



## Quality of surgical care and satisfaction from the patients' perspective in the surgical ward

Dr. Walid Khalid Abduladhim M.B.Ch.B, D.G.S.,  
&  
Dr. Hadeel Qahtan Khalaf M.B.Ch.B, C.A.B.O.G.

### Abstract

**Background:** Patient satisfaction is used increasingly as a quality indicator by health services. Understanding the patients' perceptions of surgical care provided in surgical wards is very important because it would assist in identifying strengths and weaknesses of the type of care provided from patients' perspective. This eventually could help in improving the surgical care so as to meet the satisfaction of the consumers.

**Aim of the study:** To explore patients' perceptions and experiences regarding surgical care in surgical wards.

**Method:** A descriptive cross-sectional study aimed at describing patients' perceptions regarding the quality of surgical care and satisfaction in the general surgical wards at El-Sader Medical City / El-Najaf El-Ashraf. The research was conducted between April, and August, 2013 using a Structured questionnaire with an interview as a means to explain the meanings behind questionnaire responses.

**Results:** The overall satisfaction rate was (58.5%), male satisfaction rate was (56.5 %), while female satisfaction rate was (60.6%). The respondents satisfaction rate about the care received from the nurses was (67.6%) while about doctors' care was (72.2%). There were statistically significant differences in responses on the level of satisfaction regarding the age, level of education and surgical ward environment.

**Conclusion:** Improvements in communication and proper planning with the quality of medical services provided for the patients which would mitigate the anxiety and fear they feel in relation to their peri-operative experience. Gathering postoperative patient feedback regarding the quality of care to help inform the system of opportunities for improvement.

**Keywords:** Patient satisfaction, surgical care, age, level of education and surgical ward environment.

**Abbreviations / Acronyms:** CMS Centers for Medicare & Medicaid Services. HCAHPS Hospital Consumer Assessment of Health care, Providers and Systems. PACU Post Anaesthetic Care Unit. SD Standard Deviation. SPSS Statistical Package for Social Sciences. US United State of America. WHO World Health Organization

## Introduction

Among the patients admitted in hospitals, it was observed that hospitalization for surgery is associated with increased anxiety. It was also shown that post-operative pain and anxiety continue to be problematic for patients after the surgery(1).Therefore, it is expected that surgical care needs to be engaged and should provide individualized care that acknowledges the emotional, physical, spiritual and environmental dimensions of patients.

In the general surgical wards, patients undergo two phases of surgical care i.e.; preoperative and postoperative surgical care. Surgical ward staff have the duty to meet patients' needs and expectations specific to each phase of surgical care.

Preoperative phase is that time during the surgical experiences that begins with client to have surgery and ends with transfer of patient to operating unit(2). In this phase, patients are expected to be assessed by nurses during the planning of their care, to be taught about their condition, treatment options, surgical procedure, and to be evaluated in anticipation of surgery. The purpose of preoperative care is to evaluate the patient's readiness for surgery, identify potential risks and hazards of surgery, advise patient about the surgical procedure, prepare patient for postoperative experiences, plan for home care and provide emotional support(3). Postoperative surgical care involves maintaining the airway, monitoring vital signs, assessing the effects of anaesthetic agents, assessing patients for complication and providing comfort and pain relief(4). This is an immediate postoperative care which is usually provided in a Postanaesthetic Care Unit (PACU), which is before the patient is taken back to the surgical ward. In addition to the immediate postoperative surgical care, the general postoperative care provided in surgical ward focuses on promoting the patients' recovery and initiating the teaching, follows up care and referrals essential for recovery and rehabilitation after discharge. Understanding the patients' perceptions of surgical care provided in surgical wards is very important because it would assist in identifying strengths and weaknesses of the type of care provided from patients' perspective. This eventually could help in improving the surgical care so as to meet the satisfaction of the consumers.

The deciding factors influencing patients' satisfaction [the level of satisfaction is the difference between patient's expectations and perceptions (the actual state)

of medical services by patient] with their stay at a surgical ward were:

1. Factors pertaining to the material area (living conditions).
2. Empathy.
3. Personnel's competences.
4. Personnel's reaction to a patient's needs.
5. Proper information about the illness and the course of treatment.

Patient satisfaction is used increasingly as a quality indicator by health services

Surveys which address patient satisfaction are common, but responses to such surveys are subjective and interpretation can be difficult as satisfaction rating are a function of expectations, which are likely to vary between patients(5). It is claimed that patients are the best placed commentators on the standard of coordination of care and follow up. The Medical Outcome Study(6) combine functional health outcome with patient satisfaction. In patient satisfaction research, it is necessary to communicate with patients to identify the issues which concern them most acutely and to identify how they perceive and interpret the services they receive.

Surgical ward success lies in its image and how it is perceived, and also in the quality of services it provides, its identity, and the way it communicates with its patients. The aim being the ensurance of the quality of all the processes in the surgical ward. How perfect a surgical care unit is depends on how patient sees it, and even more on the quality assessment, that is the quality of medical service and the level of attention patient experienced during his/her stay at a hospital(7).

Quality has been defined as the process of meeting the needs and expectations of patients and health service staff. The WHO identified: effectiveness, efficiency, accessibility, acceptability/patient-centeredness, equitability and safety as dimensions that help to define quality(8). The health care services should be effective in such a way that is adherent to an evidence base and results in improved health outcomes for individuals and communities based on needs. It should also be efficient in a manner that maximizes resource use and avoids waste. The health care services should be accessible in terms of being timely and be provided in a setting where skills and resources are appropriate to medical need. The WHO, emphasized that the

health care services should be accepted or be patient centered in which it takes into account the preferences and aspirations of individual service users. It should also be equitable whereby it does not vary in quality because of personal characteristics such as gender, race, ethnicity, or socioeconomic status. Lastly, it should be safe, that is, it should minimize risks and harm to service users. These dimensions as described by WHO are what the health consumers expect from any health professionals.

The patient satisfaction instrument used in this study originated from US based Hospital Consumer Assessment of Health care Providers and Systems (HCAHPS). In the US the HCAHPS survey is the 1st national, standardized, publicly reported survey of patients' perspectives of hospital care(9,10).

HCAHPS (pronounced "H-caps"), is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience.

Since 2008, HCAHPS has allowed valid comparisons to be made across hospitals locally, regionally and nationally.

Three broad goals have shaped HCAHPS(11,12). First, the standardized survey and implementation protocol produce data that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. Second, public reporting of HCAHPS results creates new incentives for hospitals to improve quality of care. Third, public reporting enhances accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team have taken substantial steps to assure that the survey is credible, useful, and practical.

## Objective of the Study

To explore patients' perceptions regarding the quality of surgical care and satisfaction in the general surgical wards at El-Sader Medical City / El-Najaf El-Ashraf.

