



Level of Satisfaction and Knowledge of Adult Patients Regarding Services Provided by the Second Health Clusters to Primary Health Care of KFMC in Riyadh 2020

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Abstract

Background: Patient satisfaction assessment is one of the methods of evaluating health care centers and improving services provided in the future. This study also aims to measure the quality of health care centers given by patients who would trust them to seek treatment.

Methodology: A Cross-sectional study, the study was conducted on the PHC centers in the second health clusters of KFMC in Riyadh. The questionnaire was distributed manually among patients who visit family clinics in king Fahad medical city during the second semester -February 2020. Data were analyzed by using Statistical Package for Social Studies (SPSS 22; IBM Corp., New York, NY, USA). Continuous variables were expressed as mean \pm standard deviation and categorical variables were expressed as percentages.

Results: The study included 200 participants, 69% of them were females and 31% were males. 67% of participants aged between 20- 40 years old. Overall Satisfaction was reported as, 87% reported that centre is always tidy. 73% agreed that instruments and equipment in the center is working correctly. 81% think that the services provided at the center can be better than it is right now. Mean total scores for all dimensions of satisfaction was found 92.78 (\pm 12.09). Patients had mean satisfaction for stability as 11.92 \pm 1.95 (out of 15), continuity 11.38 \pm 2.52 (out of 15), humanness 16.54 \pm 2.30 (out of 18), communication 11.36 \pm 1.84 (out of 15), coerciveness 15.46 \pm 3.08 (out of 18), education 18.10 \pm 4.18 (out of 24) and overall satisfaction of 8.05 \pm 1.5 (out of 9). Total score of all dimensions of satisfaction was statistically significant with occupation on participants and with PHC ($P < 0.05$), but not significant with age, gender, nationality, or education ($P > 0.05$).

Conclusion: In conclusion, participants had good level of overall satisfaction regarding services provided by the second health clusters to primary healthcare of KFMC in Riyadh. Health care providers can spend enough resources to improve the quality of their service by evaluating strengths and deficiencies. Hence, to achieve exceptional quality and draw in more people, public health care must improve its services. The need for immediate, targeted input is a requirement for improving patient satisfaction.

Keywords: Second Health Clusters; Primary Health Care; KFMC; Riyadh 2020

Introduction

Family medicine centers play an essential role in the development of the health care system, significantly, in improving the health of individuals. To perform this essential role efficiently, continuous evaluation of services provided is made. This contributes to the development and improvement of the care supplied. This study aims to measure patients’ knowledge and their level of satisfaction toward the services provided by the second health clusters to primary health care of KFMC in Riyadh 2020.

Patient satisfaction assessment is one of the methods of evaluating health care centers and improving services provided in the future. This study also aims to measure the quality of health care centers given by patients who would trust them to seek treatment.

Educating patients about their illness helps in controlling the disease by giving them details information about their illness and the care that they need especially in chronic illness that will enhance the level of patient satisfaction. [1] According to Alnaif, and Alghanim, (2009), there is no huge difference in receiving health education and the patient educational level, age and nationality. Patients who were diagnosed with chronic disease ranging from women, elderly people to adolescents and younger received health education more than others [2]. Patient satisfaction is an important factor for the patient’s compliance that leads to positive outcomes. Also, the importance of the level of satisfaction in primary health care can lead to accurate transformation.

There have been multiple studies conducted on patients’ satisfaction towards the services were provided by family medicine clinics. It was clear that the majority of patients who attended health care centers in Riyadh, indicated high level of satisfaction. There were some factors that need to be considered and improved such as accessibility and waiting time. On the other hand, Results were high progress in comprehensiveness and communication [3]. Furthermore, Ali, and Mahmoud, (1993) [4] indicated that 74.6% of participants were satisfied and the primary health care center was the first choice if they felt sick while 40% were dissatisfied because the location of the center was too far away, the working hours were not convenient for them, the staff of the center were not committed and some patients faced difficulties in communicating with their physicians due to language barriers.

