

Assessment of geriatric patients satisfaction in geriatric clinics in Baghdad 2023

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Abstract

Patients' satisfaction is an important indicator of the quality of the service provided and associated with the subsequent service loyalty and utilization. The number of elderly in Iraq increased progressively and expected to reach 4,700,000 by 2050. Elderly lean towards having multiple disorders and use excessively large number of healthcare resources. Therefore, assessing their satisfaction with healthcare use and ensuring their utilization of healthcare service without hindrances is essential. **Objective:** Identify the current level of satisfaction regarding geriatric clinic services and assess the association between demographic characteristics and level of satisfaction. **Patients and Method:** A cross-sectional study conducted in Al Yarmouk and Baghdad Teaching Hospitals in the geriatric clinics on a convenient sample of 200 geriatric patients, in the period from 1st of January to 30 April. A total of 33 satisfaction questions using a three-degree Likert scale, was applied. Chi-square was applied to illustrate the significance of the association between satisfaction and demographical characteristics. **Results:** Doctors and health workers were the main sources of information about the geriatric clinic. Around 50 (25%) of patients were satisfied, 107 (53.5%) had average satisfaction, and 43 (21.5%) of patients were unsatisfied. Affordability of geriatric clinic showed the highest unsatisfaction percent. The current study showed a significant association between satisfaction and age, residency, marital status, socioeconomic status and education. **Conclusion:** A significant association was found between satisfaction and age, residency, marital status, socioeconomic status, and education. Affordability showed the highest unsatisfaction percent, because of few number of geriatric clinics, and the cost needed to reach the hospital. Although the tickets are free, but as most of our health institutions, some investigations and medications were unavailable in the hospital.

Keywords: client's satisfaction, geriatric satisfaction, geriatrics

Introduction

Satisfaction of patients is an important indicator of the quality of the health care provided and is associated with the subsequent service loyalty and service utilization, and eventually affect patients' compliance and continuity of care. ^[1] The assessment of patient satisfaction in healthcare is not a new concept. Studies regarding patient satisfaction first appeared in the 1950's and since then, the topic has progressively received more attention. ^[2]

As population is estimated to age, from 1 billion in 2020 to 1.4 billion. By 2050, the world's population of people aged 60 years and older will double. The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million. Chronic conditions that rise with age particularly stroke, heart disease, cancer, cataracts, risk of falls and incontinence are expected to surge. ^[3]

In Iraq, the number of elderly increased from 741,814 in 1980 to 1,127,536 in 2012, thus, constituting around 4-5% of population. The number is expected to reach more than 4,700,000 by 2050. ^[4] This demands a call

for action for health policymakers and practitioners to focus on the efficiency and quality aspects of treatment and care for older adults. As the health status of geriatrics is assessed by trailing mortality and morbidity statistics, functional status measures, amount, type, frequency of social and health care services utilization and lifestyle behaviors related to health. ^[5] and since the elderly lean towards having multiple disorders and may have social or functional problems, they use excessively large amount of health care resources. Therefore, assessing their dissatisfaction with healthcare use and ensuring their utilization of healthcare service without hindrances is essential. ^[6] The United Nation Decade of Healthy Ageing (2021–2030) seeks to reduce health inequities and improve the lives of older people, their families and communities through collective actions including providing older people with access to high quality healthcare. ^[3]

Patients and Method

This was a cross-sectional study conducted in Al Yarmouk and Baghdad Teaching Hospitals in the

geriatric clinics . A convenient sample of 200 Geriatric patients attending the two above-mentioned teaching hospitals in Baghdad/ Iraq during the time period from the first of January till the 30th of April 2023.

Inclusion criteria

patients aged 60 years and over.

