

## Original Article

# PATIENTS' KNOWLEDGE OF HEALTH RIGHTS AND SATISFACTION WITH OUTPATIENT SERVICES AT THE TERTIARY HOSPITALS IN ENUGU STATE, NIGERIA

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## ABSTRACT

**BACKGROUND:** Patient satisfaction is a key indicator for measuring the success of the health system goals, delivery quality care that is safe, equitable, patient-centered, evidence-based, timely and efficient, through interprofessional collaborative team work. Equally, patient's knowledge of their health rights will enhance better provider-patients relationship, patient satisfaction, and effective care management.

**OBJECTIVES:** The aim of this study was to compare patients' knowledge of health rights, satisfaction with the physicians' conducts and outpatient services across three tertiary hospitals in Enugu, Nigeria.

**METHODS:** A descriptive cross-sectional study of 304 patients selected from the outpatient clinics of the University of Nigeria Teaching hospital (UNTH), National Orthopaedic Hospital (NOHE), and Enugu State University of Science and Technology Teaching Hospital (ESUTH), from October to December, 2015 was conducted. A four point Likert scale, dissatisfied (1), very dissatisfied (2), moderately satisfied (3), and very satisfied (4) was applied. Knowledge of health rights were scored as follows, 0-5 poor knowledge, 6-10 good knowledge, 11 and above very good knowledge. A minimum sample size of 91 patients was calculated for each of the study hospital, but increased to 100 each, to enhance precision, reduce error margin, and to contend possible non-responses and incompleteness. A multi-stage sampling technique was applied. The data were analyzed using SPSS version 16.0.

**RESULTS:** Knowledge of health rights was poor in 5.9%, 20.8%, and 14.9% of patients ( $X^2=9.61, p=0.000$ ), and very good in 70.6%, 46.5% and 59.4% patients ( $X^2=12.14, p=0.000$ ) from UNTH, NOHE, and ESUTH respectively. The mean knowledge scores were  $10.50 \pm 3.240$  for UNTH;  $8.72 \pm 2.953$  for NOHE; and  $9.93 \pm 3.151$  for the ESUTH. The overall mean knowledge scores of the patients across the three hospitals was not statistically significant ( $F=0.000, P=1.000$ ). Patients' overall mean satisfaction with physicians' conduct and services was  $3.63 \pm 0.525$  for UNTH,  $3.45 \pm 0.741$  for NOHE, and  $3.47 \pm 0.609$  for ESUTH, with no statistically significant difference ( $F=0.000, P=1.000$ ). Overall mean satisfaction scores for the general outpatient services were  $3.19 \pm 0.728$ ,  $3.15 \pm 0.713$ , and  $3.00 \pm 0.721$  for UNTH, NOHE, and ESUTH respectively. The observed differences in the overall mean satisfaction for the general services provisions across the hospitals was not statistically significant ( $F=0.000, P=1.000$ ). Patients' mean knowledge scores were statistically ( $p=0.000$ ) associated with mean satisfaction with the physicians' conduct and services provision across hospitals.

**CONCLUSION:** Patients knowledge of health rights and satisfaction with physicians' conducts and outpatient services across the hospitals were generally good and satisfactory, but differed statistically in-between hospitals.

**KEY WORDS:** Health rights, conducts, satisfaction, patients, physicians

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## INTRODUCTION

Patient's health rights charter is inherent in the 1948 Universal Declaration of Human Rights, and has since then become fundamental moral issue in health care services delivery, in line with the medical ethics of practice and codes of conduct.<sup>1</sup> It is believed that Knowledge of the patient's rights by the patients and health care providers, and observance of the rights and responsibilities will contribute to better

provider-patients relationships, patient satisfaction, and effective patient care management.<sup>2,3</sup> Observance and compliance with patient's rights was found to be associated with patient's satisfaction in a gynecological hospital of Tehran University of Medical Sciences; and thus increasing awareness and knowledge of patient's rights charter was advocated as one of the main strategies to increasing compliance with patients' rights.<sup>4</sup> Patient satisfaction has become important indices for measuring overall hospital success and medical practitioners' performance.<sup>5</sup> Patient satisfaction, defined as a psychological state that contributes to medical outcomes, has been linked to several predictive factors related to quality of

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care, attitudes and conducts of health care providers during care contact, and quality of provider-patient relationships.<sup>5-8</sup>

The growing public concern regarding medical professionals conduct to services provision have made the World Medical Council to call for a new professionalism in health care delivery, where health care practitioners are required to make care of the patients their first priority, and to respect patient's health rights at all time.<sup>5</sup> Inappropriate conducts of the health care professionals during patients care are also of increasing medical and professional concern in Nigeria; and may have among others factors contributed to the poor performance of Nigerian health systems compared to other systems globally.<sup>9-11</sup>