In addition, Mansour, and Al-Osimy, (1993) [5] clarified that the majority of patients were moderately satisfied with the services. Moreover, they most were satisfied with the effectiveness and humane aspects of care, and least were satisfied with the thoroughness and continuity aspects of care. In contrast to Tabekhan, Alkhalidi, and Alghamdi, (2018) [6] who found that more than half of the study participants were dissatisfied, while 20% were satis-

fied with consultation, and the rest of them were neutral. The most important factor affecting satisfaction with consultation was age, education level and income.

Objectives

- The estimated number of patients who will seek treatment in primary health care in the second health clusters of KFMC if they get sick for any reason.
- To measure the level of satisfaction of adult patients with primary health care services provided by the second health clusters to primary health care of KFMC in Riyadh 2020.
- To determine a patient’s knowledge about health education.
- To assess patients’ attitudes regarding the information provided by the family physician in primary health care in the second health clusters of KFMC.
- To assess how variations such as age, gender, marital status and level of education affect satisfaction.

Methodology

A Cross-sectional study, the study was conducted on the PHC centers in the second health clusters of KFMC in Riyadh. We have selected king Fahad medical city because it is the most significant medical city in Riyadh, and it provides most services such as yearly screening, counseling and vaccines.

The study was done during August 2019 to December 2020.

Inclusion criteria of participants: who receive services at PHC in the second health clusters of KFMC in Riyadh at least twice regardless of their educational level and gender. Participants’ age ranged from 18 to 50 years old, living in Riyadh.

On the other hand, the exclusion criteria of participants who are less than 18 years old and have received services at PHC centers in another hospital, living in another town, who have received service only once.

The study will include 200 male and female participants who would be selected randomly, for only analyzing and will not affect the participants.

$$\text{Sample size } n=132 \left(n = \frac{200 \times 0.5 (1-0.5)}{\left(\frac{(200-1) \times (0.05^2 + 1.96^2)}{(1-0.5)} \right) + 0.5} \right) = 131.8 \approx 132$$

Our questionnaire was adopted from the previous study which aimed “patients satisfaction with primary health care in Saudi Arabia -Jubail city (2013-2014).

The questionnaire was written into two languages, Arabic and English. A set of questions starting from demographic variables,

which include: age, gender, nationality, marital status, level of education and occupation. Followed by 39 questions arranged in schedules included, the accessibility to care, easy to contact with a family physician and seek treatment if needed, Continuity of care, and some questions that measure the level of patient satisfaction towards the services provided by family clinics such as; medical care, waiting room, working hours of the clinic, referred from the clinic to the hospital, easily access of hospital medical record and family's vaccination needs. The answers options were (agree, disagree and I do not know), depending on the patient opinion.

The questionnaire was distributed manually among patients who visit family clinics inking Fahad medical city during the second semester -February 2020. Management and analysis is going to be carried out by Al-Farabi colleges in Riyadh, and Statistical analysis is going to be performed by SPSS software.

Statistical analysis

Data were analyzed by using Statistical Package for Social Studies (SPSS 22; IBM Corp., New York, NY, USA). Continuous variables were expressed as mean \pm standard deviation and categorical variables were expressed as percentages. The t-test and one way ANOVA were used for continuous variables. The Cronbach's alpha was used to assess reliability and internal consistency of the items in the questionnaire. Multiple linear regression model was used to assess the association between the total score of the satisfaction and the Socio-demographic characteristics. A p-value <0.05 was considered statistically significant.

Reliability of the questionnaire

The Cronbach's alpha value of the questionnaires was 0.868 which reflect good reliability of the questionnaire.

Results

The study included 200 participants, 69% of them were females and 31% were males. 67% of participants aged between 20- 40 years old while 26% aged between 40- 60 years old. 57% of participants were married and 37.5% were single. 80% were Saudi. 59% were university educated. 32% were government employee, 28.5% were students, and 14.5% were private sector employee.

Accessibility of healthcare services were reported as, 82% of participants agreed that distance from home to the health center is acceptable. 78% accepted that working hours at the clinic is suitable for all. 50.5% reported that time spent in the waiting room for a routine visit is very long. 48.5% find it difficult to get an appointment for health care. 75.5% reported that clinic gives access to medical care at any time needed.

