample size consisted of 10 surveyors of AGPAL recruited by the researcher through purposive sampling technique, and the data was collected through semi-structured telephone interviews between July and December 2012. The study's conclusion was that accreditation had a positive role in improving quality and safety in general practice.

Afzal et al. (2014) conducted a cross-sectional study in Pakistan to assess the effect of demographic patient characteristics on patient satisfaction and patient satisfaction level. The sample size included 110 patients recruited by the researcher through consecutive sampling technique from June through October 2012 in OPD, and the data was collected by questionnaire. The results' conclusion showed that demographic characteristics, including age, educational level and marital status have a significant relationship with patient satisfaction, but other demographic characteristics, including occupation and gender, did not appear to affect patient satisfaction scores.

A retrospective study was conducted by Foster and Zrull (2013) in America to evaluate the hospital sizes and teaching status's effect on levels of performance. The sample size included 100 hospitals and the data used was from the years 2010 – 2011, taken from the database related to these hospitals and compared to the data from MEDPAR. The performance was measured by the indicators on the balance scorecard, for example: operating profit margin, mortality, LOS, hospital consumer assessment of healthcare providers and system (HCAHPS) …etc. The results concluded that there were no significant differences among different hospital sizes whether small, medium or large, and showed no consistent pattern of performance differences among those hospitals regarding hospital size or teaching status.

Another systematic review study was conducted by Almasabi et al. (2013) in Australia to identify and analyze studies assessing the effect of healthcare accreditation on patient satisfaction. The literature was searched for the studies for the period of five months and found 198 studies. After removing the duplicate studies, 120 studies were excluded due to inconsistency with aim of the review, and 33 out of 78 studies were excluded were after articles evaluation. The 45 studies' full text was reviewed and 28 studies excluded due to them describing patient satisfaction in general without empirical investigation, and after

further search, 20 articles were included in this systematic review. The studies were conducted in 11 countries; most of them (13/20) used quantitative descriptive studies, 3 studies used qualitative, and one used mixed method. The studies were categorized into three headings: The first category comparing accredited and non-accredited (10/20) studies. Under this category only 3 out of 10 studies established a positive relationship between patient satisfaction and accreditation. The second category compares patient satisfaction before and after; 2/20 studies were under this category and 1 out of the 2 show no difference, while the second one found an upward trend with a narrow range, and the third heading is patient involvement and accreditation scores, which includes 8/20 studies, most of which show no significant differences. The study concludes no consistent evidence of a positive relationship between patient satisfaction and healthcare accreditation.

Another Cross-sectional study for six hospitals in Lebanon was conducted by Haj-Ali et al. (2011) to explore the impact of the national accreditation system in Lebanon on patient satisfaction. The sample size was 259 patients from the six participating hospitals and the data was collected by questionnaire. Results of this study showed that most of the patients (76.34%) were unsatisfied with the quality of services provided. There was no statistically significant association between accreditation classification and patient satisfaction. However, the tangibility dimension, reflecting hospital infrastructure aspects such as physical facility and equipment, was found to be associated with patient satisfaction. The conclusion of this study brings to light the importance of embracing more adequate patient satisfaction measures in Lebanese hospital accreditation standards. Furthermore, the findings reinforce the importance of weighing the patient perspective in the development and implementation of accreditation systems. Since accreditation is not the only driver of patient satisfaction, hospitals are encouraged to adopt complementary means of improving patient satisfaction.

A cross-sectional study was conducted by Al-Qahtani et al. (2011) in Al-Khobar to compare the level of the quality of health care services provided by accredited and non-accredited hospitals based on patients' perspective in Obstetrics and Gynecology clinics in the Eastern Province of Saudi Arabia. The sample size included 420 female patients for antenatal care who gave birth at the selected setting during the period of the study, and the data was collected by questionnaire. The results of the comparison of patients' perceptions at the hospitals, based on their demographic characteristics, showed that the level of satisfaction

with some dimensions was higher for patients with primary school education than patients with higher education. There were no significant differences, based on age, between perceptions of patients at the two hospitals on the quality of health care services. The conclusion of the study revealed that patients at the accredited hospital were happier with the quality of health care provided for them than those at the non-accredited hospital.

A cross-sectional study was conducted by Chakravarty (2011) in India to explore any gap between patient expectations and perceptions in OPD. The sample size was 50 patients attending the OPD of the hospital selected by the researcher through convenient sampling, and the data was collected by SERVQUAL questionnaire. The results show that there are significant differences among the five dimensions of the instrument, which concludes that a service quality gap existed in the services provided by the OPD of the hospital.

A retrospective study was conducted by Borghans et al. (2010) in Germany to investigate the relationship between LOS and patient satisfaction, and the data was derived from 188 hospital wards. The sample size was 1028115 patients, all from seven different specialties. The data was collected by questionnaire and LOS data was a national registration. The results concluded that there was no correlation between patient satisfaction and LOS in six out of seven departments, and no evidence showed that the short or relatively long LOS had impact on patient satisfaction.

Al-Tehewy et al. study, conducted in Egypt (2009), aimed to assess the effect of accreditation on NGO health units on patient satisfaction, employee satisfaction, and output of accreditation of NGO health units. The researcher compared 30 health units accredited within the first year after accreditation with 30 non-accredited health units which were not programmed for accreditation by using Quasi-experimental cluster study. The data collection was carried out by patient satisfaction surveys through consecutive sampling method. The results showed that the patients in the accredited health units were more satisfied than the patients in non-accredited health units. The conclusion of this study was that accreditation has a positive effect on the continuation of performance regarding accreditation standards.

Another cross-sectional study was conducted by Sack et al. (2011) to assess the relationship between patient satisfaction and accreditation status. The sample size was 78508 patients and data was available from 36777 patients with a response rate of 55%; and data was collected by questionnaire. The results of the study showed generality and did not address the clustering. 66.3% of all the patients recommended their hospital to others. The conclusion of the study revealed that the results support the notion that accreditation is not linked to the measurable, better quality of care as perceived by the patient. Hospital accreditation may be considered a step towards total quality management, but may not be a key factor to the quality of care measured by the patients' willingness to recommend their hospital to others (patient satisfaction).

In Malaysia, a study was conducted in (2005) by Hayati et al. to compare patient satisfaction with hospital accreditation status. The sample size includes 600 patients from governmental hospital that admitted patients into medical and surgical departments in the period of July 2005 - November 2005. The researcher utilized simple random sampling to select the sample and collected the data by SERVQUAL questionnaire. The results showed no significant differences in patient satisfaction between non-accredited and accredited hospitals with regards to the healthcare services provided.

Another study, a retrospective review conducted by Heuer in 2002, attempted to clarify the relationship between the two quality indicators: accreditation and patient satisfaction. Of the sample size of 41 hospitals, accreditation scores from the Joint Commission on Accreditation of Healthcare Organizations and their patient satisfaction rating data were analyzed. The results show no relationship between the accreditation score, which represents technical quality, and patient satisfaction rating, which represents service quality.

2.6 Summary

This chapter discussed the background for theoretical concepts for patient satisfaction with accreditation and studies conducted with same purpose, context, variables and results. The researchers discussed the benefits of accreditation, patient satisfaction measurement, the impact of patient characteristics and hospital characteristics on patient satisfaction and the impact of accreditation on patient satisfaction.

Chapter Three
Conceptual Framework

3.1 Introduction

The conceptual framework of this study has different components for assessing the level of patient satisfaction in accredited and non-accredited Palestinian hospitals, and it included the following variables:

3.2 Conceptual Definitions

- Patient satisfaction: "A highly desirable outcome of clinical care in the hospital and may even be an element of health status itself. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects" (Donabedian, 1988).

- Demographic Characteristics: "The socioeconomic characteristics of a population expressed statistically, such as age, education level, sex, marital status, occupation, religion, birth rate, death rate, average size of families and average age at marriage" (Business Dictionary, 2016).

- Hospital Characteristics: Strong leadership; management provides adequate funding, ensures availability of technology/personnel, allows the champion to function thought development process (Khair, 2015).

3.3 Operational Definitions

❖ Dependent Variable

- Patients' satisfaction (General and Subscale): The dependent variable which includes the patients' perception of the healthcare services provided, the hospital environment and hospital staff responsiveness during the stay at the hospital.

  The statements in the patient satisfaction questionnaire (SERVQUAL) measure the following areas:

  - Tangible: Statements 1-5.
  - Reliability: Statements 6-9.
  - Responsiveness: Statements 10-13.
  - Assurance: Statements 14-19.
  - Empathy: Statements 20-24.

❖ Independent Variable

- Demographic Factors: Independent variables including: age, education level, sex, Length of stay and place of residency for the patient treated in the hospital.

- Hospital Characteristics: Independent variables which were used to capture differences by the hospital, and are categorized into (Johnston et al. 2012).
  - Accreditation Status (Accredited and Non-accredited).
  - Hospital size (Less than 200 beds and more than 200 beds).
  - Owner (Profit and Non-profit organizations).
  - Teaching Status (Teaching and Non-teaching hospitals).

3.4 Conceptual Framework

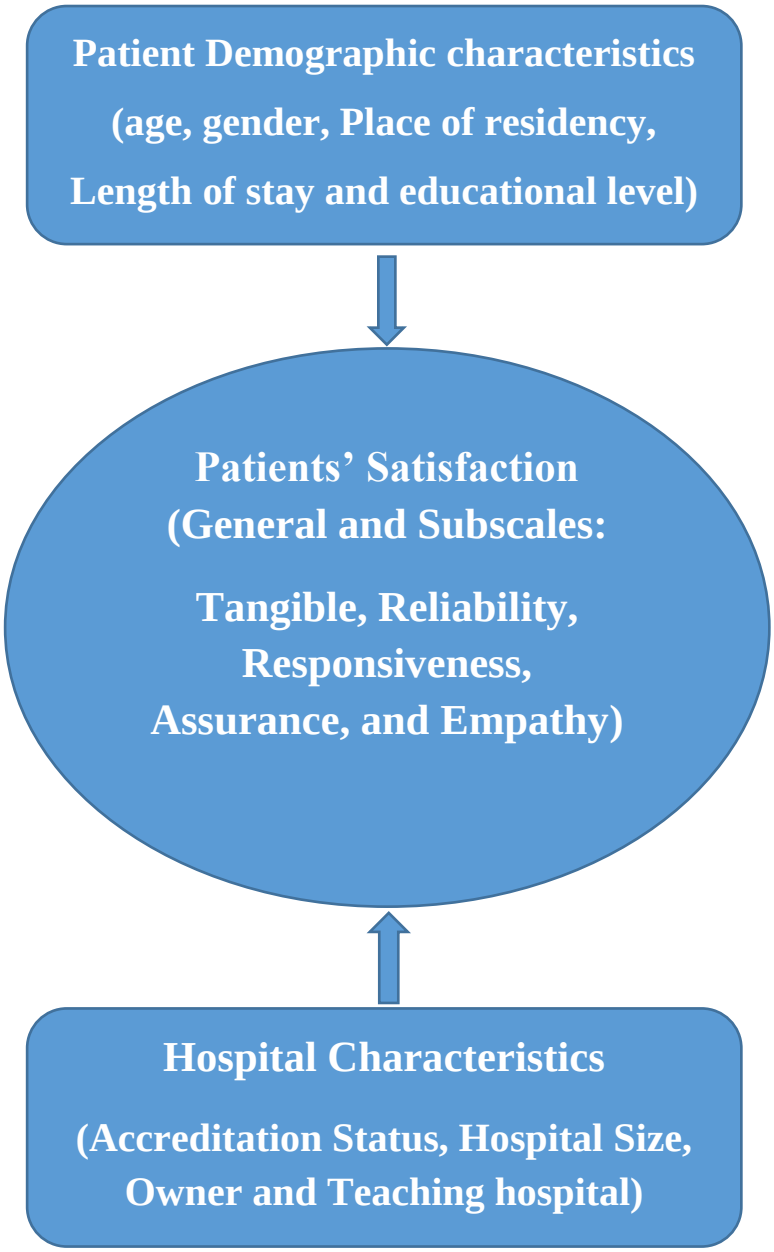


Figure (3.1): Conceptual Framework of the Study.

Chapter Four
Methodology

4.1 Introduction

This chapter described and discussed the design of the methodology, study design, study setting, study population, the sample and its inclusion and exclusion criteria, the instruments, the method of data analysis and the ethical considerations.

4.2 Study Design

There are different types of scientific methods of research that differ in their purpose, approach and process. In this study, quantitative descriptive cross-sectional research was utilized.

Research methodology is defined as “the general approach the researcher takes in carrying out the research project” (Williams, 2007). Quantitative descriptive research is when the investigator primarily uses post positivist claims for developing knowledge (Creswell, 2013). The researcher uses tools to collect data through a systematic process in which numerical data is used to obtain information. This research method is used to describe variables and to study variables through questions or hypothesis (Creswell, 2013).

Quantitative methods are categorized into three broad types: descriptive, experimental and causal comparative (Williams, 2007). The descriptive method is subcategorized into: observational, which includes cross sectional, longitudinal and case study (Soufan, 2015). Cross sectional design is what was utilized in this study; this method involves the analysis of data collected from a population or a representative group at one specific point in time (Creswell, 2013).

