Patient Satisfaction while Receiving Health Care Services in two University Clinical Centers of Kosovo

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Abstract: Patient satisfaction is an important and common indicator for measuring quality in health care. Patient satisfaction affects clinical outcomes, patient retention and medical malpractice claims. It affects the timely, efficient and patient-centered delivery of quality health care. The purpose of this article is to provide a discussion about the concept of patient experience and its relationship with satisfaction provided by the hospital service organization, including patient care by service providers such as nurses and physicians. We have also strengthened the basic principles for treatment which are recommended by doctors and support staff, their impact by providing service as much as the product and I adapt first to ethics and then to the patient. In the summary of the data, we treated two clinics, the Clinic of Ophthalmology and Otorhinolaryngology at the University Clinical Center of Kosovo, to make a differentiation of the service and we used all the institutional procedures for the realization of this research.

Keywords: Patient satisfaction, health services, quality management.

PRESENTATION

Patient satisfaction with health care services is becoming an essential factor in health promotion, when patients are satisfied with health care services, faster recovery will be improved, hospital patronage will increase resulting in more funding for delivery of services and medical tourism will be reduced. Also, satisfaction with care is an essential tool in monitoring the quality of health care (Maconko M, 2016) (Will KK, 2019). Also, the quality of care given to a patient can be influenced by the patient's attitude towards the health care provider and the caregiver's previous experiences with the patient (Onyeonoro UU, 2015). Satisfaction with care predicts the patient's likelihood to continue using the health care facility and adhere to medical advice and determinants of overall care coverage and effectiveness (Goyal P, 2016). Also, interprofessional collaboration was documented to positively affect patient satisfaction with health care (Manzoor F, 2019).

The quality of healthcare services has a great impact on patient satisfaction (Manzoor F & 3318., 2019). Onyeonoro, et al. (Eyasu KH, 2016) describe satisfaction with care to mean the degree of agreement between the patient's perception of the care received and their expectation of the care relationship (Eyasu KH, 2016). Healthcare utilization was found to be influenced by patient satisfaction with healthcare. (Manzoor F & 3318., 2019). According to Manzoor, (Feysia B, 2015) patient satisfaction is the state of satisfaction or happiness patients experience while using the health facility. Patients compare their perception of the care received with their expectations to provide a judgment of their level of satisfaction. This made patient satisfaction care subjective from the patient's perspective. Goyal, etc. asserted that when patients are not satisfied with the care they receive, they are likely to seek health care elsewhere (Manzoor F & 3318., 2019). They further suggested that satisfaction with care may be a strong determinant of successful health-related behavior and treatment compliance and health outcome.

It has been proposed that we can measure the quality of health care by observing its structure, processes and outcomes (V, 2005). While the goals of health care effectiveness and safety are nearly universal, societies and cultures around the world differ in how much they emphasize the additional goals of patient-centeredness, timeliness, efficiency, and equity. Health care measures— including process measures—have been developed for various audiences who may wish to use them for purchasing, using, or improving health care performance (Rubin HR, 2001). For all these purposes it is imperative that they be meaningful, scientifically sound, generalizable and interpretable (EA., 1998).

Patient satisfaction is an important measure of health care quality as it provides information on the provider's success in meeting the most important customer expectations (Huang JA, 2004) (V, 2005) and a key determinant of behavioral intention in it the future. . the patients. Patient satisfaction is associated with important outcomes, such as higher compliance, reduced utilization of medical services, fewer malpractice lawsuits, and better prognosis (Huang JA, 2004). The lack of a strong conceptual basis and consistent measurement tool for customer satisfaction has led, over the past ten years, to a proliferation of surveys that focus exclusively on patient experience, i.e., aspects of the care

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experience such as waiting time, base quality. facilities and communication with health care providers, all of which help identify tangible priorities for quality improvement (Bleich SN, 2009). Some researchers have suggested that defining quality improvement from the perspective of patients provides better value for their money by improving safety, access, equity, and comprehensiveness of care, while from a provider's perspective, quality improvement may be more efficient. . , providing more effective services. for a larger number of customers with a reasonable level of satisfaction, where the latter is sufficient for customer retention (Patwardhan A, 2012).