As for continuity, only 29.6% reported that clinic contacts me if I didn't come to the follow-up appointment. 45% find it easier to transfer a patient from the clinic to the hospital. 46.5% see the same doctor at each visit. 71.5% reported that clinic provides vaccinations necessary for all family members. 81.5% reported that doctor can easily access to medical records.

Regarding humanness, 93.5% reported that clinic's reception treats them well. 94% reported that doctors at the clinic treat me with respect. 90.5% reported that nurses, specialists, and laboratory staff treat them well. 75.5% reported that officials at the clinic listening to the complaints of the patients. 89.5% reported that staff at the clinic keeps health information confidential. 60.8% reported that health center provides health services in emergency situations.

Regarding communication, 85.5% reported that doctors listen to them well. 35% reported that doctor does not answer all my questions. 24.1% reported that doctor sometimes makes them feel like an idiot. 83.5% reported that doctor treat them in a friendly and very nice way. 77.5% reported that time spent together with the doctor is enough.

As for comprehensiveness, 67.7% agreed that all members of family have a medical file and they are screened routinely in the clinic. 68% agree that data in the medical file are comprehensive and accurate. 79% reported that doctor provides a comprehensive medical examination when needed. 67% agreed that medical staffs at the clinic are familiar with the latest medical developments.

Regarding education, 74.9% reported that specialist give them enough information about their health. 76% reported that Specialist explain to them the reason to do the tests and treatment adherence.

Overall Satisfaction was reported as, 87% reported that centre is always tidy. 73% agreed that instruments and equipment in the center is working correctly. 81% think that the services provided at the center can be better than it is right now.

Mean total scores for all dimensions of satisfaction was found 92.78 (\pm 12.09). Patients had mean satisfaction for stability as 11.92 \pm 1.95 (out of 15), continuity 11.38 \pm 2.52 (out of 15), humanness 16.54 \pm 2.30 (out of 18), communication 11.36 \pm 1.84 (out of 15), coerciveness 15.46 \pm 3.08 (out of 18), education 18.10 \pm 4.18 (out of 24) and overall satisfaction of 8.05 \pm 1.5 (out of 9).

Total score of all dimensions of satisfaction was statistically significant with occupation on participants and with PHC ($P < 0.05$), but not significant with age, gender, nationality, or education ($P > 0.05$).

		Number	%
Gender	Male	62	31.00
	Female	138	69.00
Age	< 20 y	10	5.00
	20 - 40 y	134	67.00
	40 -60 y	53	26.50
	> 60 y	3	1.50
Marital Status	Single	75	37.50
	Married	115	57.50
	Divorced	8	4.00
	Widow	2	1.00
Nationality	Saudi	160	80.00
	Non-Saudi	40	20.00
Education	Illiterate	9	4.50
	Less than secondary	15	7.50
	Secondary	39	19.50
	University	119	59.50
	Master	14	7.00
	PHD	4	2.00
Occupation	Student	57	28.50
	Government employee	65	32.50
	Private sector employee	29	14.50
	Other	49	24.50
PHC	Sulaymaniyah	57	28.50
	Jasmine	60	30.00
	The valley	75	37.50
	Diriyah	3	1.50
	Salahaddin	4	2.00
	Cordoba	1	0.50

Table 1: Socio-demographic characteristics of the participants.

	Disagree		Not sure		Agree		Mean	SD
	Number	%	Number	%	Number	%		
Accessibility								
The distance from home to the health center is acceptable	34	17.0	2	1.0	164	82.0	2.65	0.76
Working hours at the clinic is suitable for all	40	20.0	4	2.0	156	78.0	2.58	0.80
Time spent in the waiting room for a routine visit is very long	86	43.0	13	6.5	101	50.5	2.08	0.97
find it difficult to get an appointment for health care	90	45.0	11	5.5	99	49.5	2.05	0.97
The clinic gives me access to medical care at any time I need it	37	18.5	12	6.0	151	75.5	2.57	0.79
Continuity								
The clinic contacts me if I didn't come to the follow-up appointment	91	45.7	49	24.6	59	29.6	1.84	0.86
I find it easier to transfer a patient from the clinic to the hospital	53	26.5	57	28.5	90	45.0	2.19	0.83
I see the same doctor at each visit	83	41.5	24	12.0	93	46.5	2.05	0.94
The clinic provides vaccinations necessary for all members of my family	29	14.5	28	14.0	143	71.5	2.57	0.73
Doctor can easily access to my medical records	15	7.5	22	11.0	163	81.5	2.74	0.59
Humanness								
The clinic's reception treats me well	11	5.5	2	1.0	187	93.5	2.88	0.47