The advantages of cross sectional study include low cost, takes little time to conduct, and being considered the best method to determine prevalence, and there is no to follow-up. While the disadvantages of cross sectional study include difficulty in making causal effect relationship, and that it provides information about a situation at a particular time and so may give different results if taken at another time, and is also inefficient in rare condition (Mann, 2003).

4.3 Dependent and Independent Variables

Dependent variables (DV) are those that depend on the independent variables; they are the outcomes (Creswell, 2013). The dependent variable in this study is: Patients' Satisfaction.

Independent variables (IV) are those that likely cause, influence, or affect outcomes. They are also referred to as treatment, manipulated, or predictor variables (Creswell, 2013). The independent variables of this study include: Hospital Characteristics (Accreditation Status, Hospital size**,** teaching hospital and owner), and Patient Demographic Characteristics (such as age, gender, place of residence, length of stay and educational level).

4.4 Study Setting

I. AL Makassed Islamic Charitable Society Hospital, Jerusalem

Al-Makassed Hospital is operated by Islamic Charitable Society in East Jerusalem and was established in 1968. It consists of 250 beds now, it received about 12000 admissions during 2015, and is considered one of the leading medical institutions in Palestine and main referral medical centre for secondary and tertiary hospitals. The hospital's mission is the provision of medical services to the highest possible level, as well as strengthening the programs of scientific and medical research between doctors and specialized workers within the specialization, which is sponsored by the hospital for the program to get both houses of the Jordanian and Palestinian medical degree as well as the training of medical students belonging to the Al-Quds University School of Medicine (Al-Makassed website, 2016).

The objective of the Hospital Islamic Charitable Society is to provide medical services for Palestinians in the West Bank, Gaza Strip and east Jerusalem, regardless of their gender, skin color, origins, religion and political beliefs. It is not only a therapeutic hospital for regular and complex cases but also carries out training of medical students and nursing students and resident physicians (Al-Makassed website, 2016).

The human power in the hospital Makassed Islamic Charitable Society in East Jerusalem consists of 750 employees, including physicians, nurses, technician and administration working in the hospital (Al-Makassed Website, 2016).

II. The Arab Specialized Hospital

Another Palestinian health institution was established in Nablus in 1997, where many sophisticated surgeries are carried out. The hospital consists of the following sub-sections:

- ANNOR Eye Center: a set of operations are implemented such as corneal transplantation, LASIK (Laser assisted insitu keratomileusis), cataract Surgery, glaucoma Surgery and treating diabetic retinopathy by Laser.
- Razan Center for Infertility, in addition to a gynecology department.
- Cardiac Surgery: open heart operations, Cardiac Catheterization, Angioplasty.
- Multiple Medical and Surgical Department for males and females.

The Specialized Arab Hospital is furnished with 100 beds. It received 6000 admissions during 2015 (Arab Specialized hospital website, 2016).

4.5 Sampling Approach

In this study**,** convenient sampling was utilized. Convenient sampling is a non-probability sampling technique where the participants who meet the criteria of the study are used. This sampling method was not used because it was easier for the researcher, but because it can represent the target population and meet the criteria to obtain representative data (Soufan, 2015).

The major criticism for this approach is sampling bias, which may be the biggest disadvantage for this study; it creates a limitation for generalization of findings (Hensly 2006 as cited in Soufan, 2015).

4.6 Study population and sample size

The study population includes a sample of patients who are treated at Al Makassed as in-patients and Al-Arabi Hospital. There are formal statistics from the hospitals that show that the number of inpatients, and according to the inclusion and exclusion criteria, is 2400 patients, and so the sample size was calculated depending on that number from the two hospitals.

The sample size, taking into consideration that the marginal error =5 %, confidence level 95%, response rate of around 60%, was calculated based on this equation from Raosoft® Application.

$$x = Z(c/100)^2 r\,(100-r),\ n = Nx / ((N-1)E2 + x),\ E = \text{Sqrt}\,[(N-n)x / n(N-1)]$$

N is the population size, r is the fraction of responses that you are interested in, and $Z(c/100)$ is the critical value for the confidence level c.

The Recommended Sample Size is 332**.**

4.7 Inclusion and Exclusion Criteria

- Inclusion Criteria

- Patients who are treated at hospital as in-patient.
- Adult patient, above 18 years old.
- Patients who stayed in the hospital for more than 1 day and equal to or less than 30 days.

- Exclusion Criteria

- Patients who are critically ill (CCU and ICU patients).
- Patients who are not mentally or psychologically capable of participating.
- Patients who are not able to read and write.

4.8 Instrument

The researcher used the SERVQUAL questionnaire developed by Parasuraman et al (1988) which was designed to measure a patient's perception and expectation of services provided by the hospitals. SERVQUAL is constructed of 22 items representing five dimensions. A Likert-type scale, ranking from (1) for 'Strongly Disagree' to (5) for 'Strongly Agree' was used to measure the service quality scales (Parasuraman et al., 1988; Chakravaty, 2011).

The dimension suggested by Parasuraman were: (See in the appendix 2).

- Tangibles – Availability of physical facilities, equipment, personnel appearance.
- Reliability – Ability to perform the promised service dependably and precisely.
- Responsiveness – Willingness to help patients and provide appropriate services.
- Assurance – Employees' knowledge, kindness and their ability to inspire trust and confidence.
- Empathy – caring; individualized attention given to patients.

The questionnaire was translated to Arabic, being it the formal language of Palestine and the language spoken was also Arabic. The Arabic version of this questionnaire is the same as the instrument which was used by the Jordanian researcher (See in appendix 3). Permission from the researcher was obtained (See in appendix 4), and the translation was revised by a certified Palestinian translator then compared to the Jordanian version.

4.9 Reliability and validity

"Reliability and Validity are tools of essentiality "(Winter, 2000).

- **Reliability**

Reliability of measure is defined as "Ability to measure consistently" (Black and Champion, 1976, pp. 232- 234 as cited in Winter, 2000). It is the extent to which the measurement is consistent over time (Golafshani, 2003). In other words, it's a degree to which a measurement is constant and accurate for a certain time.

The reliability of a measure can be estimated through three ways: inter-rater reliability, intra-rater reliability and homogeneity. Homogeneity is the consistency of scoring, calculated by Cronbach Alpha test, by correlating each item with all other items (0-1). What is considered a satisfactory level of reliability is a score higher than 0.70 (Nunnally, 1978 pp. 114 as cited in Drost, 2011). All dimensions of the questionnaire have had an acceptable level of scoring measurement.

Table (4.1): Cronbach alpha results for the reliability test.

Reliability Statistics	
Dimensions	**Alpha**
Tangible	0.825
Reliability	0.822
Responsiveness	0.824
Assurance	0.825
Empathy	0.825
Total	**0.824**

- **Validity**

Validity refers to "Are we measuring what we think we are?" (Kerlinger, 1964, pp. 430, as cited in Winter, 2000). In other words, validity refers to the degree to which a study assesses the specific concept that the researcher has targeted.

Validity is split into four different types: construct validity, face validity, criterion validity and content validity. Content validity is based on measurement that reflects the specific intended domain of content, and this type is the one utilized in this study.

The researcher had contacted four experts (See in the appendix 8) to validate the questionnaire used in the study. Two of these experts are specialized in the quality of services and accreditation, and the other two were academic experts and researchers, in addition to the statistician. They reviewed the questionnaire and gave their recommendations to the researcher, which mainly related to the translation of items, and these items were reviewed and modified by the researcher based on those recommendations.

4.10 Ethical consideration and Permissions

Ethical approval and an official letter from Al-Quds University (See in appendix 5 & 6) was obtained to facilitate the work and allow the researcher get the permissions letters from the hospitals. The two hospitals' directors gave their approval for conducting the study and formal approval letters were obtained (See in appendix 7 & 8), then data collection started. The cover page of the questionnaire has written information to provide all the participants with a brief introduction about the study, its aim and its objectives (See in appendix 1). The researcher guarantees confidentiality to all participants by assuring them that the information will not be available for anyone who was not involved in the study and that the data will be kept on a locked computer, in addition participants names or ID number not being required, and all the participants' permission was obtained orally before filling the questionnaire.

4.11 Data Collection

The researcher distributed the questionnaires to the inpatients who planned for discharge into the two hospitals that participated in this study according to the inclusion and exclusion criteria, then collected the data from the patients in the same day, and during that same time, data collection started in October / 2016 and continued till the end of November / 2016.

4.12 Data Entry and Analysis

The researcher entered all the data using the statistical package for social sciences, and the total questionnaires entered were 332. All data was analyzed using the SPSS software program version 18 for analyzing quantitative data with the assist of a statistician, frequencies, percentages, ranges, means and standard deviation, in addition to t-test and ANOVA which were also used.

4.13 Feasibility of the study

- Availability of Accredited and Non-Accredited Hospitals in Palestine.
- Both hospitals showed their interest in the study.

Chapter Five
Findings

5.1 Introduction

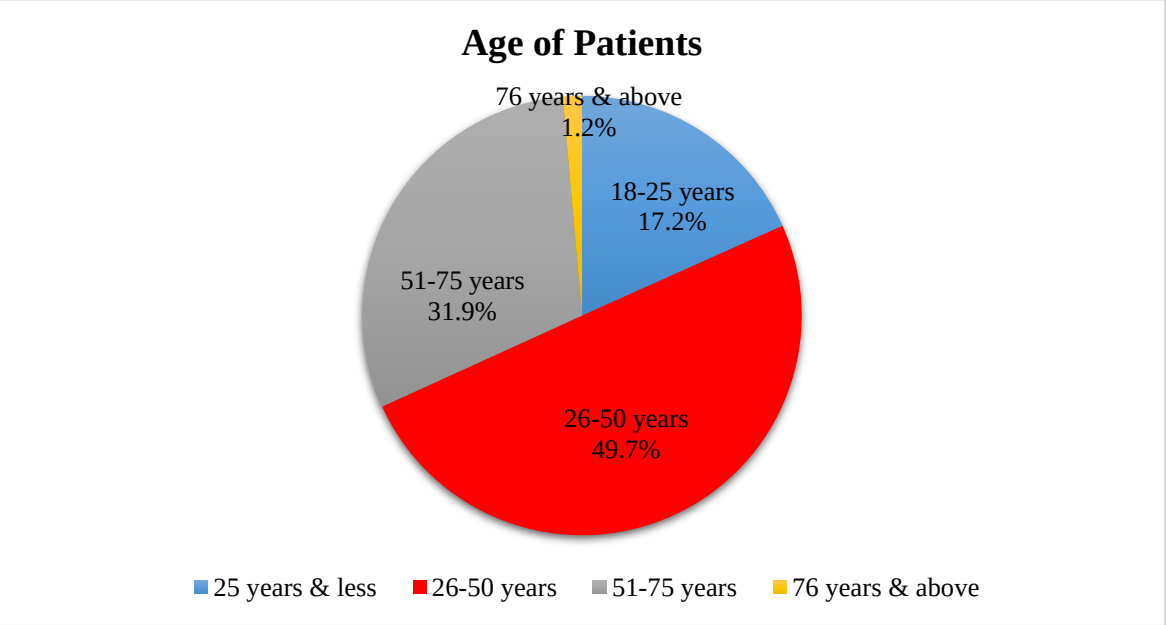
This chapter presented the findings of the data analysis. The descriptive analysis illustrated the participant's characteristics with its frequencies and percentages in addition to hospital characteristics. ANOVA and T-Tests examined the differences between means. The T-Test examined the variables which had two categories, while for more than two categories an ANOVA Test was used.

5.2 Socio-demographic characteristics of the patients

The demographic characteristics in this study were age, gender, educational level, LOS and place of residency. Three hundred and thirty-two patients filled the questionnaire, most of whom were participants from the accredited hospital (218 patients; 65.7%) while 34.3 % of the sample were from the non-accredited hospital, based on the number of admissions for each hospital.

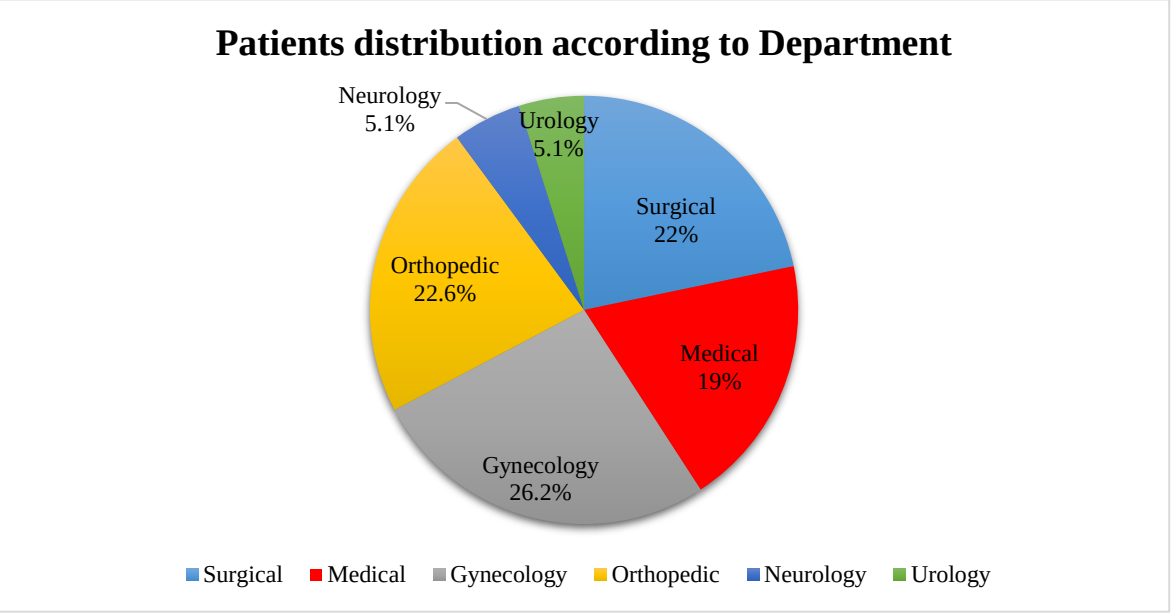
The average age of the respondents was 41.6 years (with a standard deviation of 16. 26). Figure (5.1) shows that 17.2% were between 18-25 years, 49.7% were between 26-50 years, 31.9% between 51-75 years and 1.2% were 76 years and above. The data showed that the percentage of females from the total sample was 56.3%, while 43.7% were men.