## Patient and Methods

### Study design:

After obtaining the ethical approval from the Medical Ethics Committee / University of Kufa-College of

Medicine, a descriptive cross-sectional study aimed at describing patients' perceptions regarding the quality of surgical care and satisfaction in the general surgical wards at El-Sader Medical City / Najaf. The quantitative variables included; patients' demographic variables, expectations and level of satisfaction. Qualitative variables included; patients' perception of surgical care and challenges. The study was conducted between April and August, 2013.

### Study area:

The study was conducted at El-Sader Medical City which is the biggest referral hospital in El-Najaf El-Ashraf Province and it is also a regional referral hospital in middle Euphrates area. It also acts as a teaching institution for University of Kufa/ College of medicine. It has (12) wards, (16) out-patient clinics, (16) specialized theatres and Accident and Emergency Department. It has bed capacity of (350), and (60) out of it is for the private wing. It has an estimated total number of 627 nurses, 237 doctors.

The study was conducted in the general surgical ward situated in the 1st floor and the private surgical ward in the 3rd floor of the tower block. These surgical wards perform both elective and emergency operations.

### Study population:

The study population was adult ( 18 years ) inpatients admitted in both surgical wards mentioned above.

### Inclusion and exclusion criteria:

The basic criteria for inclusion were those who were inpatient with at least two nights experience in the hospital, had had an operation, 18 years old, were in stable general condition postoperatively and fully conscious. Patients who were not operated on, comatose or confused, < 18 years old, they were unable to complete the questionnaire for reasons of (senility, mental illness, or inability to read or understand Arabic) were excluded.

### Data collection tools:

The research was conducted using a Structured questionnaire (closed and open ended questions written in both English and Arabic) with an interview as a means to explain the meanings behind

questionnaire responses (most patients requested that the researcher assist by reading out the questions and marking the answers). The questionnaire survey using independent variables included patients' age, gender, and level of education, in addition to 37 questions (dependent variables) focusing on the principal areas of concern for surgical patients and the importance of a patient's medical condition in accounts of satisfaction with care.

These questions covering the patients' surgical experience from the outpatient visit, ER and surgical ward admission, the hospital stay, the operation, recovery and discharge. The question response options were narrative in their design in order to maintain a friendly style to the questionnaire.

### Data quality assurance:

Data collection tool was adapted from Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) survey tool developed by Centers for Medicare and Medicaid Services in the US (It was then modified to meet the study objectives), utilizing ten HCAHPS measures (six summary measures, two individual items, and two global items). Each of the six summary measures or composites, is constructed from two or three survey questions. Combining related questions into composites allows consumers to quickly review patient experience data and increases the statistical reliability of these measures.

The six composites summarize how well nurses and doctors communicate with patients, how responsive surgical ward staff are to patients' needs, how well ward staff help patients manage pain, how well the staff communicates with patients about new medicines, and whether key information is provided at discharge.

The two individual items address the cleanliness and quietness of patients' rooms; the two global items capture patients' overall rating of the surgical ward, the surgeon, and whether they would recommend it to family and friends.

The patients in both surgical wards were approached by the researcher and asked to participate in the survey by completing the questionnaire. A total of 250 questionnaires were distributed to patients ready for discharge from both surgical wards/El-sader medical city. Participants' details remained anonymous and

Confidentiality was guaranteed to protect their privacy. The calculation of HCAHPS survey composites uses a proportional scoring method, which basically generates a proportion for each response option. The basic steps to this approach: 1. Calculate the proportion of patient responses in each response category for each item in a composite. 2. Combine these proportions for all items in a composite. Two recommended strategies are average scoring and "top box" scoring, which involves reporting only the score for the most positive categories (e.g., the proportion of patients reporting "always"). Given a composite with five items, where each item has four response options, a provider's score for that composite is the proportion of responses (excluding missing data) in each response category (10, 11, 12). The following steps show how those proportions are calculated:

Step 1—Calculate the proportion of cases in each response category for the first question:  
 $P11 = \text{Proportion of respondents who answered "never"}$   
 $P12 = \text{Proportion of respondents who answered "sometimes"}$   
 $P13 = \text{Proportion of respondents who answered "usually"}$   
 $P14 = \text{Proportion of respondents who answered "always"}$   
 Follow the same steps for the second question:  
 $P21 = \text{Proportion of respondents who answered "never"}$   
 $P22 = \text{Proportion of respondents who answered "sometimes"}$   
 $P23 = \text{Proportion of respondents who answered "usually"}$   
 $P24 = \text{Proportion of respondents who answered "always"}$   
 Repeat the same procedure for each of the questions in the composite.

Step 2—Combine responses from the questions to form the composite. Calculate the average proportion responding to each category across the questions in the composite. For example, in the "Getting Appointments and Health Care When Needed" composite (five questions), calculations would be as follows:  
 $PC1 = \text{Composite proportion who said "never"} = (P11 + P21 + P31 + P41 + P51) / 5$   
 $PC2 = \text{Composite proportion who said "sometimes"} = (P12 + P22 + P32 + P42 + P52) / 5$   
 $PC3 = \text{Composite proportion who said "usually"} = (P13 + P23 + P33 + P43 + P53) / 5$   
 $PC4 = \text{Composite proportion who said "always"} = (P14 + P24 + P34 + P44 + P54) / 5$

### Data management and analysis:

The information in the study tool was checked for completeness before entering into Excel spreadsheet on the computer. The raw data was cleaned, coded and entered into the computer as soon as data was

generated. Data analysis was done using SPSS version 20. The quantitative data was summarized using descriptive statistics. The qualitative data was grouped into themes and as narratives and then was summarized using descriptive statistics. Inferential statistics such as t-tests, ANOVA and Pearson correlation was used to find relationships of the variables and its significance. Data analysis was done with the assistance of a Biostatistician.

### Study assumptions

The researcher assumed that the respondents were honest with the information they gave.

## Results

Total number of patients included in this cross-sectional study was (250), of it (139) were males ( 55.6% ) and (111) were females ( 44.4% ) . The average age of the patients was 32.9 year, ( SD = 1.65 , Range = 18y - 83y ). In regard of educational level ( 23.2 % ) had completed primary school , some high school but did not graduate (30.8%) , ( 16.8 % ) had completed high school , ( 15.6 % ) had completed undergraduate studies , ( 0.4%) had completed post graduate studies and ( 13.2%) provide no any level of education. 103 patients (41.2 %) were admitted from emergency department , while 147 patients (58.8%) were admitted from out-patient department & private clinics as elective cases ( table-1)