Exclusion criteria

Patients with severe medical or cognitive problems which makes them unable to communicate

Data were collected using a structured questionnaire that included two parts. The first was the demographical section included age, gender, marital status, residency, socioeconomic status (source of monthly income), education, and occupation

The second section tackled geriatric service satisfaction level, a total of 33 questions using a three-degree Likert scale, where satisfied =1, neutral=0, and unsatisfied=-1. Questions were distributed on the seven following parameters of service: Availability (2 questions), Affordability (2 questions), the Readiness of service (4 questions), Working staff (4 questions), Physicians (8 questions), Technical and Co-ordination between different departments (10 questions), General satisfaction and loyalty (3 questions). Scores were summed then categorized into 3 groups on each parameter. Patients scoring above 75th percentile were

classified as "satisfied," those scoring between 25th and 75th percentile as having "average satisfaction" and scores less than 25th percentile as "unsatisfied." [7]

Approvals from the Ethical Committee in the Ministry of Health and the Arab board of health specialization/geriatric department were obtained. Verbal consent was obtained after explaining the study's aim to each respondent.

Statistical analysis

Categorical data were presented in frequencies and percentages. Chi-square was applied to illustrate the significance of the association between satisfaction and demographical characteristics. In all statistical analysis a p-value $\leq 5\%$ considered significant.

Aim

Identify the current level of satisfaction regarding geriatric clinic services and assess the association between demographic characteristics and level of satisfaction.

Results

About 31 patients (15.5%) were 80 to 89 years old, 105(52.5%) were males, and 128 (64%) were married. Table (1) shows the demographical characteristics of the sample.

Table (1) Distribution of the sample by demographical characteristics.

Variables		Frequency	Percentage
Age in years	60-69	93	46.5
	70-79	76	38.0
	80-89	31	15.5
Gender	Male	105	52.5
	Female	95	47.5
Residency	Urban	166	83.0
	Rural and peripheral areas	34	17.0
Marital status	Single	16	8.0
	Married	128	64.0
	Widow, separated, divorced	56	28.0
SES	Good SES	150	75.0
	Poor SES	50	25.0
Occupation	Housewife, unemployed, retired	163	81.5
	Employed	37	18.5
Education	Primary	44	22.0
	Secondary	48	24.0
	High	48	24.0
	College or institutes	60	30.0
Total		200	100.0

Doctors and health workers were the main sources of information about the geriatric clinic 96 (48%), followed by family 74 (37%), and 30 (15%) patients stated that hospital signs helped them to find the geriatric clinic.

Weakness was the main chief complaint reported by 39 (19.5%) patients; as seen in figure(1), followed by abdominal pain in 21 (10.5%) patients, and dyspnea in 20 (10%) patients.

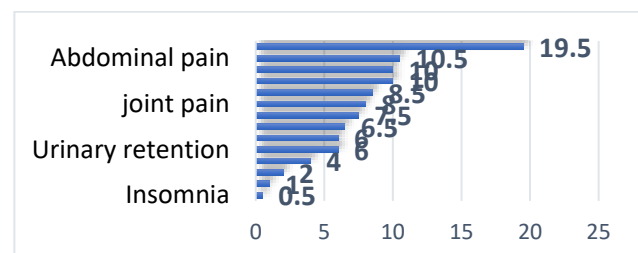


Figure (1) Distribution of the sample by chief complaints (n=200)

Table (2) demonstrates patients' responses to satisfaction parameters of the geriatric service