Figure (5.1): Percentage of patients distribution according to Age.



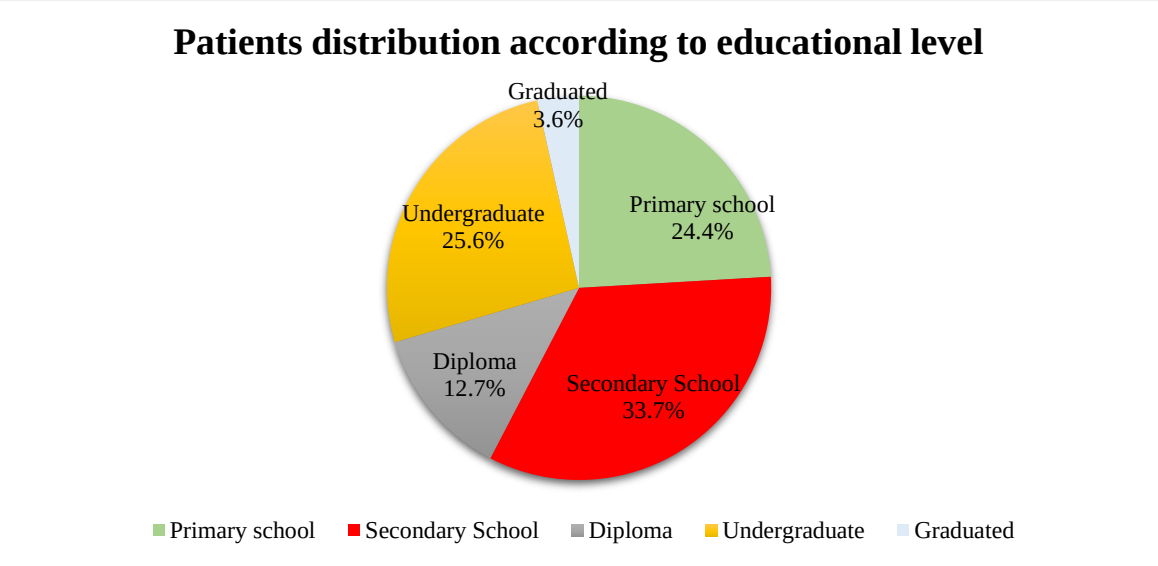
The sample was distributed according to the departments of the hospitals as the following: 22% for the surgical department, 19% for the medical department, 26.2% for the gynecological department, 22.6% for the orthopedic department, 5.1% for the neurological department and 5.1% for the urological department as illustrated in the figure (5.2).

Figure (5.2): Percentage of patients distribution according to Department.



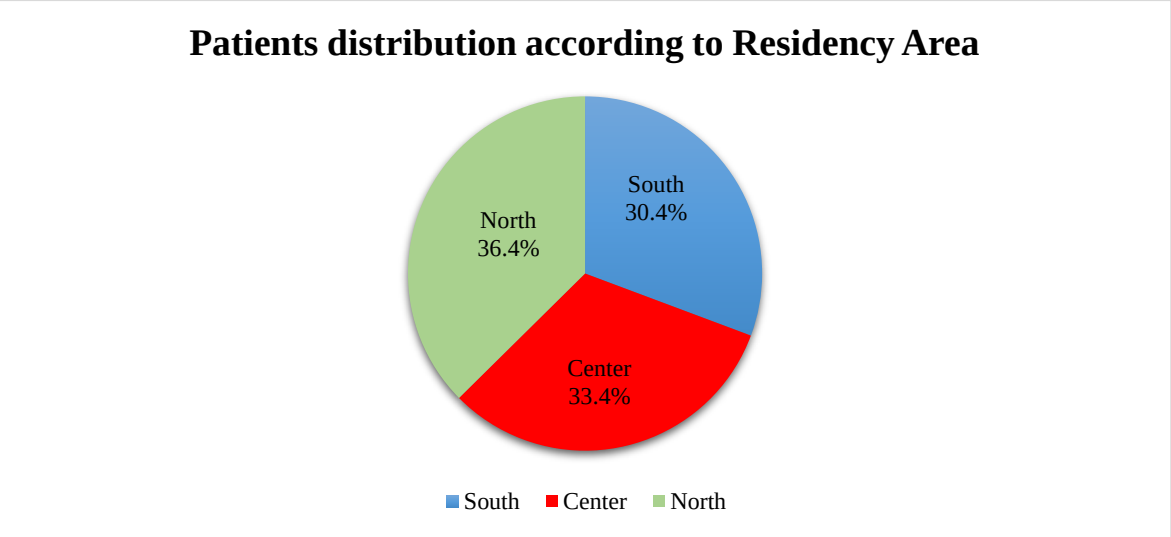
The education level for the patients in the sample was as follows: 24.4% primary school, 33.7% secondary school, 12.7% diploma, 25.6% undergraduate and 3.6% were graduates as illustrated in the figure (5.3).

Figure (5.3): Percentage of patients distribution according to Educational Level.



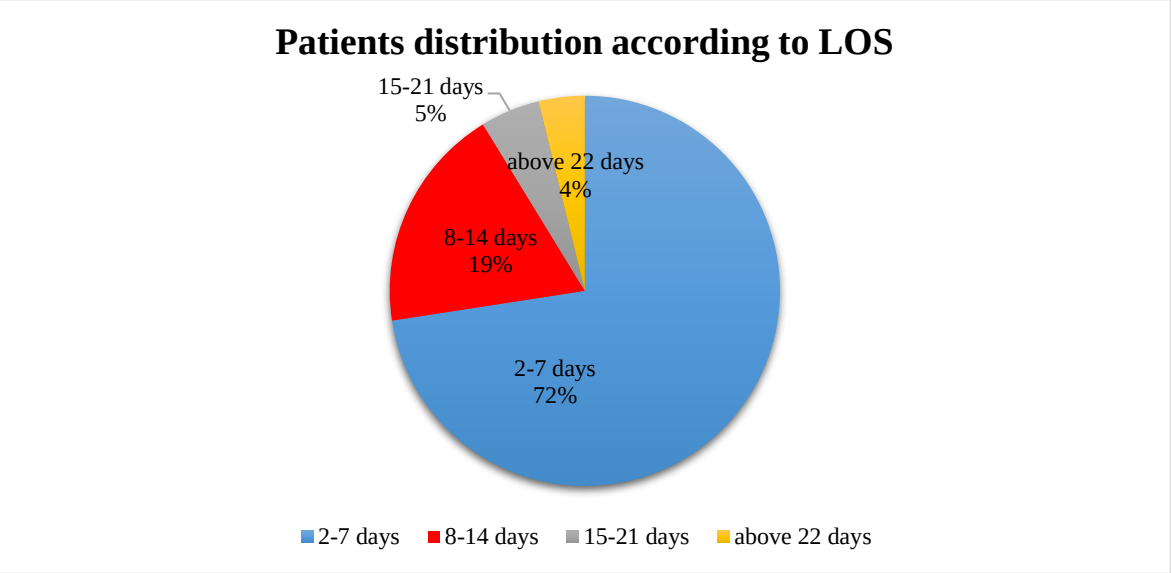
The residency area was classified into: 30.4% from the south (Bethlehem, Hebron and Gaza), 33.4% from the center (Jerusalem, Jericho, and Ramallah) and 36.4% from the north (Nablus, Jenin, Tulkarem, Qalqelia, and Salfeet) as illustrated in the figure (5.4).

Figure (5.4): Percentage of Patients distribution according to Residency Area.



The average length of the stay of respondents was 6.4 days (with a standard deviation of 5.13). Figure (5.5) illustrates that 72.9% stayed between 2-7 days, 19.3% between 8-14 days, 5.1% between 15-21 days and 2.1% stayed 22-30 days.

Figure (5.5): Percentage of patients distribution according to Length of Stay



5.3 Hospital characteristics

Of the total sample, 65.7% was from an accredited, non-profit and teaching hospital while 34.3% of the sample was from a non-accredited, for-profit and non-teaching hospital according to the population.

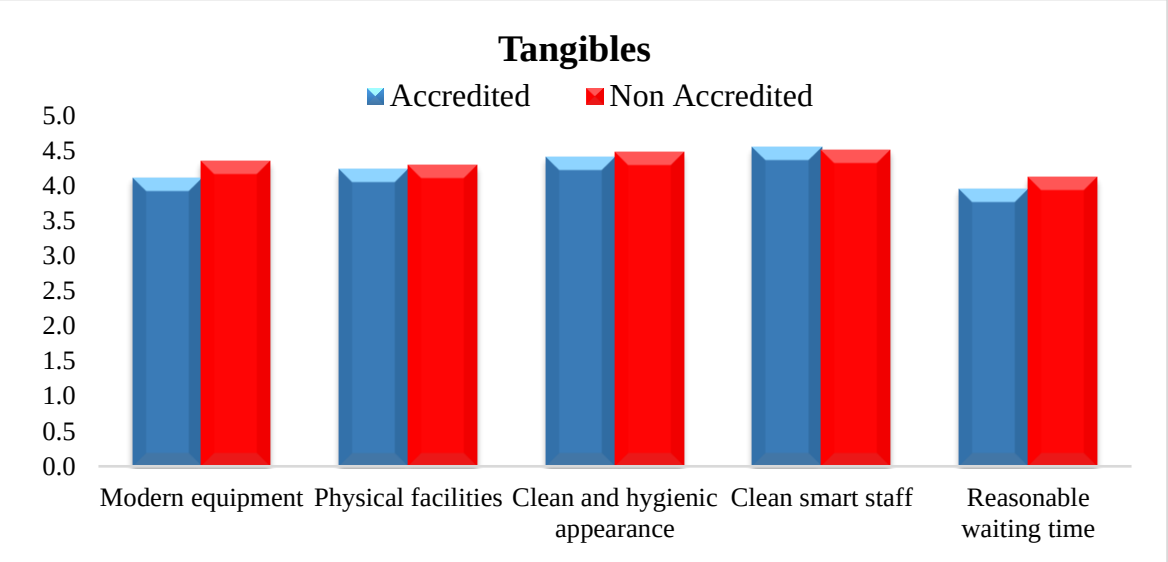
5.4 Descriptive Statistics – Patient Satisfaction

This part shows frequencies, percentages, means and standard deviations respectively for the responses to the statements of the second part of the questionnaire.

In general, patients have a high level of satisfaction with a total mean of (4.33) and a standard deviation of (0.70) as shown in the table (5.1). Also, data showed patients have a high level of satisfaction for each patient's satisfaction subscales were as follows:

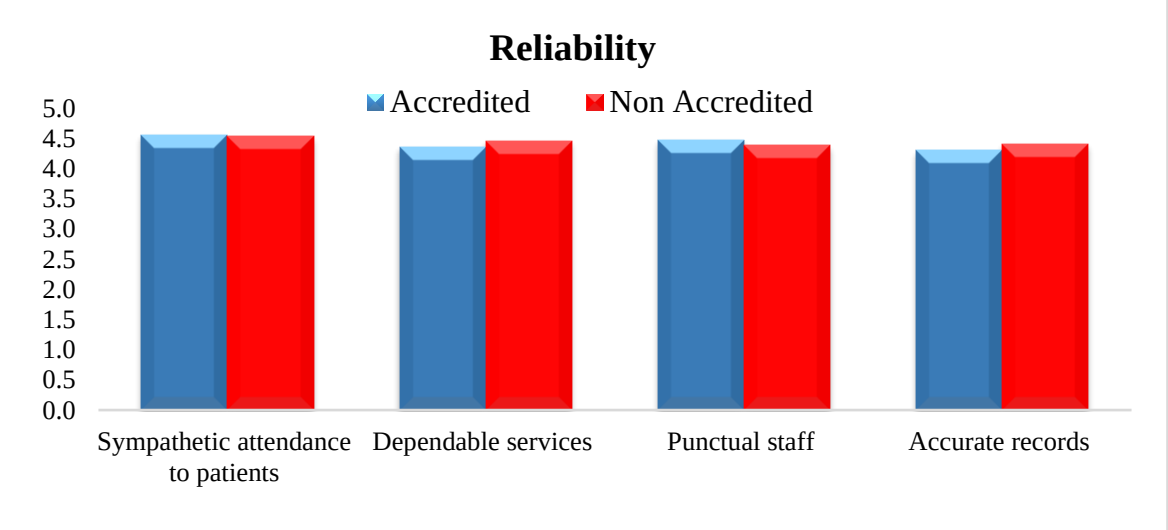
For the **Tangibles** subscale, the total mean equals (4.28) and standard deviation is (0.73), "clean smart staff" has the highest satisfaction with a mean of (4.53) and a standard deviation of (0.55), as illustrated in the figure (5.6).