Doctors at the clinic treat me with respect.	8	4.0	4	2.0	188	94.0	2.90	0.41
Nurses, specialists, and laboratory staff treat me well.	15	7.5	4	2.0	181	90.5	2.83	0.54
Officials at the clinic listening to the complaints of the patients.	20	10.0	29	14.5	151	75.5	2.66	0.65
The staff at the clinic keeps my health information confidential.	16	8.0	5	2.5	179	89.5	2.82	0.56
Health Center provides health services in emergency situations.	28	14.1	50	25.1	121	60.8	2.47	0.73
Communication								
Doctor listens to me well.	21	10.5	8	4.0	171	85.5	2.75	0.63
The doctor does not answer all my questions.	118	59.0	12	6.0	70	35.0	1.76	0.94
Doctor sometimes makes me feel like I'm an idiot.	136	68.3	15	7.5	48	24.1	1.56	0.86
doctor treating me in a friendly and very nice way	22	11.0	11	5.5	167	83.5	2.73	0.65
Time I spent together with the doctor is enough.	41	20.5	4	2.0	155	77.5	2.57	0.81

Table 2: Distribution of the studied primary health care patients according to their satisfaction (Accessibility, Continuity, Humanness, Communication, Comprehensiveness, Education, Overall Satisfaction).

We used Likert scale with three points (Disagree = 1, Not sure = 2, Agree = 3).

Dimension	Mean	SD
Accessibility (out of 15)	11.92	1.95
Continuity (out of 15)	11.38	2.52
Humanness (out of 18)	16.54	2.30
Communication (out of 15)	11.36	1.84
Comprehensiveness (out of 18)	15.46	3.08
Education (out of 24)	18.10	4.18
Overall Satisfaction (out of 9)	8.05	1.50
Total score for all dimensions of Satisfaction (out of 114)	92.78	12.09

Table 3: Mean and standard deviation for all dimensions of satisfaction (Accessibility, Continuity, Humanness, Communication, Comprehensiveness, Education, Overall Satisfaction).

		Mean	SD	P value
Gender	Male	90.34	13.11	0.055
	Female	93.88	11.49	
Age	< 20 y	93.50	11.02	0.413
	20 - 40 y	93.24	11.96	
	40 -60 y	91.00	12.65	
	> 60 y	101.33	11.06	
Marital Status	Single	94.56	12.50	0.324
	Married	91.42	11.85	
	Divorced	94.75	12.01	
	Widow	96.50	0.71	
Nationality	Saudi	92.96	11.17	0.681
	Non-Saudi	92.08	15.40	

Education	Illiterate	86.00	12.74	0.167
	Less than secondary	88.87	11.61	
	Secondary	93.08	11.07	
	University	93.60	11.83	
	Master	95.93	11.40	
	PHD	84.50	25.37	
Occupation	Student	95.74	12.39	0.003*
	Government employee	91.52	10.45	
	Private sector employee	97.07	11.84	
	Other	88.47	12.53	
PHC	Sulaymaniyah	89.95	7.65	<0.001*
	Jasmine	96.43	13.40	
	the valley	93.52	11.73	
	Diriyah	81.33	26.10	
	Salahaddin	73.00	11.92	
	Cordoba	93.00		

Table 4: Mean and standard deviation for the total score of all dimensions of satisfaction by Socio-demographic characteristics of the participants.

* Significant p value

Predictors	B	Beta	T	Std. Error	R2	Adjusted R2	F ratio	p
Model total Satisfaction score					.055	.026	1.883	.086
(Constant)	89.723		42.546	2.109				
Gender (Female)	2.975	.114	1.566	1.900				
Age (> 40 y)	2.099	.078	.903	2.326				
Marital status (Single)	1.163	.047	.513	2.269				
Nationality (Non-Saudi)	-.834	-.028	-.382	2.185				
Education (Less than secondary)	-5.440	-.147	-1.924	2.827				
Occupation (Student)	2.808	.105	1.232	2.280				

Table 5: Multiple Regression Analysis for total Satisfaction score.