QUALITY ASSESSMENT OF HEALTHCARE

In a major report published in 2001 ("Crossing the Quality Chasm"), the Institute of Medicine (IOM) lays out six goals for a quality health system: patient safety: (a) safe; (b) the right; (c) evidence-based (d) timely, (e) efficient, and (f) patient-centered The last three factors directly affect patient satisfaction. (Washington: DC: National Academy Press, 2001 p. 39,40) This article focuses on patient satisfaction, its evaluation, and its effects on health care delivery**.**

Definitions of Services

Definitions of service revolve around three factors: the physician, the patient, and the organization.

-Doctor

Obviously, the physician has dual responsibilities to provide the best health care to the patient and to lead the team or organization in achieving the goal of satisfying the patient. Listed below are some "house rules" for treating the patient in order to achieve a satisfied and non-complaining patient: (Wendy L, Scott G. USA: AHA company, 1994)

a) Break the ice: make eye contact, smile, call people by name, express concern.

b). Show courtesy: Kind gestures and kind words make the patient very comfortable.

c).Listen and understand: encourage patients to tell their problem. Invite and answer their questions.

d).Inform and explain: promotes compliance. People are less anxious when they know what's going on.

d) See the whole person: look beyond the disease to the whole person.

e). Share responsibility: risks and uncertainty are facts of life in medical practice. Knowing the risks creates confidence.

f) Give undivided attention: this reduces distractions and interruptions as much as possible.

g) Ensure confidentiality and privacy: watch what you say, where you say it and to whom you say it.

h). Maintain dignity: treat the patient with respect. Respect modesty.

i) Don't forget the patient's family: families feel protected, worried, scared and uncertain, expanded, reassured and informed.

k). Respond quickly: Keep appointments, return phone calls, and apologize for delays**.**

-Good treatment of a patient

Some tips can help a doctor or a hospital to better understand patients:

1). Recognize that patients expect a personal relationship that shows compassion and care.

2).Accept that the patient has certain rights. Various regulatory authorities and hospitals have drafted a bill of rights for patients. (London: HMSO, 1992)

3). Make sure a patient has a good first impression of you and your organization.

4) Step into your patients' shoes; see with their eyes and hear with their ears.

5). Minimize patient waiting time to the minimum possible.

6). Try to get your troubleshooting system working.

7). Always get feedback from your patients and correct deficiencies if any.

- Hospital

Many times it happens that with a competent doctor and a compliant patient, problems persist due to the policies, work culture and attitude shown by the hospital. Traditionally, hospitals have had discrete functional services such as housekeeping, dietary services, pharmacy, laboratory, etc. Unfortunately, this specialization has led to more fragmentation, costly care, and less than ideal customer service. One study describes that during a typical 3-4 day stay in a large hospital, a patient may interact with dozens of staff. (Hein EC. 5th ed. Philadelphia) Building and maintaining a service-oriented organizational culture is important to the success of any organization. Some changes are being seen in management strategies with the aim of serving better and improving service quality.

Methodology - The survey included 200 patients in the Clinic of Ophthalmology and Otorhinolaryngology at the University Clinical Center of Kosovo - Pristina (106 patients in the ENT Clinic and 94 patients in the ENT Clinic). The information data has been reliable seeing a half heart in the patients for providing information about getting the services. Face-to-face questionnaire distribution and quantitative methods were used. Also, they were informed that the data will be used only for the purpose of the study and will be anonymous. We have received permission from the University Clinical Center of Kosovo to conduct this research. Statistical data were presented with SPSS, t-test analysis.

Table 1. Reliability of the questionnaire.