Figure (5.6): Patient Satisfaction – Tangibles Subscale



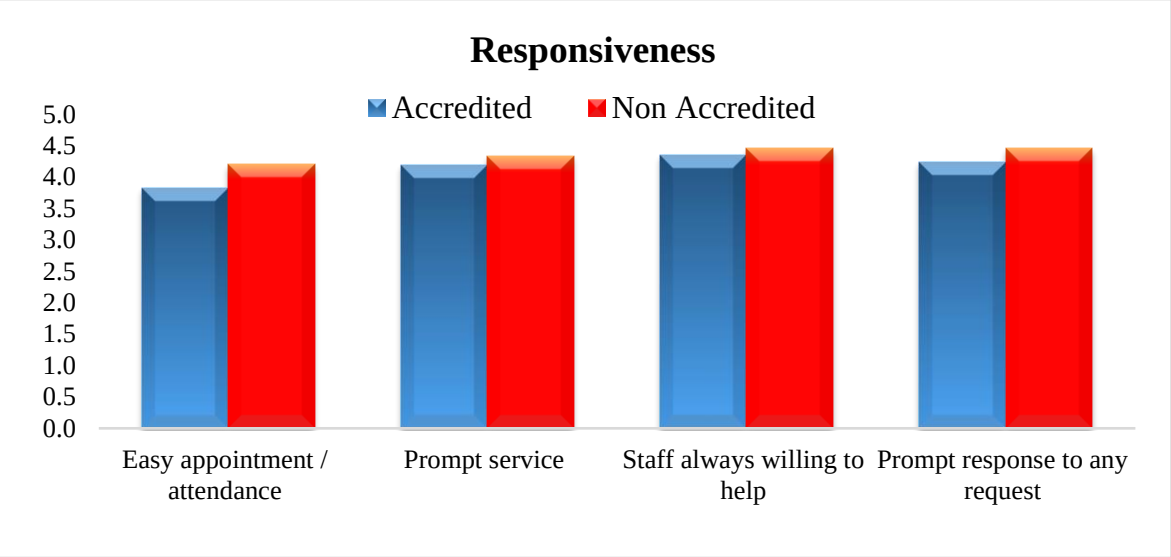
Reliability subscale had a mean equaling (4.43) and a standard deviation of (0.67). "Sympathetic attendance to patients" has the highest satisfaction with a mean of (4.55) and a standard deviation of (0.61), as illustrated in the figure (5.7).

Figure (5.7): Patient Satisfaction – Reliability Subscale



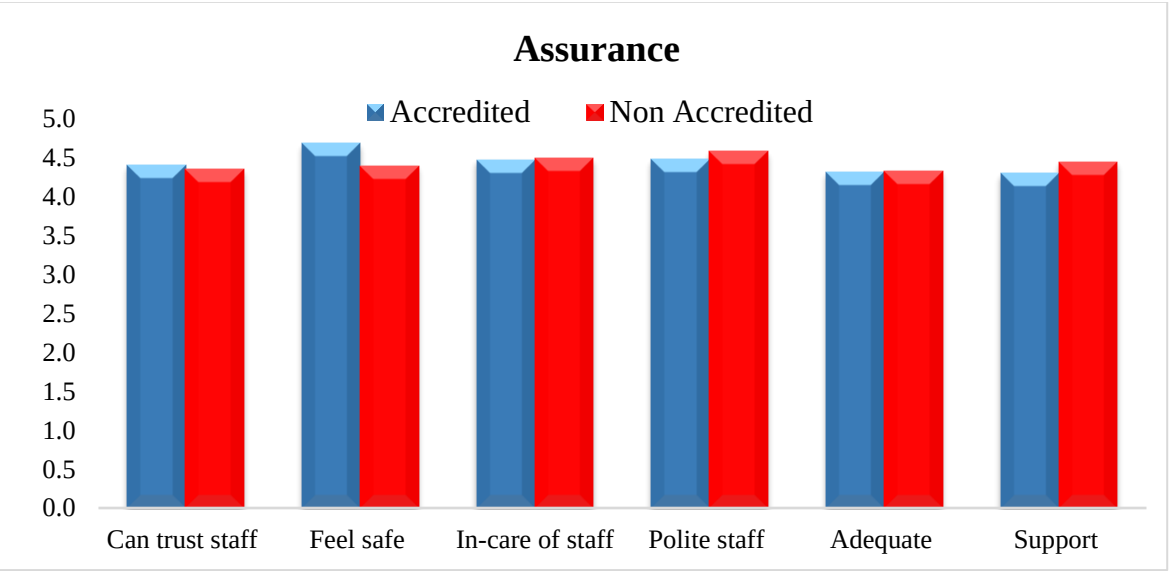
In the **Responsiveness** dimension, the total mean equals (4.22) and the standard deviation is (0.82). "Staff always willing to help" has the highest satisfaction with a mean of (4.39) and a standard deviation of (0.73), as illustrated in the figure (5.8).

Figure (5.8): Patient Satisfaction – Responsiveness Subscale



The **Assurance** subscale's total mean equals (4.42) and the standard deviation is (0.63). "Polite staff" has the highest satisfaction with a mean of (4.51) and a standard deviation of (0.60), as illustrated in the figure (5.9).

Figure (5.9): Patient Satisfaction – Assurance Subscale



For the **Empathy** dimension, the total mean equals (4.30) and the standard deviation is (0.68). "Individual attention to patients" has the highest satisfaction with a mean of (4.39) and a standard deviation of (0.65) as shown in the figure (5.10).

Figure (5.10): Patient Satisfaction – Empathy Subscale

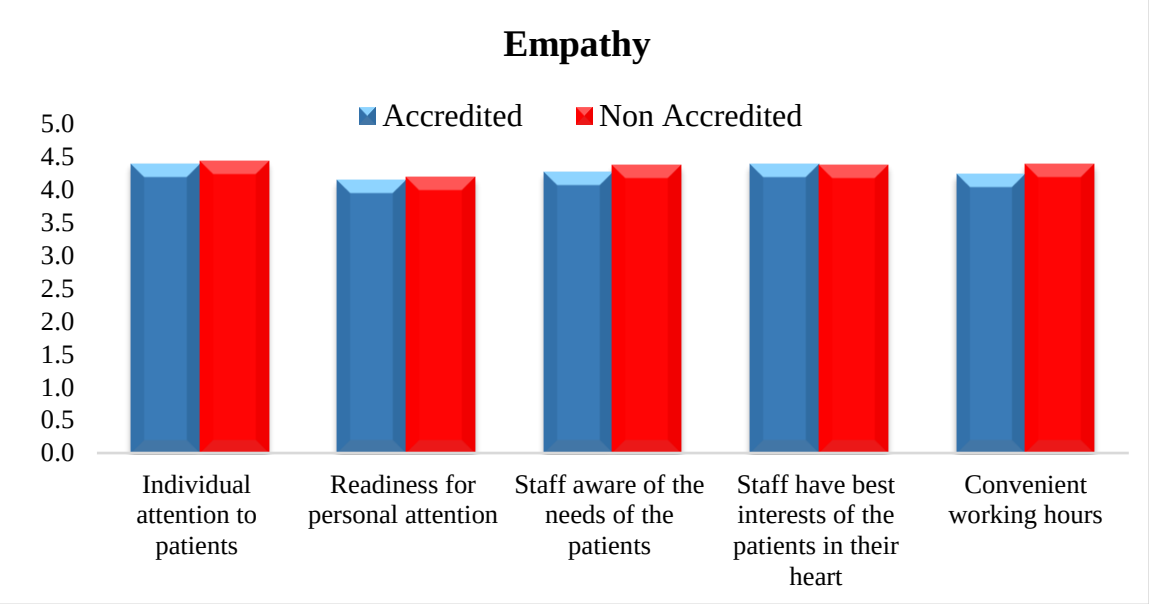
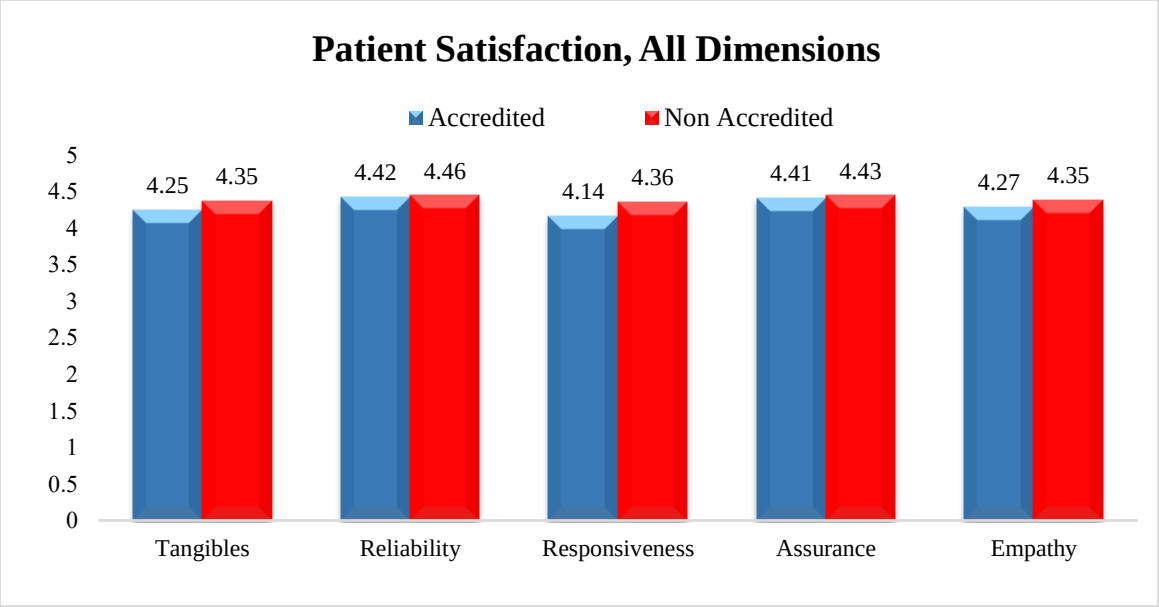


Table (5.1): Patients satisfaction for two hospitals in Palestine (accredited & non-accredited)

No.	Item	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Positive Response Rate	Mean	Std. Dev.
Tangibles									
1.	Modern equipment	2 0.6%	6 1.8%	38 11.4%	165 49.7%	121 36.4%	86.1%	4.20	0.75
2.	Physical facilities	6 1.8%	10 3.0%	13 3.9%	172 51.8%	131 39.5%	91.3%	4.24	0.81
3.	Clean and hygienic appearance	1 0.3%	4 1.2%	7 2.1%	160 48.2%	160 48.2%	96.4%	4.43	0.63
4.	Clean smart staff	0 0.0%	2 0.6%	3 0.9%	143 43.1%	184 55.4%	98.5%	4.53	0.55
5.	Reasonable waiting time	4 1.2%	25 7.5%	40 12.0%	158 47.6%	104 31.3%	78.9%	4.01	0.92
Total							**90.2%**	**4.28**	**0.73**
Reliability									
6.	Sympathetic attendance to patients	1 0.3%	3 0.9%	6 1.8%	125 37.7%	197 59.3%	97.0%	4.55	0.61
7.	Dependable services	1 0.3%	1 0.3%	30 9.0%	133 40.1%	167 50.3%	90.4%	4.40	0.69
8.	Punctual staff	0 0.0%	1 0.3%	24 7.2%	130 39.2%	173 52.1%	91.3%	4.44	0.64
9.	Accurate records	2 0.6%	2 0.6%	30 9.0%	143 43.1%	154 46.4%	91.3%	4.34	0.72
Total							**92.5%**	**4.43**	**0.67**
Responsiveness									
10.	Easy appointment / attendance	9 2.7%	30 9.0%	39 11.7%	147 44.3%	107 32.2%	76.5%	3.94	1.02
11.	Prompt service	4 1.2%	6 1.8%	27 8.1%	167 50.3%	128 38.6%	88.9%	4.23	0.77
12.	Staff always willing to help	4 1.2%	4 1.2%	13 3.9%	194 58.4%	161 48.5%	95.2%	4.39	0.73
13.	Prompt response to any request	4 1.2%	9 2.7%	10 3.0%	165 49.7%	143 43.1%	92.8%	4.31	0.76
Total							**88.3%**	**4.22**	**0.82**
Assurance									
14.	Can trust staff	1 0.3%	6 1.8%	14 4.2%	156 47.0%	155 46.7%	93.7%	4.38	0.68
15.	Feel safe	0 0.0%	3 0.9%	10 3.0%	149 44.9%	170 51.2%	96.1%	4.46	0.60
16.	In-care of staff	0 0.0%	1 0.3%	10 3.0%	150 45.2%	171 51.5%	96.7%	4.48	0.57
17.	Polite staff	0 0.0%	2 0.6%	6 1.8%	142 42.8%	182 54.8%	97.6%	4.51	0.60
18.	Adequate	0 0.0%	4 1.2%	20 6.0%	174 52.4%	134 40.4%	92.8%	4.32	0.64
19.	Support	3 0.9%	2 0.6%	13 3.9%	172 51.8%	142 42.8%	94.6%	4.35	0.67
Total							**95.2%**	**4.42**	**0.63**
Empathy									
20.	Individual attention to patients	2 0.6%	1 0.3%	16 4.8%	158 47.6%	155 46.7%	94.3%	4.39	0.65
21.	Readiness for personal attention	2 0.6%	6 1.8%	35 10.5%	181 54.5%	107 32.2%	86.7%	4.16	0.73
22.	Staff aware of the needs of the patients	0 0.0%	4 1.2%	22 6.6%	180 54.2%	126 38.0%	92.2%	4.29	0.64
23.	Staff have best interests of the patients in their heart	0 0.0%	4 1.2%	23 6.9%	153 46.1%	152 45.8%	91.9%	4.36	0.67
24.	Convenient working hours	3 0.9%	2 0.6%	27 8.1%	169 50.9%	131 39.5%	90.4%	4.27	0.71
Total							**91.1%**	**4.30**	**0.68**
Total							**91.7%**	**4.33**	**0.70**

