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Assessment of Patients' Satisfaction Toward Healthcare Services at the Outpatient Oncology Department of Beit-Jala Hospital\ Palestine

M. Sc. Thesis

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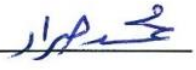
Dedication

I dedicate this valuable work to God Almighty that gave me the courage and power I needed to pursuit my goals. To my family for their love and endless support. To my parents who encouraged me to pursuit my dreams. To my supervisor Dr. Maha Nahal and Co- supervisor Dr. Farid Ghrayeb for their encouragement and support to finalize this work. Many thanks go to my friends for their support and continuous motivation to reach my goals and finalizing my thesis. To all my colleagues at Beit-Jala Governmental Hospital. I would like to express my sincere gratitude to all participants in the study.

Declaration

I certify that this thesis which is submitted to the Deanship of Graduate Studies to get the degree of master in on filed Nursing Management, this is my own research and my own work and it doesn't submit to any other universities or any institutions.

Signed 

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ABSTRACT

Introduction: Patients' satisfaction with medical care refers to patients' valued judgments to what they receive in the health care facilities. Patients are able to judge the provision of health care service concerning the diagnostic measures, symptom control and treatment. Health care services that are provided at the outpatient oncology department can help in detecting and sometimes reducing the complications of the oncology disorders. These services are important in a way that improve patient's condition and promote their health. Further, the quality of care provided at the outpatient oncology departments is likely to influence effective utilization and compliance with interventions among patients with oncology disorders.

Aim: To assess patients' level of satisfaction towards health care services provided in outpatientoncology department of Beit-Jala Governmental Hospital.

Methodology: Descriptive cross sectional study design was used to assess level of satisfaction among patients with oncology disorders visiting the OPD of Beit-Jala Hospital/Palestine. The study sample was convenience and self-administered questionnaire was used to collect the data. Tool of the study was developed by Aletras (2006). The Statistical Package for Social Sciences (SPSS) Version (26) was used for data analysis. Descriptive test and non-parametric tests as Mann-Whitney-U test and Kruskal–Wallis H test were used to assess the differences demographic factors such as age, gender, marital status.

Results: Results showed that 96%of patients were satisfied with healthcare services at the outpatient oncology department. Patients' satisfaction with medical examination scored the highest rate of 99% in which item about physician's attitude toward patients got the highest satisfaction (M=4.35, SD=0.556). The comfort domain

on the other hand has the least satisfaction rate of 63% where condition of water closet (WC) got the lowest satisfaction (M=2.91, SD= 1.048). Male patients (M=112.29) have higher satisfaction rate than female patients (M=87.47), U=3750, p= 0.002). Those who were suffering from Cancer for 1-2 years have higher satisfaction rate (M= 108.43) than those suffering for < 1 year (101.71) while the least satisfied were those suffering for ≥ 3 years (M=44.71). Those living in Bethlehem got the highest satisfaction rate (M=116.31) followed by those living nearby Ramallah (M=114.81), then those living in Hebron (M=91.75).

Conclusion: This is the first study conducted in Beit-Jala Hospital regarding satisfaction of patient with oncology disorder toward healthcare services which showed high satisfaction rates. This study has provided much insight into the level of patient satisfaction in the oncologic OPD at Beit-Jala Hospital especially medical examination. The results of this study will provide basis for enhancing the 5 domains of healthcare services provided for patient with oncology disorder. Results of this study also showed the patients level of dissatisfaction with comfort domains especially Water closet condition and waiting times. It is worth mentioning that patients are highly satisfied with the physician's attitude towards them.

تقييم رضا المرضى عن خدمات الرعاية الصحية المقدمة في قسم العيادات الخارجية للأورام في مستشفى بيت جالا ، بيت لحم ، فلسطين.

إعداد: محمد عيسى دار صرَار

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الملخص :

مقدمة: يشير رضا المرضى عن الرعاية الطبية إلى أحكام المرضى القيمة على ما يتلقونه في مرافق الرعاية الصحية. يمكن للمرضى الحكم على تقديم خدمة الرعاية الصحية فيما يتعلق بالتدابير التشخيصية والتحكم في الأعراض والعلاج. يمكن أن تساعد خدمات الرعاية الصحية التي يتم تقديمها في قسم عيادات الأورام للمرضى الخارجيين في الكشف عن مضاعفات اضطرابات الأورام وتقليلها أحيانًا. هذه الخدمات مهمة بطريقة تعمل على تحسين حالة المريض وتعزيز صحته. علاوة على ذلك ، من المرجح أن تؤثر جودة الرعاية المقدمة في أقسام عيادات الأورام على الاستخدام الفعال والامتثال للتدخلات بين المرضى الذين يعانون من مضاعفات .

الهدف: تقييم مستوى رضا المرضى عن خدمات الرعاية الصحية المقدمة في قسم العيادات الخارجية في مستشفى بيت جالا الحكومي.

المنهجية: تم استخدام التصميم الوصفي للدراسة المقطعية لتقييم مستوى الرضا بين المرضى الذين يعانون من اضطرابات الأورام عند زيارة العيادات الخارجية في مستشفى بيت جالا / فلسطين. كانت عينة الدراسة ملائمة وتم استخدام الاستبيان الذاتي لجمع البيانات. تم تطوير أداة الدراسة بواسطة Aletras (2006). تم استخدام الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار (26) لتحليل البيانات. تم استخدام الاختبار الوصفي والاختبارات غير المعلمية مثل اختبار Mann-Whitney-U واختبار Kruskal-Wallis H لتقييم الفروق في العوامل الديموغرافية مثل العمر والجنس والحالة الاجتماعية.

النتائج: أظهرت الدراسة أن 96٪ من المرضى كانوا راضين عن خدمات الرعاية الصحية في قسم الأورام بالعيادات الخارجية. سجل رضا المرضى عن الفحص الطبي أعلى معدل بلغ 99٪ حيث حصل العنصر المتعلق بموقف الطبيب تجاه المرضى على أعلى مستوى من الرضا (M = 4.35، SD = 0.556). من ناحية أخرى ، فإن مجال الراحة لديه أقل معدل رضاء قدره 63٪ حيث حصلت حالة خزانة المياه (WC) على أقل رضا (M = 2.91، SD = 1.048). المرضى الذكور (M = 112.29) لديهم معدل رضا أعلى من المرضى الإناث (M = 87.47، U = 3750، P = 0.002). أولئك الذين عانوا من السرطان لمدة 1-2 سنوات لديهم معدل رضا أعلى (M = 108.43) من أولئك الذين يعانون من أقل من سنة واحدة (101.71) بينما أقلهم رضا هم أولئك الذين يعانون لمدة 3 سنوات (M = 44.71). وحصل سكان بيت لحم على أعلى نسبة رضا (م = 116.31) يليهم الذين يعيشون بالقرب من رام الله (م = 114.81) ، ثم أولئك الذين يعيشون في الخليل (م = 91.75).

الخلاصة: هذه هي الدراسة الأولى التي أجريت في مستشفى بيت جالا بخصوص رضا المريض المصاب باضطراب الأورام عن خدمات الرعاية الصحية التي أظهرت معدلات رضا عالية. قدمت هذه الدراسة نظرة ثاقبة على مستوى رضا المرضى في العيادات الخارجية للأورام في مستشفى بيت جالا وخاصة الفحص الطبي. ستوفر نتائج هذه الدراسة أساسًا لتعزيز المجالات الخمسة لخدمات الرعاية الصحية المقدمة للمرضى المصابين باضطراب الأورام. سلطت هذه الدراسة الضوء على رضا المريض المصاب باضطراب الأورام عن خدمة الرعاية الصحية خاصة مع الفحص الطبي ، لكنهم كانوا غير راضين عن مجالات الراحة وخاصة حالة خزانة المياه وأوقات الانتظار. ومن الجدير بالذكر أن المرضى راضون للغاية عن موقف الطبيب تجاههم.

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LIST OF ABBREVIATIONS

Abbreviation	Explanation
AVH	**Augesta Victoria Hospital**
CT	**Computed Tomography**
MOH	**Ministry of Health**
PMOH	**Palestine Ministry of Health**
OPD	**Outpatient Department**
SPSS	**Statistical Package for Social Sciences**
WHO	**World Health Organization**
WC	**Water Closet**

CHAPTERONE

INTRODUCTION

1.1 BACKGROUND

Satisfaction is a pleasant feeling that people get when they fulfill their desires as needs, work, or success. It also comprises cultural, intellectual, and emotional facets that might be related to a person's previous experiences, expectations, and social norms. Patient satisfaction is a relative phenomenon, which has been around since 1960's but future research on the topic was initiated in late 1970's and early 1980's. This led to the substitution of the idea of 'quantity of life' by a more patient centered concept of 'quality of 1 life'. Patient satisfaction integrates the patient's perceived need and expectations from the health care system (Ekram & Rahman, 2006).

Also, patients' satisfaction is a fundamental phenomenon that recognizes the patients' needs to improve healthcare systems. The responses of patients to healthcare services are major way to obtain information about patient views regarding the perceived quality of healthcare service, and to establish healthy patient engagement (Kamimura et. al 2015). Patients who showed high satisfaction are showed more benefits of their treatment. (Aljuaid et. al, 2016)

Patient's satisfaction is an attitude of sick people and is considered as an evaluation of their experience toward provided health care services (Hussain, et. al, 2019). Measuring patient satisfaction indicate evaluating the patients perceived benefits from a distinct dimensions of health care organization, personnel, products, or services (Owusu-Frimpong, 2010). Important component of patient satisfaction is measuring the patients' socio-demographic characteristics, medical examination, hospital

environment, comfort, appointment time and lab-Radiology experience (Aletras et al. 2006).

In recent years there has been an increased interest among the health care providers in evaluating patient satisfaction, for the purpose of promoting patient's health (Abdullateef, 2011). Today patient's satisfaction is considered as one of the most important components of evaluating the quality of care (Al-Abri & Al-Balushi,. 2014). However, measurement of patient satisfaction has been developed for patients with variant chronic illness, while less concern was given to the satisfaction of patients with oncology disorders which are often associated with serious critical characteristics that can lead to poor prognosis and death (EL Marnissi, 2019).

Cancer is a serious disease that affects the lives of millions around the globe the nature of the disease and its treatment resulted in that patients with cancer are required to visit health care facilities more than patients with other diseases. Patient with oncology disorder requires multiple hospital visits for assessment by different clinicians and to undergo many laboratories or imaging tests for diagnosis, staging, or monitoring of treatment effects in addition to different types of procedures and interventions. Once diagnosed with cancer, patients need continued monitoring and support during and after treatment. To achieve the greatest benefits for patients, these services should be working in harmony and a timely fashion, with great commitment and compliance from the patients because any unwarrantable digression from the well-established standards may lead to fragmented and poor-health care and worse patient outcome. (Bray et. al, 2018)

However, living in the developing countries might increase the patient's burden and complicate their health conditions. Therefore, more attention should be paid to

these patients, and understanding their satisfaction with provided care is considered as a great challenge. Moreover, living with oncology disorders in the Palestinian context under the siege and the lack of enough and qualified health resources might impact patients' health and might adversely affect the patient's satisfaction with the provided care in the outpatient oncology clinic.

1.1.1. ONCOLOGY DISORDERS, GLOBAL FACTS

Oncology disorders are considered as a major issue and increasing public health problems and population burden for all countries. The universal cancer burden have risen to 18.1 million cases and 9.6 million deaths in 2018. In details one in 5 men and one in 6 women worldwide developed cancer during their lifetime, and one in 8 men and one in 11 women die from the disease. Moreover, the total number of people who are alive within 5 years of a cancer diagnosis, called the 5-year prevalence, is estimated to be 43.8 million. (Ferlay, et. al, 2018).

United states of America recorded new cancer cases which being cataloged as the following: the total estimation number was 1,735,350 and 609,640 of people who die from the disease, the new cases incidence of cancer per year is 439.2 per 100,000 men and women, the number of cancer deaths is 163.5 per 100,000 men and women. In 2016, there were an estimated 15.5 million cancer survivors in the United States. The survival rate is one of the main indicators about the effectiveness of cancer services, a higher survival rates might be related to how good the health care system is in treating the disease and whether people have rapid access to effective treatment. According to Ferlay et. al (2018) the number of cancer survivors is expected to increase to 20.3 million by 2026.

Moreover, in Europe the estimated number of new cancer cases was 3.9 million and 1.9 million deaths from cancer (Ferlay et.al, 2018). In contrast the number of deaths exceeded the number of new cases in countries like Asia and Africa as the incidence of cancer deaths were (57.3% and 7.3%, respectively) and the incident cases were (48.4% and 5.8%, respectively). The reported poor prognosis and higher mortality rates among cancer patients were related to the low socioeconomic status, limited access to the health care services and the delay in diagnosing and treating the cancer cases (Ferlay et. al, 2018).

In addition, the number of new cases has dramatically increased in some countries as in Jordan. It was reported that the prevalence of cancer from 2013-2018 was 25, 497cases, and the incidence of new cases in 2018 was 10,893 cases (World Health Organization, 2018). The West Bank of Palestine also witnessed a noticeable increase in the number of new cancer cases from 1073 cases in 2000 to 2536 in 2016 and 3102 new cases in 2018. In terms of the geographical distribution of the cases documented in 2016, the highest percentage was in Bethlehem governorate, which showed that 160.1 per 100,000 people were diagnosed with cancer. Moreover, cancer is the second cause of death among the Palestinian people due to the poor prognosis and increased number of deaths(Palestinian Ministry of Health(2018).The financial and political uncertainty forms a major problem in controlling and monitoring the cancer cases for implementing the required health care measures. The cost and the insufficient resources, as well as, the low coverage of the government's insurance system all affect the cancer health care measures, (Halahleh & Gale, 2018).

