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Research Article

Investigation of Outpatient Satisfaction in a General Hospital: The Effect of Socio-Demographic Factors

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Abstract: Introduction: Measuring patient satisfaction with health services in recent decades has been an important tool for assessing the quality of specific services. **Purpose:** The investigation of the degree of satisfaction of patients attending the Regular Outpatient Clinics of a General Hospital as well as the effect of socio-demographic factors on their satisfaction. **Method:** For the gathering of research data, a structured questionnaire with "closed" questions was used regarding the patients' satisfaction with the reception - environment, speed of service, clinical and laboratory examinations, impressions from the medical care, impressions from the nursing care, the administrative services and the general service. **Results:** The study involved 36 men (57.1%) and 27 women (42.9%) with a mean age of 56.78 years. The majority of them were insured (79.4%), Greek citizens (90.5%) and high school graduates (36.5%). Also, most outpatients evaluated very satisfactorily the services provided by the Regular Outpatient Clinics of the Hospital. Finally, there was a statistically significant correlation between socio-demographic variables (age, insurance and nationality) and patient satisfaction level ($p < 0.05$).**Conclusions:** Based on the findings of this research, there is a clear effect of socio-demographic factors on the degree of satisfaction of outpatients.

Keywords: Satisfaction, Outpatients, Regular Outpatient Clinics, Socio-demographic Factors

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1. Introduction

Understanding service satisfaction and quality have been recognized for several decades as critical to the development of service improvement strategies. Donabedian's seminal work on quality assurance [1] recognized the importance of patient satisfaction as providing a major foundation for research in the field of quality assurance in health care. In healthcare, the importance of measuring patient satisfaction is clearly linked to the concept of quality [2], while patient satisfaction has been extensively studied and measured as an independent construct and as a component of quality outcomes and in particular in studies evaluating the quality of care [3]. Moreover, the literature tells us that the concept of satisfaction is complex [4], regardless of the area in which it is studied. It is a multidimensional concept, not yet rigorously defined, and is part of an apparently yet to be defined complex model [5].

The desirable need to measure patient satisfaction, largely driven by the underlying politics of the "new public management" and the consequent rise of the health consumer movement, is one of the main goals of healthcare delivery care. With the emergence of the patients' rights movement [6], the debate about the relationship between patient satisfaction as an assessment of the care process versus the standard of care technique was well established. As a result, the use of patient satisfaction measures in healthcare has become increasingly widespread. For example, the evaluation of patient satisfaction is mandatory for French hospitals since 1998, which is used to improve the hospital environment, diseases and facilities in a consumer sense, but not necessarily to improve

care [7]. While there are numerous specific patient satisfaction studies published in scientific journals, there is a smaller body of work that critically reviews the literature and analyzes the construct and its use. This work underscores the agreement that patient satisfaction suffers from inadequate conceptualization of the construct, a situation that has not changed significantly since the 1970s and there is no agreed definition [5]. Crowe et al. [8] identified 37 studies investigating methodological issues and 138 studies investigating determinants of satisfaction. They reported that there is agreement that a definitive conceptualization of health care satisfaction has yet to be achieved and that an understanding of the process by which a patient becomes satisfied or dissatisfied remains unanswered. They suggest that satisfaction is a relative concept and implies only adequate service.

Furthermore, both Crowe et al. [8] and Urden [9] separately point out that patient satisfaction is a cognitive evaluation of service that is emotionally influenced and is therefore an individual subjective perception. Crowe et al. [8] also highlight that there is consistent evidence across settings that the most important determinants of satisfaction are interpersonal relationships and related aspects of care. What is agreed is that satisfaction has become an endpoint in outcomes research and benchmarking services. Patient satisfaction is considered part of the quality of health outcomes, which also includes clinical outcomes, economic measures and health-related quality of life [4]. Health care research on patient perceptions of dimensions of service quality (distinctive service quality) shows conflicting findings [10], but studies that aim to assess the components of quality of care in health services they continue to primarily measure patient satisfaction [11]. There is no consensus as to the best design of the relationship between patient satisfaction and their perception of health care quality [12]. O'Connor and Shewchuk [13] pointed out that much of the work on patient satisfaction is based on simple descriptive and correlational analyzes without a theoretical framework. They concluded that when it comes to health services, the focus should be on measuring quality rather than patient satisfaction on technical and functional measurement [how care is delivered]. A study by Gotlieb et al. [14] demonstrated that there is a clear distinction between the perception of service quality and patient satisfaction. They found that patient satisfaction mediated the effect of perceived service quality on behavioral intentions, which included adherence to treatment regimens and provider advice. Cleary and Edgman-Levitan [15] pointed out that health care satisfaction surveys did not measure the quality of care because they did not include important aspects of the types of care, such as treatment and participation in treatment decisions. Furthermore, Taylor [16] pointed out that confusion continued in the industry regarding the differentiation of service quality from satisfaction and reported that some authors, for example Kleinsorge and Koenig [17], characterized them as synonymous terms. However, patient satisfaction is still measured as a proxy for patient assessment of service quality [10].