Patient satisfaction to health services provision can be assessed either on an inpatient or outpatient basis. However, hospital outpatient department is the first point of call for patients accessing health care services, and it has been described as the 'window' or 'gate way' through which patients assesses the quality of hospital services in terms of efficiency, effectiveness, and social acceptability.<sup>12</sup> Globally, it is estimated that about 80% of patients accessing health services are attended first in outpatients' departments.<sup>13</sup> Thus, the choice of outpatient departments of the three tertiary health institutions in Enugu, Nigeria as the study site for evaluation of patients knowledge of health rights and satisfaction with health care services, and conducts of health care providers, especially the doctors for this study.<sup>5</sup> The findings of this research study may significantly form a pre-requisite data for future training interventions on patient's rights, health services quality, and health care providers' appropriate conducts and behaviours during services provision.

## **METHODS**

### **Study Design**

The study is a descriptive cross-sectional study of the patients that accessed health services and consulted the doctors at the outpatient departments of the three tertiary health institutions in Enugu, Enugu State, Nigeria; the University of Nigerian Teaching Hospital (UNTH), National Orthopaedic Hospital (HOHE), and Enugu State University Teaching Hospital (ESUTH).

## **Patients Selection and Data Collection Procedures**

A calculated sample size of 108 patients from each of the hospitals were selected by simple random sample technique, using the outpatient registers as the sampling frames, over a period of two weeks at each of the hospitals. A formula for calculating sample size less than 10,000 ( $n=Z^2pq/d^2$ )<sup>15</sup> was used, with prevalence value of 94% patients' overall satisfaction with doctors attitude from previous study.<sup>13, 16</sup> Consultation with a doctor during a hospital visit, irrespective of the number of contacts or visits at the time of the study was the primary participants' selection criteria for the study. Patients less than 18 years of age or those who were unable to make informed decision based on the nature of their ill-health were not selected for the study. An interviewer-administered, pre-tested semi-structured questionnaire, with open and closed ended questions were used to collect data from the patients in the outpatient departments of the three hospitals after consultation with the doctors.

## **Data Analysis**

Data entry and analysis was done using Statistical Package for Social Sciences (SPSS) version 16. Chi-square and Student t-test statistics were used to compare proportions and means respectively. Level of significant was put at  $p<0.05$ . A correct knowledge of any of the 13 patient's health rights was scored 1; score 0-5 was regarded as poor knowledge, 6-10 good knowledge, and score 11 and above very good knowledge. Patients' satisfaction with doctors' conducts during care and health services provision was scored as follows: very dissatisfied score 1, dissatisfied score 2, moderately satisfied score 3 and very satisfied score 4; with an average of 2.5 as cut off between satisfaction and dissatisfaction.

## **Ethical Approval**

Ethical approvals for this study were obtained from the Ethical Review Committees of the three site institutions, University of Nigerian Teaching Hospital, National Orthopaedic Hospital, and Enugu State University Teaching Hospital. Written informed consent was obtained from each of the participants. However, where a participant for cultural and personal reasons did not give written informed consent, but is willing to participate, oral informed consent were obtained, and consent implied.

## RESULTS

A total of 304 questionnaires completely filled were analyzed out of the 308 distributed, giving a response rate of 98.7%. The results are as shown in the tables below.

**Table 1: Socio-demographic characteristics of the patients**

Socio-demographic	Hospital Frequency (%)			Total	Chi-square(P-value)
	UNTH(102)	NOHE(101)	ESUTH(101)		
<b>Age category(years):</b>					
Less than 20	2(2.0)	18(17.8)	11(10.9)	31(10.2)	0.012f
21-30	19(18.6)	19(18.8)	29(28.7)	67(22.0)	
31-40	30(29.4)	20(19.8)	23(22.8)	73(24.0)	
41-50	19(18.6)	16(15.8)	14(13.8)	49(16.1)	
Over 50	32(31.4)	28(27.8)	24(23.8)	84(27.6)	
<b>Gender:</b>					
Female	59(57.8)	54(53.5)	69(68.3)	182(59.9)	4.898(0.087)
Male	43(42.2)	47(46.5)	32(31.7)	122(40.1)	
<b>Educational level</b>					
No school	10(9.8)	11(10.9)	6(5.9)	27(8.9)	0.430f
Elementary	22(21.6)	15(14.9)	17(16.8)	54(17.8)	
High school	23(22.5)	25(24.8)	18(17.8)	66(21.7)	
College/University	47(46.1)	50(49.5)	60(59.4)	157(51.6)	
<b>Marital status</b>					
Married	75(73.5)	59(58.4)	53(52.5)	184(61.1)	0.007f
Separated	1(1.0)	0(0)	1(1.0)	2(0.7)	
Single	26(25.5)	42(41.6)	47(46.5)	115(38.2)	
<b>Occupation</b>					
Student	9(8.8)	28(28.0)	35(35.7)	72(24.0)	0.001f
Government	34(33.3)	30(30.0)	23(23.5)	87(29.0)	
Private employee	19(18.6)	14(14.0)	19(19.4)	52(17.3)	
Unemployed	10(9.8)	17(17.0)	9(9.2)	36(12.0)	
Artisans	30(29.4)	11(11.0)	12(12.2)	53(17.7)	