1.1.2 CANCER CARE AND HEALTH SERVICES IN THE OCCUPIED PALESTINE

Cancer is the second leading cause of death in Palestine, accounting for 12.4% of all deaths. In 2015, the cancer new reported cases were 2,400 in West Bank in 2015, the cancer incidence rate was 83.8 per 100,000 of population, 1,260 cases were females (52.5%) and 1,140 were males (47.5%). Among the cancer new reported cases, 801 cases were for 65 years old and over which formed 33.4% out of total cases, 1,435 cases (59.8%) were between 15 – 64 years of age and 164 cases (6.8%) were less than of 15 years of age. As cancer is the second leading cause of death in Palestine and in the region (PMOH, 2015).

The health care system in Palestine is largely affected by the socioeconomic and political conditions in the country and the substantial aids provided to the Palestinian authority might improve some of these effects. The socioeconomic and political conditions endured by the Palestinian people are considered as the key determinants of health and understanding these issues will facilitate the health promotion and quality of life of Palestinians patients. The shortage in cancer specialists, experienced nursing staff as well as unstructured training programs are challenges to improving cancer care in the Palestinian territories, (Giacaman et.al (2009).

The first radiation oncology service in the Palestinian territories was opened in August-Victoria Hospital, while upgrading radiation oncology capabilities is complex because of financial constraints and regional complexities, (Halahleh & Gale, 2018). In the Past Palestinians who were requiring radiation therapy were transferred to Israeli or Jordanian hospitals which will increase the burden of the health care system. Moreover, insured patients are eligible to use public health services without fees, patients with

chronic blood disorders as well as cancer patients are excused from paying the cost of their treatments (Ministry of Health, 2018). The Palestinian national health strategy 2017-2022 is to provide a comprehensive and affordable health care for all. The Palestinian Authority has been working to develop the health care services and to improve the quality of care provided for patients but achieving these issues in patient care requires much more efforts.

1.1.3. SERVICES PROVIDED IN THE OUTPATIENT ONCOLOGY DEPARTMENT (OPD)

The outpatient oncology department (OPD) at Beit-Jala hospital also known as (Al-Hussian) governmental hospital the only place at the Palestinian ministry of health covers the mid-southwest Bank region and provides health care services for patient with oncology disorder for example: Ultrasound image and CT scanning, laboratory test ordering, medication ordering, follow up, medical examination, operations and consultants. (PMOH, 2018)

1.2 STATEMENT OF PROBLEM

Caring for patients with oncology disorders has developed over time and more concern was given for the physical and psychosocial health aspects of these patients. However, measuring the level of satisfaction in patients with oncology disorders must be emphasized as a priority that help health professionals to understand the areas at which patients are satisfied as recipient of care. Although these patients are often exposed to frequent investigations and treatments, little is known about their satisfaction toward the provided care particularly in the Palestinian context. Palestinian Patients with oncology disorders are especially vulnerable related to the poor socioeconomic status in the country as well as the political issues and the consequent fragmented health care system that impact people health in general (Keelan, 2016). These challenges had fostered the researchers to understand the level of patients' satisfaction which is expected to add essential knowledge needed to promote the available practices and policies of caring for these patients as well as to meet their needs.

1.3 JUSTIFICATION OF THE STUDY

Patient satisfaction is the issue of today's interest, especially among patients with serious conditions as patients with oncology disorders. Measuring patient's satisfaction is needed to increase the health professional's knowledge about the areas of care that may need improvement for the purpose of promoting patient's health. Today patients are becoming aware about their needs and looking for the quality of the provided care to maintain their health and wellbeing. Therefore, Patient satisfaction has been considered a measure of outcome of health care and took the attention of clinicians, researchers, economists, and managers.

Conducting this research will add knowledge for health care provider that is essentially needed to improve clinical practice to meet patients 'health care needs and

might increase the level of their satisfaction. This study may help the hospital management and policymakers to improve policies and interventions provided for patients with oncology disorders to promote their health and sustain their satisfaction levels.

1.4 AIM AND OBJECTIVES

1.4.1 AIM

To assess patients' level of satisfaction toward health care services provided in outpatient oncology department of Beit-Jala Governmental Hospital.

1.4.2 SPECIFIC OBJECTIVES

1. To assess the level of patient satisfaction in the areas of hospital environment, medical examination, comfort, laboratory radiology experience, and appointment time at the oncology outpatient department in Beit-Jala Hospital

2. To examine whether the differences in socio-demographic characteristics of patients with oncology disorders will reflect their overall level of satisfaction.

3. To examine whether the differences in socio-demographic characteristics of patients with oncology disorders will reflect their specific level of satisfaction.

1.5 RESEARCH QUESTIONS

1. What is the level of patient satisfaction in the areas of hospital environment, medical examination, comfort, laboratory radiology experience, and appointment time at the outpatient oncology department of Beit -Jala hospital?

2. Is there any potential variation in patient's overall level of satisfaction related to the differences in their socio-demographic characteristics?

3. Is there any potential variation in patient's specific level of satisfaction related to the differences in their socio-demographic characteristics?

1.6 HYPOTHESIS

1. There is no significant difference (at $P<0.05$) between the overall level of patient satisfaction and the areas of hospital environment, medical examination, comfort, laboratory radiology experience, and appointment time at the outpatient oncology department of Beit -Jala hospital.
2. There is no significant difference (at $P<0.05$) between socio-demographic characteristics and patient's overall satisfaction level
3. There is no significant difference (at $P<0.05$) between socio-demographic characteristics and specific level of satisfaction.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

This chapter introduces the research paradigm as well as the theoretical framework for this study. It also provides related literatures and studies on patient satisfaction and healthcare services.

2.1CONCEPTUAL FRAMEWORK

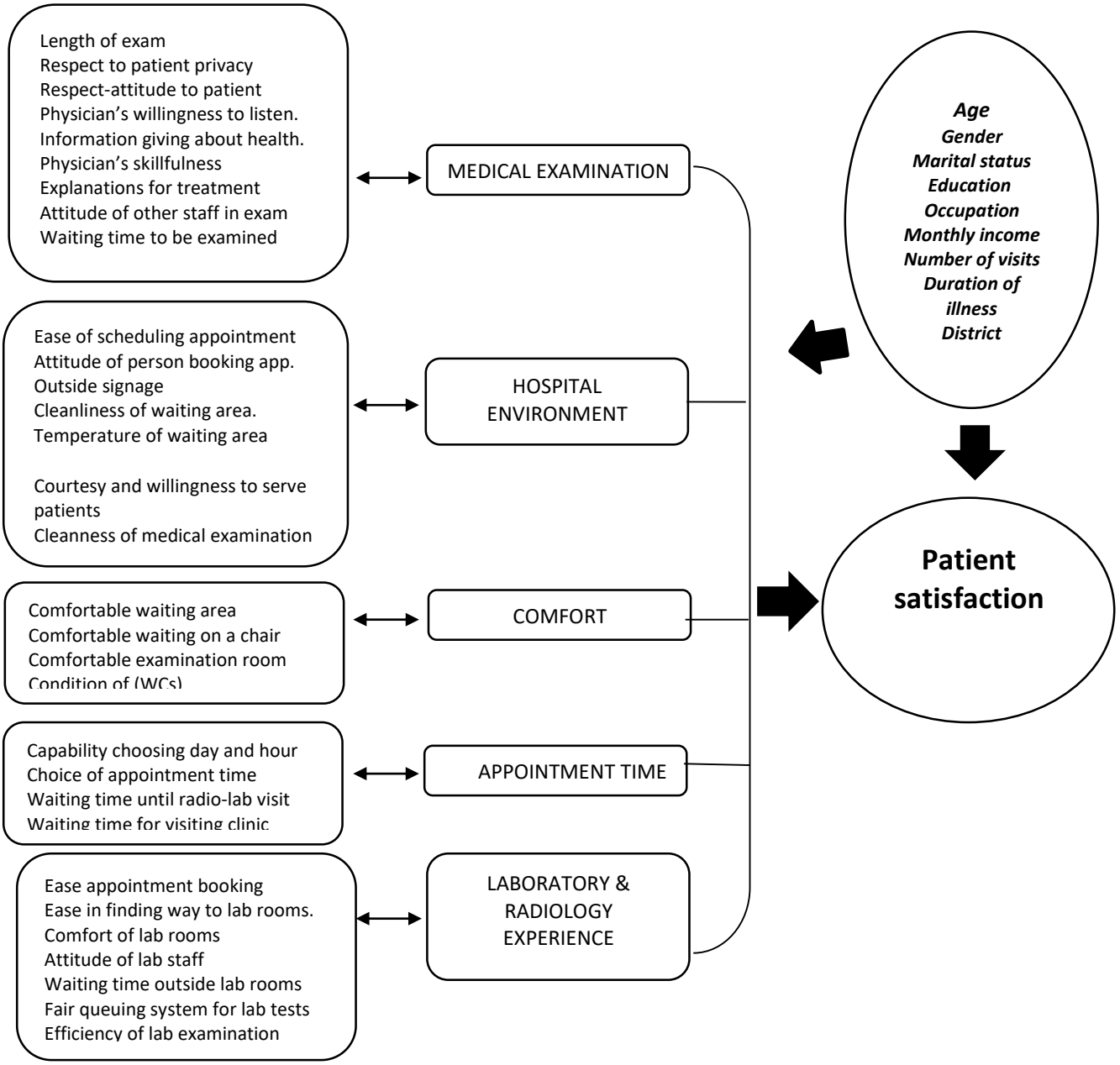

Figure 1: Patients' Satisfaction Conceptual Framework

The figure above illustrates the five components of patient satisfaction that were assessed in this study which include hospital environment, medical examination, comfort, laboratory radiology experience, and appointment time. In addition, it shows

the socio-demographic characteristics of the participants that were assessed in this study (Aletras, 2006).

2.2 VARIABLES

2.2.1 DEPENDENT VARIABLES

Patient level of satisfaction in the presented five components: hospital environment, medical examination, comfort, laboratory-radiology experience, and appointment time.

2.2.2 INDEPENDENT VARIABLES

Socio-demographic characteristics of patients with oncology disorders: age, gender, marital status, educational background, occupation, monthly income, number of visits per month, district, and oncology primary diagnosis.

2.3 OPERATIONAL DEFINITIONS

1. **Patient satisfaction:** is a measure of the extent to which a patient is content with the health care which they received from their health care provider (Farley,2014) .

2. **Oncology:** is a branch of medicine that deals with the prevention, diagnosis, and treatment of cancer (Janssen, 2021).

3. **Oncology Outpatient Clinic:** An outpatient department or outpatient clinic is the part of a hospital designed for the treatment of outpatients, people with cancer problems (Janssen, 2021)..

4. **Hospital environment** This refers to the pleasantness, comfort of the seating, attractiveness of waiting areas, clarity of signs and direction, good lighting, quite clean, neat orderliness of the equipment and facilities, (Aletras, 2006).

5. **Medical examination:** evaluation, annual physical, comprehensive medical exam, general health check, preventive health examination, medical check-up, (Aletras, 2006).

6. **Appointment time:** method in which each patient is given a different, specific appointment time. Also called stream scheduling, fixed appointment scheduling, or single booking, (Aletras, 2006).

7. **Comfort:** is multidimensional, characterized by relief from physical discomfort and feeling positive and strengthened in one's ability to cope with the surrounding environment, (Aletras, 2006).

8. **Laboratory and Radiology experience:** is where tests are carried out on clinical specimens or imaging services to obtain information about the health of a patient to aid in diagnosis, treatment, and prevention of disease, (Aletras, 2006).

2.4 REVIEW OF EMPIRICAL LITERATURE

Ware (1983) argued that patient characteristics are the determinants of satisfaction. Satisfaction is, however, a relative measure which research literature

shows, may be influenced by many factors like age, gender, ethnicity, socioeconomic status, marital status, educational level, income, and illness & health status.

2.4.1 Satisfaction level and age

A survey conducted on 1379 patients with cancer in nine participating ambulatory cancer clinics in hospitals across the province of Quebec, Canada. The survey showed that self-assessed health status, age, and education level were not significantly associated with the patients' satisfaction of cancer services, (Tremblay 2015). On the contrary age was only weakly associated with satisfaction, (Jenkinson et al, 2002).

Previous study found that age and health status are strongly related to hospital satisfaction. In general, older patients tended to report greater satisfaction, and sicker patients tended to be less satisfied (Thi etal, 2002).

A study of Patient Satisfaction and the Elderly showed that elder respondents generally record higher satisfaction, (Owens., etal,1996).

Moreover, age is a well-known determinant of the patient satisfaction index (PSI) with older patients scoring more highly and being more satisfied than young and middle-aged patients, (Cohen, 1996).

2.4.2 Satisfaction level and Gender, and Socio-Economic Status

A study at the Faculty Hospital in Prešov and at East Slovak Oncology Institute in Košicediddid not find a statistical relationship between gender and patients'

satisfaction, but they recorded men tendency to be more satisfied than women with nursing and medical care, information, and hospital environment (Obročníková,, et. al, 2017).