The aim of the present research is the investigation of the degree of satisfaction of patients who come to the Regular Outpatient Clinics (OTCs) of a General Hospital as well as the effect of socio-demographic factors on their satisfaction.

2. Method

The present study is cross-sectional, adopting a quantitative methodology. The dependent variable is considered the level of satisfaction with independent variables the socio-demographic factors (eg age, gender, education, nationality, etc.). The sample consisted of 36 men (57.1%) and 27 women (42.9%) and was a convenience sample. The criteria for entering the research included the patient being > 18 years old, communicating in the Greek language and visiting the morning Regular Outpatient Clinics of the Hospital. An exclusion criterion was the existence of a serious psychiatric disorder.

For the collection of research data, a structured questionnaire with 32 "closed" questions was used regarding patient satisfaction with the reception - environment, speed

of service, clinical and laboratory tests, impressions of medical care, impressions of nursing care, administrative services and general service. The present questionnaire, which was sent by the Greek Ministry of Health to all the hospitals in Greece in order to measure patients' satisfaction, is under evaluation.

It should be noted that the participants were informed about their anonymity and the confidentiality of their responses and that they should answer honestly. The study was carried out in the months of May - June 2019. Qualitative variables were expressed as absolute (N) and relative frequencies (%) in each category of the variable, and quantitative variables were expressed as mean, standard deviation, minimum and maximum values. All data sets were tested for normality using the Kolmogorov-Smirnov normality test. All statistical analyzes were performed with the SPSS 25 statistical program.

3. Results

The sample consisted of 36 men (57.1%) and 27 women (42.9%) with a mean age of 56.78 years of life (±17.88). In Table 1, the demographic characteristics of the study patients are presented in detail. In the context of studying the reliability of the tool used to collect the research data, the Cronbach an index showed high reliability, reaching 0.895.

Table 1. Demographic characteristics of the study patients.

n	**63**	
Gender		
(male) n (%)	36	57,1
(female) n (%)	27	42,9
Education		
high school n (%)	23	36,5
lyceum n (%)	23	36,5
University n (%)	17	27,0
Age		
18-35 n (%)	10	15,9
36-50 n (%)	11	17,5
51-65 n (%)	22	34,9
>65 n (%)	20	31,7
Nationality		
Greek n (%)	57	90,5
another n (%)	6	9,5
Existence of insurance		
yes n (%)	50	79,4
no n (%)	13	20,6

Based on the results of Table 2, the majority of patients (49, 77.8%) characterized the behavior of the staff who examined them as very good, followed by 9 patients (14.3%) who evaluated it as quite good.

Table 2. Examing staff behavior.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nor good or bad	1	1,6	1,6	1,6
	rather good	9	14,3	14,3	15,9
	very good	49	77,8	77,8	93,7
	don't know	4	6,3	6,3	100,0
	Total	63	100,0	100,0	

Based on the results of Table 3, the majority of patients (50, 79.4%) rated the staff's level of respect for the patient as very good, followed by 8 patients (12.7%) who rated it as fairly good.

Table 3. Respect for patient's personality.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nor good or bad	1	1,6	1,6	1,6
	rather good	8	12,7	12,7	14,3
	very good	50	79,4	79,4	93,7
	don't know	4	6,3	6,3	100,0
	Total	63	100,0	100,0	

Based on the results of Table 4, the majority of patients (54, 85.7%) characterized the quality of the provided medical care as very good, followed by 8 patients (12.7%) who evaluated it as quite good.

Table 4. Quality of medical care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rather good	8	12,7	12,7	12,7
	very good	54	85,7	85,7	98,4
	don't know	1	1,6	1,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 5, the majority of patients (56, 88.9%) characterized the behavior of the medical staff as very good, followed by 6 patients (9.5%) who evaluated it as quite good.

Table 5. Medical behaviour (good manner).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rather good	6	9,5	9,5	9,5
	very good	56	88,9	88,9	98,4
	don't know	1	1,6	1,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 6, the majority of patients (51, 81.0%) characterized the psychological support provided by the medical staff as very good, followed by 8 patients (12.7%) who evaluated it as quite good.

Table 6. Psychological support (med.staff).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nor good or bad	3	4,8	4,8	4,8
	rather good	8	12,7	12,7	17,5
	very good	51	81,0	81,0	98,4
	don't know	1	1,6	1,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 7, the majority of patients (50, 79.4%) characterized the behavior of the medical staff during the examination as very good, followed by 9 patients (14.3%) who evaluated it as quite good.