Legend: UNTH: University of Nigerian Teaching Hospital; NOHE: National Orthopaedic Hospital Enugu  
ESUT: Enugu State University Teaching Hospital

Most were over 50 years of age (84, 27.6%), female gender (182, 59.9%), with University education (157, 51.6%), married (184, 61.1%), and in civil service (87, 29.0%).

**Table 2: Patients' level of knowledge of their health rights across hospitals**

Knowledge of health care rights	Hospital Frequency (%)			Total (%)	Chi-square(P-value)
	UNTH(102)	NOHE(101)	ESUTH(101)		
Rights to know hospitals regulations and charges	72(70.6)	46(45.5)	70(69.3)	188(61.88)	17.060(0.001*)
Right to privacy	73(71.6)	47(46.5)	60(59.4)	180(59.2)	13.171(0.001*)
Right to confidentiality of diagnosis	88(86.3)	67(66.3)	73(72.3)	228(75.0)	11.357(0.003*)
Right to know about the nature of illness	94(92.2)	73(72.3)	82(81.2)	249(81.9)	13.587(0.001*)
Right to ask the doctor to write	79(77.5)	69(68.3)	70(69.3)	218(71.7)	2.518(0.285)
Right to refuse further medical care	57(55.9)	42(41.6)	60(59.4)	159(52.3)	7.218(0.028*)
Right to complain to higher authority	62(60.8)	62(61.4)	67(66.3)	191(62.8)	0.805(0.669)
Right to timely service	79(77.5)	65(64.4)	69(68.3)	213(70.1)	4.369(0.113)
Right to courteous and dignified treatment	81(79.4)	69(68.3)	68(67.3)	218(71.7)	4.512(0.105)
Right to continuity of care	96(94.1)	83(82.2)	78(77.2)	257(84.5)	11.722(0.003*)
Right to expression of personal opinion	90(88.2)	71(70.3)	80(79.2)	241(79.3)	9.940(0.007*)
Right to emergency treatment	91(89.2)	84(83.2)	81(80.2)	256(84.2)	3.227(0.199)
Right to accurate information	93(91.2)	75(74.3)	81(80.2)	249(81.9)	10.101(0.006*)
* Statistically	<b>Significant</b>				

**Table 3: Patient Knowledge score of the thirteenth health rights across hospitals**

<b>Level of Hospital knowledge</b>	<b>UNTH N=102(%)</b>	<b>NOHE N=101 (%)</b>	<b>ESUTH N=101(%)</b>	<b>Chi-square</b>	<b>p-value</b>
Poor knowledge (score 0-5)	6(5.9)	21(20.8)	15(14.9)	9.61	0.000
Good knowledge (score 6-10)	24(23.5)	33(32.7)	26(25.7)	2.32	0.313
Very good knowledge (score 11-13)	72(70.6)	47(46.5)	60(59.4)	12.14	0.002

**Overall Mean Knowledge Scores:**

UNTH: 10.50±3.240; NOHE: 8.72±2.953; ESUTH: 9.93±3.151

The overall mean knowledge scores of the patients across the hospitals was not statistically significant ( $F=0.000, P=1.000$ )