A study conducted on 100 patients entitled “Satisfaction with nursing care among patients attending oncology center in Basra city, Iraq” where majority of respondents were male younger than 60 years old and showed high satisfaction on nursing care and medical treatment, (Ebrahim et.al, 2015).

A study entitled “Patients’ Satisfaction with Primary Health Care Services at Capital Health Region, Kuwait” subjects aged above 50 years showed the highest overall and differential satisfaction. Male subjects and those who completed primary school showed the highest overall satisfaction. Other socio- demographic characteristics were not significantly related to overall satisfaction scores, (Al-Eisa etal, 2005).

Another study on client satisfaction of health services at UNRWA clinics in Bethlehem & Arroub camp showed that the elderly was most satisfied with total services. Females were also more satisfied than males, (Ahmad Qannametal, 2001).

A study entitled “Patient socio-demographic characteristics as predictors of satisfaction with medical care: a meta-analysis” indicated that female report greater satisfaction than male, (Hall. et.al, 1990).

In contrast, a study showed women tended to rate their care more negatively than men, (Thi et.al, 2002). However, another study showed that the effects of gender, ethnicity, and socio-economic status is equivocal due to the small amount of literature available, (McGee,1998).

2.4.3 Satisfaction level and Marital Status

Higher satisfaction may be explained by the fact that undoubtedly patient copes with the disease and cancer treatment better if has an important person (life partner, support person) who proves the patient support and understanding (Obročníková et.al, 2017).

A qualitative study entitled “Experiences and preferences of patients visiting a head and neck oncology outpatient clinic: a qualitative study” showed positive responses on the involvement of the patient and affection of family and friends in the crucial part of the decision-making of treatment, (Bisschop et al, 2017).

A study at the Faculty Hospital in Prešov and at East Slovak Oncology Institute in Košice showed no significant correlation was observed between marital status and satisfaction, although a higher level of satisfaction reported patients living with a partner, except for hospital access and exchange of information (Tschuschke, 2004).

2.4.4 Satisfaction level and Educational Level

A study conducted on patient satisfaction with services in outpatient clinics at Mulago hospital, Uganda and showed high satisfaction among clients with a primary or secondary education compare with none and low satisfaction rates among clients incurring costs of at least $1.5 during the visit, and those with longer waiting time, (Nabbuye-Sekandi et.al, 2011).

A study entitled “Factors Determining Inpatient Satisfaction with Care” showed more education was associated with less satisfaction with care in their study of 189 patients at a psychiatric hospital, (Thi, 2002).

Another study conducted showed that patient characteristics such as age and education may influence a patient's assessment of hospital performance, (Hargraves., et.al, 2001).

A study on client satisfaction of health services at UNRWA clinics in Bethlehem & Arroub camp showed high educated clients were the least satisfied and those who had no medical insurance showed unremarkable differences with those who had medical insurance, (Ahmad Qannametal, 2001).

2.4.5 Satisfactionlevel and Income

A study of 38,789 hospitalized Veterans Affairs VA patients found that those with higher income and married respondents were more positive in their assessment of care (Hoff et.al, 1999).

2.4.6 Illness and Health Status

A study entitled “Factors predicting patient satisfaction in women with advanced breast cancer: a prospective study”. Women in this study reported high level of satisfaction with medical care at the first year of the diagnosis. However, the level of unmet health care and limited information needed in longer-term of diagnosis predicted poor patient satisfaction, (Lam et al, 2018).

The patient’s health status had also been influential on the patient’s overall satisfaction from the hospital and the patients who had evaluated their health status as good had higher overall satisfaction score (Zarei et.al, 2015).

Results of the studies undertaken in the UAE and in Ethiopia showed that self-reported health status was positively correlated with the patient’s satisfaction. It seems like the more the patients feel recovered from their illness upon discharging from the

hospital, they will have higher satisfaction from the hospital and its provided services (Badri etal, 2009)

The previous studies' findings confirm that the patient's better physical and mental health status has a significant effect on their evaluation of the received services (Rahmqvist, 2001; Bacon & Mark, 2009).

Another study showed that patient's health status and the severity of illness are also important predictors of the patient's overall satisfaction level, (Kane et.al, 1997).

Sicker patient/clients and those experiencing psychological stress are less satisfied, poor health and pain decreased patient satisfaction (Johnson et.al, 1999).

Healthier patients were more satisfied but also, on the contrary that patients with chronic illness were more satisfied, (ZapkaJ et al, 1995).While another study found that health status was not a strong predictor, (Hsieh M. et al, 1991).

The extent to which a patient health status correlates with patient satisfaction has been investigated, but results are inconsistent. Another study found that perceived health status is one of the factors which were found to be positively associated with satisfaction with the quality of health care, (Patrick et.al, 1983).

2.4.7 District (Accessibility to Needed Services and Location)

The Geographic location of the cancer clinics on the other hand was the most consistent organizational determinant of oncology patients which showed less positively due to limited accessibility of cancer care and the travel distances involved (Tremblay, 2015).

A study entitled “Distance as a barrier to cancer diagnosis and treatment: review of the literature” which showed that increasing travel requirements are linked with more advanced disease at diagnosis, delayed treatment, a worse prognosis, and worse quality of life. These results suggest that clinical oncologists should remember the specific travel burden problem for cancer patients, who often need health care services every week or every month for many years, (Ambroggi et al, 2015).

Patients who have difficulty with accessibility are less satisfied (Patberg. etal, 1990).

2.5 HEALTHCARE SERVICES CHARACTERISTICS

2.5.1 Waiting time

A study entitled “The Patient–Healthcare Professional Relationship and Communication in the Oncology Outpatient Setting: A Systematic Review”showed a negative experience by the patients on the waiting time in the outpatient clinic and a low mean score (59.4) on the waiting room, waiting time, and access to parking, (Prip et al, 2018).

Another study conducted a survey for 100 patients on patient’s satisfaction with medical services provided in Outpatients’ Departments of a Greek Anti-Cancer Hospital in morning and afternoon clinics and showed lower patient satisfaction rate with long waiting periods and cleanliness of waiting area and seats, (Pini et.al, 2014).

A study on Measuring the use of examination room time in oncology clinics: a novel approach to assessing clinic efficiency and patient flow showed an increase in waiting time because of delays in clinic-related processes such as radiology, referrals

and laboratory results affect the use of examination rooms for patient (Hamel, L., et. Al, 2014).

The large number of patients visiting the morning outpatient hospital compared to afternoon clinics, directly results in longer waiting times (Pini etal, 2014).

Another contributing factor is not making appointments until the day of examination and lack of choices about the day and time of appointment and the long waiting time the patient sits in the waiting room until their turn for examination (Vastardis, 2009).

Cancer patients require longer consultation times, which have a buildup effect of increasing waiting times of the other patients needing to be seen (Yeboah & Thomas, 2009).Long waiting time is a major source of patient dissatisfaction and can negatively affect patient compliance with treatment modes and clinical outcomes (Yeboah &Thomas, 2009).Whereas other studies showed opposite results such as patients complaining of long waiting time, short consultation time, lack of privacy, non-availability of prescribed drugs and laboratory investigations (Al-Mahtab et.al, 2007).

Excessive waiting is perhaps the greatest irritation and dissatisfaction (Scott L., 1993). Several studies have been documenting the negative association between increased waiting time and patient satisfaction with primary care (Dansky et.al, 1997; Huang, 1994; Zoller et.al, 2001).

Another study found that time spent with the physician is most powerful determinant of overall patient satisfaction. However, the combination of long wait times and short visit times produced the lowest level of patient satisfaction observed in the study and suggests that both measures are important, (Anderson et al, 2002).

2.5.2 Comfort

A study conducted on 500 cancer patients on patient satisfaction of OPD (Outpatient Department) in Employee State Insurance (ESI) Hospital, Nagpur, Maharashtra, India showed a high satisfaction level with the seating arrangements for the patients and attendants, cleanliness, and the condition of toilets, (Deshmukh. et.al, 2019).

Whereas on the contrary other studies showed that the worst aspect was cleanliness of the wards (Danish et.al, 2008).

A study among Ministry of Health (MOH) hospital in Jordan showed that MOH hospitals in Jordan appear to be doing a relatively good job at providing services to their patients. Patients were generally satisfied with the admissions process, safety and privacy issues, and the cleanliness of their rooms, and they were very impressed with the technical knowledge of physicians and nurses, (Banks et.al, 2005).

According to some studies, the patients were satisfied with the cleanliness of the hospital (Baba, 2004) and waiting area conditions (Gadallah et.al, 2003).

Another study indicated that the major determinants of patient satisfaction were physical comfort, emotional support, and respect for patient preferences, (Jenkinson et al, 2002).

2.5.3 Medical examination

A study entitled “Defining the patient experience in medical oncology” conducted at Smilow Yale-New Haven Hospital showed high level of satisfaction with

hospital experience and physician communication skills while 29% of patients expressed dissatisfaction on the long wait time for medications or staff assistance, (Odai-Afotey et al, 2019).

Another study entitled “A review of cost communication in oncology: patient attitude, provider acceptance, and outcome assessment” and showed that communication was associated with improved patient satisfaction and a lower out-of-pocket expense, (Shih et.al, 2017).

A study entitled “Assessment of Patient Satisfaction of Outpatient Care in the Multidisciplinary Breast Clinic” showed a high satisfaction among patients who received more attention from physicians and nurses at out-patient care, (Lewis et al, 2017).

A study entitled “Oncology patients’ satisfaction towards quality health care services at Accredited University Hospital” at King Abdulaziz University Hospital. Result showed that patients were satisfied with the provided information given by medical staff about the patient's illness and the course of treatment; time spent with the physician; and the interpersonal skills of the physician and nurses, (Mahran etal, 2016).

The highest rates of patient satisfaction, both in the mornings and in the afternoon clinics, is related to services provided by physicians (diagnosis, treatment, and instructions), their behavior and their scientific competence. Given that oncology patients visiting the outpatient hospital are monitored at regular intervals by a particular doctor who knows their history, it is natural for patients to develop a special relationship of trust. This trust is reflected in the high levels of satisfaction reported (Pini etal, 2014).

These results are similarly observed by other researchers, that reported that these patients not only appreciate the scientific knowledge and skills of the physician, but also human contact with him, completeness of information and the time devoted to it, which are essential for the psychological and emotional support (Kyriacopoulos, 2009; Chandrinou et al., 2013).

Previous studies' results show that the patient-physician relationship and interpersonal aspects of the care are of the important and determining factors in the patient satisfaction (Keating et al., 2002; Raposo et al., 2009).

The patient's attitude towards disease is a decisive moment which determines the course of every treatment. The positive attitude of the patient is influenced by the approach of doctors and nurses to him, depending on their professional and interpersonal skills. The patient has the right to open communication, as mutual communication helps him to understand the situation and also prevents the genesis of negative emotions such as anxiety, stress, fear, etc. Sufficient information is a prerequisite for better patient compliance. Source of information about health condition, efficacy of the treatment or change of treatment is the patient's doctor. Those pieces of information are very important for cancer patient, especially how they are passed to the patient. On the other side, the information deficit can cause aggression, dissatisfaction, verbal complaints, questions, requests for information (Berč et.al, 2008).

Cancer patients seek help in health care workers (Davies et.al, 2005). Creating balanced and confidential relationship between caregivers and patients leads to strengthening the feeling of security and safety (Bártlová et.al, 2000).

There is consistent evidence across settings that the most important health service factor affecting satisfaction is the patient/client-practitioner relationship, including information and technical competence (Scott, 1993)

In a study entitled “An analysis of the concept ‘patient satisfaction’ as it relates to contemporary nursing care” showed that patient expectations are defined in terms of patients' needs, requests, or desires prior to seeing the doctor. Meeting patient/client expectations is assumed to play a role in the process by which an outcome can be said to be satisfactory or unsatisfactory. Expectations have important influence on the patient/client’s overall measurement of satisfaction with a health care experience. Patient/client satisfaction is influenced by the degree to which care fulfils expectation, (Young-Mahon, 1996).

However, another study suggested a link between satisfaction and fulfillment of patient/client expectations is not necessarily the case, since it is possible that the patient/client’s evaluation of a service may be largely independent of actual care received, (William, 1994).

On the other hand, Availability of customer needs and expectations will increase patient satisfaction was found by (Hall et.al, 1990). Another study identified that satisfaction was linked to prior satisfaction with health care and granting patient/clients’ desires, (Crow, et al, 2003). with health care what other people have told them about a particular disease, practitioner, or institution impacts a person ‘s perceptions, expectations and response to treatment, (Lazarus RS, 1980). Choice of service provider is associated with higher satisfaction in the study entitled “The Stress and Coping Paradigm', Competence and Coping During Adulthood” (Lazarus, 1980).

Choice of service provider is associated with higher satisfaction in the study entitled “The Stress and Coping Paradigm', Bond and Rosen Competence and Coping During Adulthood” (Lazarus RS, 1980).

2.5.4 Hospital environment

Studies undertaken in South Korea (Kim Cho, Ahn, Goh, & Kim, 2008) and India (Rao, Peters, &Bandeen, 2006) determined that quality of infrastructure and hospital environment has no significant effect on the overall satisfaction of the patients.

The physical environment quality among the service quality dimensions is a factor expected from the private hospitals and its inexistence will cause dissatisfaction of the patient; however, attaining this factor has a small effect on the patient satisfaction (Kim et al., 2008).

2.5.5 Appointment time

A study entitled “Measuring OPD patient satisfaction with different service delivery aspects at public hospitals in Pakistan” showed a positive registration service between patients and the facilitator which enhances patient satisfaction and long waiting time causes patient dissatisfaction (Hussain et al, 2019).