Table (2) Geriatric responses to service satisfaction questions				
Parameters		Not satisfied	Neutral	Satisfied
Availability	1)Service available all days of the week?	77(38.5%)	53(26.5%)	70(35%)
	2)Easy to reach the geriatric clinic?	46(23%)	83(41.5%)	71(35.5%)
Affordability	1)Affordable for you (no fee is taken to see the doctor)?	22(11%)	31(15.5%)	147(73.5%)
	2)Money is needed to be paid? (Private section)	97(48.5%)	29(14.5%)	74(37%)
Readiness	1)Geriatric clinic has enough comfortable chairs?	32(16%)	74(37%)	94(47%)
	2)The clinic is clean and decent	57(28.5%)	52(26%)	91(45.5%)
	3)Toilet service is available and decent to use?	61(30.5%)	64(32%)	75(37.5%)
	4)Path to the clinic is easy to find (geriatric friendly)?	51(25.5%)	67(33.5%)	82(41%)
Working staff	1)Working staff are hospitable and nice	12(6%)	70(35%)	118(59%)
	2)Staff are professional, communicate and treat patients with respect	16(8%)	80(40%)	104(52%)
	3)Staff are friendly and help in booking appointments	8(4%)	84(42%)	108(54%)
	4)Satisfied with health staff in the geriatric clinic	12(6%)	79(39.5%)	109(54.5%)
Physicians in the service	1)Satisfied with doctor professionalism in diagnosis	5(2.5%)	67(33.5%)	128(64%)
	2)Satisfied with doctor's professionalism in prescribing medication	13(6.5%)	60(30%)	127(63.5%)
	3)Doctor explained to me my disease patiently	17(8.5%)	76(38%)	107(53.5%)
	4)There was a privacy and transparency during communication	18(9%)	77(38.5%)	105(52.5%)
	5)Satisfied about the time I spent with the doctor	13(6.5%)	68(34%)	119(59.5%)
	6)Doctor informed me about possible side effects	24(12%)	94(47%)	82(41%)
Technical and Co-ordination between different departments	1)Satisfied about the time needed to get the tickets	76(38%)	54(27%)	70(35%)
	2)Satisfied about the waiting needed to see the doctor	34(17%)	62(31%)	104(52%)
	3)Satisfied about doing investigations and other diagnostic tests	36(18%)	84(42%)	80(40%)
	4)Satisfied about Laboratory work	44(22%)	77(38.5%)	79(39.5%)
	5)Blood samples were taken easily and the staff were kind	26(13%)	82(41%)	92(46%)
	6)Satisfied with ECG appointment	21(10.5%)	99(49.5%)	80(40%)
	7)Satisfied with CXR appointments	32(16%)	147(73.5%)	21(10.5%)
	8)Satisfied with the scheduling for the next visit	2(1%)	90(45%)	108(54%)
	9)Found all your prescribed medicines in our pharmacy?	150(75%)	25(12.5%)	25(12.5%)
	10)Technical and Co-ordination between different departments	18(9%)	111(55.5%)	71(35.5%)
General satisfaction and loyalty to service	1)Satisfied with the service in general?	18(9%)	65(32.5%)	117(58.5%)
	2)Will visit again?	6(3%)	63(31.5%)	131(65.5%)
	3)Will tell others about it?	24(12%)	58(29%)	118(59%)

Figure (2) illustrates the geriatric satisfaction with each service parameter. Total satisfaction was noted in 50 (25%) of geriatric patients.