Figure (5.11) indicates that patients' satisfaction in non-accredited hospitals was slightly more than in accredited hospitals, where the total mean for accredited hospitals is 4.30 (Std. Dev. = 0.73) and the total mean of satisfaction for non-accredited hospitals is 4.39 (Std. Dev. = 0.64). Moreover, for all satisfaction subscales, patients have more satisfaction in the non-accredited hospital than in the accredited one.

Figure (5.11): Patient Satisfaction – All dimensions



Appendix (10 & 11) shows that the positive response rate in the non-accredited hospital was more than in the accredited hospital, where the total positive response rate for accredited hospitals is 90.5% and the total positive response rate of satisfaction for non-accredited hospitals is 93.8%.

In the accredited hospital, all questions rate more than 85% except three questions: "Easy appointment" (71.6%), "Reasonable waiting time" (75.2%) and "Modern Equipment" (82.6%). For the Non-accredited hospital, all questions rate more than 90% except two questions: "Easy appointment" (86%) and "Reasonable waiting time" (86%).

5.5 Testing Hypothesis

5.5.1 Accreditation Status with patient satisfaction

Table (5.2) indicates that there are no statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction attributed to accreditation status.

Table (5.2): Patient Satisfaction according to Accreditation Status (T. Test)

Variables		**Patient Satisfaction**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	103.51	-1.432	.153	Accept
	Non-Accredited	105.34			

On the other hand, table (5.9) indicates that there are no statistically significant differences between the means of a patient's satisfaction subscales (tangibles, Reliability, Assurance, Empathy) related to accreditation status at level ($P \leq 0.05$) where the p-values equal (0.126, 0.609, 0.644, 0.282) respectively.

However, there are significant differences the level ($P \leq 0.05$) between the means of patient's satisfaction subscale (responsiveness) attributed to accreditation status. The differences in responsiveness were in favor of the non-accredited hospital, with a higher mean of satisfaction for the non-accredited hospital compared to the accredited hospital as shown in table (5.3).

Table (5.3): Patient Satisfaction Subscales according to Accreditation Status (T. Test)

Variables		**Tangibles**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	21.23	-1.535	.126	Accept
	Non-Accredited	21.72			
Variables		**Reliability**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	17.70	-.512	.609	Accept
	Non-Accredited	17.82			
Variables		**Responsiveness**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	16.59	-3.210	.001	Reject
	Non-Accredited	17.44			
Variables		**Assurance**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	26.44	-.462	.644	Accept
	Non-Accredited	26.60			
Variables		**Empathy**			
		Mean	T- value	P-value	Interpretation
Accreditation Status	Accredited	21.39	-1.078	.282	Accept
	Non-Accredited	21.73			

5.5.2 Socio-demographic data with patient satisfaction

The study showed that there are no statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to gender, as shown in the table (5.4).

Table (5.4): Patient Satisfaction according to Gender (T. Test)

Variables		**Patient Satisfaction**			
		Mean	**T- value**	**P-value**	**Interpretation**
Gender	Male	103.23	-1.327	0.186	Accept
	Female	104.85			

Table (5.5) indicates that there are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to participants' age groups. Tukey test shows that the differences in patient satisfaction were between the age groups of 26-50 and 51-75 in favor of the second one.

Table (5.5): Patient satisfaction according to Age (ANOVA)

Variables		**Patient Satisfaction**				
		Mean Square	**df**	**F- value**	**P-value**	**Interpretation**
Age	Between Groups	572.505	3	4.882	.002	Reject
	Within Groups	117.268	325			

Tukey test

(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
26-50	51-75	-5.16738	1.35120	.001	-8.6567	-1.6781

* The mean difference is significant at the 0.05 level.

There are no significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to the demographic variable (department) as shown in table (5.6).

Table (5.6): Patient satisfaction according to Department (ANOVA)

Variables		Patient Satisfaction				
		Mean Square	df	F- value	P-value	Interpretation
Department	Between Groups	241.175	5	2.017	.076	Accept
	Within Groups	119.578	323			

There are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to education level for the patient. Tukey test shows that the differences in patient satisfaction were between "primary school" and "undergraduate" in favor of "primary school" as shown in table (5.7).

Table (5.7): Patient satisfaction according to Educational level (ANOVA)

Variables		Patient Satisfaction				
		Mean Square	df	F- value	P-value	Interpretation
Education Level for the Patient	Between Groups	300.524	4	2.521	.041	Reject
	Within Groups	119.221	324			

Tukey test

(I) Education Level for the Patient	(J) Education Level for the Patient	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
Primary school	Undergraduate	5.16572	1.69542	.021	.5148	9.8166

* The mean difference is significant at the .05 level.

There are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to the residency area of the patient. Tukey test shows that the differences in patient satisfaction were between the South area and (Center area, North area) in favor of South area as shown in table (5.8).

Table (5.8): Patient satisfaction according to Residency area (ANOVA)

Variables		**Patient Satisfaction**				
		Mean Square	**df**	**F- value**	**P-value**	**Interpretation**
Residency Area for the Patient	Between Groups	1003.306	2	8.648	0.001	Reject
	Within Groups	116.022	326			

Tukey test

(I) Residency Area for the Patient	(J) Residency Area for the Patient	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
South	Center	6.21000	1.49482	.001	2.6905	9.7295
	North	3.46000	1.45570	.047	.0326	6.8874

* The mean difference is significant at the .05 level.

There are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction related to the "length of stay" groups of the participants. Tukey test shows that the differences in patient satisfaction were between LOS group 2-7 days and 8-14 in favor of LOS group 8-14 days as shown in table (5.9).

Table (5.9): Patient satisfaction according to LOS (ANOVA)

Variables		**Patient Satisfaction**				
		Mean Square	**df**	**F- value**	**P-value**	**Interpretation**
Length of Stay	Between Groups	392.005	3	3.281	.021	Reject
	Within Groups	119.481	323			

Tukey test

(I) los2	(J) los2	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
2-7	8-14	-4.51628	1.53844	.019	-8.4892	-.5433

* The mean difference is significant at the .05 level.

5.5.3 Hospital Characteristics with patient satisfaction

The study shows that there are no significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction relating to hospital owner as shown in the table (5.10).

Table (5.10)**:** Patient satisfaction according to hospital, Owner (T. Test)

Variables		**Patient Satisfaction**			
		Mean	**T- value**	**P-value**	**Interpretation**
Hospital owner	Profit	103.51	-1.432	.153	Accept
	Non-Profit	105.34			

Table (5.11) indicates that there are no significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction relating to hospital teaching.

Table (5.11)**:** Patient satisfaction according to hospital, Teaching status (T. Test)

Variables		**Patient Satisfaction**			
		Mean	**T- value**	**P-value**	**Interpretation**
Teaching Hospital	Teaching Hospital	103.51	-1.432	.153	Accept
	Non-Teaching Hospital	105.34			

There are no significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction relating to the number of hospital beds as shown in the table (5.12).

Table (5.12): Patient satisfaction according to hospital, Number of beds (T. Test)

Variables		**Patient Satisfaction**			
		Mean	**T- value**	**P-value**	**Interpretation**
Number of Hospital Beds	Less than 200 beds	105.34	1.432	0.153	Accept
	More than 200 beds	103.51			

Chapter Six
Discussion of Findings

6.1 Introduction

This chapter includes the discussion of the findings. It includes and discussed five parts: The characteristics of patients participating in the study, the influence of patient characteristics on patient satisfaction, the influence of hospital characteristics on patient satisfaction, the patient satisfaction level in accredited & non-accredited hospitals and patient satisfaction attributed to accreditation status.

6.2 Demographic characteristics of the patients

The total number of patients who filled the questionnaires was 332. Of these questionnaires, 218 of the total sample were from patients of the accredited hospital and 114 were from patients of the non-accredited hospital. This distribution was carried out by the researcher based on the hospital population (number of hospital admissions) to make the sample representative for both hospitals.

Of the total sample, 56.3% of the patients were females while 43.7% were males. This could have been related to the two hospitals having a large gynecology department and a reputation of good gynecologists among Palestinian hospitals.

The majority of patients' ages in this study were between 26 and 50 years (165 patients; 49.7%) followed by the age group of 51-75 years (106 patients; 31.9%). These results are consistent with the demographic data of the Palestinian people from the Palestinian Central Bureau of Statistics (2015), which indicates that the people between ages 26 and 50 years are (29%) of the total Palestinian population, then when ages less than 18 years are excluded according to the inclusion criteria in this study, the age group of 26 – 50 years becomes (58%) of the population.

The educational level of the patients who participated in this study was mostly a secondary level of education (112 patients; 33.7%). This result is reflected in the statistical year book of Palestine which displays the educational status of the Palestinian population, showing that

the majority of Palestinians attained the primary level of education (38.1%) which includes the age group of less than 18 years old who were excluded from our data population, followed by those who attained a secondary level, which were (20.8%) (PCBS, 2015).

The average LOS of the patients was 6.4 days. This result is compatible with the global average length of stay for acute care hospitals, as in: Netherlands (6.4 days), Finland (6.9 days) and Italy (6.8 days) in 2012. It is also not far from the average LOS of the USA according to AHRQ in 2014 which was (4.5 days) (Weiss & Elixhauser, 2012).

The patients participating in the study were distributed, according to which hospital department they were in, into the following departments: the gynecology department (26.2%), the orthopedic department (22.6%) and the surgical department (22%). These percentages could be due to the inclusion and exclusion criteria which include only the acute adult departments and exclude the ICU, CCU and NICU.

6.3 The influence of patient characteristics on patient satisfaction

The study shows no significant differences at level ($P \leq 0.05$) between the means of patient satisfaction relating to gender. Most of the patients participating in the study were females (187 patients), while male patients were (145). This finding is consistent with the finding of the Afzal (2014) study which showed that the gender of the patients did not have a significant impact on patient satisfaction, in addition to the Hall and Dornan (1990) study, which didn't show any relationship between gender and patient satisfaction, and Kelarijani et al. (2014) which also showed no significant relationship between gender and patient satisfaction.

The study shows that there are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction in relation to the age groups of the participants. These differences in patient satisfaction were between the age groups of 26-50 (which includes 165 patients) and 51-75 (which includes 106 patients), the second one being the one with higher means of satisfaction. These findings are consistent with the findings of Afzal (2014), which showed a significant relationship between age and patient satisfaction, with a maximum satisfaction level in older ages of more than 55 years. It's also compatible with the study of Wolf et al. (2012) which showed all patient characteristics examined, including age, having significant impact.

The examination of educational levels showed that there are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction in relation to the education level of the patient. The study shows that the differences in patient satisfaction were between the two educational levels of primary school, consisting of (81 patients), and undergraduates, which were (85 patients), in favor of primary school level. These results could be due to the less educated patients having a lower level of expectations than the more educated ones. These results are compatible with results of Afzal (2014); there is a significant association between the educational level and patient satisfaction. This result links patients with less levels of education (or illiterate patients) with higher satisfaction levels than patients with a higher level of education. Kelarijani et al. (2014) also stated that the educational levels of patients have an effect on patient satisfaction level.

There are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction relating to the residency area of the patient. The differences in patient satisfaction were between the Southern area and (Center area, North area) in favor of South area. The southern area includes Gaza patients who were treated in both hospitals as referral cases by the MOH due to the Israeli siege and the impact of wars on the Gaza Strip, which damaged the health system and situation in Gaza. This situation according to WHO (2013), faces many obstacles, challenges and problems (like shortage of electricity, water, pharmaceuticals, suppliers…etc.), affecting all levels of the healthcare system; primary, secondary and tertiary. This situation may affect perceptions of patients from the Gaza strip, making them regard the healthcare services provided in the two hospitals as better than expected.