2.5.6 Radiology-Laboratory

A study entitled “Evaluation of Cancer Patient Satisfaction: A Transversal Study in Radiotherapy Department, Hassan II University Hospital, Fez, Morocco”

showed 44.34% of patients complained about the complexity of administrative formalities. 60.87% of cases judged that the waiting time was too long were dissatisfied, whereas 31.4% of patients claimed that care-quality of their pain was insufficient or bad, (EL Marnissi et. al, 2019).

CHAPTER THREE

MATERIALS AND METHOD

Introduction

This chapter presents the main aspects of the methodology including the study design, study population, setting, sample, inclusion and exclusion criteria, study instrument and methods of data collection. The ethical considerations and statistical analyses are also presented in this chapter.

3.1 Study Setting

This study was conducted in the Outpatient Oncology department of Beit-Jala Governmental Hospital. This department was established in 2003 in Beit Jala/Bethlehem City, Palestine. It provides the needed services for patients with oncology disorders including medical care as well as the diagnostic and therapeutic measures. The department is mainly opened to serve people living at Bethlehem city, but it also serves people with oncology disorders from all of the West Bank. The hospital went through several stages, during which it developed and expanded it consist of 33 seats, 2 nurses, 3 oncologist, 1 hematologist, 2residents doctors (Palestine Ministry of Health,2016). Currently there is 5 oncologist and 4 resident doctors working at the Outpatient oncology department.

The Oncology outpatient area located at the first floor of the hospital that provides comprehensive medical care to people with cancer and blood disorders. There is a variety of infusions and injections for non-cancer related conditions. The outpatient department is an important part of the overall services of the hospital. It is normally integrated with the in-patient services and staffed by consultant physicians and surgeons who also attend inpatients in the wards. Many patients are examined and given treatment as outpatients before being admitted to the hospital at a later date as inpatients. Wheelchairs and stretchers are available for non-ambulatory patients. Patients will register at a reception desk and a small waiting area near the doctor's clinic is provided while they wait for their appointments. Close at hand will be X-ray facilities, laboratories, the medical record office and a pharmacy. However there is only 1 common toilet shared by both male and female patients.

3.2 Study Design

A descriptive cross sectional study design was used to assess the level of satisfaction among patients with oncology disorders who visited the oncology outpatient clinic of Beit-Jala Governmental Hospital /Bethlehem.

3.3 Study Population

The study population consists of patients with oncology disorders who visited the outpatient oncology department of Beit-Jala hospital between the periods from July 2020 to November 2020. The total number of patients with oncology disorders were1000 in the last two years conducting the study.

3.4 Eligibility criteria

3.4.1 Inclusion Criteria:

Age above 18 years old, who are willing to participate and give consent; and can communicate well.

3.4.2 Exclusion criteria

Patients who were currently diagnosed or who need emergency attention; and patient who didn't complete the survey.

3.5 Sample Size

Two hundred respondents received and returned the survey sheets. The survey sheets were only answered by oncologic patients meeting the patient profile and inclusion criteria.

3.6 Survey instrument

A self-administered questionnaire of five-point Likert scale developed by Aletras (2006) (*Appendix A*). The questionnaire was valid and reliable to be used for the patients with oncology disorders. The 42-item questionnaire was used to investigate patients' level of satisfaction and it consists of two parts.

Part I contained 10 demographic items including age, gender, marital status, educational background, occupation, monthly income, number of visits per month, duration of suffering from illness, district and primary oncologic diagnosis.

Part II consisted of 32-items across 5 subsections and one question about overall patient satisfaction.

The 32 items were about the following 5 domains: Hospital Environment (7), Medical Examination (9), Comfort (4), Laboratory-Radiology Experience (7), Appointment Time (4) and Overall Satisfaction (1). Each of the 32 items was scored on five-point Likert scale of:1=Strongly Dissatisfied, 2=Dissatisfied,3=Neutral, 4=Strongly Satisfied and 5=Strongly (Aletras, 2006).

Satisfiedrepresenting a total scoring range from (0 –160). Participants who scored 96 and above indicates satisfaction, less than 96 indicates dissatisfaction, (Aletras, 2006). Questionnaires were distributed among educators and thesis advisors for feedback regarding relevance and applicability of the study among Palestinian patients with oncology disorders. The Questionnaires was translated to Arabic language by official translator.

3.7 Pilot study

A pilot testing was performed to test the instrument. Ten questionnaires were distributed to the patients of outpatient clinic at Augesta Victoria Hospital(AVH) on July 2020.The data were analyzed to clarify any unclear question. These ten patients were excluded from the study.

3.8 Reliability and Validity

The questionnaires have a good reliability and validity (*Appendix B*) which showed the reliability coefficients of sub categorical scales. It has strong internal consistency with Cronbach's Alpha for the 32 items of 0.899, (Aletras, 2006).

3.9 Ethical consideration

The researcher observed and followed full ethical standards in the conduct of the study following the study protocol assessments and standardized criteria particularly in managing the population and data such as but not limited to voluntary participations, anonymity, privacy and confidentiality and informed consent process. All information was treated with strict confidentiality and use only for research purpose. Anonymity: participants were assured anonymity by informing that the questionnaire had no names of the respondents.

Prior to the conduct of the actual data gathering activity, a letter (*Appendix C*)was sent to the Institutional Review Board of the Palestinian Ministry of Health (MOH) and Beit-Jala governmental Hospital administration and the nursing director. The research also sought permission from the research committee at Al Quds University

to conduct the data gathering at the outpatient oncology department. Informed consent was given to the participants. No personal information was recorded, and anonymity was guaranteed.

3.10 Data Collection Procedure

The oncologic patients who visited the OPD of Beit-Jala Hospital were addressed from July2020 to November 2020.The researcher initially sent a letter of invitation to the Hospital Director and potential participants. The purpose of the study as well as the procedure for sample selection was briefly explained in the letter (Appenix A). A contact phone number for the researcher was included so that the participants could ask or clarify the tool used. It was stated that the participation is voluntarily and assurance that all data will be kept confidential in an encrypted file on a password-protected computer in the residence of the researcher. Completing and returning filled survey implied consent. None of the surveys contained identifying information and the researcher was not able to link individual participants with their data. Self-administered questionnaire because of Covid-19 with strict percussion like mask and social distance took in consideration.

3.11 Sampling Technique

A convenience sample of patients visiting the OPD of Beit-Jala Hospital was used in this study with questionnaires distributed to all patients.

3.12 Data Analysis

The Statistical Package for Social Sciences (SPSS) Version (26) tool was used for data analysis. Descriptive test of relative frequency was used to describe the demographic characteristics of the participants.

Percentage, mean scores and standard deviation were used in determining the level of overall and the specific level of patient satisfaction across the 5 domains of healthcare services identified which are hospital environment, medical examination, comfort, laboratory-radiology experience, and appointment time.

On the other hand, the non-parametric tests of Mann-Whitney-U test and Kruskal–Wallis H test were used to assess the differences in demographic factors such as age, gender, marital status, educational background, occupation, monthly income, number of visits per month, duration of suffering from illness, district, and primary oncologic diagnosis with the level of overall and specific patient satisfaction for across domains. The confidence interval was set to 95% while a p-value of less than 0.05 will be considered significant.

Data entry was performed by the researcher and double-checked for outliers or errors. Data was tested for normality using the Kolmogorov-Smirnov and Shapiro-Wilk tests (*Appendix D)* which showed the data is not normally distributed (p=<0.001) and (p=<0.001) respectively.

3.13 Study Time:

This study run for two years from research design and planning, literature review, ethical clearance, data collection, data analysis, writing up, submission and eventual publication (*Appendix E).*

CHAPTER FOUR

RESULTS

4. Introduction

The first section of this chapter presents a demographic description of the sample in terms of age, gender, marital status, educational background, occupation, monthly income, number of visits per month, duration of suffering from illness, district, and primary oncologic diagnosis.

The second section addresses the first hypothesis which reflects the overall level of patient satisfaction with healthcare services at the outpatient oncology department of Beit-Jala Hospital.

The third section addresses the second hypothesis which includes the level of overall and specific patient satisfaction with the healthcare services highlighted in 5 domains such as hospital environment, medical examination, comfort, laboratory-radiology experience, and appointment time.

The fourth section addresses the third hypothesis which includes the differences in socio-demographic data of the respondents with the overall and specific level of satisfaction across domains.

4.1 Descriptive Analysis of Samples

The relative frequency distribution of respondents according to various demographic variables can be seen in Table 4.1. Fifty-three percent (53%) of the respondents are male and 47% are female. Majority (51%) were between the ages 36-55 years old while 34% ages 18-35 years old and 15% ages more than 56. Two-thirds of patients were married(67%), 18% single and the rest were a widow and divorced. 60.5% of patients were unemployed, 20%were non-governmental employees, 13.5% were self-employed and the rest was governmental employees. 27.5% of the employed patients have more than 3000 NIS per month. Around two-thirds of patients visited the

hospital two visits per month. 61% of patients suffered from the illness less than one year. 47.5% of the patients were diagnosed with colorectal cancer and 23%were diagnosed with breast cancer.

Table 4.1. Relative frequency distribution of demographic characteristics(n=200)

Demographic characteristics		**(n) %**
Age-group	18-35 years	69 (34.5)
	36-55 years	101(50.5)
	≥ 56 years	30(15.0)
Gender	Male	105(52.5)
	Female	95(47.5)
Marital Status	Single	36(18.0)
	Married	134(67.0)
	Widow	15(7.5)
	Divorced	15(7.5)
Education Background	Not educated	62(31.0)
	Matriculation and below	95(47.5)
	Diploma	6(3.0)
	Bachelor	35(17.5)
	Postgraduate	2(1.0)
Occupation	Unemployed	121(60.5)
	Governmental employee	12(6.0)
	Non-governmental employee	40(20.0)
	Self-employed	27(13.5)
Monthly Income for Employed Patients	< 1450 NIS	2(1.0)
	1450 -2999 NIS	22(11.0)
	≥ 3000 NIS	55(27.5)
Visited /month	1 visit	63(31.5)
	2 visits	130(65.0)
	≥ 3 visits	7(3.5)
Duration of suffering from illness	< 1 year	122(61.0)
	1-2 years	66(33.0)
	≥ 3 years	12(6.0)
District	Bethlehem	70(35.0)
	Hebron	104(52.0)
	Ramallah	18(9.0)
	other	8(4.0)
Oncology primary diagnosis	Breast	46(23.0)
	Colorectal	95(47.5)
	Prostate	11(5.5)

Gynecological	16(8.0)
Lung	25(12.5)
Bladder	4(2.0)
Other	3(1.5)

4.2 The Overall Level of Patient Satisfaction

The percentage distribution of overall patient satisfaction among patients with oncology disorders can be seen in Table 4.2. Out of 200 respondents, 192 (96%) of the patients were satisfied with healthcare services at the outpatient oncology department, while the remaining 4% were dissatisfied.

Table 4.2: Percentage Distribution of overall patient satisfaction (n=200)

	Satisfied	**Dissatisfied**
	n %	**n %**
Overall satisfaction	192(96.0)	8 (4.0)

4.3 The Overall and Specific Level of Patient Satisfaction with 5 Domains of Healthcare Services

4.3.1 Level of overall patient satisfaction with 5 domains of healthcare services

The percentage distribution of overall patient satisfaction among patients with oncology disorders with 5 domains of healthcare services can be seen in Table 4.3.1. Medical examination variable has the highest satisfaction rate of 99% and least dissatisfaction rate of 1%. Whereas the comfort variable has the least satisfaction rate of 63% and most dissatisfaction rate of 37%.

Table 4.3.1. Percentage distribution of overall patient satisfaction with 5 domains of healthcare services (n=200)

	Satisfied (n) %	Dissatisfied (n) %
Hospital environment	163(81.5)	37(18.5)
Medical examination	197(98.5)	3 (1.5)
Comfort	126(63.0)	74(37.0)
Laboratory – Radiology experience	178 (89.0)	22(11.0)
Appointment time	179 (89.5)	21(10.5)
Overall satisfaction	192 (96.0)	8 (4.0)

4.3.2 Level of Patient Satisfaction with Hospital Environment

The total mean score for the level of patient satisfaction with the hospital environment items is 3.54, SD= 0.492. Courtesy and willingness to serve patients at the information desk has the highest mean score of M= 3.85, SD=0.627 whereas Attitude and conduct of person booking the appointment has the lowest mean score M= 3.16, SD= 0.990 (see Table 4.3.2).

Table 4.3.2. Mean score of patient satisfaction with Hospital environment.

Questions	M	SD
1. Ease and promptness of appointment scheduling for the outpatient visit	3.57	.830
2. Attitude and conduct of person booking the appointment	3.16	.990
3. Courtesy and willingness to serve patients at the information desk	3.85	.627
4. Outside signage aiding patients to find their way to the outpatient clinics	3.45	.794
5. Cleanliness of waiting area	3.32	.929
6. Temperature of waiting area	3.63	.682
7. Cleanliness of office in which the medical examination took place	3.83	.423
Total mean score (7 items)	**3.54**	**.492**

4.3.3 Level of Patient Satisfaction with Medical examination

The total mean score for the level of patient satisfaction with the medical examination items is 3.96, SD= 0.377 being the physician's attitude toward patients got

the highest mean score ofM=4.35, SD=0.556 and lowest mean score for waiting time to be examined by a physician with M=2.92, SD= 0.984(see Table 4.3.3).