**Table-1 Socio-Demographic factors of the patients.**

Variables	No.	%
Total No. of patients	250	100%
<b>Gender:</b>		
Male	139	55.50%
Female	111	44.4%
<b>Age groups:</b>		
18-24y	56	22.40%
25-34y	65	26%
35-44y	46	18.40%
45-54y	31	12.40%
55-64y	30	12%
65-74	16	6.40%
>74	6	2.40%
<b>Level of Education:</b>		
Nothing	33	13.20%
8 <sup>th</sup> grade	58	23.20%
High School not graduate	77	30.80%
High School graduate	42	16.80%
2-years degree College	19	7.60%
4-years College graduate	20	8%
Postgraduate	1	2.40%
<b>Admission:</b>		
Elective	147	58.80%
Emergency	103	41.20%
<b>Duration of admission</b>		
2-7 days	238	95.20%
>7 days	12	4.80%

The patient satisfaction questionnaire was divided into sections i.e. care received from nurses , care received from doctors , the surgical ward environment, patients' experiences in surgical ward , emergency index , patient rating of the surgeon and lastly the overall rating of the surgical ward. The overall satisfaction

rate was (58.5%), male satisfaction rate was (56.5 %), while female satisfaction rate was (60.6 %). The respondents satisfaction rate about the care received from the nurses was (67.6%) as seen in table – 2 below:

**Table-2 care received from nursing staff.**

During this hospital stay:	Never	Sometimes	Usually	Always
Q1 How often did nurses treat you with courtesy & respect?	0%	0.4%	43.6%	56%
Q2 How often did nurses listen carefully to you & explain things in a way you could understand?	0.4%	34.4%	33.2%	32%
Q3 How often did you get help as soon as you wanted it?	0%	16.4%	40.4%	43.2%
Q4 Did any one in this ward give you easy to understand instructions about getting ready for surgery?	54.8%	23.2%	22%	0%

While about doctors' care was (72.2%) as shown in table - 3 below:

**Table-3 care received from doctors.**

	Percentage	Response		
Q-During this hospital stay:	sometimes	sometimes	Usually	Always
Q5.How often did doctors treat you with courtesy and respect?	0.4%	0.4%	37.2%	62.4%
Q6.How often did doctors listen carefully to you and give easy to understand information about health questions or concerns?	39.6%	39.6%	35.2%	24.8%
Q7.Before your surgery did your surgeon encourage you to ask questions?	32.4%	32.4%	49.6%	1.2%
Q8.Did your surgeon Show respect for what you had to say?	21.2%	21.2%	75.6%	2.8%

Survey responses to questions on the surgical ward environment inferred positive patient perceptions of cleanliness and hygiene standards of the surgical ward. Patients noted the visibility of cleaning staff on wards

and throughout the hospital. When rating the quietness of the ward at night, many patients qualified their answers by saying they experienced some level of noise(see table-4 below):



**Table-4 Patient's responses relating to surgical ward environment.**

During this hospital stay:	Percentage Response			
	Never	Sometimes	Usually	Always
Q11How often were your room (ward) kept clean?	0%	20.8%	52.4%	26.8%
Q12How often were your bath-room kept clean?	15.6%	24.8%	35.2%	24.4%
Q13How often was the area around your Room quiet at night?	11.6%	33.6%	33.6%	21.2%

The results of the survey in relation to the inpatient experience indicated that 37.6 % (n = 94) of respondents required help getting to the bathroom or using a bedpan at some time during their hospital stay. Of those who required help, 7.4% (n = 7) indicated

that they "usually" received help as soon as they wanted it. A further 26.6% (n = 25) "sometimes" received help as soon as they wanted it. 66% (n = 62) said they "never" received help as soon as they needed it.

**Table-5 How responsive ward staff are to patient's Needs.**

Response to patient's Needs	Percentage response			
	Never	Sometimes	Usually	Always
Q3.Howoften did you get help as soon as you wanted it?	0%	16.4%	40.4%	43.2%
Q22.Howoften did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	65%	26.66%	6.4%	1%

Survey question on the patients' experiences in surgical ward also addressed pain control and medication management. Hundred percent (n = 250) of patients indicated that they required medicine for pain during their hospital stay. Of those who did, 9.6% (n=24) indicated that their pain was "always" well controlled, 48% (n = 120) said it was "usually" well controlled, 42% (n = 105) said "sometimes", with 0.4% (n= 1) of patients indicating that their pain was

"never" well controlled. When asked if they believed that hospital staff did everything they could to help them with their pain, 11.2% (n = 28) indicated that they "always" did so .54.8% (n = 137) agreed that staff "usually" did so, with almost 34% (n = 85) of respondents indicating that hospital staff did everything they could to help them with their pain either "sometimes" or "never". (See table-6 below):

**Table-6 Patient's responses to pain control.**

Response to pain control	Percentage response			
	Never	Sometimes	Usually	Always
Q24.Howoften was your pain well controlled?	0.4%	42%	48%	9.6%
Q25.Howoften did the ward staff do everything they could to help you with your pain?	0.4%	33.6%	54.8%	11.2%

65.6 % of respondents (n = 164) said they were given medicine during their hospital stay which they had not taken before, of those patients who were in receipt of a medicine for the first time almost 22% of patients

(n=36) were "sometimes" told the reason for new medications while 99.4% of them(n=163) said they were "never" told of the possible side effects.

**Table-7 Responses of patients who were in receipt of new medicine**

Before giving you any new .. .	Percentage response			
	Never	Sometimes	Usually	Always
Q27.how often did ward staff tell you what the medicine was for?	78%	22%	0%	0%
Q28.how often did ward staff describe possible side effects in a way you could understand?	99.4%	0.6%	0%	0%

Survey responses to questions on whether key information was provided at discharge, and if the

surgeon discussed the outcome of surgery done with the patient displayed by table-8 below:

**Table-8 Key information.**

Q10 Before you left the surgical ward,	Percent response	
Did the surgeon discuss the outcome of your surgery with you or whether a key information is provided at discharge?	Yes	No
	87.2%	12.8%

### Overall rating of surgical ward:

Two hundred and fifty patients responded to a question on their overall rating of the surgical ward.

53.6% ( n = 134 ) of patients rated the surgical ward at 7-10 and 46.4% of patients ( n = 116 ) rated it at six or less out of scoring system(0 = worst,1,2,3,...to 10 =the best).

**Table-9 Patient's overall rating of surgical ward.**

Total  No. of respondents (n= 250)	High Rating score(9-10)	Medium Rating score(7-8)	Low Rating score(0-6)
Frequency response	17	117	116
Percentage response	6.8%	46.8%	46.4%



The issue of whether a patient would be happy to recommend the surgical ward to their families and friends is a useful indicator of quality of care received(20). In this survey 61.2% (n = 153) of

patients said they would recommend the surgical ward, 38.8 % (n = 97) said they would either "probably not" or "definitely not" recommend the surgical ward to friends or family.

**Table-10 patient's response for recommendation of surgical ward to family& friends.**

Total No. of respondents (n=250)	Percentage Response			
Q37.Are you happy to recommend this surgical ward to your families and friends?	Definitely yes	Yes	Probably not	Definitely not
	n=25	n=128	n=61	n=36
	10%	51.2%	24.4%	14.4%

The overall level of satisfaction in emergency service was the highest response for explanation of on-call doctor about the operation (65 %) while the lowest response was for waiting time in emergency for more

than 3 hours (33%), and it was (52.4%) for both the quickness response of the surgical on-call team and about the surgical care provided by the doctors and nurses in ER.