As for LOS for patients who participated in the study, the study showed that there are significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction in relation to the length of stay. The differences in patient satisfaction were between LOS 2-7 days and 8-14 days in favor of the second one. The study results, however, show no differences in the other two categories. These findings ensure that it is important to provide quality services to all patients regardless to their length of stay, which is compatible with the result of Tokunaga (2002), who concluded that there is a significant positive relationship between patient satisfaction and hospital care based on length of stay at the hospital, especially for the patient group staying for more than one week. This may have to do with the stay time enhancing the patient-staff trust relationship, increasing the collaboration of the patient with the staff and improving patients' involvement in their treatment plan.

6.4 The influence of hospital characteristics on patient satisfaction

The total number of patients who participated in the study was 332. The distribution was 65.7% of total sample from the non-profit, teaching hospital, and 34.3% from the profit, non-teaching hospital. The study results showed that there are no significant differences at level ($P \leq 0.05$) between the means of patient satisfaction relating to hospital characteristics (hospital size, owner and teaching status). These findings are consistent with the study conducted by Foster and Zrull (2013) who concluded no sustainability pattern of differences in the performance measures, including the patient perception of care, and showed no significant differences among hospitals which were categorized into teaching, major teaching, medium and large hospitals.

6.5 Patient Satisfaction in accredited and non-accredited hospitals

Patients who participated in the study showed a high level of satisfaction in both hospitals with a total mean of (4.33). The data showed patients have a high level of satisfaction for each patient's satisfaction subscales; the Tangibles subscale with a total mean of (4.28), the Reliability subscale had a mean of (4.43), the Responsiveness subscale with a mean of (4.23), the Assurance subscale's total mean of (4.42) and the Empathy subscale, which had a total mean equaling (4.30). The means of the results of all questions ranged from 3.95 to 4.53. These findings are compatible with study conducted by Ajarmeh and Hashem (2015) which states that, regardless to the hospitals type, the patient satisfaction level that was reflected was acceptable, since all the question results were above the mean of the scale (3); this ensures us that the patient who participated in this study perceived that they had received an acceptable level of services quality in both hospitals.

The study findings showed that patient satisfaction level in the accredited hospital was high, with a mean of (4.30). The data showed that patients have a high level of satisfaction for each patient's satisfaction subscales; the Tangibles subscale has a mean of (4.25), the Reliability subscale has a mean of (4.42), the Responsiveness subscale has a mean of (4.14), the Assurance subscale's total mean is (4.41) and for the Empathy subscale, the total mean equals (4.27).

The study findings showed that patient satisfaction level in the Non-accredited hospital was high, with a mean of (4.39). The data showed patients have a high level of satisfaction for each patient's satisfaction subscales; the Tangibles subscale has a mean of (4.35), the Reliability subscale has a mean of (4.46), the Responsiveness subscale has a mean of (4.36), the Assurance subscale's total mean is (4.43) and for the Empathy subscale, the total mean equals (4.35), as illustrated in the table (6.1).

Table (6.1): Patients satisfaction for two hospitals in Palestine (accredited & non-accredited).

	Accreditation Status			
	Accredited		**Non-Accredited**	
Subscale	**Mean**	**Std. Dev.**	**Mean**	**Std. Dev.**
Tangibles	4.25	0.77	4.35	0.66
Reliability	4.42	0.68	4.46	0.63
Responsiveness	4.14	0.88	4.36	0.68
Assurance	4.41	0.64	4.43	0.61
Empathy	4.27	0.71	4.35	0.62
Total	**4.30**	**0.73**	**4.39**	**0.64**

The study findings showed differences in patient satisfaction levels; the findings indicated that the Non-accredited hospital has higher patient satisfaction score. The order of the patient satisfaction dimensions was as follows: Reliability dimension, Assurance dimension, Empathy dimension, Tangible dimension and the Responsiveness dimension. Of the accredited and non-accredited hospitals, regarding the responsiveness dimension, the non-accredited hospital was more favorable from patients' perspectives.

The reliability dimension is considered an important dimension that influences patient satisfaction (Ajarmeh & Hashem, 2015). Regarding this dimension, the mean of patient satisfaction was high; the lowest score across this dimension for the accredited hospital was "accurate records", and "punctual staff "for the non-accredited hospital; this may refer to the lack of evidence that there was a clear and accurate communication of information between relevant healthcare providers noted by the patient.

In the assurance dimension, the findings were relatively close in both accredited and non-accredited hospitals. The lowest score in this dimension for the accredited hospital, was in "staff support to patients", and the causes for that may be relating to the heavy workloads. On the other hand, in the non-accredited hospital, it was in "adequate services provided by the hospital", and this may refer to the financial issues, whereas the hospital services provided to the patients were based on the amount of payment. Another thing affecting patient satisfaction regarding this dimension is the hospital's flexibility and willing to provide healthcare services (Owusu-Frimpong, 2010).

Regarding the empathy dimension, the findings were close, and the lowest mean across the two hospitals was in regards to "readiness to personal attention". This may refer to the weakness of patient-centered care culture in both hospitals, a point that helps in building trust in the provider-patient relationship and constructing the treatment plan well (Widmar, 2012; Sack et al., 2010).

Patient satisfaction regarding the tangible dimension in both hospitals the lowest score was given to "Reasonable waiting time", which according to the literature has a significant influence on patient satisfaction, and makes the patient less satisfied with the services provided (Kreitz, 2016). This waiting time may be accounted for by the heavy workload on the hospitals, old hospital design and lack of hospitals' financial resources.

Finally, regarding the Responsiveness dimension, patients in both hospitals were not highly satisfied with "easy appointment / attendance", where the mean was 4.19 in the non-accredited hospital and 3.81 in the accredited hospital which may refer to heavy workload, difficulty of accessing hospitals from Gaza patients into West bank and West bank patients into Jerusalem, high bed occupancy rate, ineffective communication between the hospital and the patients, in addition to increased demand on hospital services (Elleuch, 2008).

6.6 The patient satisfaction attributed to accreditation status

The study findings showed that there are no significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction attributed to accreditation status. This means that accreditation status doesn't affect or influence patient satisfaction level.

These findings are consistent with the results of the Almasabi (2014) study that found no clear evidence that healthcare accreditation improves patient satisfaction. The findings are also consistent with those of Sack et al. (2010) and (2011), who concluded that accreditation is not linked to better quality of care, and those of Hayati et al. (2010) who found no difference in patient satisfaction between accredited and non-accredited hospitals. Haj-Ali (2014) also found no statistically significant differences between patient satisfaction and accreditation classification, and also the study of Heuer (2004) displayed no relationship between accreditation and patient satisfaction.

These findings also may have to do with the fact that the accredited hospital that participated in this study is newly accredited by JCI, and the benefits of the accreditation program may touch on the structure, process, uniformity of care, access to care, safety culture and safety environment, but are still not visible or clear to the patient it's required by the accreditation standards.

The non-accredited hospital that participated in this study has a strong system of evaluating patient satisfaction through daily random sampling, which is carried out by the patient satisfaction officer available in the hospital, who would have been assigned to collect the data about the patient satisfaction and follow up the hospital survey findings with hospital management to improve the process which scored least satisfaction from patients' perspective. In addition, all patients planned for discharge from the hospital were asked by the medical secretary to fill the patient satisfaction questionnaire developed by the hospital for the evaluation of the services provided to them during hospitalization.

Additionally, the findings showed that there are no significant differences between the means of a patient's satisfaction subscales (Tangibles, Reliability, Assurance, and Empathy) concerning accreditation status. These findings were consistent with the findings of Haj-Ali (2014), who stated that there is no significant relationship between the four dimensions of patient satisfaction, including reliability, assurance, responsiveness and empathy.

However, there are significant differences level ($P \leq 0.05$) between the means of patients' satisfaction dimension of (responsiveness), which are attributed to accreditation status. The differences in responsiveness were in the advantage of the non-accredited hospital, which had a higher mean of satisfaction than the accredited one. These findings are compatible with the study findings of Hayati (2010) who concluded that the least satisfaction was in the responsiveness dimension.

According to El Jardali et al. (2013), the accreditation program was designed to improve the quality of healthcare services, quality of care and patient satisfaction. However, these findings may reflect how the accreditation standards are focused on improving the process of care rather than the outcome, which are not tangible by the patient.

Chapter Seven
Conclusion & Recommendations

7.1 Conclusion

Healthcare facilities used accreditation to guarantee safety, improve the quality of healthcare services provided and mitigate medical errors (Devkaran and O'Farrell, 2012). JCI used it as a tool to ensure the quality of services and patient safety. This study was conducted to assess patient satisfaction to compare Palestinian JCI accredited and non-accredited hospitals; the researcher used the descriptive design cross-sectional method and recruited 332 patients from the two hospitals, using the SEVQUAL instrument to collect the data.

The findings of the study showed that patients at both accredited and non-accredited hospitals have a high level of satisfaction, more so in non-accredited hospitals. The study indicates that there are no significant differences between the means of patient satisfaction attributed to accreditation status. The findings also showed no significant differences between the means of patient satisfaction subscales (tangibles, reliability, responsiveness, assurance and empathy) regarding accreditation status. The study showed significant differences in levels of satisfaction in relation to patient characteristics (including age, educational level, place of residency and length of stay). The findings showed no significant differences between the means of patient satisfaction in relation to hospital characteristics, including hospital size, owner and teaching status.

7.2 Recommendations

Patient satisfaction is a vital indicator to the measurement of the quality of care and patient perception of healthcare services provided by the organizations. The level of satisfaction may influence the decision of recommending the hospital to others or returning to it, and so healthcare organizations consider this measure of high importance.

In this study, all means of the answers to the questions in the instrument were less than the mean average in each subscale, and their aspects can be considered as an opportunity for improvement, and this could be a good strategy for improving the patient satisfaction level for the healthcare services provided to the patients as well. Therefore, it is recommended for both hospitals to:

1. Continuous quality improvement process in the two hospitals to increase the patient satisfaction level.

2. Ensuring the accuracy of the information documented in the clinical record through organization, initiating standard medical records and training all healthcare providers on the right documentation criteria and ensure that the information is sufficient for supporting diagnosis, treatment and follow up.

3. Improve turnaround time for all procedures provided by the healthcare organizations through redesigning the system or the process that consumes a lot of time in performance, and finding the bottleneck that causes delay for those procedures.

4. Work on reducing the waiting time for the patient and making appointments easy through gathering the information needed before scheduling the patient an appointment, increasing delegation for the documentation tasks for trained or qualified staff, using the telehealth solution for appointment and ensuring that the hospital has a comfortable waiting area.

5. Ensuring that the provided health services are adequate through adding a question on the patient survey; the question is “if the patient wishes to receive additional services?”.

7.3 Further Studies

1. The study was conducted in two hospitals only; it is pivotal to conduct similar comparative studies between other JCI-accredited and non-accredited hospitals.

2. The study rates the patient satisfaction measurement as an important indicator in the healthcare system for accredited and non-accredited hospitals, so it is needed to conduct other studies to assess other quality indicators in hospitals in Palestine, such as health-acquired infection rates, turnaround time for procedures, re-do surgeries, readmission within 30 days with same diagnosis…etc.

3. Since the accreditation of hospitals is still not prevalent, and many hospitals plan to achieve JCI accreditation, the researcher suggests conducting studies comparing hospitals' indicators before and after accreditation to assess the impact of accreditation on those hospitals.

4. Finally, conducting qualitative studies to better understand patients' expectations from healthcare services in the Palestinian context.

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Appendix

Appendix (1): Questionnaire Cover Letter.

استبيان رضا المريض

عزيزي المشارك / عزيزتي المشاركة

بين يديك استبيان يتم توزيعه من قبل مجموعة من الباحثين في كلية الصحة العامة – جامعة القدس ، حيث تقوم بجمع البيانات لعمل بحث أكاديمي ، وذلك من أجل إجراء دراسة مقارنة بين رضا مرضى تلقوا العلاج في مستشفى حاصل على شهادة الاعتماد من اللجنة الدولية للجودة و رضا مرضى تلقوا العلاج في مستشفى آخر غير حاصل على شهادة الاعتماد الدولية للجودة. علما بأن تعبئة الاستبيان تحتاج من خمس الى عشر دقائق فقط ، وستيم التعامل مع المعلومات التي سيحصل عليها بخصوصية وسريّة كاملة. تعبئة الاستبيان واعادته للباحثين تدل على رغبتك في المشاركة علما بأن لك الحق في عدم المشاركة ، وإذا كان لديك أي استفسار بشأن الاستبيان فلا تتردد في توجيهه إلى الباحثين.

شاكرين لكم حسن تجاوبكم وتعاونكم مع الباحثين لإنجاز هذه الدراسة.

إباء عبدالرزاق دعسان – طالب ماجستير السياسات والإدارة الصحية
كلية الصحة العامة – جامعة القدس

Appendix (2): Questionnaire.

Patient Satisfaction – SERVQUAL MODEL

Please read each one carefully, keeping in mind the medical care you are receiving now. We are interested in your feeling, good and bad, about the medical you have received.