Table 4.3.3: Mean score of patient satisfaction with medical examination

	Questions	M	SD
1.	Time devoted by physician for the examination	3.90	.576
2.	Physician's respect to patient's privacy during the examination	4.30	.523
3.	Physician's attitude towards patient (i.e. treating him with respect)	4.35	.556
4.	Willingness of physician to listen to anything the patient had to say	4.00	.580
5.	Physician's ability to inform patient about his health condition	3.97	.808
6.	Professional and scientific skilfulness of physician	4.27	.571
7.	Physician's explanations to patient regarding the suggested treatment	4.18	.582
8.	Attitude and conduct of other members of hospital staff during the examination (nurses, ancillary staff)	3.76	.750
9.	Waiting time to be examined by a physician	2.92	.984
	Total mean score (9 items)	**3.96**	**.377**

4.3.4 Level of Patient Satisfaction with Comfort

The total mean score for the level of patient satisfaction with comfort item variables is 3.37, SD= 0.633. Comfort of physician examination office got the highest mean score ofM= 4.05, SD=0.478 whereas condition of W.C got the lowest mean score of M= 2.91, SD= 1.048(see Table 4.3.4).

Table 4.3.4: Mean score of patient satisfaction with Comfort

	Questions	M	SD
1.	Attractiveness and size of waiting area	3.26	.931
2.	Ease in finding a seat for pleasant waiting to see a physician	3.28	.909
3.	Comfort of physician examination office	4.05	.478
4.	Condition of W.C. (cleanliness, availability of soap, paper etc.)	2.91	1.048
	Total mean score (4 items)	**3.37**	**.633**

4.3.5 Level of Patient Satisfaction with Laboratory – Radiology experience

The total mean score for the level of patient satisfaction with the laboratory–radiology experience variables is 3.61, SD= 0.447. The highest mean score of M=3.91, SD=0.416 for comfort of radiographic and laboratory examination rooms whereas a lowest mean score of M= 2.99, SD= 1.032 for efficiency with which radiographic and laboratory examinations was performed (see table 4.3.5).

Table 4.3.5: Mean score of patient satisfaction with Laboratory – Radiology experience

	Questions	M	SD
1.	Ease of appointment booking for radiographic and laboratory examinations	3.57	.811
2.	Easy in finding the way to the radiographic and laboratory examination rooms	3.88	.501
3.	Comfort of radiographic and laboratory examination rooms	3.91	.416
4.	Radiographic and laboratory staff's attitude and willingness to serve patients	3.81	.577
5.	Waiting time outside the radiographic and laboratory examination rooms	3.42	.899
6.	Order with which patients were allowed to be examined by radiographic and laboratory staff	3.73	.599
7.	Efficiency with which radiographic and laboratory examination was performed (fast, painless examination)	2.99	1.032
	Total mean score (7 items)	**3.61**	**.447**

4.3.6 Level of Patient Satisfaction with Appointment Time

The total mean score for the level of patient satisfaction with appointment time variable is 3.74, SD= 0.475. The overall satisfaction with the hospital visits to the outpatient clinicsgot the highest mean score of M= 3.92, SD=0.430 whereas waiting time (days waiting) until the visit to the outpatient clinics got the lowest mean score of M= 3.55, SD= 0.813 (see Table 4.3.6).

Table 4.3.6: Mean score of patient satisfaction with Appointment Time

	Questions	M	SD

1. Capability of choosing day and hour for the appointment to visit the outpatient clinics	3.78	.625
2. Waiting time (days waiting) until the visit to the outpatient clinics	3.55	.813
3. Capability of choosing day and hour for the appointment to perform the radiographic and laboratory examinations	3.79	.590
4. Waiting time (days waiting) until the visit to perform the radiographic and laboratory examinations	3.70	.673
5. Overall satisfaction with the hospital visit to the outpatient clinics	3.92	.430
Total mean score (5 items)	**3.74**	**.475**

4.4 The Differences between Socio-demographic data with Patient Satisfaction and Specific Level of Satisfaction across domains

4.4.1 Differences between dichotomous variable in terms of patient's satisfaction and its domains

The Mann-Whitney U test was used to assess the difference between the dichotomous variable in terms of the patient's satisfaction total score and its domains. Significant differences were found between gender and the following: overall patient's satisfaction (P=0.002), hospital environment domain (p=0.025), medical examination domain (p=0.016), laboratory-radiology experience domain (p=0.012), and appointment time-domain (p=0.013). No significant difference is found between gender and the comfort domain (p=0.066). Male gender patients (M=112.29) have higher mean scores than female gender patients (M=87.47), U=3750, p= 0.002 in terms of overall patient satisfaction (see Table 4.4.1).

Table 4.4.1. Differences between dichotomous variable in terms of patient's satisfaction and its domains (Mann-Whitney U test: Significant at the $p<0.05$.)

Instrument Domain	Demographic characteristics		n	Mean Rank	Sum of Ranks	U value (Z)	P-value
Overall patient's satisfaction total score	Gender	Male Female	105 95	(112.29) (87.47)	11790 8310	3750 (-3.030)	.002*
Hospital environment total score	Gender	Male Female	105 95	(109.14) (90.95)	11459.5 8640.5	4080.5 (-2.244)	.025*
Medical examination total score	Gender	Male Female	105 95	(109.80) (90.23)	11528.5 8571.5	4011.5 (-2.402)	.016*
Comfort total score	Gender	Male Female	105 95	(107.55) (92.71)	11293 8807	4247 (-1.836)	.066
Laboratory-Radiology experience total score	Gender	Male Female	105 95	(110.13) (89.85)	11564 8536	3976 (-2.506)	.012*
Appointment time total score	Gender	Male Female	105 95	(109.55) (90.50)	11502.5 8597.5	4037.5 (-2.487)	.013*

Mann-Whitney U test
Significant at the p<0.05.

4.4.2 Differences between socio-demographic characteristics in terms of patient's satisfaction

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of patient's satisfaction seen in Table 4.4.2 below. It showed significant difference between marital status (p= <0.001), monthly income (p= 0.046), duration of suffering from illness (p= 0.002) and district (p= <0.001) in terms of patient's satisfaction with no significant differences found between age-group (p= 0.988), education background (p= 0.973), occupation (p= 0.321), visited per month (p= 0.411) and oncology primary diagnosis (p= 0.117).

A statistically significant difference between marital status in terms of patient's satisfaction (H (3) = 15.865, p = <0.001) with a mean rank ofpatient's satisfaction score of 117.10for single, 104.26 for married, 69.13 for widow and 58.47 for divorced with the Bonferroni post hoc test which showed a significant difference between divorced and married patients (p= 0.022), between divorced and single (p= 0.006) and between a widow and single (p= 0.042).

There is a statistically significant difference between monthly income in terms of patient's satisfaction (H (2) = 6.141, p = 0.046) with a mean rank of patient's satisfaction score of 27.25 for < 1450 NIS, 50.02 for 1450 -2999 NIS and 36.45 for ≥ 3000 NIS.

There is a statistically significant difference between duration of suffering from illness in terms of patient's satisfaction (H (2) = 12.460, p = 0.002) with a mean rank of patient's satisfaction score of 101.70 for < 1 year, 108.43 for 1-2 years and44.71 for ≥ 3 years with Bonferroni post hoc test showed a significant difference between ≥3 years and <1 year (p= 0.005) and between ≥3 years and 1-2 years (p= 0.002).

There is a statistically significant difference between district in terms of patient's satisfaction (H (3) = 16.449, p = <0.001) with a mean rank of patient's satisfaction score of 116.31 for Bethlehem, 91.75 for Hebron, 114.81 for Ramallah and43.63 for others with the Bonferroni post hoc test showed a significant difference between others and Ramallah (p= 0.023), between Hebron and Bethlehem (p=0.036) and between others and Bethlehem (p= 0.005)

Table 4.4.2: Differences between socio-demographic characteristics in terms of patient's satisfaction

Demographic characteristics	**(n)**	**Mean Rank**	**H value (df)**	**P-value**

Age-group	18-35 years	69	(101.36)		
	36-55 years	101	(99.98)	.024 (2)	.988
	≥ 56 years	30	(100.28)		
Marital Status	Single	36	(117.10)		
	Married	134	(104.26)	15.865 (3)	.001*
	Widow	15	(69.13)		
	Divorced	15	(58.47)		
Education Background	Not educated	62	(103.02)		
	Matriculation and below	95	(99.48)		
	Diploma	6	(86.92)	.504 (4)	.973
	Bachelor	35	(101.41)		
	Postgraduate	2	(95.25)		
Occupation	Unemployed	121	(94.35)		
	Governmental employee	12	(109.58)		
	Non-governmental employee	40	(111.08)	3.498 (3)	.321
	Self-employed	27	(108.35)		
Monthly Income for Employed Patients	< 1450 NIS	2	(27.25)		
	1450 -2999 NIS	22	(50.02)	6.141 (2)	.046*
	≥ 3000 NIS	55	(36.45)		
Visited /month	1 visit	63	(94.46)		
	2 visits	130	(104.29)	1.781 (2)	.411
	≥ 3 visits	7	(84.50)		
Duration of suffering from illness	< 1 year	122	(101.70)		
	1-2 years	66	(108.43)	12.460 (2)	.002*
	≥ 3 years	12	(44.71)		
District	Bethlehem	70	(116.31)		
	Hebron	104	(91.75)	16.449 (3)	.001*
	Ramallah	18	(114.81)		
	other	8	(43.63)		
Oncology primary diagnosis	Breast	46	(81.65)		
	Colorectal	95	(110.35)		
	Prostate	11	(92.50)	10.180 (6)	.117
	Gynecological	16	(94.28)		
	Lung	25	(111.74)		
	Bladder	4	(72.25)		

	Other	3	(84.00)

Kruskal Wallis Test
**Significant at the p<0.05.*

4.4.3 Differences between socio-demographic characteristics in terms of hospital environment domain

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of hospital environment domain seen in Table 4.4.3. There is a significant difference between marital status (H (3) = 11.293, p = 0.010) and hospital environment domain with the Bonferroni post hoc test which showed a significant difference between a widow and single patients (p= 0.048).

A significant difference was also found between the duration of suffering from an illness (H (2) = 9.817, p= .007) and hospital environment domain with Bonferroni post hoc test showed a significant difference between ≥ 3 years and < 1 year (p=0.016) and between ≥ 3 years and 1-2 years (p=0.005).

A significant difference was also found between districts (H (3) = 18.643, p= <0.001)and hospital environment domain with Bonferroni post hoc test showed a significant difference between other and Bethlehem (p=0.005) and, between Hebron and Bethlehem (p=0. .003)

Table 4.4.3: Differences between socio-demographic characteristics in terms of hospital environment domain

Demographic characteristics		**(n)**	**Mean Rank**	**H value (df)**	**P-value**
Age-group	18-35 years	69	(104.58)		.567

	36-55 years	101	(100.46)	1.134 (2)	
	≥ 56 years	30	(91.25)		
Marital Status	Single	36	(116.57)	11.293 (3)	.010*
	Married	134	(102.89)		
	Widow	15	(69.87)		
	Divorced	15	(71.23)		
Education Background	Not educated	62	(93.22)	6.784 (4)	.148
	Matriculation and below	95	(106.42)		
	Diploma	6	(55.17)		
	Bachelor	35	(106.86)		
	Postgraduate	2	(70.00)		
Occupation	Unemployed	121	(95.34)	3.649 (3)	.302
	Governmental employee	12	(124.79)		
	Non-governmental employee	40	(105.33)		
	Self-employed	27	(105.67)		
Monthly Income for Employed Patients	< 1450 NIS	2	(34.75)	2.841 (2)	.242
	1450 -2999 NIS	22	(46.89)		
	≥ 3000 NIS	55	(37.44)		
Visited /month	1 visit	63	(92.29)	1.903 (2)	.386
	2 visits	130	(104.38)		
	≥ 3 visits	7	(102.36)		
Duration of suffering from illness	< 1 year	122	(100.82)	9.817 (2)	.007*
	1-2 years	66	(108.66)		
	≥ 3 years	12	(52.42)		
District	Bethlehem	70	(121.40)	18.643 (3)	.000*
	Hebron	104	(90.64)		
	Ramallah	18	(98.58)		
	other	8	(50.13)		
Oncology primary diagnosis	Breast	46	(91.48)	8.439 (6)	.208
	Colorectal	95	(109.84)		
	Prostate	11	(105.68)		
	Gynecological	16	(75.78)		
	Lung	25	(102.88)		
	Bladder	4	(70.75)		

	Other	3	(75.67)

Kruskal Wallis Test
**Significant at the p<0.05.*

4.4.4 Differences between socio-demographic characteristics in terms of medical examination domain

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of the medical examination domain seen in Table 4.4.4.

A significant difference between district variable (H (3) = 8.779, p = 0.032) with Bonferroni post hoc test showed a significant difference between other and Hebron city (p= 0.026) and, between other and Bethlehem (p=0.024).

A significant difference was also found between oncology primary diagnosis in terms of medical examination domain (H (6) = 12.756, p= 0.047), being Lung cancer with the highest mean rank of M=116 and bladder cancer with the lowest mean rank of M=33.