Cronbach's Alpha	N of Items
.983	13

According to the analysis of this table, the questionnaire used is very reliable, with a high Cronbach's alpha of 0.98. This means that the questionnaire gives a reliable result.
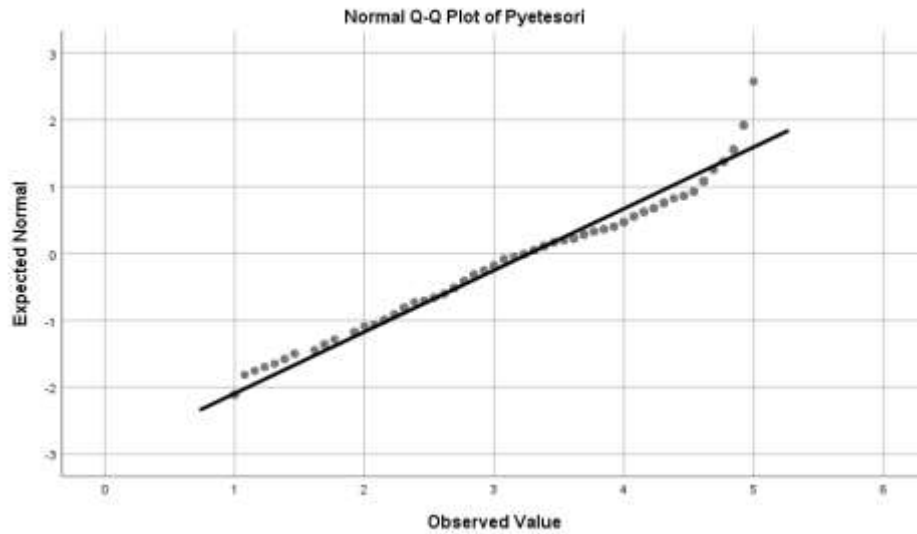
Chart 1. Normal distribution.

Table 2. Kolmogorov Smirnov and Shapiro Wilk test on normality.

Kolmogorov-Smirnova			Shapiro-Wilk		
Statistic	df	Sig.	Statistic	df	Sig.
.084	200	.062	.962	200	.061

To assess whether the data has a normal distribution, these tests compare the data distribution to an expected normal distribution.

For the values calculated in these tests, two main elements must be considered:

Statistic: The value calculated by the statistical test. This value indicates how different the pattern of the data distribution is from the expected normal distribution. In this case, the statistical values for both tests (0.084 for Kolmogorov-Smirnov and 0.96 for Shapiro-Wilk) are relatively small.

Significance level (Sig.): This is the level of reliability of the results. In this case, the significance level is greater than 0.05 (5%), i.e. 0.062 for Kolmogorov-Smirnov and 0.061 for Shapiro-Wilk. This shows that the data has a normal distribution.

Table 3. Gender and age of patients.

Clinics		Gender												All	
		OFT.						ORL.						OFT+ORL	
Age		Female		Male		All		Female		Male		All		N	%
		N	%	N	%	N	%	N	%	M	%	N	%		
until 20		7	9.5	5	15.6	12	11.3	10	26.3	4	7.1	14	14.9	26	13.0
21-30		8	10.8	5	15.6	13	12.3	10	26.3	8	14.3	18	19.1	31	15.5
31-40		10	13.5	10	31.3	20	18.9	4	10.5	10	17.9	14	14.9	34	17.0
41-50		18	24.3	5	15.6	23	21.7	8	21.1	13	23.2	21	22.3	44	22.0
51-60		26	35.1	7	21.9	33	31.1	6	15.8	18	32.1	24	25.5	57	28.5
61+		5	6.8			5	4.7			3	5.4	3	3.2	8	4.0
All	N	74		32		106		38		56		94		**200**	
	%	69.8		30.2		100		40.4		59.6		100		**100**	

Table 4. Residence of patients.

Residence		Clinics				All	
		Ophthalmology		Otorhinolaryngology			
		N	%	N	%	N	%
Village		35	33	15	16	50	25
City		71	67	79	84	150	75
	N	106	100	94	100	200	100
All							
	%	53		47		100	

X2 = 6.83   p<0.01.

Table 5. Descriptive data on differences between OVL and ORL centers in patient statistics for doctors and nurses.