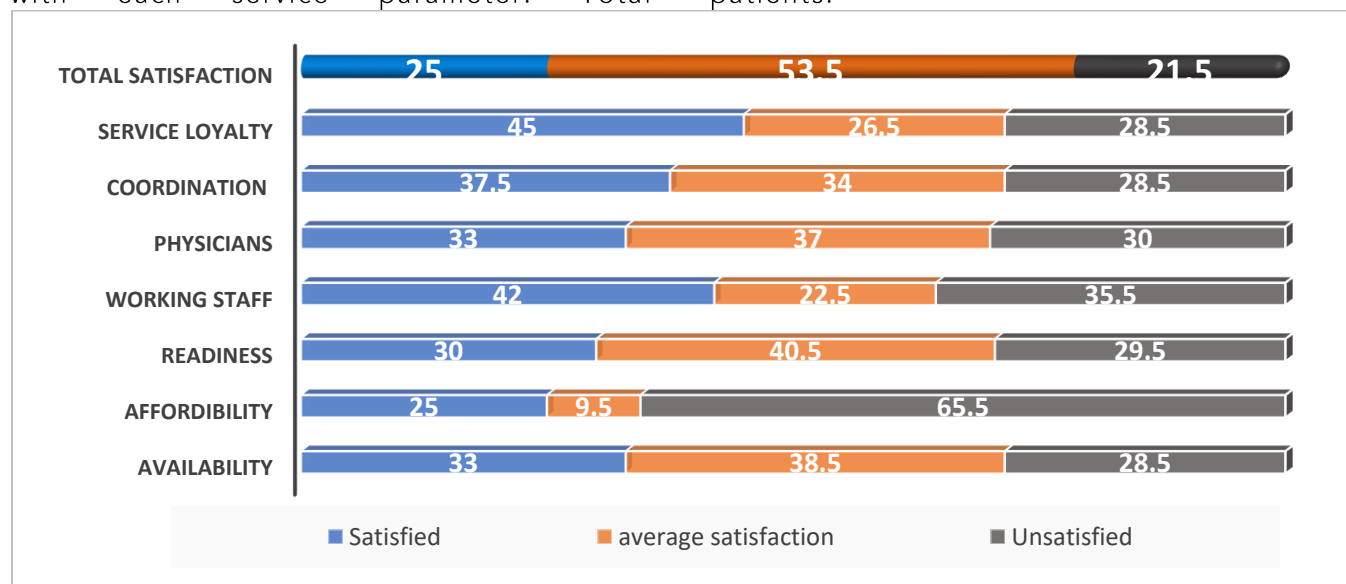


Figure (2) Satisfaction percentage of patients regarding the geriatric service.

The current study showed a significant association; table (3), between satisfaction and

age, residency, marital status, socioeconomic status, and education.

Table (3) Distribution of the sample by level of satisfaction according to socio-demographic factors.

Variables		Satisfaction n (%)			P value
		Unsatisfied	Average satisfaction	Satisfied	
Age	60-69	29(31.2%)	45(48.4%)	19(20.4%)	0.042
	70-79	10(13.2%)	44(57.9%)	22(28.9%)	
	80-89	4(12.9%)	18(58.1%)	9(29%)	
Gender	Male	16(15.2%)	60(57.1%)	29(27.6%)	0.075
	Female	27(28.4%)	47(49.5%)	21(22.1%)	
Residency	Urban	42(25.3%)	90(54.2%)	34(20.5%)	<0.001
	Rural	1(2.9%)	17(50%)	16(47.1%)	
Marital status	Single	0	15(93.8%)	1(6.3%)	0.003
	Married	31(24.2%)	58(45.3%)	39(30.5%)	
	Widow/separated	12(21.4%)	34(60.7%)	10(17.9%)	
SES	Good	38(25.3%)	87(58%)	25(16.7%)	<0.001
	Poor	5(10%)	20(40%)	25(50%)	
Education	Primary	8(18.2%)	21(47.7%)	15(34.1%)	0.012
	Secondary	5(10.4%)	27(56.3%)	16(33.3%)	
	High	15(31.3%)	30(62.5%)	3(6.3%)	
	College or institute	15(25%)	29(48.3%)	16(26.7%)	
Occupation	Housewife/unemployed	36(22.1%)	82(50.3%)	45(27.6%)	0.121
	Employee	7(18.9%)	25(67.6%)	5(13.5%)	

Discussion

The aging course brings many health and social problems, meeting these challenges becomes an obligation and examining the current patient satisfaction is a vital first step in evaluating and enhancing this care to an underserved population.

The current study showed that geriatric patients knew about the geriatric service from the doctors and healthcare workers in the health facility. While in a study by Nelson E et al, family and social media were the main sources of information. [8] advertising the presence of geriatric services might increase the utilization and evolve service provided to the aging cohort.

Weakness, abdominal pain, and dyspnea were the main chief complaints reported by geriatric patients. Agreeing with results described by Nasrin N et al [9], and Wadman M et al [10] where weakness and abdominal pain were the top reported complains. While Song M et al in south Korea showed that dyspnea and dizziness were the commonest complains. [11] Abdominal pain and dyspnea were also reported by Jeong S et al [12] as the main chief complaints for visiting the geriatric clinics in hospitals.