Table 4.4.4. Differences between socio-demographic characteristics in terms of medical examination domain

Demographic characteristics		**(n)**	**Mean Rank**	**H value (df)**	**P-value**
Age-group	18-35 years	69	(93.86)	1.487 (2)	.475
	36-55 years	101	(103.21)		
	≥ 56 years	30	(106.65)		
Marital Status	Single	36	(111.04)	6.300 (3)	.098
	Married	134	(102.84)		
	Widow	15	(79.37)		
	Divorced	15	(75.43)		
	Not educated	62	(101.12)		.226

Education Background	Matriculation and below	95	(98.46)		
	Diploma	6	(70.33)		
	Bachelor	35	(105.69)	5.665 (4)	
	Postgraduate	2	(177.75)		
Occupation	Unemployed	121	(98.13)		
	Governmental employee	12	(107.63)		
	Non-governmental employee	40	(105.05)	.643 (3)	.887
	Self-employed	27	(101.20)		
Monthly Income for Employed Patients	< 1450 NIS	2	(27.50)	1.373 (2)	.503
	1450 -2999 NIS	22	(43.89)		
	≥ 3000 NIS	55	(38.90)		
Visited /month	1 visit	63	(87.84)		
	2 visits	130	(105.75)	4.699 (2)	.095
	≥ 3 visits	7	(116.86)		
Duration of suffering from illness	< 1 year	122	(103.54)		
	1-2 years	66	(99.75)	2.945 (2)	.229
	≥ 3 years	12	(73.75)		
District	Bethlehem	70	(103.49)		
	Hebron	104	(102.02)	8.779 (3)	.032*
	Ramallah	18	(106.22)		
	other	8	(41.75)		
Oncology primary diagnosis	Breast	46	(85.78)		
	Colorectal	95	(108.85)		
	Prostate	11	(95.00)	12.756 (6)	.047*
	Gynecological	16	(92.59)		
	Lung	25	(115.68)		
	Bladder	4	(33.38)		
	Other	3	(87.17)		

Kruskal Wallis Test

**Significant at the p<0.05.*

4.4.5 Differences between socio-demographic characteristics in terms of Comfort domain

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of comfort domain seen in Table 4.4.5.

A significant difference between age-group (H (2) = 7.347, p = 0.025) and comfort domain, with Bonferroni post hoc test showed a significant difference between 18-35 years and 36-55 years (p= 0.021).

A significant difference was also found between marital status (H (3) = 19.975, p= <0.001) and comfort domain with the Bonferroni post hoc test showed a significant difference between a widow and single (p=<0.001), between divorced and single (p=0.003) and, married and single (p=0.022).

A significant difference was also found between occupation (H (3) = 9.000, p= 0.029) and comfort domain with the Bonferroni post hoc test showed a significant difference between an unemployed and non-governmental employee (p=0.025).

A significant difference was also found between monthly income for employed patients (H (2) = 6.037, p= 0.049) and comfort domain with the Bonferroni post hoc test showed a significant difference between patients who were received 1450 -2999 NIS/month and ≥ 3000 NIS/month (p=0.048).

A significant difference was also between the duration of suffering from an illness (H (2) = 14.673, p= <0.001) and comfort domain with the Bonferroni post hoc test showed a significant difference between ≥ 3 years and < 1 year (p=<0.001) and between ≥ 3 years and 1-2 years (p=<0.001).

A significant difference was also found between districts (H (3) = 22.224, p= <0.001) and comfort domain with the Bonferroni post hoc test showed a significant

difference between other and Bethlehem city (p=0.048), other and Ramallah city (p=0.042) and between Hebron and Bethlehem city (p=<0.001), and Hebron and Ramallah city (p=<0.021).

Table 4.4.5: Differences between socio-demographic characteristics in terms of Comfort domain

Demographic characteristics		**(n)**	**Mean Rank**	**H value (df)**	**P-value**
Age-group	18-35 years	69	(115.29)	7.347 (2)	.025*
	36-55 years	101	(91.26)		
	≥ 56 years	30	(97.60)		
Marital Status	Single	36	(130.81)	19.975 (3)	.000*
	Married	134	(99.66)		
	Widow	15	(66.27)		
	Divorced	15	(69.47)		
Education Background	Not educated	62	(105.60)	6.865 (4)	.143
	Matriculation and below	95	(103.90)		
	Diploma	6	(57.50)		
	Bachelor	35	(92.87)		
	Postgraduate	2	(43.25)		
Occupation	Unemployed	121	(94.29)	9.000 (3)	.029*
	Governmental employee	12	(86.67)		
	Non-governmental employee	40	(124.15)		
	Self-employed	27	(99.44)		
Monthly Income for Employed Patients	< 1450 NIS	2	(32.25)	6.037 (2)	.049*
	1450 -2999 NIS	22	(50.00)		
	≥ 3000 NIS	55	(36.28)		
Visited /month	1 visit	63	(101.80)	2.613 (2)	.271
	2 visits	130	(101.72)		
	≥ 3 visits	7	(66.21)		
Duration of suffering from illness	< 1 year	122	(104.02)	14.673 (2)	.001*
	1-2 years	66	(105.12)		
	≥ 3 years	12	(39.29)		

District	Bethlehem	70	(119.38)		
	Hebron	104	(85.87)	22.224 (3)	.001*
	Ramallah	18	(128.36)		
	other	8	(62.88)		
Oncology primary diagnosis	Breast	46	(83.57)	7.575 (6)	.271
	Colorectal	95	(107.45)		
	Prostate	11	(94.73)		
	Gynecological	16	(100.69)		
	Lung	25	(110.04)		
	Bladder	4	(112.25)		
	Other	3	(65.17)		

Kruskal Wallis Test
**Significant at the p<0.05.*

4.4.6 Differences between socio-demographic characteristics in terms of laboratory-radiology experience domain

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of the laboratory-radiology experience domain seen in Table 4.4.6.

A significant difference was found between the marital status (H (3) = 9.065, p= <0.028) and laboratory-radiology experience domain with the Bonferroni post hoc test showed a significant difference between divorced and single (p=0.027).

A significant difference was also found between monthly income for employed patients (H (2) = 12.173, p= 0.002) and laboratory-radiology experience domain with the Bonferroni post hoc test showed a significant difference between patients who received 1450 -2999 NIS/month and ≥ 3000 NIS/month (p=<0.001).

A significant difference was also found between the duration of suffering from an illness (H (2) = 11.903, p= <.003) and laboratory-radiology experience domain with

the Bonferroni post hoc test showed a significant difference between ≥ 3 years and < 1 year (p=<0.007) and between ≥ 3 years and 1-2 years (p=<0.002).

A significant difference was also found between districts (H (3) = 20.277, p= <0.001) and laboratory-radiology experience domain with the Bonferroni post hoc test showed a significant difference between other and Bethlehem city (p=0.007), other and Ramallah city (p=0.006) and, between Hebron and Bethlehem city (p=0.014).

Table 4.4.6. Differences between socio-demographic characteristics in terms of laboratory-radiology experience domain

Demographic characteristics		**(n)**	**Mean Rank**	**H value (df)**	**P-value**
Age-group	18-35 years	69	(105.41)		
	36-55 years	101	(93.66)	3.222 (2)	.200
	≥ 56 years	30	(112.23)		
Marital Status	Single	36	(108.29)		
	Married	134	(104.84)	9.065 (3)	.028*
	Widow	15	(74.10)		
	Divorced	15	(69.47)		
Education Background	Not educated	62	(110.98)		
	Matriculation and below	95	(94.68)	3.630 (4)	.458
	Diploma	6	(111.67)		
	Bachelor	35	(96.81)		
	Postgraduate	2	(83.00)		
Occupation	Unemployed	121	(95.14)		
	Governmental employee	12	(93.46)	3.858 (3)	.277
	Non-governmental employee	40	(113.68)		
	Self-employed	27	(108.15)		
Monthly Income for Employed Patients	< 1450 NIS	2	(38.50)	12.173 (2)	.002*
	1450 -2999 NIS	22	(54.16)		
	≥ 3000 NIS	55	(34.39)		
Visited /month	1 visit	63	(98.23)		.248

	2 visits	130	(103.38)	2.785 (2)	
	≥ 3 visits	7	(67.36)		
Duration of suffering from illness	< 1 year	122	(100.70)	11.903 (2)	.003*
	1-2 years	66	(109.70)		
	≥ 3 years	12	(47.83)		
District	Bethlehem	70	(116.29)	20.277 (3)	.000*
	Hebron	104	(89.39)		
	Ramallah	18	(127.19)		
	other	8	(46.75)		
Oncology primary diagnosis	Breast	46	(82.37)	11.568 (6)	.072
	Colorectal	95	(106.99)		
	Prostate	11	(69.82)		
	Gynecological	16	(117.56)		
	Lung	25	(112.48)		
	Bladder	4	(98.50)		
	Other	3	(97.17)		

Kruskal Wallis Test
**Significant at the p<0.05.*

4.4.7 Differences between socio-demographic characteristics in terms of appointment time domain

The Kruskal Wallis test was used to assess the difference between socio-demographic characteristics in terms of the appointment time domain seen in Table 4.4.7. It showed a significant difference between marital status (H (3) = 15.124, p= 0.002) and the appointment time domain with the Bonferroni post hoc test showed a significant difference between divorced and single (p=0.041) and, divorce and married (p=<0.001).

Table 4.4.7. Differences between socio-demographic characteristics in terms of appointment time domain

Demographic characteristics		n	Mean Rank	H value (df)	P-value
Age-group	18-35 years	69	(90.93)	3.614 (2)	.164
	36-55 years	101	(104.10)		
	≥ 56 years	30	(110.40)		
Marital Status	Single	36	(96.94)	15.124 (3)	.002*
	Married	134	(107.89)		
	Widow	15	(91.47)		
	Divorced	15	(52.03)		
Education Background	Not educated	62	(106.17)	1.317 (4)	.859
	Matriculation and below	95	(98.16)		
	Diploma	6	(108.25)		
	Bachelor	35	(96.23)		
	Postgraduate	2	(87.50)		
Occupation	Unemployed	121	(101.06)	2.336 (3)	.506
	Governmental employee	12	(106.92)		
	Non-governmental employee	40	(90.58)		
	Self-employed	27	(109.85)		
Monthly Income for Employed Patients	< 1450 NIS	2	(22.50)	1.713 (2)	.425
	1450 -2999 NIS	22	(42.98)		
	≥ 3000 NIS	55	(39.45)		
Visited /month	1 visit	63	(98.52)	.157 (2)	.925
	2 visits	130	(101.61)		
	≥ 3 visits	7	(97.79)		
Duration of suffering from illness	< 1 year	122	(97.65)	5.884 (2)	.053
	1-2 years	66	(110.80)		
	≥ 3 years	12	(72.79)		
District	Bethlehem	70	(100.69)	2.071 (3)	.558
	Hebron	104	(101.94)		
	Ramallah	18	(103.31)		
	other	8	(73.81)		
Oncology primary diagnosis	Breast	46	(87.48)	6.755 (6)	.344
	Colorectal	95	(104.74)		
	Prostate	11	(105.91)		

Gynecological	16	(90.06)
Lung	25	(109.92)
Bladder	4	(86.38)
Other	3	(142.00)

Kruskal Wallis Test
**Significant at the p<0.05.*

CHAPTER FIVE

DISCUSSION OF RESULTS

5.1 The Overall and Specific Level of Patient Satisfaction with 5 Domains of Healthcare Services

Results of the current study showed that the satisfaction of oncology patients who utilize the services provided in the outpatient oncology department of the Beit-Jala hospital was high. Out of 200 respondents, 96% of the patients were satisfied with healthcare services at the outpatient oncology department. This data is similar to a previous study that showed a high satisfaction rate of patients with oncology disorders after improving the quality of services provided by hospitals (Pinietal, 2014; Labiris & Niakas, 2005; Matis et al., 2009; Gnardellis & Niakas, 2005; Nialamides, 2009). Patients are most satisfied with the medical exam domain (98.5%), while the least satisfaction was in the comfort domain of about (63%).

Medical examination variable has the highest satisfaction rate of 99% in which item about physician's attitude toward patients got the highest satisfaction (M=4.35, SD=0.556). These results are similarly observed by other researchers in which patients not only appreciate the scientific knowledge and skills of the physician, but also human contact with him, completeness of information and the time devoted to it, which are essential for the psychological and emotional support (Kyriacopoulos, 2009; Chandrinou et al., 2013).Similar results showed that the highest rates of patient satisfaction, both in the mornings and in the afternoon clinics, is related to services provided by healthcare providers (diagnosis, treatment, and instructions), their behavior and their scientific competence. Given that oncology patients visiting the outpatient hospital are monitored at regular intervals by a particular doctor who knows their history, it is natural for patients to develop a special relationship of trust. This trust is reflected in the high levels of satisfaction reported (Pinietal, 2014). Results of the

previous studies showed that the patient-healthcare provider relationship and interpersonal aspects of the care are of the important and determining factors in the patient satisfaction (Keating et al., 2002; Raposo et al., 2009).

The patient's attitude towards disease is a decisive moment which determines the course of every treatment. The positive attitude of the patient is influenced by the approach of doctors and nurses to him, depending on their professional and interpersonal skills. The patient has the right to open communication, as mutual communication helps him to understand the situation and prevents the genesis of negative emotions such as anxiety, stress, fear, etc. Sufficient information is a prerequisite for better patient compliance. Source of information about health condition, efficacy of the treatment or change of treatment is the patient's doctor. Those pieces of information are very important for cancer patient, especially how they are passed to the patient. On the other side, the information deficit can cause aggression, dissatisfaction, verbal complaints, questions, requests for information (Berč A., etal, 2008). Cancer patients seek help in health care workers (Davies, E., etal, 2005). Creating balanced and confidential relationship between caregivers and patients leads to strengthening the feeling of security and safety (Bártlová etal, 2000).