**Table-11patient's rates of satisfaction for Emergency services**

Emergency Index Total number of patients admitted through the Emergency Department= ( n = 103 )	Percentage response			
	Strongly satisfied	satisfied	dissatisfied	Strongly dissatisfied
Q17 Are you satisfied to the perceived length of waiting time&the service delivery time in ER?	1%	32%	65%	1.9%
Q18Are you satisfied about how quick is the response of the surgical on-call team?	3.9%	48.5%	46.6%	1%
Q19Are you satisfied about the explanation of on-call doctor about the operation?	3.9%	61.2%	35%	0%
Q20Are you satisfied about the surgical care provided by doctors &nursing care in ER?	1.9%	50.5%	46.6%	1%

For the service before operation the lowest rate of satisfaction was for instructions given by surgical ward staff about getting ready for surgery (22%), and the highest was for the clerks & receptionist of the surgical wards (89%) regarding their helpfulness and respectfulness.

### Patient rating of the surgeon:

250 patients responded to a question on their overall rating of the Surgeon (Using any number from 0 to

10, where 0 is the worst surgeon possible & 10 is the best surgeon possible, what number would you use to rate all your care from this surgeon). 28.8% (n=72) of patients rated the surgeon at 9-10, 62% (n=155) of patients rated the surgeon at 7-8, and 9.2% (n=23) of patients rated him 0-6.

**Table-12 patient rating of the surgeon**

Total No. of Respondents(n=250)	High rating Score (9-10)	Medium rating Score(7-8)	Low rating Score(0-6)
Frequency response	72	155	23
Percentage response	28.8%	62%	9.2%

\*In this study we found that patients' satisfaction rate at the private ward was significantly higher than that at the public surgical wards (public ward=53.40%, Private ward=70.80%) as seen in table-13 below. You can notice if we omit the result of the staff

communication with patients about new medicine(0.0%), the overall satisfaction rate will become 59.22% and 78.66% in public and private ward respectively.

**Table-13. Patients' satisfaction rate in both public and private surgical wards.**

Patient satisfaction rate regarding::	Public ward	Private ward
Nurse care	63.30%	57.50%
Doctors care	71.50%	75%
Patient needs	42.50	68%
Pain management	56%	85%
Receiving new medicine	0%	0%
Discharge information	84.50%	98%
Ward cleanliness	65%	85%
Ward quietness	43.50%	100%
Ward overall rating	51%	64%
Recommending the ward to family or friends	57.50%	76%
Over all satisfaction rate	53.40%	70.80%

The table-14 below is showing mean responses of participants on level of satisfaction with the surgical care in public surgical ward versus private surgical ward. The patients' mean response on the level of satisfaction at the private ward was significantly higher than that at the public surgical ward and there

were statistically significant difference in responses on the level of satisfaction especially regarding patient needs( $p=0.000$ ), managing pain( $p=0.004$ ), ward cleanliness( $p=0.039$ ), ward quietness( $p=0.000$ ) and key information provided about discharge and outcome of surgery( $p=0.010$ ).

**Table-14 cross tabulation of patients mean responses on level of satisfaction in both public and private surgical wards.**

Variables	General surgery wards			ANOVA	
	Public ward	Private ward	Total mean	F	p-value
Q1 your care from the nurses	3.52	3.72	3.56	6.72	.010
Q2 =	2.97	2.96	2.97	.006	.939
Q3 =	3.21	3.48	3.27	5.432	.021
Q4 =	1.73	1.42	1.67	6.109	.014
Q5 your care from the Doctors	3.63	3.60	3.62	.102	.750
Q6 =	2.87	2.74	2.84	1.059	.304
Q7 =	2.33	2.46	2.35	1.236	.267
Q8 =	2.77	2.96	2.81	6.714	.010
Q10 Information (outcome ,discharge)	1.15	1.02	1.13	6.653	.010
Q11Surgical Wards' Cleanliness	3.01	3.24	3.06	4.327	.039
Q12=	2.61	2.98	2.68	5.464	.020
Q13Surgical wards' Quietness	2.46	3.36	2.64	41.982	.000
Q14	2.77	2.82	2.78	.459	.499
Q22Staff response to patients' needs	1.34	2.38	1.43	21.913	.000
Q3 =	3.21	3.48	3.27	5.432	.021
Q24Staff response to pain control	2.66	2.70	2.67	.151	.698
Q25=	2.71	3.00	2.77	8.412	.004
Q27Staff communication with patients about new medicine	1.21	1.27	1.22	.442	.507
Q28=	1.01	1.00	1.01	.187	.666
Q33Patients'overall rating of s.ward	1.67	1.80	1.70	1.941	.164
Q37Whether patients recommend surgical ward for family or friends	2.53	2.74	2.57	2.411	.122

The table-15 below shows mean responses of participants on level of satisfaction with the surgical care by age distribution. The study revealed that patients were generally satisfied with the nursing care and doctors care provided with mean response of above (2.00). The respondents in the age groups( 55y )were more satisfied in regard with nursing care (mean>3), cleanliness , quietness of the room (mean 3) and pain management (mean=2.85). It also showed that the elderly were more satisfied with the response to their needs provided (mean=3), rating of

surgical ward(mean>2)and recommending it to family(mean 3). All age groups were satisfied with pain management (mean>2.70). The study showed (regarding the age) that there were statistically significant differences in responses on the level of satisfaction especially with cleanliness and quietness provided(p=0.000),response to patients' needs (p=0.001),pain management(p=0.001),rating of surgical ward(p=.000)and recommending it to family(p=0.002).