The current study showed a low overall satisfaction level (25%) this might be attributed to the novelty of geriatric clinics concept, as the program had been recently initiated, leaving a wider room for enhancement and progress. The current result was similar to that conveyed by Dehghani Ahmadabad A et al in Iran [13] where 25% of patients had a high satisfaction, it was also comparable to a study by Fuseini A et al 2022 where 23.8% of patients were satisfied. [14] But the current satisfaction level was lower than that described by Mostafa F et al 2018 [15] where geriatric satisfaction was 95% in Egypt and 97% in

Saudi Arabia, also lower than the results reported by Amorim JSC et al 2020 in Brazil (87%) [16], Qin S et al 2021 in China (56.74%) [17], and Leiw H study from USA in 2018 (50%). [18] A difference that might be related to the variation in satisfaction calculation and the utilization of specialist in geriatric medicine.

Interestingly, the affordability of geriatric clinic parameter showed the highest dissatisfaction percent (65.5%) which goes in line with Caner A et al 2019, the share of people who reported that "they could not afford the cost of treatment" as the main reason for dissatisfaction ranged from 55-70%. [19] Although the outpatient-tickets are given free-of-charge for geriatric patients, yet this lower satisfaction might be explained by the few number of geriatric clinics in Baghdad (which make it inaccessible for the patients), the cost needed to reach the hospital, in addition to that not all scheduled investigations were done in the hospitals' lab or they need a lot of time to be obtained, some medications also go missing and not supplied to the hospitals regularly and some are not even available.

Age was found to be statistically significant with satisfaction level, the age groups of 70-79 and 80-89 years were found to report greater overall satisfaction than age group of 65 to 69 years, agreeing with informed results by Qin S and Ding Y 2021 [17], Rajkumari B and Nula P 2017 [7], and Chumbler N et al 2016. [20]

Married patients had better satisfaction, agreeing with Caner A et al in turkey 2019 [19], Braimah J et al 2022 [21], and Hemadeh R et al 2019 [22] married individuals report less unmet needs from the service than single individuals, suggesting that companionship had an influence on satisfaction with healthcare utilization.

The current research showed that patients from peripheral and rural areas showed a higher satisfaction level with health services, which might shed the light on the inequality of service distribution beside the

accessibility for geriatrics. In addition, they usually have a lower socioeconomic status and lower educational attainment, agreeing with results stated by Qin S and Ding Y 2021^[17] where patients from the least developed region showed higher satisfaction compared to those from the center or those with better economic levels. In the same context, those with lower income and poor socioeconomic status were more satisfied with service. As older adults with high incomes are more likely to pay for their services without any financial barriers, the current finding agrees with results reported by Yousif N et al^[5], Braimah J et al^[21], and Arthur-Holmes F et al^[6] patients who earned lower income were more satisfied and more likely to utilize public services due to the lack of alternatives. The current study showed that patients with primary education were more satisfied, agreeing with Rajkumari R and Nula P^[7], Qin S and Ding Y 2021^[17], and Chumbler N et al^[20] This might be because they are less demanding than their more educated peers, since higher education increases the expectations of the elderly from the health care system. Older people with higher education are more aware of the patient rights charter, and therefore it is understood that there are more expectations from the healthcare unit. Yet the current results disagrees with finding reported by Yousif N et al^[5] that being illiterate was associated with less service satisfaction, and results from studies by Arthur-Holmes F et al^[6], and by Braimah J et al^[21] showed that patients with higher education were less likely to be dissatisfied.

Conclusion and recommendations

Doctors and health workers were the main sources of information about the geriatric clinic. Weakness was the main chief complaint, followed by abdominal pain, and dyspnea. Only quarter of the patients were satisfied, Affordability showed the highest unsatisfaction percent, because of few number of geriatric clinics, and the cost needed to reach the hospital. Although the tickets are free, but as most of our health institutions, some investigations and medications were unavailable in the hospital. The current study showed a significant association between satisfaction and age, residency, marital status, socioeconomic status, and education.

It is imperative to increase the number of geriatric clinics to ensure the affordability of geriatric services that meet the needs of healthcare users, especially older adults with very low income .

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