The least satisfied (M=2.92, SD=0.984) item under the medical exam domain is the waiting time to be examined by a physician which is congruent to several studies that long waiting time is a major source of patient dissatisfaction and can negatively affect patient compliance with treatment modes and clinical outcomes (Yeboah & Thomas, 2009).Cancer patients require longer consultation times, which have a buildup effect of increasing waiting times of the other patients needing to be seen (Yeboah & Thomas, 2009).Another contributing factor is not making appointments until the day of examination and lack of choices about the day and time of appointment and the long

waiting time the patient sits in the waiting room until their turn for examination (Vastardis, 2009). Similarly, the large number of patients visiting the morning outpatient hospital compared to afternoon clinics, directly results in longer waiting times (Pini, etal, 2014).

The comfort domain on other hand has the least satisfaction rate of 63% where in comfort of physician examination office got the highest satisfaction (M=4.5, SD=0.478) whereas condition of Water Closet got the lowest satisfaction (M=2.91, SD= 1.048) in which according to some studies, the patients were satisfied with the cleanliness of the hospital (Baba, I, 2004) and waiting area conditions (Gadallah, etal, 2003).Whereas on the contrary other studies showed that the worst aspect was bad cleanliness of the wards (Danish, etal, 2008).

In terms of hospital environment (18%), it has no significant effect to overall patient satisfaction which is congruent to studies undertaken in South Korea (Kim Cho, Ahn, Goh, & Kim, 2008) and India (Rao, Peters, &Bandeen, 2006) determined that quality of infrastructure and hospital environment has no significant effect on the overall satisfaction of the patients. The physical environment quality among the service quality dimensions is a factor expected from the private hospitals and its inexistence will cause dissatisfaction of the patient; however, attaining this factor has a small effect on the patient satisfaction (Kim et al., 2008).

In terms of appointment time(10%), it has no significant effect on the overall satisfaction of the patients which is in contrast with the study conducted by Hussain, A et al. entitled “Measuring OPD patient satisfaction with different service delivery aspects at public hospitals in Pakistan” showed a positive registration service between

patients and the facilitator which enhances patient satisfaction and long waiting time causes patient dissatisfaction (Hussain etal, 2019).

In terms of radiology-laboratory experience(11%)it has no significant effect on the overall satisfaction of the patients which is in contrast with the study conducted by EL Marnissi et. Al (2019) conducted a study "Evaluation of Cancer Patient Satisfaction: A Transversal Study in Radiotherapy Department, Hassan II University Hospital, Fez, Morocco" showed 44.34% of patients complained about the complexity of administrative formalities. 60.87% of cases judged that the waiting time was too long were dissatisfied, whereas 31.4% of patients claimed that care-quality of their pain was insufficient or bad. (EL Marnissi et. Al , 2019)

5.2 The Differences between Socio-demographic data with Patient Satisfaction and Specific Level of Satisfaction across domains

Socio-demographic profile such as gender, marital status, monthly income, duration of suffering from illness, and district got a significant difference in terms of satisfaction reverse to the age, educational background, occupation, number of visits per month and oncologic primary diagnosis.

In terms of gender, male gender patients (M=112.29) have higher satisfaction rate than female gender patients (M=87.47), U=3750, p= 0.002). Significant satisfaction was also found between gender and the following: overall patient's satisfaction (P=0.002), hospital environment domain (p=0.025), medical examination domain (p=0.016), laboratory-radiology experience domain (p=0.012), and appointment time-domain (p=0.013). No significant differences were found in relation to gender and their satisfaction about the comfort domain(p=0.066). This is in contrast with a study at the Faculty Hospital in Prešov and at East Slovak Oncology Institute in

Košice showed no statistical relationship was found between gender and patients' satisfaction, but they recorded men tendency to be more satisfied than women with nursing and medical care, information, hospital environment (Obročníková, etal, 2017).

In terms of marital status, single (M=117.10) has the highest satisfaction rate followed by married (M=104.26), widow (M=69.13) and the least satisfied were the divorced (58.47). The oncologic disease significantly affects not just the patient life, but also the lives of family members, his relationships with individual members of family and social relationships and it also has a major impact on patient quality of life. A study at the Faculty Hospital in Prešov and at East Slovak Oncology Institute in Košice showed no significant correlation was observed between marital status and satisfaction, although a higher level of satisfaction reported patients living with a partner, except for hospital access and exchange of information (Tschuschke, 2004).Higher satisfaction may be explained by the fact that undoubtedly patient copes with the disease and cancer treatment better if has an important person (life partner, support person) who proves the patient support and understanding (Obročníková,, etal, 2017).

In terms of duration of suffering from illness, those who were suffering for1-2 years have the highest satisfaction rate (M= 108.43) followed by those suffering for < 1 year (101.71)and least satisfied were those suffering for ≥ 3 years (M=44.71) in which studies have shown that the patient's health status had also been influential on the patient's overall satisfaction from the hospital and the patients who had evaluated their health status as good had higher overall satisfaction score (Zarei, E., etal, 2015). Similarly, results of the studies undertaken in the UAE and in Ethiopia showed that self-reported health status was positively correlated with the patient's satisfaction. It seems like the more the patients feel recovered from their illness upon discharging from

the hospital, they will have higher satisfaction from the hospital and its provided services (Badri etal, 2009; Tateke, , etal, 2012).Moreover, the previous studies' findings confirm that the patient's better physical and mental health status has a significant effect on their evaluation of the received services (Rahmqvist, 2001; Bacon & Mark, 2009).

In terms of monthly income, those who were earning 1450-2999 NIS has the highest satisfaction rate (M=50.02), followed by those earning for ≥ 3000 NIS (M=36.45) and the least satisfied were those earning for < 1450 NIS (M=27.25) in which a study of 38,789 hospitalized Veterans Affairs VA patients found that those with higher income and married respondents were more positive in their assessment of care (Hoff., etal, 1999).

In terms of district location, those living in Bethlehem got the highest satisfaction rate (M=116.31) followed by those living nearby Ramallah (M=114.81), then those living in Hebron (M=91.75) and the least satisfied were those living in other cities (M=43.63).The Geographic location of the cancer clinics on the other hand was the most consistent organizational determinant of oncology patients which showed less positively due to limited accessibility of cancer care and the travel distances involved (Tremblay D, 2015). A study entitled "Distance as a barrier to cancer diagnosis and treatment: review of the literature" which showed that increasing travel requirements are linked with more advanced disease at diagnosis, delayed treatment, a worse prognosis, and worse quality of life, (Ambroggi M. et. Al, 2015). These results suggest that clinical oncologists should remember the specific travel burden problem for cancer patients, who often need health care services every week or every month for many years. Patients who have difficulty with accessibility are less satisfied (Patberg RM., etal, 1990).

In terms of age(p=0.988), this study showed no significant satisfaction which contrasts with several studies reviewed found that age and health status are strongly related to hospital satisfaction. In general, older patients tended to report greater satisfaction, and sicker patients tended to be less satisfied (Thi, PL., etal, 2002). Another study found that age is a well-known determinant of the patient satisfaction index (PSI) with older patients scoring more highly and being more satisfied than young and middle-aged patients, (Cohen, G., 1996).

In terms of education (p=0.973), this study showed no significant satisfaction in contrast to the study that Nabbuye-Sekandi, etal (2011) conducted on patient satisfaction with services in outpatient clinics at Mulago hospital, Uganda and showed high satisfaction among clients with a primary or secondary education compare with none. Similarly, a study on client satisfaction of health services at UNRWA clinics in Bethlehem &Arroub camp showed high educated clients were the least satisfied and those who had no medical insurance showed unremarkable differences with those who had medical insurance, (Ahmad Qannametal, 2001).

5.3 LIMITATIONS

The Covid-19 pandemic limited the scope of the study to just the OPD and one hospital to decrease the contact time and exposure. The pandemic also decreased the number of referrals to the hospital which made it difficult to take a random sample. The convenient sampling was the only feasible technique used in this period used which affected the general result of the study. This study was also limited by budget and time constraint, hence a small-scale study. Furthermore, this center is the only oncology center in the mid-south of West Bank that provides the oncology services so it will be a benefit in the future studies to compare patient satisfaction with oncology services in other centers.

5.4 CONCLUSION

This is the first study conducted in Beit-Jala Hospital regarding patient satisfaction on healthcare services which showed high satisfaction rates. This study has provided much insight into the level of patient satisfaction in the oncologic OPD of Beit-Jala Hospital. The results of this study will provide basis for enhancing the 5 domains of healthcare services provided by this hospital. This study highlighted the satisfaction of patient with oncology disorder with health care service especially with medical examination, but they were dissatisfied with comfort domains especially water closet (WC)condition and waiting times. It is worth mentioning that patients are highly satisfied with the physician's attitude towards them, and they are also satisfied with the courtesy and willingness of the staff.

The results of this study might promote the health care services at the oncology OPD to provide patients with Optimal care The hospital managers might think about patients' dissatisfaction with the waiting time and try to reduce it because long waiting

time might adversely affect patients worries and fears of the investigations and treatment.

Moreover, the Palestinian political and economic issues result in the fragmentation of health care system through many years (Keelan E, 2016). These challenges need improvement in the health care services and this study have also shown that accessibility to services is low for those who are from far flung areas.

5.5 RECOMMENDATIONS

Satisfaction is an abstract and multidimensional concept, which is difficult to observe or measure, therefore it should be evaluated using a variety of multi-item scales (Labarere, 2001). This quantitative descriptive research study has identified that of the 5-healthcare services domain of the Beit-Jala Hospital, medical examination service got the highest dissatisfaction rate (98%). Waiting time to be examined by the physician, and conditions of the WC poses high dissatisfaction rate.

A well-designed healthcare delivery system in Beit Jalal Hospital can improve the quality and optimized services particularly in reducing waiting time by a carefully designed appointment system and then visit the doctor at the scheduled time. Appointments help to reduce the actual waiting time and the number of patients waiting in outpatient departments (Su, etal, 2019). However, they may cause losses for the hospital if the patients do not arrive for their appointments (Srinivas et.al, 2018).

Another effective intervention method done which can be adapted by the management of Beit Jalal hospital aimed at reducing waiting time and raising patient satisfaction was carefully designed continuous efforts, rather than a one-time campaign on a long-lasting reduction effect on waiting time for filling prescriptions with

appropriate incentives implemented by a taskforce authorized by the hospital managers (Sun et.al, 2017).

Similarly, motivating doctors and nurses properly and strengthening cooperation among medical teams of Beit Jala Hospital can help shorten the actual waiting time of patients.

These results are not generalized to the entire Palestine but may suggest similarly dissatisfaction may be present among cancer patients nationwide. Further large-scale studies are necessary to determine if the trend recognized in this study is occurring throughout the Palestinian territory. With a larger-scale samples it may address how the healthcare services influences/ affects patient satisfaction.

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Appendices

I. APPENDIX A: Patient Satisfaction Survey Questionnaire

جامعة القدس
Al-Quds University

College of health professions

Nursing Department

Assessment the level of satisfaction among patients with oncology disorder towards healthcare services at the outpatient oncology department of Beit-Jala hospital, Bethlehem, Palestine

Dear participant

My name is Mohamed Isa Dar Sarrar, I'm a student nurse in the Master program of Nursing Management. My study thesis as fulfillment of the master degree requirements

is about the **ASSESSMENT OF PATIENTS SATISFACTION TOWARD HEALTHCARE SERVICES.** so I would like to fill out the form with you on this topic. Collecting the information is for the research purposes and confidentially is largely respected.

I agree to participate

I do not agree to explain the reasons:

For inquiries, call 0597113006

QUESTIONNAIRE

Assessment of patients' satisfaction towards healthcare services provided at the outpatient oncology department of Beit-Jala hospital, Bethlehem, Palestine.

This questionnaire is prepared for assessing the patients' satisfaction toward healthcare services in the outpatient oncology department at Beit-Jala Governmental hospital, Bethlehem, Palestine. The information receiving from you will be helpful for improving healthcare services. Your cooperation will be highly appreciated.

Name of data collector: Mohammad Sarrar

Date of data collection: July2020- November 2020

SECTION ONE: GENERAL INOFRMATION REGARDING THE PATIENT (SOCIO-DEMOGRAPGIC): Put circle.