Department		Residence Area		Age	
Duration of Staying		Level of Education		Gender	

No.	Item	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Tangibles						
1.	Modern equipment					
2.	Physical facilities					
3.	Clean and hygienic appearance					
4.	Clean smart staff					
5.	Reasonable waiting time					
Reliability						
6.	Sympathetic attendance to patients					
7.	Dependable services					
8.	Punctual staff					
9.	Accurate records					
Responsiveness						
10.	Easy appointment / attendance					
11.	Prompt service					
12.	Staff always willing to help					
13.	Prompt response to any request					
Assurance						
14.	Can trust staff					
15.	Feel safe					
16.	In-care of staff					
17.	Polite staff					
18.	Adequate					
19.	Support					
Empathy						
20.	Individual attention to patients					
21.	Readiness for personal attention					
22.	Staff aware of the needs of the patients					
23.	Staff have best interests of the patients in their heart					
24.	Convenient working hours					

Appendix (3): Questionnaire – Arabic Version.

استبيان رضا المرضى

تعكس العبارات التالية رأيك في الرعاية الطبية، رجاءً اقرأ كل عبارة بتمعن آخذاً بعين الاعتبار الرعاية الصحية التي تتلقاها حالياً، ونحن مهتمون برأيك سواءً كان إيجاباً أو سلباً.

القسم		الجنس		مستوى التعليم	
مدة الإقامة		العمر		مكان السكن	

	العبارة / السؤال	اوافق بشده	اوافق	لست متأكداً	لا اوافق	لا اوافق بشده
.1	يتوفر في المستشفى معدات حديثة					
.2	تتوافر المرافق العامة للمراجعين مثل(اماكن انتظار، مياه للشرب، دورات المياه)					
.3	مبنى المستشفى نظيف وبيئة صحية					
.4	يظهر الموظفون بمظهر لائق وأنيق					
.5	وقت الانتظار ملائم لكافه الاجراءات والخدمات					
.6	يتعامل الموظفون باسلوب لطيف وبمهنية عالية					
.7	التشخيص والعلاج دقيق وصحيح					
.8	يتواجد الموظفون في المستشفى في الوقت المحدد					
.9	اجراءات التوثيق في السجلات دقيقه					
.10	المواعيد والادخال للمستشفى يتم بسهوله					
.11	تتم الاجراءات داخل المستشفى بسرعة					
.12	الموظفون دائما مستعدون للمساعدة					
.13	سرعة الموظفين لتقديم اي خدمه للمريض مرضيه					
.14	تستطيع الثقه بالطاقم الطبي					
.15	تشعر بالامان داخل المستشفى					
.16	تلاحظ الاهتمام من الطاقم الطبي بالحاله الصحيه					
.17	يتسم موظفو المستشفى باللطافة في التعامل					
.18	يتم تقديم خدمات صحية وعلاجية كافية في المستشفى					
.19	تشعر بدعم الموظفين للمريض					
.20	تلاحظ اهتمام يختص بك من قبل الطبيب والممرض					
.21	يتم استقبال الاقتراحات والملاحظات بصدر رحب من قبل الموظفين					
.22	الطاقم الطبي على ادراك كامل باحتياجاتك الصحية					
.23	المريض هو الاهم عند الطاقم الطبي					
.24	توفر الوقت الكافي للحصول على الخدمة الطبيةالمطلوبة					

Appendix (4): Permission Letter from Jordanian Researcher.

Greetings.
This my permission to use any provided information in my published article in the ESJ. Including the questionnaire.

Best wishes.

Balqees Ajarmeh.
21/08/2016
Sent from Yahoo Mail on Android

Letter Seeking Permission to Use SERVQUAL Questionnaire Tool

Name: Ebaa A. Raziq Dasan Date: 20/08/2016

Faculty: Public Health School

City: Jerusalem

Country: Palestine

Dear Mrs. Balqees Ajarmeh:

I am a master student from Al-Quds University writing my thesis titled Patient satisfaction: Comparative study between joint commission international accredited and non-accredited Palestinian hospitals, under the direction of my supervisor Dr. Asma Imam, who can be reached at formal email: aimam@staff.alquds.edu.

I would like your permission to use the SERVQUAL questionnaire instrument in my research study.

If you accept, please indicate so by replying to me through e-mail: iadasan@yahoo.com

Sincerely,

Eba'a Dasan,
Master Student - Policies and Health Management
Public Health School - Al – Quds University
Jerusalem - Palestine

Appendix (5): Permission Letter from Al-Quds University to Makassed Hospital.

بسم الله الرحمن الرحيم

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2016/9/7
الرقم: ك ص ع/399/2016

حضرة الدكتور رفيق الحسيني المحترم
المدير التنفيذي/ مستشفى المقاصد الخيرية الإسلامية/ القدس

الموضوع: مساعدة الطالب إياء عبد الرازق مصطفى دعسان

تحية طيبة وبعد،،

يقوم الطالب إياء عبد الرازق دعسان برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بعنوان:

"رضا المريض : دراسة مقارنة بين مستشفى حاصل على شهادة الاعتماد الدولية ومستشفى غير حاصل على شهادة الاعتماد الدولية"

وهو بحاجة إلى توزيع استبانه الدارسة على المرضى في كافة أقسام البالغين في المستشفى ، نرجو من حضرتكم تسهيل مهمة الطالب والسماح له توزيع الاستبانة على عينة الدراسة. علماً بان الدراسة ستكون لأغراض البحث العلمي فقط.

مرفق طيه: أهداف واستبانه الدراسة.

وتفضلوا بقبول فائق الاحترام،،

د. معتصم حمدان
عميد كلية الصحة العامة

نسخة: الملف

Jerusalem
P.O.Box 51000
Telefax +970-2-2799234
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فرع القدس / تلفاكس 02-2799234
ص.ب. 51000 القدس
البريد الالكتروني: sphealth@admin.alquds.edu

Appendix (6): Permission Letter from Al-Quds University to Arabic Hospital.

بسم الله الرحمن الرحيم

Al-Quds University
Jerusalem
School of Public Health

جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2016/9/7
الرقم: ك ص ع/906/2016

حضرة الأستاذ سامر عطية المحترم
المدير الإداري / مستشفى العربي التخصصي/ نابلس

الموضوع: مساعدة الطالب إياء عبد الرازق مصطفى دعسان

تحية طيبة وبعد،،

يقوم الطالب إياء عبد الرازق دعسان برنامج ماجستير السياسات والإدارة الصحية/ كلية الصحة العامة/ جامعة القدس بإجراء بحث الرسالة بعنوان:

"رضا المريض : دراسة مقارنة بين مستشفى حاصل على شهادة الاعتماد الدولية ومستشفى غير حاصل على شهادة الاعتماد الدولية"

وهو بحاجة إلى توزيع استبانه الدارسة على المرضى في كافة البالغين في المستشفى ، نرجو من حضرتكم تسهيل مهمة الطالب والسماح له توزيع الاستبانة على عينة الدراسة. علماً بان الدراسة ستكون لأغراض البحث العلمي فقط.

مرفق طيه: أهداف واستبانه الدراسة.

وتفضلوا بقبول فائق الاحترام،،

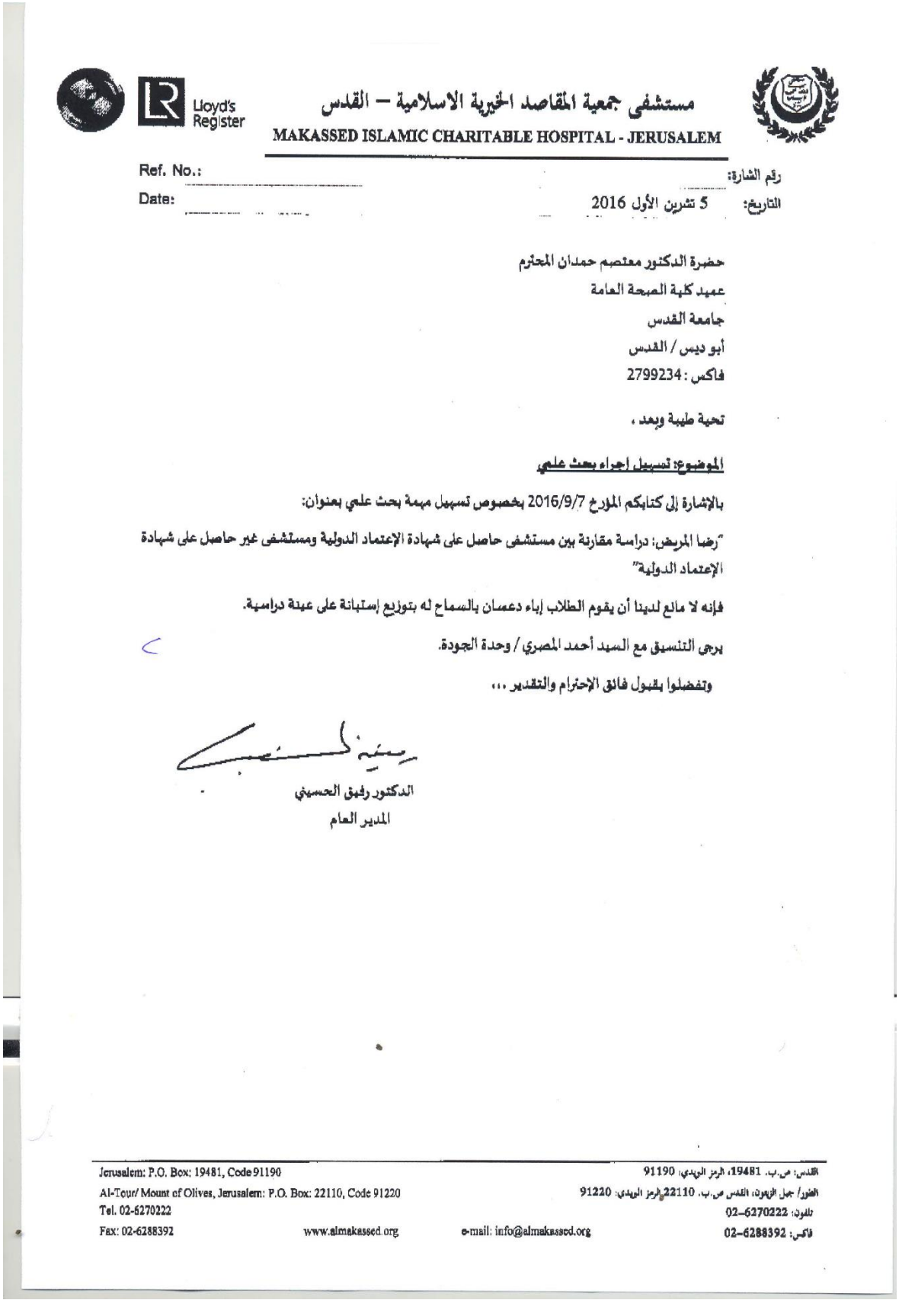
د. معتصم حمدان
عميد كلية الصحة العامة

نسخة: الملف

Jerusalem
P.O.Box 51000
Telefax +970-2-2799234
Email: sphealth@admin.alquds.edu

فرع القدس / تلفاكس 02-2799234
ص.ب. 51000 القدس
البريد الالكتروني: sphealth@admin.alquds.edu

Appendix (7): Approved Letter from Al- Makassed Hospital to Al-Quds University.



مستشفى جمعية المقاصد الخيرية الاسلامية – القدس
MAKASSED ISLAMIC CHARITABLE HOSPITAL - JERUSALEM

Lloyd's Register

Ref. No.: رقم الشارة:

Date: التاريخ: 5 تشرين الأول 2016

حضرة الدكتور معتصم حمدان المحترم
عميد كلية الصحة العامة
جامعة القدس
أبو ديس / القدس
فاكس : 2799234

تحية طيبة وبعد ،

الموضوع: تسهيل إجراء بحث علمي

بالإشارة إلى كتابكم المؤرخ 2016/9/7 بخصوص تسهيل مهمة بحث علمي بعنوان:

"رضا المريض: دراسة مقارنة بين مستشفى حاصل على شهادة الإعتماد الدولية ومستشفى غير حاصل على شهادة الإعتماد الدولية"

فإنه لا مانع لدينا أن يقوم الطلاب إباء دعسان بالسماح له بتوزيع إستبانة على عينة دراسية.

يرجى التنسيق مع السيد أحمد المصري / وحدة الجودة.