Table 7. Medical examining behaviour.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nor good or bad	2	3,2	3,2	3,2
	rather good	9	14,3	14,3	17,5
	very good	50	79,4	79,4	96,8
	don't know	2	3,2	3,2	100,0
	Total	63	100,0	100,0	

Based on the results of Table 8, the majority of patients (48, 76.2%) characterized the quality of the provided nursing care as very good, followed by 14 patients (22.2%) who evaluated it as quite good.

Table 8. Quality of nursing care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rather good	14	22,2	22,2	22,2
	very good	48	76,2	76,2	98,4
	don't know	1	1,6	1,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 9, the majority of patients (51, 81.0%) characterized the behavior of the nursing staff as very good, followed by 12 patients (19.0%) who evaluated it as quite good.

Table 9. Nursing behaviour (good manner).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rather good	12	19,0	19,0	19,0
	very good	51	81,0	81,0	100,0
	Total	63	100,0	100,0	

Based on the results of Table 10, the majority of patients (47, 74.6%) characterized the psychological support provided by the nursing staff as very good, followed by 13 patients (20.6%) who evaluated it as quite good.

Table 10. Psychological support (nurs.staff).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nor good or bad	3	4,8	4,8	4,8
	rather good	13	20,6	20,6	25,4
	very good	47	74,6	74,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 11, the majority of patients (47, 74.6%) characterized the behavior of the administrative staff as very good, followed by 13 patients (20.6%) who evaluated it as quite good.

Table 11. Administrative staff behavior.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	rather bad	1	1,6	1,6	1,6
	nor good or bad	2	3,2	3,2	4,8
	rather good	13	20,6	20,6	25,4
	very good	47	74,6	74,6	100,0
	Total	63	100,0	100,0	

Based on the results of Table 12, the majority of patients (59, 93.7%) would definitely choose to visit the hospital again, followed by only 4 patients (6.3%) who would probably choose it again.

Table 12. Choose to use again.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	probably yes	4	6,3	6,3	6,3
	definitely yes	59	93,7	93,7	100,0
	Total	63	100,0	100,0	

Based on the results of Table 13, the majority of patients (59, 93.7%) would definitely choose to recommend the hospital to others, followed by only 4 patients (6.3%) who would probably recommend it to others.

Table 13. Recommend to others.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	probably yes	4	6,3	6,3	6,3
	definitely yes	59	93,7	93,7	100,0
	Total	63	100,0	100,0	

Based on the results of Table 14, in the context of the overall evaluation of the hospital, it reached 9.21 (±1.003).

Table 14. Total evaluation.

	N	Minimum	Maximum	Mean	Std. Deviation
total evaluation	63	7	10	9,21	1,003
Valid N (listwise)	63				

Based on the results of Table 15, the differences between age groups are presented in terms of their satisfaction with the behavior of the medical staff during the examination

(pearson chi-square 0.013). People aged 51-65 were the most (20) who rated the behavior in question very well.

Table 15. Age and medical examining behaviour.

Count						
		medical examining behaviour				Total
		nor good or bad	rather good	very good	don't know	
age	18-35	2	4	4	0	10
	36-50	0	1	9	1	11
	51-65	0	2	20	0	22
	>65	0	2	17	1	20
Total		2	9	50	2	63

Based on the results of Table 16, the differences between age groups in terms of their satisfaction with the quality of nursing care are presented (pearson chi-square 0.037). People aged 51-65 were the most (19) who rated it very well.

Table 16. Age and quality of nursing care.

Count					
		quality of nursing care			Total
		rather good	very good	don't know	
age	18-35	4	6	0	10
	36-50	5	5	1	11
	51-65	3	19	0	22
	>65	2	18	0	20
Total		14	48	1	63

Based on the results of Table 17, the differences between age groups in terms of their satisfaction with the behavior of administrative staff are presented (pearson chi-square 0.011). People aged 51-65 were the most (18) who rated the behavior in question very well.

Table 17. Age and administrative staff behaviour.

Count						
		administrative staff behaviour				Total
		rather bad	nor good or bad	rather good	very good	
age	18-35	1	2	3	4	10
	36-50	0	0	4	7	11
	51-65	0	0	4	18	22
	>65	0	0	2	18	20
Total		1	2	13	47	63

Based on the results of Table 18, the differences between age groups are presented in terms of their satisfaction with the length of stay for their transaction in the hospital (pearson chi-square 0.033). People aged 51-65 were the most (17) who rated the time very well.

Table 18. Age and waiting time for transaction.