Age: 18-35 36-55 ≥ 56

Gender: Male Female

Marital Status: Single Married Widow Divorced

Education background: Not-Educated Matriculation and below Diploma Bachelor Postgraduate

Occupation: Unemployed Governmental employee Non-governmental employee Self-employed

If employedMonthly income :<1450 1450-2999 ≥3000

Visit \month: 1 2 ≥3

Suffering from illness :<1 year 1-2years ≥3years

District: Bethlehem Hebron Ramallah other

Oncology primary diagnosis : Breast Colorectal Prostate Gynecological Lung Bladder Other

SECTION TWO: Patients satisfactions towards Out-patient oncology department services and facilities:1. Strongly Dissatisfied 2. Dissatisfied 3. Neutral 4. Satisfied 5. Strongly Satisfied

- **Hospital environment**

Questions	1. Strongly Dissatisfied	2.Dissatisfied	3.Neutral	4.Satisfied	5.Strongly Satisfied
1. Ease and promptness of appointment scheduling for the outpatient visit					
2. Attitude and conduct of person booking the appointment					
3. Courtesy and willingness					

to serve patients at the information desk					
4. Outside signage aiding patients to find their way to the outpatient clinics					
5. Cleanliness of waiting area					
6. Temperature of waiting area					
7. Cleanliness of office in which the medical examination took place					

Medical examination

Questions	1. Strongly Dissatisfied	2.Dissatisfied	3.Neutral	4.Satisfied	5.Strongly Satisfied
8. Time devoted by physician for the examination					
9. Physician's respect to patient's privacy during the examination					
10. Physician's attitude towards patient (i.e. treating him with respect)					

11. Willingness of physician to listen to anything the patient had to say					
12. Physician's ability to inform patient about his health condition					
13. Professional and scientific skilfulness of physician					
14. Physician's explanations to patient regarding the suggested treatment					
15. Attitude and conduct of other members of hospital staff during the examination (nurses, ancillary staff)					
16. Waiting time to be examined by a physician					

Comfort

Questions	1. Strongly Dissatisfied	2.Dissatisfied	3.Neutral	4.Satisfied	5.Strongly Satisfied
17. Attractiveness and size of waiting area					
18. Ease in finding a seat for pleasant					

waiting to see a physician					
19. Comfort of physician examination office					
20. Condition of W.C. (cleanliness, availability of soap, paper etc.)					

Laboratory – Radiology experience

Questions	1. Strongly Dissatisfied	2.Dissatisfied	3.Neutral	4.Satisfied	5.Strongly Satisfied
21. Ease of appointment booking for radiographic and laboratory examinations					
22. Ease in finding the way to the radiographic and laboratory examination rooms					
23. Comfort of radiographic and laboratory examination rooms					
24. Radiographic and laboratory staff's attitude and willingness to serve patients					

25. Waiting time outside the radiographic and laboratory examination rooms					
26. Order with which patients were allowed to be examined by radiographic and laboratory staff					
27. Efficiency with which radiographic and laboratory examination was performed (fast, painless examination)					

Appointment time

Questions	1. Strongly Dissatisfied	2.Dissatisfied	3.Neutral	4.Satisfied	5.Strongly Satisfied
1. Capability of choosing day and hour for the appointment to visit the					

outpatient clinics					
2. Waiting time (days waiting) until the visit to the outpatient clinics					
3. Capability of choosing day and hour for the appointment to perform the radiographic and laboratory examinations					
4. Waiting time (days waiting) until the visit to perform the radiographic and laboratory examinations					
Overall satisfaction with the hospital visit to the outpatient clinics					

جامعة القدس
Al-Quds University

الكلية التمريض والمهن الصحية

البرنامج : الدراسات العليا

تقييم رضا المرضى عن خدمات الرعاية الصحية المقدمة في قسم العيادات الخارجية للأورام في مستشفى بيت جالا ، بيت لحم ، فلسطين.

عزيزي المشارك\ة

اسمي محمد عيسى دار صرار ، أنا ممرض و طالب في برنامج الماجستير في إدارة التمريض. تدور أطروحة دراستي تلبية لمتطلبات درجة الماجستير حول تقييم رضا المرضى عن خدمات الرعاية الصحية. لذلك أود ملء النموذج معك حول هذا الموضوع. جمع المعلومات هو لأغراض البحث وتحظى بسرية معلوماتك.

أوافق على المشاركة

لا أوافق على شرح الأسباب:

للاستفسار اتصل على 0597113006

استبيان

تقييم رضا المرضى عن خدمات الرعاية الصحية المقدمةللمرضى في قسم العيادات الخارجية للأورام في مستشفى بيت جالا ، بيت لحم ، فلسطين.

تم إعداد هذا الاستبيان لتقييم رضا المرضى عن خدمات الرعاية الصحية في قسم المقدمة في قسم العيادات الخارجية للأورام مستشفى بيت جالا الحكومي ، بيت لحم ، فلسطين. ستكون المعلومات التي تتلقاها منك مفيدة لتحسين خدمات الرعاية الصحية. سيتم تعاونكم في غاية الامتنان.

اسم جامع البيانات:

تاريخ جمع البيانات:

القسم الأول: معلومات عامة عن المريض (اجتماعي ديمغرافي): ضع دائرة.

القسم الأول: معلومات عامة عن المريض :**ضع دائرة:**

العمر: 18-3635-55 56 او اكثر

الجنس:ذكر أنثى

الحالة الاجتماعية: أعزب/عزباء متزوج/ة أرمل/ة مطلق/ة

التعليم الأكاديمي: غير متعلم الثانوية العامة وما دونها دبلوم بكالوريوس دراسات عليا

العمل:عاطل عن العمل موظف حكومي موظف غير حكومي موظف بمصلحة شخصية

إن كنت موظفاً فكم يبلغ راتبك: اقل من1450 1450-2999 3000او اكثر

عدد الزيارات\الشهرية: 1 2 3او اكثر

المعاناة من المرض: اقل من سنة سنة–سنتين ثلاث سنوات او اكثر

المقاطعة: بيت لحم الخليل رام الله أخرى

التشخيص الأولي\أورام: الثدي القولون البروستات الأورام النسوية الرئتين المثانة أخرى

القسم الثاني: ما مدى الرضا عن الخدمات المقدمة في قسم العيادات الخارجية للأورام والمنشآت.

1. . غير راض بشدة 2. غير راضٍ 3. محايد 4. راضٍ 5 راضٍ بشدة

بيئة المستشفى في عيادات الأورام:

الأسئلة	1.غير راضٍ بشدة	2.غير راضٍ	3.محايد	4. راضٍ	5. راضٍ بشدة
1. سهولة وسرعة جدولة موعد لزيارات العيادات الخارجي					
2. أسلوب وسلوك الشخص الذي يحجز الموعد					
3. اللباقة والرغبة في خدمة المرضى عند مكتب الاستقبال					
4. اللافتات الخارجية تساعد المرضى لإيجاد طريقهم لقسم العيادات الخارجية					
5. نظافة منطقة الانتظار					
6. درجة الحرارة في منطقة الانتظار					
7. نظافة المكتب الذي تمت فيه المعاينة					

الفحص الطبي

الأسئلة	1.غير راضٍ بشدة	2.غير راضٍ	3.محايد	4. راضٍ	5. راضٍ بشدة
8. الوقت الذي يخصصه الطبيب للمعاينة					
9. احترام الطبيب لخصوصية المريض خلال المعاينة					
10. أسلوب الطبيب مع المريض (كاحترام المريض)					
11. رغبة الطبيب في الاستماع لكل ما يريد المريض قوله					
12. طريقة الطبيب في إخبار المريض حول حالته الصحية					

الأسئلة	1.غير راضٍ بشدة	2.غير راضٍ	3.محايد	4. راضٍ	5. راضٍ بشدة
17. جاذبية وحجم منطقة الانتظار					
18. سهولة العثور على مقعد لقضاء وقت جيد في انتظار الطبيب					
19. الراحة في مكتب الطبيب المعاين					
20. حالة دورات المياه (النظافة وتوفر الصابون والمناديل الورقية وغيرها)					
13. مهنية ومهارة الطبيب العلمية					
14. شرح الطبيب أسلوب العلاج الأمثل والمقترح للمريض					
15. أسلوب وسلوك الموظفين الآخرين في المستشفى خلال المعاينة (الممرضين والممرضات وطاقم المساعدة)					
16. وقت الانتظار للمعاينة من قبل الطبيب					

وسائل الراحة

كفاءة المختبرات – الأشعة

الأسئلة	1.غير راضٍ بشدة	2.غير راضٍ	3.محايد	4. راضٍ	5. راضٍ بشدة
21. سهولة حجز موعد لعمل الفحص المخبري والإشعاعي					
22. سهولة الوصول لقسم الأشعة والمختبرات					
23. الراحة في غرف قسم الأشعة والمختبرات					
24. سلوك طاقم قسم الأشعة والمختبرات ورغبتهم في خدمة المريض					
25. وقت الانتظار خارج غرف قسم الأشعة والمختبرات					
26. الترتيب الذي يُسمح فيه للمرضى بالفحص من قبل طاقم الأشعة والمختبرات					
27. فعالية الفحص الذي تم في قسم الأشعة والمختبرات (سريع وغير مؤلم					

أوقات المواعيد

الأسئلة	1.غير راضٍ بشدة	2.غير راضٍ	3.محايد	4. راضٍ	5. راضٍ بشدة
28. القدرة على اختيار يوم وساعة لموعد زيارة العيادات الخارجية					
29. وقت الانتظار (أيام الانتظار) حتى يوم زيارة العيادات الخارجية					
30. القدرة على اختيار يوم وساعة لموعد الفحوصات في الأشعة والمختبرات					
31. وقت الانتظار (أيام الانتظار) حتى يوم الفحوصات في الأشعة والمختبرات					
32. الرضا العام في زيارة العيادات الخارجية					

II. APPENDIX B: Table of Correlation coefficients

Variable	No. of item	Cronbach's Alpha
Hospital environment variable	7	.754
Medical examination variable	9	.726
Comfort variable	4	.707
Laboratory – Radiology experience variable	7	.733
Appointment time variable	5	.800
Overall scale	**32**	**.899**

III. APPENDIX C: Letter for Clearance of Conduct of Study

Al-Quds University
Jerusalem
Deanship of Scientific Research

بسم الله الرحمن الرحيم

جامعة القدس
القدس
عمادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: 6 June 2020
Ref No: 140/REC/2020

Dears Dr. Maha Hmeidan Nahal , Mr. Mohammed Issa Darsarrar

Thank you for submitting your application for research ethics approval. After reviewing your application entitled **"*Assessment of the level of satisfaction among patients with oncology disorder towards healthcare services at the outpatient oncology department of Beit-Jala hospital, Bethlehem, Palestine*"**, the Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication. Thank you again and wish you a productive research that serves the best interests of your subjects.

PS: This letter will be valid for two years.

Nuha El Sharif, PhD
Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file

27/07/2020 09:32 092385956 GEN HOSP ADMIN PAGE 01/01

State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health

دولة فلسطين
وزارة الصحة– نابلس
الإدارة العامة للتعليم الصحي

Ref.: ....
Date:..................

الرقم: ...
التاريخ: ...

الأخ مدير عام الادارة العامة للمستشفيات المحترم ،،،،

تحية واحترام...

الموضوع: تسهيل مهمة بحث

لاحقا لموافقة معالي وزيرة الصحة، يرجى التكرم بتسهيل مهمة طالب الدراسات العليا: **محمد صرار، جامعة القدس،** لاجراء بحث بعنوان: " **Assessment of patients' satisfaction towards healthcare services provided at the outpatient oncology department of Beit-Jala hospital, Bethlehem, Palestine**"، باشراف د.مها **نجال**، حيث يتطلب البحث توزيع استبيان في:

- مستشفى بيت جالا الحكومي

مع العلم أنه تم استشارة رئيس قسم الاورام في مستشفى بيت جالا على اجراء الدراسة وأفاد بانه لا مانع لديه، كما ان الباحث سيلتزم بمعايير البحث العلمي والحفاظ على سرية المعلومات.

وتفضلوا فائق الاحترام،،،

د. أحمد أبو عوض
مدير عام التعليم الصحي

دولة فلسطين
وزارة الصحة
الإدارة العامة للمستشفيات

دولة فلسطين
وزارة الصحة
الإدارة العامة للمستشفيات
مستشفى بيت جالا الحكومي

P.O .Box: 14
Tel.:09-2333901

ص.ب 14
تلفون: 09-2333901

Dr. Ahmed M. Qreie
M. Oncologist
L.N. 92709

IV. APPENDIX D: Table of Tests of Normality

	Kolmogorov-Smirnov test			Shapiro-Wilk test		
	Statistic	df	Sig.	Statistic	df	Sig.
Total mean score of the satisfaction	.087	200	.001	.971	200	.001

V. APPENDIX E: Time Table of Study Plan

Stage	Activity	Estimated duration	Start Date	End date	Deliverable	Expected Outcome
Research design and planning	Develop research design/proposal	1 week	Feb 2020	march2020	Research proposal	Research proposal finalized
	Submission of research proposal for funding	1 month	June2020	July2020	Register for research funding	Research proposal accepted for funding
Ethical Clearance	Submission of written research proposal for ethical clearance by the Institutional Review Board (IRB) of the MOH	1 month	June2020	July2020	Research proposal for ethical approval/clearance submission	Ethical clearance granted by IRB(Institutional review board)
	Presentation of the research proposal to the IRB	2 month	June2020	July2020		
Literature Review	Search, capture and synthesize relevant literature	2-3 months	March 2020	July2020	Notes and other output from the review process	Literature review completed
	Prepare draft literature review				Draft literature section	
Data Collection	Finalization of sampling plan	4months	July2020	November 2020	Sampling plan	Data collection completed
	Development of data collection				Draft data collection instruments	

	instrument					
	Pre-test/ pilot testing of data collection instrument				Finalised data collection instrument	
	Carry out data collection				Raw data	
	Write up data collection				Draft data collection section	
Data analysis	Prepare data for analysis	1 month	Dec2020	Jan 2021	Data ready for analysis	Data analysis and final report drafted
	Analyse data				Notes and other output from analysis	
	Draw conclusions/ recommendations					
Writing up	Drafting of final report	1 month	June2021	August 2021	Draft final report	Final report completed
	Final editing (proof reading)					
Publication	Drafting of the manuscript	------			Draft manuscript for publication	Manuscript ready for submission