	OFT-ORL	N	Mean	Std. Deviation	Std. Error Mean
Patient satisfaction with physician courtesy.	OFT	106	4.0660	1.07144	.10407
	ORL	94	3.7128	1.14180	.11777
Patient satisfaction with nursing care	OFT	106	4.0660	1.02603	.09966
	ORL	94	3.3936	1.15673	.11931

According to (Table **3**) it can be seen that a total of 200 people (patients) were included in the research. In the OFT Clinic, out of 106 people investigated, 74 or 69.8% are women, while 32 or 30.2% are men. The percentage of people involved in the research by age group shows that the age group of women 51-60 years old dominates with 35.1%, while the smallest percentage of the age group is +61 years old 6.8%. Male gender with: 31.3% age 31-40 years, while the smallest percentage of the age group is 15.6% age up to 20 years.

From (Table **4**) it can be seen that most of the patients 71 or 67% in the Ophthalmology Clinic were from urban settlements while 35 or 33% of the respondents were from rural settlements. In the Otorhinolaryngology Clinic there were 79 or 84% while 15 or 16% were from rural settlements.

H1.There are differences between OVL and ORL centers in patient statistics for doctors and nurses

Table **5** shows descriptive data on the differences between OVL and ORL centers at the level of patient statistics for doctors and nurses. Data are presented for two different aspects: patient satisfaction with physician courtesy and patient satisfaction with nursing care

For patient statistics courtesy of the doctor:

In the OFT center, the number of subjects is 106. The statistical mean is 4.06, with a standard deviation of 1.07. Std. The mean error indicates the standard deviation of the mean and is 0.10.

In the ORL center, the number of subjects is 94. The statistical mean is 3.71, with a standard deviation of 1.14. Std. The mean error indicates the standard deviation of the mean and is 0.11.

Table **6** presents the results of t-test and Levene's analyzes of differences between OVL and ENT centers at the level of patient statistics for doctors and nurses. These analyzes aim to assess whether there are statistically significant differences between centers in physician and nurse utilization.

For patient statistics courtesy of the doctor:

Levene's test shows an F value of 3.78 with a statistical significance level (Sig.) of 0.05. This test aims to evaluate the homogeneity of variances (std. deviation) between the OFT and ORL center group. The level of Sig. (0.053) is above the cut-off level of 0.05, so there is no statistically significant difference in variability between the OFT and ORL center group.

The t-test for comparison of means shows a t-value of 2.256 with a level of statistical significance (Sig. 2-tailed) of 0.025. This shows that there is a statistically significant difference in the averages of patient satisfaction for doctor's courtesy between the OFT and ORL centre. The patient average of the OFT center is 0.35327 higher than that of the ORL center

For nursing care patient statistics:

Levene's test shows an F value of 4.77 with a statistical significance level (Sig.) of 0.03. This test shows that there is a statistically significant difference in variability between the OFT and ORL nursing care center group. The level of Sig. (0.030) is below the threshold level of 0.05.

The t-test for the comparison of means shows a t-value of 4.357 with a statistical significance level (Sig. 2-tailed) of 0.00. This indicates that there is a statistically significant difference in patient satisfaction averages for nursing care between the OFT and ORL centre. The average of patients of the OFT center is 0.67 higher than that of the ORL center.

Table 6. T-test analysis of differences between OVL and ORL centers in patient statistics for doctors and nurses.

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
| | | F | Sig. | t | df | Sig.(2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
									Lower	Upper
Patient satisfaction with physician courtesy.	Equal variances assumed	3.783	.053	2.256	198	.025	.35327	.15656	.04453	.66201
	Equal variances not assumed			2.248	191.516	.026	.35327	.15716	.04329	.66326
Patient satisfaction with nursing care.	Equal variances assumed	4.773	.030	4.357	198	.000	.67242	.15434	.36806	.97678
	Equal variances not assumed			4.326	187.293	.000	.67242	.15545	.36576	.97909

Table 7. Correlation between patient waiting time and patients' opinions about health services.