Predictors: gender, age, marital status, Education.

Dependent variable: total Satisfaction score.

	Disagree		Not sure		Agree		Mean	SD
	Number	%	Number	%	Number	%		
Comprehensiveness								
All members of my family have a medical file and they are screened routinely in the clinic.	47	23.7	17	8.6	134	67.7	2.44	0.85
The data in the medical file are comprehensive and accurate.	28	14.0	36	18.0	136	68.0	2.54	0.73
In each medical visit they measured (weight, height, blood pressure, temperature).	15	7.5	2	1.0	183	91.5	2.84	0.53
The doctor provides me a comprehensive medical examination when I need it	22	11.0	20	10.0	158	79.0	2.68	0.66
the results of laboratory tests attached immediately to the file	38	19.0	36	18.0	126	63.0	2.44	0.79
The medical staffs at the clinic are familiar with the latest medical developments.	26	13.0	40	20.0	134	67.0	2.54	0.71
Education								
Many brochures about common health problems are available in the clinic	47	23.6	52	26.1	100	50.3	2.27	0.82
The language used in brochures is simple and easy to understand.	35	17.7	47	23.7	116	58.6	2.41	0.77
The Specialist give me enough information about my health	25	12.6	25	12.6	149	74.9	2.62	0.70
The Specialist explain to me the reason to do the tests and treatment adherence	30	15.0	18	9.0	152	76.0	2.61	0.74
There are educational films displayed in waiting rooms	68	34.2	40	20.1	91	45.7	2.12	0.89
the number of awareness programs which is held in the center is appropriate to the patients' needs	49	24.6	61	30.7	89	44.7	2.20	0.81
Center does not care to provide educational brochures to the patient	71	35.5	54	27.0	75	37.5	2.02	0.86
specialist shows his enthusiasm and interest in the sessions	93	46.5	30	15.0	77	38.5	1.92	0.92
Overall Satisfaction								
The Centre is always tidy.	20	10.0	6	3.0	174	87.0	2.77	0.62
Instruments and equipment in the center is working correctly.	24	12.0	30	15.0	146	73.0	2.61	0.69
I think that the services provided at the center can be better than it is right now.	29	14.5	9	4.5	162	81.0	2.67	0.72

Table 2: Distribution of the studied primary health care patients according to their satisfaction (Accessibility, Continuity, Humanness, Communication, Comprehensiveness, Education, Overall Satisfaction).

We used Likert scale with three points (Disagree = 1, Not sure = 2, Agree = 3).

Discussion

The coordination of the various aspects of the services, such as medicine, nursing, services from the various organisational sections, and so forth, is one of several complex factors that contribute to patient satisfaction. At the same time, it is crucial to uphold patient rights in all areas and to create the best conditions for the improvement of healthcare services [8].

Quality of care within the context of PHC has technical, non-technical, and programmatic elements. The technical aspect refers to treatment techniques and equipments used, the non-technical aspect refers to the clients' waiting time and the staff's attitudes; and the programmatic aspect refers to policies, infrastructure, accessibility, and management. Quality might also be understood from (a) structural measures focusing on internal characteristics, (b) process measures focusing on procedures, such as diagnosis; and (c) outcome measures focusing on observed changes in health status [8]. A dual perspective of quality of care considers the clients' concerns about technical competence as essential to quality healthcare. From a providers' perspective, quality means offering technically competent, effective, and safe care that contributes to an individual's well-being. Accordingly, elements that could produce an impact might include (a) client's knowledge; (b) client's health; or (c) client's satisfaction. As proposed by the above theorists, patient satisfaction reflects the quality of care received. Measurement of satisfaction associated with improved clinical outcomes and administrative measures of quality shall lead to identification of opportunities for improvement and competition [9]. In Saudi Arabia, a major improvement in the highly satisfied category was reported in the last quarter, highlighting the efforts of MOH [10].