**Table 15: Cross tabulation of participants mean responses on patients' satisfaction by age distribution.**

Variables	Age groups								ANOVA	
	18-24y	25-34y	35-44y	45-54y	55-64y	65-74y	>74y	Total mean	F	p-value
Q1	3.46	3.57	3.43	3.45	3.73	3.87	4.00	3.65	3.637	.002
Q2	2.75	2.71	2.98	2.90	3.40	3.69	4.00	2.97	2.820	.000
Q4	1.68	1.42	1.74	1.52	1.93	2.06	2.33	1.67	3.276	.004
Q5	3.48	3.71	3.57	3.48	3.73	3.81	4.00	3.62	2.940	.009
Q6	2.70	2.58	2.93	2.61	3.17	3.56	4.00	2.84	8.300	.000
Q7	2.05	2.34	2.54	2.32	2.63	2.44	2.33	2.35	2.705	.015
Q8	2.66	2.86	2.85	2.74	2.90	2.94	2.83	2.81	1.643	.136
Q10	1.07	1.06	1.24	1.29	1.07	1.06	1.17	1.13	3.197	.005
Q11	2.77	2.88	3.13	3.06	3.47	3.50	4.00	3.06	8.530	.000
Q12	2.36	2.45	2.76	2.65	3.10	3.38	4.00	2.68	6.089	.000
Q13	2.32	2.46	2.76	2.48	2.97	3.38	4.00	2.64	6.876	.000
Q22	1.22	1.33	1.22	1.17	1.67	2.13	1.67	1.43	3.320	.005
Q3	3.13	3.23	3.15	3.1	3.63	3.63	4.00	3.27	4.090	.001
Q24	2.55	2.72	2.54	2.55	2.80	2.94	3.33	2.67	2.629	.017
Q25	2.55	2.72	2.76	2.68	2.90	3.19	3.50	2.77	4.080	.001
Q27	1.15	1.18	1.15	1.30	1.29	1.56	1.20	1.22	1.643	.139
Q28	1.00	1.00	1.30	1.00	1.00	1.00	1.00	1.01	.653	.688
Q33	1.54	1.58	1.70	1.55	2.00	2.13	2.50	1.70	6.815	.000
Q37	2.34	2.45	2.65	2.45	2.83	3.13	3.33	2.57	3.671	.002

**Table-16 : Cross tabulation of participants' mean responses on the level of satisfaction with surgical care by gender distribution.**

Variables	Gender			ANOVA	
	Male	Female	Total Mean	F	p
Q1 your care from the nurses	3.61	3.49	3.56	3.813	.052
Q2 =	2.88	3.07	2.97	3.200	0.075
Q4 =	1.74	1.59	1.67	2.260	.134
Q5 your care from the Doctors	3.68	3.55	3.62	4.102	.044
Q6 =	2.71	3.01	2.84	8.783	.003
Q7 =	2.20	2.54	2.35	12.578	.000
Q8 =	2.81	2.80	2.81	.035	.852
Q10 Information (outcome ,discharge)	1.12	1.14	1.13	.463	.497
Q11 Surgical Wards' Cleanliness	2.91	3.24	3.06	14.924	.000
Q12 =	2.48	2.94	2.68	13.129	.000
Q13 Surgical wards' Quietness	2.48	2.85	2.64	9.560	.002
Q22 Staff response to patients' needs	1.81	1.18	1.43	26.104	.000
Q3 =	3.31	3.22	3.27	1.017	.314
Q24 Staff response to pain control	2.73	2.59	2.67	2.556	.111
Q25 =	2.78	2.76	2.77	.061	.805
Q27 about new medicine	1.25	1.19	1.22	1.001	.318
Q28 =	1.01	1.00	1.01	1.076	.301
Q33 Patients' overall rating of s. ward	1.58	1.85	1.70	13.680	.000
Q37 recommend surgical ward	2.50	2.67	2.57	2.446	.119

The table-16 above is showing the mean responses on the level of satisfaction with surgical care by gender distribution. The study revealed that all gender categories were quietly satisfied with surgical care with mean response of above (2.00). Females were more satisfied with surgical ward's cleanliness and quietness with mean response of (3.00) providing ( $p=0.000$ ), also females are more satisfied about

doctors care ( $m=3.00, p=0.001$ ). But the study revealed that

There were no statistically significant differences in responses by gender

Distribution on level of satisfaction of surgical care,  $p>0.05$ .

**Table-17: Cross tabulation of Participants' mean responses on the level of satisfaction by educational level distribution**

variables	Education level								ANOVA	
	Nothing	8th Grade	Some high school	High school	2y degree	4y degree	>4y degree	Total mean	F	p - value
Q1	3.73	3.59	3.43	3.64	3.53	3.50	4.00	3.56	1.907	.080
Q2	3.45	3.05	2.88	3.05	2.58	2.40	4.00	2.97	5.236	.000
Q4	2.03	1.57	1.74	1.71	1.42	1.30	1.00	1.67	2.528	.022
Q5	3.82	3.62	3.52	3.64	3.53	3.70	4.00	3.62	1.759	.108
Q6	3.52	2.84	2.83	2.76	2.37	2.45	2.00	2.84	6.949	.000
Q7	2.48	2.62	2.22	2.38	2.05	2.10	2.00	2.35	2.712	.014
Q8	2.70	2.90	2.75	2.79	2.79	3.00	3.00	2.81	1.450	.196
Q10	1.15	1.10	1.12	1.17	1.16	1.10	1.00	1.13	.255	.957
Q11	3.64	3.26	3.00	2.88	2.58	2.65	2.00	3.06	10.198	.000
Q12	3.55	2.93	2.64	2.48	1.74	2.15	1.00	2.68	11.348	.000
Q13	3.39	2.88	2.45	2.62	1.79	2.35	2.00	2.64	9.093	.000
Q22	1.60	1.37	1.27	1.73	1.00	1.00		1.43	1.626	.161
Q3	3.55	3.26	3.19	3.31	3.11	3.35	4.00	3.27	1.606	.146
Q24	2.88	2.59	2.58	2.76	2.84	2.50	3.00	2.61	1.602	.147
Q25	2.97	2.86	2.65	2.79	2.79	2.55	3.00	2.77	1.629	.140
Q27	1.22	1.22	1.19	1.40	1.13	1.15	1.00	1.22	.857	.528
Q28	1.00	1.00	1.00	1.05	1.00	1.00	1.00	1.01	1.209	.304
Q33	2.15	1.81	1.61	1.62	1.37	1.40	2.00	1.70	6.679	.000
Q37	3.00	2.72	2.48	2.55	1.95	2.45	2.00	2.57	3.901	.001



The table-17 above is showing the mean responses on the level of satisfaction with surgical care by level of education distribution. The study revealed that patients with low level of education were more satisfied than those with high level of education regarding wards' cleanliness and quietness, regarding rating for the surgical wards and lastly recommending it for the family and friends providing ( $p=0.000$ ). ( $p=0.000$ ) and ( $p=0.001$ ) respectively.

\*To evaluate the effect of some factors(that patients attach great importance to them) on patients'

satisfaction like the living conditions, the appearance of rooms on the ward, the comfort of a patient room, its aesthetic appearance and how well it is equipped ,we did the statistical liability analysis for them and tables(18,19,20) revealed that there were statistically significant difference in responses to these factors(the living conditions, the appearance of rooms on the ward, the comfort of a patient room, its aesthetic appearance and how well it is equipped)on level of satisfaction of surgical care,  $p < 0.05$ . It provides ( $F=464.840$ ,  $p=0.000$ ).