Count						
		waiting time for transaction				Total
		rather bad	nor good or bad	rather good	very good	
age	18-35	1	2	2	5	10
	36-50	0	0	5	6	11
	51-65	0	1	4	17	22
	>65	0	0	2	18	20
Total		1	3	13	46	63

Based on the results of Table 19, age was statistically significantly and positively related to the hospital's overall evaluation grade (r=0.312, p=0.013<0.05).

Table 19. Correlation between age and total evaluation.

			age	total evaluation
Spearman's rho	age	Correlation Coefficient	1,000	,312*
		Sig. (2-tailed)	.	,013
		N	63	63
	total evaluation	Correlation Coefficient	,312*	1,000
		Sig. (2-tailed)	,013	.
		N	63	63
*. Correlation is significant at the 0.05 level (2-tailed).				

Based on the results of Table 20, the differences between the insured and the uninsured are presented in terms of their satisfaction with the quiet that exists in the regular outpatient clinics of the hospital (pearson chi-square 0.001). People who were insured were the most (39) who rated this dimension very well.

Table 20. Insurance and quietness.

Count					
		quietness			Total
		nor good or bad	rather good	very good	
insurance	yes	0	11	39	50
	no	3	0	10	13
Total		3	11	49	63

Based on the results of Table 21, the differences between insured and non-insured in terms of their satisfaction with the behavior of administrative staff are shown (pearson chi-square 0.041). People who were insured were the most (38) who rated this dimension very well.

Table 21. Insurance and administrative staff behaviour.

Count						
		administrative staff behaviour				Total
		rather bad	nor good or bad	rather good	very good	
insurance	yes	1	0	11	38	50
	no	0	2	2	9	13
Total		1	2	13	47	63

Based on the results of Table 22, the differences between Greek and other nationalities are shown in terms of their satisfaction with the behavior of the staff during the examination (Pearson chi-square 0.012). People with Greek nationality were the most (44) who rated the behavior in question very well.

Table 22. Nationality and examing staff behaviour.

Count						
		examing staff behaviour				Total
		nor good or bad	rather good	very good	don't know	
nationality	greek	0	9	44	4	57
	other than greek	1	0	5	0	6
Total		1	9	49	4	63

4. Discussion

The aim of the present research is the investigation of the degree of satisfaction of patients who come to the Regular Outpatient Clinics (OTCs) of a General Hospital as well as the effect of socio-demographic factors on their satisfaction. Despite the fact that similar studies have been prepared in the past, the number of such investigations related to the field of regular outpatient clinics is limited. In addition, the effect of socio-demographic variables on the level of patient satisfaction has not been studied.

The findings from the said research study are significant and can be summarized as follows: The significant effect of age, insurance and nationality variables on the level of outpatient satisfaction is seen. This finding is in full agreement with those of similar studies that have shown that socio-demographic characteristics [age, gender, insurance, ethnicity] are the most widely used predictors of satisfaction [18-21]. Studies show that global satisfaction is influenced by many factors. In addition to quality-of-service delivery, it may include factors such as patient demographics, e.g. level of education, place of residence and occupational status [22], diagnosis [22], treatment program [22], and years disease.

Regarding the limitations of the present research, it is noted that the results obtained from the said study can be further investigated in samples from other hospital contexts, private or even public, giving the possibility to control the variables under study, to compare the results, so that more general conclusions can be drawn. However, it should be noted that this study was conducted in only one hospital and therefore, because the sample is small, the results cannot be generalized.

Patient satisfaction is a dynamic, multi-layered and complex concept, reflecting objective, subjective, macro-societal and micro-individual, positive and negative influences that interact. We would say that it is a multidimensional structure consisting of broad areas—psychological and social functioning—that are affected by disease and/or treatment. The measurement of patient satisfaction with health services has, in recent decades, been an important means of evaluating the quality of specific services. In particular, capturing the patients' view of the services provided can, in combination with clinical studies, offer safe conclusions about the operation of different health organizations and levels of health care. Of particular interest is the recording of user satisfaction with the care provided in public hospitals, as it reflects the effectiveness of the NHS. Most studies of people with various chronic conditions usually describe satisfaction as well as pain level. Measuring them without reference to a conceptual standard has limited the development of a knowledge base for research on these concepts. A conceptual model places concepts in context and guides the development of new theories. The use of theoretical conceptual models will enhance their application as reliable and valid outcome measures. Assessing the relative impact of chronic diseases on satisfaction is essential to

better plan and allocate resources for research, training, and health care to further promote the well-being of chronically ill people. Consequently, collaboration between different sciences could produce better therapeutic outcomes for people suffering from chronic conditions, especially those most in need. A comprehensive framework such as the biopsychosocial model of health care will be based on a single guiding principle: that the goal of addressing the physical, social, and psychological aspects of chronic disease is to help patients with chronic conditions and the entire population, regardless of from a person's chronic illness or current state of health.

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