			Waiting time of the patient in the first approach to health workers	Patients opinion about health services
Spearman's rho	Waiting time of the patient in the first approach to health workers.	Correlation Coefficient	1.000	.877**
		Sig. (2-tailed)	.	.000
		N	200	200
	Patients' opinion about health services	Correlation Coefficient	.877**	1.000
		Sig. (2-tailed)	.000	.
		N	200	200

Based on these results, we conclude that there are statistically significant differences between OFT and ORL centers in the level of patient satisfaction for doctors and nurses. This confirms hypothesis H1, which emphasized the existence of differences in patient statistics between the two centers.

H2.There is a positive correlation between patient waiting time and patients' opinion of health services

The results show that there is a positive and strong correlation (coefficient 0.87) between the waiting time of patients in the first approach with health workers and the opinions of patients about health services. This means that the longer the patients' waiting time at the first visit, the lower their opinions of these health services. A change in waiting time can have a significant impact on patients' perception of health services.

According to the results of the table, the hypothesis can be considered proven, because there is a positive and strong correlation between patients' waiting time and patients' opinions about health services.

H3. Gender, age and place of residence influence the opinion of the sick about health services

Table **8** presents the results of the regression model to analyze the impact of gender, age and place of residence on patients' opinion of health services. R Square (R^2) shows that 84.3% of the variation in patients' opinions about health services can be explained by these three variables (gender, age and place of residence), while the adjusted R square (adjusted R^2) shows that 84.1 % of the variation in patients' opinion can be explained by these variables.

Table 8. The influence of gender, age and place of residence on the opinion of the sick about health services.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.918[a]	.843	.841	.66925

Table 9. ANOVA analysis for the influence of gender, age and place of residence on the opinion of the sick about health services.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	472.933	3	157.644	351.970	.000
	Residual	87.787	196	.448		
	Total	560.720	199			

Table **9** is the ANOVA analysis of the regression model. The results show that the model is statistically significant (Sig. =

Table 10. Coefficients for the influence of gender, age and place of residence on the opinion of the sick about health services.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.595	.215		-7.405	.000
	Gender	1.406	.135	.417	10.378	.000
	Age	.612	.056	.536	10.871	.000
	Residence	.200	.156	.052	1.277	.203

0.00), which means that gender, age and place of residence have a statistically significant impact on patients' opinion of health services.

Table **10** presents the regression coefficients used in the model. In this table, gender, age and place of residence are the independent variables, while the opinion of the sick about health services is the independent variable.

The results show that gender has a positive and significant influence (Beta = 0.41), age has a positive and significant influence (Beta = 0.53), while residence has a positive but not statistically significant influence (Beta = 0.05) on the opinion of sick people for health services.

Interpretation: The results of the model show that gender and age have a significant influence on the opinion of the sick about health services. In this case, hypothesis H3 is verified, as gender, age and place of residence affect the opinion of the sick about health services.

CONCLUSIONS

Based on the results of the above analysis, we have reached some conclusions regarding the opinions of patients and their level of satisfaction at the University Clinical Center of Kosovo:

There are statistically significant differences between the Center of Ophthalmology (OFT) and the Center of Otorhinolaryngology (ORL) in the level of patient satisfaction for doctors and nurses. Patients in the OFT have a higher level of satisfaction compared to patients in the ORL for the physician's courtesy and nursing care.

Patients' waiting time in the first approach with health workers has a positive and strong influence on patients' opinions about health services. The longer the patients' waiting time, the lower their opinion of these health services.

Gender and age have a significant impact on patients' opinions about health services in KKUK. Patients who are female and young have a higher level of positive opinion about health services compared to male and elderly patients.

Based on these conclusions, some practical recommendations for the University Clinical Center of Kosovo are:

Health institutions should take care of the courtesy of doctors and nurses towards patients, especially in the Center of Ophthalmology and Otorhinolaryngology, as this aspect is related to the overall level of patient satisfaction.

KKUK should focus on reducing patients' waiting time in the first approach with health workers, as this fundamentally affects patients' perception of health services.

CKUK management should consider the impact of gender and age on patients' opinions of health services and develop appropriate strategies to increase this impact in a positive way.

In order to improve the offer of health services and increase the level of patient satisfaction, these recommendations can help the administration and staff of the University Clinical Center of Kosovo.

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