**Table-18 statistical liability analysis of the surgical ward environment**

	Mean	Std. Deviation	N
surgical ward	1.20	.401	250
Q11How often your room(ward) kept clean?	3.06	.689	250
Q12How often your bathroom kept clean?	2.68	1.010	250
Q13How often was the area around your room quiet at night?	2.64	.943	250
Q14Are you satisfied about the aesthetic appearance and the comfort of your room on the ward?	2.78	.513	250

**Table-19 statistical liability analysis of the surgical ward environment (ANOVA)**

	Sum of Squares	df	Mean Square	F	Sig
Between People	413.575	249	1.661		
Between Items	532.667	4	133.167	464.840	.000
Within People					
Residual	285.333	996	.286		
Total	818.000	1000	.818		
Total	1231.575	1249	.986		

Grand Mean = 2.47

**Table-20 Summary Item Statistics of surgical ward environment**

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	2.473	1.200	3.060	1.860	2.550	.533	5
Inter-Item Correlations	.468	.043	.818	.775	19.033	.072	5

## Discussion

The significant structural changes in the social and economic systems in Iraq have led to transformation and commercialization of many concept of life, including the medical service sector. The changes affected not only the structures, but also the patients' thinking mode ,their way of perceiving a health care unit and the service it offers. Patients have become more demanding, they have started to behave like customers (clients) and expect the same quality of service as in the case of consumer goods. This new situation requires a medical organization to take into consideration patients' needs ,to listen to them, to improve the quality of its services , and to evaluate what factors both subjective and objective influence the satisfaction with hospitalization of patients undergoing surgery as a method to cure their disease.

The research showed that patients attach great importance to factors associated with response to their needs in addition to solving patient's health problems by a qualified surgeon like the living conditions, the appearance of rooms on the ward, the comfort of a patient room, its aesthetic appearance and how well it is equipped(Table-4,5,19). They affect the overall assessment of quality of medical services and are the basis of recommendation of the facility by the patient to his/her family, and friends, and also significantly influence the decision whether a patient wants to go back to the same facility again when the need arises. Other authors who conducted similar research also came to similar conclusions (16,17,18,19,20,21).

The results of this paper also indicate that the expression of empathy, competence of the medical staff, how they communicate with patients and share the information about the disease, treatment and patient's involvement in the healing process are the factors that may impact patient's satisfaction with treatment in surgical ward. A similar position on this issue is presented by other researchers who found that the more medical staff is willing to express empathy, the better the patients assess their competence and, consequently, patients are more satisfied with their stay in a hospital and the course of treatment(34).

An interesting finding in this study was the results we find in table 5 in regard of the response of the nursing staff to the patients' need of help; where around 84% of respondents declare that they get help as soon as they needed it and no single patient mark on the never response for this item and when referring to next question which was asking about the help in getting to the bath or using the bed pan; 65% responded by never

which reflected the low expectations of our patients in which they disregard this type of help as part of duties of the nursing staff. A patient in assessing the overall quality of medical service, pays attention to all aspects of the service, including the organizational and aesthetic value which she/he was able to observe during a stay in the surgical ward. The general impression appeared to be extremely important for patients. The study confirmed that the overall impression of the hospital in conjunction with a patient's emotional reaction, influence his/her satisfaction with the stay and treatment in a health care facility. Similar relationships between the perception of service and overall satisfaction of a patient were reported by other researchers. The results of their work reveals that the overall impression received by a patient as well as personnel's empathy and response to patient's expectations are as important as strictly medical side of medical service [16,28,29,30,31,32,33].

The obtained results confirmed that the patients residing in private surgical ward, often declare a higher level of satisfaction with the quality of medical service provided (although those patients should be more demanding because they had paid for medical services) than the patients of public surgical ward. Which again reflect the fact that meeting the emotional needs of patients is therefore an important area of medical care that should be provided to patients treated surgically which had a relation with aesthetic appearance and quietness of the room (because the rooms are separated and a single patient in each room) Table-14,18,19,20.

Patient's satisfaction with hospital treatment, including surgery, is combined with interpersonal relationships (doctor-patient, nurse-patient), proper communication, information on diagnosis and pharmacological treatment. It has a strong and positive impact on the patient's overall experience of treatment and hospital stay. Statistical analysis of the results of this research showed that in each of the ten dimensions of the analyzed medical service, in both surgical wards, the assessment of the facts and expectations of patients in terms of satisfaction with the surgical procedure and care received during the stay at a surgical ward was highly impacted by the patient's level of education. Patients with higher level of education who were hospitalized in both wards had lower expectations in each of the analyzed dimensions of quality in medical service. The reason for this probably stems from the

fact that this group is more aware of the necessity of surgery, has a greater awareness of the necessity of the fight against the disease and considers a treatment primarily in terms of improving health and restoring normal bodily functions. Because of this, these people often show their satisfaction with treatment in the surgical ward. A similar position on this issue is presented by other authors, who argue that patient's satisfaction with treatment is dependent on patient's individual characteristics such as age, sex, education and the state of physical and mental health [22,23,24,25,26,27]. In this paper, however, we did find connections between age and education of the patients and their satisfaction with treatment.

Other factors which we found in our survey which negatively influence patient satisfaction in the emergency department was the long waiting time (more than 3 hours), and the quick response of the surgical on-call team (Table-11), while the explanation of ward staff about new medicine given to the patients (what was the medicine for? and the possible side effects) and the explanation of surgical team about lifestyle after surgery (eating habits, wound management, having shower and exercise), had negative influence on the overall patients' satisfaction in this research (table-7). We recommend hospital management to address these factors to improve patient satisfaction (table-11). We can see that the technical quality of medical service is closely correlated with patient's perception of interpersonal elements of health care. Thus, the involvement of patients in the therapeutic process has a positive effect on their satisfaction with their hospital stay. Well-managed hospitals, constantly wanting to improve this image, must pay attention to the quality of service, efficiency of operations and the maximization of the efforts to secure full satisfaction of the patient. Such actions are the way to a positive image of the surgical ward and the hospital in the eyes of patients, which would have a very positive impact on changing the hostile view of a lot of people toward doctors and health services).

## Conclusion

Concluding this article, we can say that neither of the analyzed surgical wards fulfilled all of patients' expectations, but the private surgical ward was assessed as significantly better.

\* Improvements in communication and proper planning with the quality of medical services provided

for the patients which would mitigate the anxiety and fear they feel in relation to their peri-operative experience.

\* Gathering postoperative patient feed back regarding the quality of care to help inform the system of opportunities for improvement.