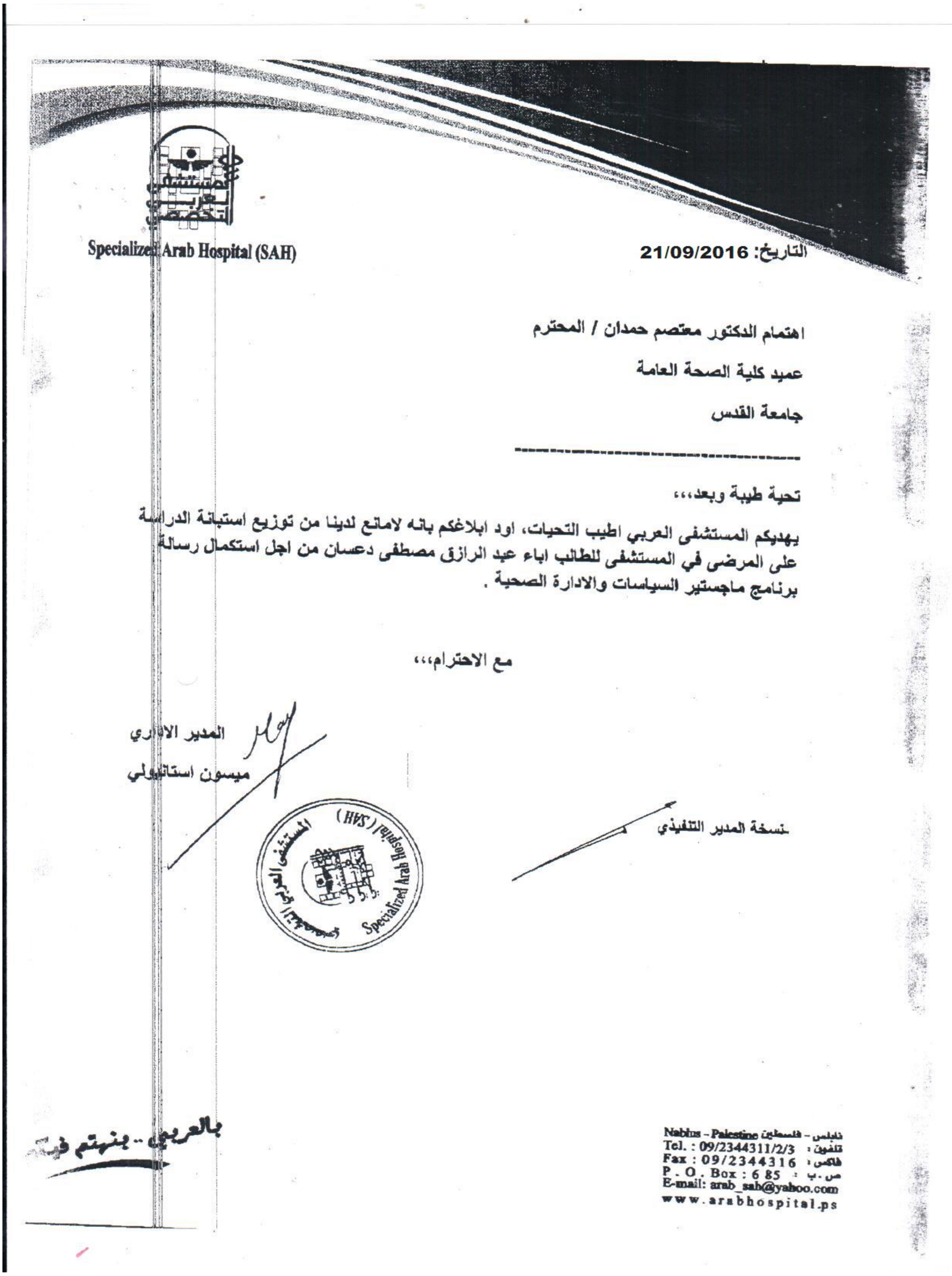
وتفضلوا بقبول فائق الإحترام والتقدير ،،،

الدكتور رفيق الحسيني
المدير العام

Jerusalem: P.O. Box: 19481, Code 91190
Al-Tour/ Mount of Olives, Jerusalem: P.O. Box: 22110, Code 91220
Tel. 02-6270222
Fax: 02-6288392 www.almakassed.org e-mail: info@almakassed.org

القدس: ص.ب. 19481، الرمز البريدي: 91190
الطور/ جبل الزيتون: القدس ص.ب. 22110، الرمز البريدي: 91220
تلفون: 02-6270222
فاكس: 02-6288392

Appendix (8): Approved Letter from Arabic Hospital to Al-Quds University.



Specialized Arab Hospital (SAH)

التاريخ: 21/09/2016

اهتمام الدكتور معتصم حمدان / المحترم

عميد كلية الصحة العامة

جامعة القدس

تحية طيبة وبعد،،،

يهديكم المستشفى العربي اطيب التحيات، اود ابلاغكم بانه لامانع لدينا من توزيع استبانة الدراسة على المرضى في المستشفى للطالب اباء عبد الرازق مصطفى دعسان من اجل استكمال رسالة برنامج ماجستير السياسات والادارة الصحية .

مع الاحترام،،،

المدير الاداري

ميسون استانبولي

نسخة المدير التنفيذي

بالعربي .. بنهتم فيك

Nablus – Palestine نابلس – فلسطين
Tel. : 09/2344311/2/3 تلفون :
Fax : 09/2344316 فاكس :
P . O . Box : 6 85 ص.ب :
E-mail: arab_sah@yahoo.com
www.arabhospital.ps

Appendix (9): Name of Experts.

A. Motasem Hamdan, Ph.D., Dean of Public Health School – Al-Quds University / Palestine.
B. Dr. Ali Shaar, Director of Reproductive Health Program – UNFPA / Palestine.
C. Ali Barakat, Ph.D., Faculty of Science Dean - Al-Najah University / Palestine.
D. Atef Al-Rimawi, Ph. Dc, Chief Operating Officer - Augusta Victoria Hospital / Palestine.
E. Mr. Hussein Abu Ali, Statistician – Palestine.

Appendix (10): Patients Satisfaction in Accredited Hospital in Palestine.

No.	Item	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Positive Response Rate	Mean	Std. Dev.
Tangibles									
1.	Modern equipment	2 %0.9	6 %2.8	30 %13.8	107 %49.1	73 %33.5	82.6%	4.11	0.81
2.	Physical facilities	6 %2.8	6 %2.8	6 %2.8	114 %52.3	86 %39.4	91.7%	4.23	0.85
3.	Clean and hygienic appearance	1 %0.5	2 %0.9	4 %1.8	112 %51.4	99 %45.4	96.8%	4.40	0.62
4.	Clean smart staff	0 %0.0	2 %0.9	2 %0.9	90 %41.3	124 %56.9	98.2%	4.54	0.57
5.	Reasonable waiting time	4 %1.8	18 %8.3	31 %14.2	97 %44.5	67 %30.7	75.2%	3.94	0.98
Total							**88.9%**	**4.25**	**0.77**
Reliability									
6.	Sympathetic attendance to patients	1 %0.5	3 %1.4	4 %1.8	78 %35.8	131 %60.1	95.9%	4.55	0.65
7.	Dependable services	0 %0.0	1 %0.5	22 %10.1	90 %41.3	105 %48.2	89.4%	4.37	0.70
8.	Punctual staff	0 %0.0	1 %0.5	16 %7.3	81 %37.2	120 %55.0	92.2%	4.47	0.65
9.	Accurate records	2 %0.9	1 %0.5	19 %8.7	102 %46.8	93 %42.7	89.4%	4.30	0.73
Total							**91.7%**	**4.42**	**0.68**
Responsiveness									
10.	Easy appointment / attendance	4 %1.8	27 %12.4	26 %11.9	90 %41.3	66 %30.3	71.6%	3.81	1.12
11.	Prompt service	4 %1.8	3 %1.4	24 %11.0	106 %48.6	81 %37.2	85.8%	4.18	0.82
12.	Staff always willing to help	4 %1.8	4 %1.8	7 %3.2	100 %45.9	102 %46.8	92.7%	4.35	0.79
13.	Prompt response to any request	4 %1.8	4 %1.8	10 %4.6	118 %54.1	81 %37.2	91.3%	4.24	0.78
Total							**85.3%**	**4.14**	**0.88**
Assurance									
14.	Can trust staff	0 %0.0	3 %1.4	10 %4.6	102 %46.8	103 %47.2	94.0%	4.40	0.65
15.	Feel safe	0 %0.0	2 %0.9	3 %1.4	98 %45.0	115 %52.8	97.7%	4.50	0.58
16.	In-care of staff	0 %0.0	1 %0.5	6 %2.8	101 %46.3	110 %50.5	96.8%	4.47	0.58
17.	Polite staff	0 %0.0	2 %0.9	6 %2.8	95 %43.6	115 %52.8	96.3%	4.47	0.65
18.	Adequate	0 %0.0	2 %0.9	16 %7.3	111 %50.9	89 %40.8	91.7%	4.32	0.65
19.	Support	3 %1.4	2 %0.9	9 %4.1	117 %53.7	87 %39.9	93.6%	4.30	0.72
	Total						**95.0%**	**4.41**	**0.64**
Empathy									
20.	Individual attention to patients	2 %0.9	1 %0.5	12 %5.5	100 %45.9	103 %47.2	93.1%	4.38	0.70
21.	Readiness for personal attention	2 %0.9	4 %1.8	27 %12.4	112 %51.4	72 %33.0	85%	4.14	0.77
22.	Staff aware of the needs of the patients	0 %0.0	3 %1.4	16 %7.3	122 %56.0	77 %35.3	91.3%	4.25	0.65
23.	Staff have best interests of the patients in their heart	0 %0.0	2 %0.9	16 %7.3	101 %46.3	99 %45.4	91.7%	4.36	0.66
24.	Convenient working hours	3 %1.4	2 %0.9	21 %9.6	111 %50.9	81 %37.2	88.1%	4.22	0.76
Total							**89.8%**	**4.27**	**0.71**
Total							**90.5%**	**4.30**	**0.73**

Appendix (11): Patients Satisfaction in Non-Accredited Hospital in Palestine.

No.	Item	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Positive Response Rate	Mean	Std. Dev.
Tangibles									
1.	Modern equipment	0 %0.0	0 %0.0	8 %7.0	58 %50.9	48 %42.1	93.0%	4.35	0.61
2.	Physical facilities	0 %0.0	4 %3.5	7 %6.1	58 %50.9	45 %39.5	90.4%	4.26	0.73
3.	Clean and hygienic appearance	0 %0.0	2 %1.8	3 %2.6	48 %42.1	61 %53.5	95.6%	4.47	0.64
4.	Clean smart staff	0 %0.0	0 %0.0	1 %0.9	53 %46.5	60 %52.6	99.1%	4.52	0.52
5.	Reasonable waiting time	0 %0.0	7 %6.1	9 %7.9	61 %53.5	37 %32.5	86.0%	4.12	0.80
Total							**92.8%**	**4.35**	**0.66**
Reliability									
6.	Sympathetic attendance to patients	0 %0.0	0 %0.0	2 %1.8	47 %41.2	65 %57.0	98.2%	4.55	0.53
7.	Dependable services	0 %0.0	1 %0.9	8 %7.0	43 %37.7	62 %54.4	92.1%	4.46	0.67
8.	Punctual staff	0 %0.0	0 %0.0	8 %7.0	53 %46.5	53 %46.5	93.0%	4.39	0.62
9.	Accurate records	0 %0.0	1 %0.9	11 %9.6	41 %36.0	61 %53.5	90%	4.42	0.70
Total							**93.3%**	**4.46**	**0.63**
Responsiveness									
10.	Easy appointment / attendance	0 %0.0	3 %2.6	13 %11.4	57 %50.0	41 %36.0	86.0%	4.19	0.74
11.	Prompt service	0 %0.0	3 %2.6	3 %2.6	61 %53.5	47 %41.2	94.7%	4.33	0.66
12.	Staff always willing to help	0 %0.0	0 %0.0	6 %5.3	49 %43.0	59 %51.8	94.8%	4.46	0.60
13.	Prompt response to any request	0 %0.0	5 %4.4	0 %0.0	47 %41.2	62 %54.4	95.6%	4.46	0.72
Total							**92.8%**	**4.36**	**0.68**
Assurance									
14.	Can trust staff	1 %0.9	3 %2.6	4 %3.5	54 %47.4	52 %45.6	93.0%	4.34	0.75
15.	Feel safe	0 %0.0	1 %0.9	7 %6.1	51 %44.7	55 %48.2	93.0%	4.40	0.65
16.	In-care of staff	0 %0.0	0 %0.0	4 %3.5	49 %43.0	61 %53.5	96.5%	4.50	0.57
17.	Polite staff	0 %0.0	0 %0.0	0 %0.0	47 %41.2	67 %58.8	100.0%	4.59	0.49
18.	Adequate	0 %0.0	2 %1.8	4 %3.5	63 %55.3	45 %39.5	94.7%	4.32	0.63
19.	Support	0 %0.0	0 %0.0	4 %3.5	55 %48.2	55 %48.2	96.5%	4.45	0.57
Total							**95.6%**	**4.43**	**0.61**
Empathy									
20.	Individual attention to patients	0 %0.0	0 %0.0	4 %3.5	58 %50.9	52 %45.6	96.5%	4.42	0.56
21.	Readiness for personal attention	0 0.0%	2 1.8%	8 7.0%	69 60.5%	35 30.7%	91.2%	4.20	0.64
22.	Staff aware of the needs of the patients	0 0.0%	1 0.9%	6 5.3%	58 50.9%	49 43.0%	93.9%	4.36	0.63
23.	Staff have best interests of the patients in their heart	0 0.0%	2 1.8%	7 6.1%	52 45.6%	53 46.5%	92.1%	4.37	0.68
24.	Convenient working hours	0 0.0%	0 0.0%	6 5.3%	58 50.9%	50 43.9%	94.7%	4.39	0.59
Total							**93.7%**	**4.35**	**0.62**
	Total						**93.8%**	**4.39**	**0.64**