In our study, participants exhibited good satisfaction level as mean total scores for all dimensions of satisfaction was found 92.78 (\pm 12.09) out of 114. According to a study conducted in Jeddah, Saudi Arabia, the majority of study participants (83%) in the most recent quarter were happy with the care and treatment they received in PHCCs [10], which is significantly higher than the satisfaction rates of 60% and 69% mentioned in some earlier studies conducted in Saudi Arabia [11] and India [12]. According to the literature, patients in several nearby nations report overall satisfaction levels between 60% and 80%, which is lower than the 83% reported by the participants in our study [11]. According to a research conducted in Iran, 55.7% of patients were happy with their family doctors [13]. The results of a different survey on 11,200 patients with rural insurance in 32 Iranian provinces revealed that the mean satisfaction scores for family doctors and midwives were 70.1 (out of 85) and 33.5 (out of 40), respectively. They also stated that 12.6 (out of 15) people were generally satisfied with the quality of healthcare services [14]. In a research by Ashrafian Amiri et al., 955 patients with rural insurance had mean satisfaction ratings

for health houses and health centres of 4.5 ± 0.5 and 4.0 ± 0.7 (out of 5) correspondingly [15]. Similar findings were made by Ebrahimpour et al., who said that 80% of patients were happy with the care they received from the rural family physician programme [16].

According to our study results, Total score of all dimensions of satisfaction was statistically significant with occupation on participants and with PHC. In a previous study, being in the province of Fars, residing in less populous cities, and travelling less than 10 minutes to the family doctor's office all had an impact on patient satisfaction. The selection of a family doctor who was already well-known to the patient, acceptance of the family doctor, a positive attitude towards the significance of having a family doctor and a referral system, and adequate knowledge of the family physician programme were additional factors that affected patient satisfaction. In previous investigations, a high level of satisfaction in this region was routinely found [17]. The greater level of satisfaction in rural locations could be linked to the recipients of healthcare services' economic, social, and cultural characteristics. The World Health Organization (WHO) found that 85.7% of patients in Canada were satisfied with their healthcare services, suggesting that high-quality treatments may also increase satisfaction levels [18-20].

Age, gender, marital status, level of education, patient social status, waiting times for services, hospital staff skills, services provided by doctors and nurses, giving patients instructions after release, respecting their opinions, the status of their insurance, and other factors were among those identified by Santuzzi, et al. [21] as being effective in the analysis and evaluation of satisfaction. According to the authors, it is crucial to pay attention to the research sample of patients and to thoroughly examine the causes of patient dissatisfaction because this knowledge may be extremely useful for managers and planners of healthcare facilities.

In their study, Marimon, et al. [29] looked at the patient expectation criteria. The authors claimed that despite numerous attempts to define the scale of quality measurement in healthcare delivery, there is still disagreement over the factors that have the greatest impact on it. Additionally, there aren't any quality scales that would adequately capture all of the patient concerns associated with hospitalisation. The authors made an effort to establish a scale known as HospQual in order to evaluate how patients perceive the quality of hospital services and examine how perceptions of quality affect patient satisfaction. They demonstrated that a crucial link between quality and satisfaction is the fulfilment of expectations. Moreover, Kraska, et al. [37] called attention to the dearth of studies examining how hospital factors affect patient satisfaction. The four aspects of patient satisfaction-medical care, nursing care, organisation, and overall impression-were studied by the authors and analysed as the study's outcome measures. As potential influencing factors for hospital characteristics, the location, profit orientation, size,

staffing per bed, and quality scores were taken into consideration. The patient satisfaction dimensions were significantly impacted by each of the examined variables, yet there were disparities in patient satisfaction between the hospitals in the various locations. Patients were happier in non-profit hospitals, small hospitals, hospitals with more medical professionals per bed, and hospitals where process and outcome quality was linked

Conclusion

In conclusion, participants had good level of overall satisfaction regarding services provided by the second health clusters to primary healthcare of KFMC in Riyadh. Health care providers can spend enough resources to improve the quality of their service by evaluating strengths and deficiencies. Hence, in order to achieve exceptional quality and draw in more people, public health care must improve its services. The need for immediate, targeted input is a requirement for improving patient satisfaction.

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