## References

1. Allen C., Carr E., Barrett R., Brockbank K., Cox C., & North N., Prevalence and Pattern of Anxiety in Patients undergoing Gynaecological Surgery: Institute of Health and Community Studies Bournemouth University, Salisbury Health care NHS T (2002).
2. White L., Foundations of Nursing 2007, 2nd Edition, Delmar, New York.
3. Pearson & Osborn ., Nursing Management of the Surgical Patients (2010).
4. Smeltzer SC & Bare B., Brunner and Suddarths' Text book of Medical Surgical Nursing 2004, 10th Edition, Philadelphia.
5. Cleary PD., The increasing importance of patient surveys. Editorial. British Medical Journal 1999, 319, pp720-721.
6. Tarlov R, Ware J E, Greenfield S, Nelson E C, Perrin E and Zubkoff M, The Medical Outcomes Study: An application of methods for monitoring the results of medical care, JAMA 1989, 262(7): 925-930, (1989).
7. Rosiek A, Leksowski K, Patient's Satisfaction and Quality of Hospital Care in Surgery Wards, International Journal of Scientific & Engineering Research June-2012, Volume 3, Issue 6.
8. World Health Organization, Quality of care: A process for making strategic choices in health system, (2006).
9. American Medical Association. Clinical Governance- Introduction (1991).
10. McGee J, Kanouse DE, Sofaer S, et al. Making survey results easy to report to Consumers: how reporting needs guided survey design in CAHPS. Med Care 1999 Mar; 37(3 Suppl): MS32-40.
11. Solomon LS, Hays RD, Zaslavsky AM, et al. Med Care 2005 Jan; 43(1): 53-60, (2005).
12. Hays RD, Chong K, Brown J, et al. Patient reports and ratings of individual physicians: An evaluation of the DoctorGuide and Consumer Assessment of Health Plans Study provider-level surveys. Am J Med Qual 2003 Sep-Oct; 18(5): 190-6.

13. Meredith P and Wood C, Patient Satisfaction with Surgery. Report of the development of an audit instrument. The Royal College of Surgeons of England, Surgical Audit Unit, London, 1994.
14. Meredith P, Patient satisfaction with communication in general surgery: problems of measurement and improvement. *Sot Sci Med* 1993, 37: 591- 602.
15. professor A.Scott; Dr.Matheus;Ms Marcia Kirwan;Anthony Staines, Patient satisfaction with nursing and hospital care in Irish general hospitals, RN4CAST findings, March(2012) .
16. Garman A.N, Gracia J, Hargreaves M. Patient Satisfaction as a Predictor of Return-to-Provider Behavior: Analysis and Assessment of Financial Implications. *Quality Management in Health Care* 2004;13(1)75-80.
17. Mark B, Salyer J, Wan T. Professional nursing practice: Impact on organizational and patient outcomes. *J. Nurs Adm.* 2003;33:224-234.
18. Psychometric properties of a group-level Consumer Assessment of Health Plans Study (CAHPS) instrument. *Med Care* 2005 Jan;43(1):53-60.
19. Montaglione CJ, The physician-patient relationship: cornerstone of patient trust, satisfaction, and loyalty. *Manag Care Q* 1999;7(3):5-21
20. Otani K., Waterman B, Faulkner K.M, Boslaugh S, Burroughs T.E, Dunagan W.C. Patient Satisfaction: Focusing on Excellence. *Journal of Healthcare Management* 2009, 54(2):93-103.
21. Debono D., & Travaglia J. (2009), Complaints and Patients' Satisfaction: A Comprehensive Review of the Literature. Centre for Clinical Governance Research, University of New South Wales, Sydney,(2009).
22. Extension to the Healthcare Sector. *Journal of Healthcare Management* 2007;52(3):109-25.
23. Boyer L, Francois P, Doutre E, Weil G, Labarere J, Perception and use of the result of patient satisfaction surveys by care providers in a French teaching hospital, *International Journal for Quality in Health Care* 2006; Volume 18, Number 5: pp. 356-64.
24. Hargraves JL, Wilson IB, Zaslavsky A, Jamess C, Walker JD, Roger G, Cleary PD. Adjusting for patients characteristics when analyzing reports from patients about hospital care. *Med Care* 2001;39:635-641
25. Jaipaul CK, Rosenthal GE. Are older patients more satisfied with hospital care than younger patients?. *J Gen Intern Med* 2003;18:23-30.
26. Quintana JM, Gonzalez N, Bilbao A, Aizpuru F, Escobar A, Esteban C, San- Sebastian JA, Sierra E, Thompson A. Predictors of patient satisfaction with hospital care. *BMC Health Services Research* 2006;6:102.
27. Rahmqvist M, Bara AC. Patient characteristics and quality dimensions related to satisfaction. *International Journal for Quality in Health Care* 2010; Volume 22, Number 2: pp. 86-92.
28. Young G, Meterko M, Desai K. Patient satisfaction with hospital care: Effect of demographic and institutional characteristics. *Med Care* 2000;38:325-334
29. Bacon CT, Mark B. Organizational Effects on Patient Satisfaction in Hospital Medical-Surgical Units. *J Nurs Adm.* 2009;39(5):220-227
30. Carman J.M, Patient Perceptions of Service Quality: Combining the Dimensions. *Journal of Management in Medicine* 2000;14:339-56
31. Hausman A. Modeling the patient-physician service encounter: improving patient outcomes. *J Acad Mark Sci* 2004;32(4):403-17
32. Javalgi RG, Whipple TW, McManamon MK, Edick VL. Hospital image: a correspondence analysis approach. *J Health Care Mark* 1992; 12(4):34-41
33. Levine AS, Plume SK, Nelson EC. Transforming patient feedback into strategic action plans. *Qual Manag Health Care* 1997, 5:28-40.
34. Parente D.H, Pino M.B, Barber J.C. A Pre-Post Comparison of Service Operational Efficiency and Patient Satisfaction Under Open Access Scheduling. *Health Care Management Review* 2005,30(3):2

## Appendix I: Questionnaire for data collection

Name:-

Code:

--	--	--	--	--

Age:-

Gender:

File No.:

Type of admission:

type of surgery:-

Hospital:

Ward:

Admission Duration

### \*your care from nurses:-

Q1:- How often did nurses treat you with courtesy & respect?

☐ Never ☐ sometimes ☐ usually ☐ always

Q2:- How often did nurses listen carefully to you and explain things in a way you could understand?

☐ Never ☐ sometimes ☐ usually ☐ always

Q3:- How often did you get help as soon as you wanted it?

☐ Never ☐ sometimes ☐ usually ☐ always

Q4:- Did any one in this surgical ward give you easy to understand instructions about getting ready for your surgery?

☐ yes ☐ definitely yes ☐ somewhat ☐ No

### \*your care from doctors:-

☐ Never ☐ sometimes ☐ usually ☐ always

Q6:- How often did doctors listen carefully to you and give easy to understand information about health questions or concerns?

☐ Never ☐ sometimes ☐ usually ☐ always

Q7:- Before your surgery did your surgeon encourage you to ask questions?

☐ yes ☐ definitely yes ☐ somewhat ☐ No

Q8:- Did your surgeon show respect for what you had to say?

☐yes    ☐definitely yes    ☐somewhat    ☐No

Q9:- After you arrived at the surgical facility, did this surgeon visit you before your surgery?

☐yes    ☐No

Q10:- Before you left the surgical ward, did this surgeon discuss the outcome of your surgery with you?

☐yes    ☐No

**\*The hospital & surgical ward environment:-**

Q11:- How often were your room (ward) kept clean?

☐Never    ☐sometimes    ☐usually    ☐always

Q12:- How often were your bathroom kept clean?

☐Never    ☐sometimes    ☐usually    ☐always

Q13:- How often was the area around your room quiet at night?

☐Never    ☐sometimes    ☐usually    ☐always

Q14:- Are you satisfied about the aesthetic appearance & the comfort of your room on the ward?

☐Strongly satisfied    ☐satisfied    ☐dissatisfied    ☐strongly dissatisfied

Q15:- Does you satisfy about the quality of food in the hospital ?

☐Strongly satisfied    ☐satisfied    ☐dissatisfied    ☐strongly dissatisfied

**\*Emergency Index:-**

Q16:- Were you admitted to this hospital through the emergency room ?

☐yes    ☐No

Q17:- Are you satisfied to the perceived length of waiting time & the service delivery time in ER?

☐Strongly satisfied    ☐satisfied    ☐dissatisfied    ☐strongly dissatisfied



Q18:- Are you satisfied about how quick is the response of the surgical on- call team?

☐ Strongly satisfied ☐ satisfied ☐ dissatisfied ☐ strongly dissatisfied

Q19:- Are you satisfied about the explanation of on-call doctor about the operation?

☐ Strongly satisfied ☐ satisfied ☐ dissatisfied ☐ strongly dissatisfied

Q20:- Are you satisfied about the surgical care provided by the doctors & the nursing care in ER?

☐ Strongly satisfied ☐ satisfied ☐ dissatisfied ☐ strongly dissatisfied

**\*Your experiences in surgical ward:-**

Q21:- Did you need help from nurses or other staff in getting to the bathroom or in using a bedpan ?

☐ yes ☐ No (( if No go to Q23 ))

Q22:- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

☐ Never ☐ sometimes ☐ usually ☐ always

Q23:- During this ward stay did you need medicine for pain ?

☐ yes ☐ No (( if No go to Q26))

Q24:- How often was your pain well controlled?

☐ Never ☐ sometimes ☐ usually ☐ always

Q25:- How often did the ward staff do every thing they could to help you with your pain?

☐ Never ☐ sometimes ☐ usually ☐ always

Q26:- Were you given any medicine that you had not taken before ?

☐ yes ☐ No (( if No go to Q29))

Q27:- Before giving you any new medicine, how often did ward staff tell you what the medicine was for?

☐ Never ☐ sometimes ☐ usually ☐ always

Q28:- Before giving you any new medicine, how often did ward staff describe possible side effects in a way you could understand ?

☐ Never ☐ sometimes ☐ usually ☐ always

Q29:- How often did someone from ward staff followed up with you to give results of blood test, X-rays or other tests?

☐ Never ☐ sometimes ☐ usually ☐ always

**\*Clerks & receptionist of the hospital & surgical ward:-**

Q30:- How often did clerks & receptionist are helpful ?

☐ Never ☐ sometimes ☐ usually ☐ always

Q31:- How often did clerks & receptionist are courteous & respectful ?

Never ☐ sometimes ☐ usually ☐ always

**\*Patient rating of the surgeon:-**

Q32:- Using any number from 0 to 10, where 0 is the worst surgeon possible & 10 is the best surgeon possible, what number would you use to rate all your care from this surgeon?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**\*Overall rating of the surgical ward:-**

Q33:- Using any number from 0 to 10, where 0 is the worst surgical ward possible & 10 is the best surgical ward possible, what number would you use to rate this surgical ward?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**\*About you:-**

Q34:What is the highest grade or level school that you have completed? Q35 What is your age?

<input type="checkbox"/> Nothing	18-24y <input type="checkbox"/>
<input type="checkbox"/> 8 <sup>th</sup> . Grade or less	25-34y <input type="checkbox"/>
<input type="checkbox"/> Some high school, but did not graduate	35-44y <input type="checkbox"/>

<input type="checkbox"/>	High school graduate	45-54y	<input type="checkbox"/>
<input type="checkbox"/>	Some college or 2-year degree	55-64y	<input type="checkbox"/>
<input type="checkbox"/>	4-year college graduate	65-74y	<input type="checkbox"/>
<input type="checkbox"/>	More than 4-year college degree	>74y	<input type="checkbox"/>

//Q36:- In general how would you rate your overall health?

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	very good	<input type="checkbox"/>	good	<input type="checkbox"/>	fair	<input type="checkbox"/>	poor
--------------------------	-----------	--------------------------	-----------	--------------------------	------	--------------------------	------	--------------------------	------

Q37:- Are you happy to recommend this surgical department to your families & friends?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	definitely yes	<input type="checkbox"/>	probably not	<input type="checkbox"/>	definitely not
--------------------------	-----	--------------------------	----------------	--------------------------	--------------	--------------------------	----------------

## الردحات وجهة لها المتلقين الجراحية الرعاية

العظيم وليد بكالوريوس

هديل . بكالوريوس  
الطبية زميلة  
والتوليد النسائية

خلفية :

الجراحية للرعاية المتلقين رضاهم  
فهم الرعاية تطلعاتهم بتلبية الجراحية الرعاية تحسين  
الصحية تحديد يساعد نهاية  
متزايد يساعد شأنه أنه مهم يستخدم  
يستخدم

هدف :

الجراحية الردحات الجراحية الرعاية وخبراتهم

طريقة :

الجراحية الردحات عنها ورضاهم الجراحية الرعاية  
كوسيلة استبيان 2013 أبريل بين  
تهدف وصفية / الطبية مدينة  
الاستبيان

:

58.5) (الاستبيان هذا للمشاركين الجراحية الرعاية

يتعلق فيما الجراحية الرعاية المشاركين إحصائية  
60.6), ( 72.2), ( 67.6) ( 56.5)  
رعاية رضاهم 67.6) ( 56.5)  
البيئة والتعليم

:

لتحسين ( ) ليم والتخطيط وفريق التمريض معهم الإيجابية وتطور تحسين  
وتجاربهم بخبرتهم به يشعرون شأنها هي الجراحية والعناية الطبية  
الجراحية العملية - الاستراتيجية التغذية  
الاسترجاعية التغذية يخص فيما المريض الجراحية الرعاية

Access this Article in Online	
	Website: <a href="http://www.ijarbs.com">www.ijarbs.com</a>
	Subject: Medical Sciences
Quick Response Code	
DOI: <a href="https://doi.org/10.22192/ijarbs.2019.06.02.023">10.22192/ijarbs.2019.06.02.023</a>	

How to cite this article:

Walid Khalid Abduladhim, & Hadeel Qahtan Khalaf. (2019). Quality of surgical care and satisfaction from the patients' perspective in the surgical ward. Int. J. Adv. Res. Biol. Sci. 6(2): 211-235.

DOI: <http://dx.doi.org/10.22192/ijarbs.2019.06.02.023>