**Table 4: Patients' mean satisfaction with physicians' conducts and services during healthcare contact**

<b>Conducts/services</b>	<b>UNTH (102)</b>	<b>NOHE(101)</b>	<b>ESUTH(101)</b>
	<b>Mean(SD)</b>	<b>Mean(SD)</b>	<b>Mean(SD)</b>
Informed consent	3.77(0.543)	3.30(0.900)	3.68(0.582)
Specific and timely response	3.29(0.778)	3.54(0.714)	3.34(0.816)
Work as a team	3.68(0.600)	3.29(0.860)	3.54(0.609)
Unrestricted and un-prejudiced service	3.49(0.817)	3.68(0.631)	3.60(0.911)
Listened attentively	3.80(0.488)	3.49(0.703)	3.63(0.646)
Ordered necessary investigations	3.83(0.424)	3.62(0.691)	3.60(0.620)
Thoroughly examined me	3.82(0.454)	3.54(0.728)	3.57(0.700)
Maintained privacy and confidentiality	3.63(0.628)	3.55(0.655)	3.51(0.659)
Show great concern(empathy)	3.57(0.637)	3.43(0.853)	3.56(0.686)
Built trust and friendship	3.56(0.623)	3.11(1.019))	3.21(0.856)
Informed me patients rights/responsibility	3.28(0.813)	3.22(0.936)	3.23(1.024)
Explained laboratory results/findings	3.44(0.805)	3.24(0.938)	3.30(0.847)
Explained treatment options, side effects & complications	3.39(0.747)	3.60(0.638)	3.25(0.833)
Showed respect and courtesy	3.66(0.553)	3.31(0.877)	3.29(0.795)
Explained treatments steps/procedures and possible outcomes	3.38(0.786)	3.14(0.990)	3.31(0.825)

**Overall Mean Satisfaction (M±SD):** UNTH 3.63±0.525; NOHE 3.45±0.741; ESUTH 3.47±0.609

The overall mean satisfaction scores of the patients across the hospitals was not statistically significant ( $F=0.000, P=1.000$ )

**Table 5: Patients' mean satisfaction with general hospital services provision during healthcare contact**

Hospital services	UNTH (102) Mean(SD)	NOHE(101) Mean(SD)	ESUTH(101) Mean(SD)
Registration process	3.29(0.839)	3.21(0.739)	3.00(0.980)
Waiting time	2.53(0.972)	2.46(0.922)	2.59(0.929)
Specific information about tests/examinations	3.39(0.760)	3.15(0.792)	3.18(0.780)
Explanation of post tests expectations	2.92(0.868)	2.84(0.956)	2.81(0.913)
Staff level of attention	3.11(0.819)	3.04(0.799)	2.76(0.904)
Convenient appointment time	3.08(1.175)	2.97(1.024)	2.95(1.014)
Easy of making appointment	3.19(1.132)	3.08(1.002)	3.02(1.049)
Explanation billing processes/ procedures	3.10(0.960)	2.78(0.996)	2.98(0.905)
Hospital physical environment/equipment	3.35(0.779)	3.12(0.840)	2.83(0.861)

**Overall Mean Satisfaction with hospital services provision (M±SD):**

UNTH 3.19±0.728; NOHE 3.15±0.713; ESUTH 3.00±0.721

The overall mean satisfaction scores of the patients across the hospitals was not statistically significant ( $F=0.000, P=1.000$ )

**Table 6: Patients' mean Knowledge score of health rights and overall mean satisfaction with physicians' conduct and services provision across hospitals**

Hospital	Mean knowledge scores M(SD)	Mean satisfaction physician conducts & services provision M(SD)	t-test	p-value	95% CI
UNTH(N=102)	10.50(3.240)	3.63(0.525)	21.14	0.000	6.2292 - 7.5108
NOHE(N=101)	8.72(2.953)	3.45(0.741)	17.40	0.000	4.6727 - 5.8673
ESUTH(N=101)	9.93(3.151)	3.47(0.609)	20.23	0.000	5.8304 - 7.0896



There is a statistically significant difference ( $p=0.000$ ) between the patients' mean knowledge scores and mean satisfaction with the physicians' conduct and services provision. High mean knowledge score is associated with high mean satisfaction, and with higher confidence interval.

## DISCUSSION

### Socio-demographic Variables and Patient's Satisfaction

Patients socio-demographic variables were similar for gender and educational achievements, but differs significantly for the age ( $p=0.012^f$ ), marital status ( $p=0.007^f$ ), and occupation ( $p=0.001^f$ ) across the hospitals. The observed differences may not be unrelated to the nature of specialists' services offered by the different hospitals, and thus the differences in the socio-demographic variables of the patients accessing the services. However the differences in the socio-demographic variables of the patients did not significantly affect their satisfactions with the physicians conducts and services provision.

This finding is in contrast with the results of a descriptive cross-sectional study of 250 patients randomly sampled in Illorin primary health care in Ilorin South Local Government Area of Kwara State, Nigeria, on their perception of the quality of care and the determining factors; where socio-demographic variables, such as age ( $p=0.0105$ ), sex ( $p=0.0073$ ), educational level ( $0.0005$ ), and income level ( $0.001$ ) significantly affected treatment satisfaction levels of the patients.<sup>16</sup> The findings are similar to the findings in a descriptive cross sectional study conducted among 304 gynecological patients in Tehran University of Medical Sciences Iran in 2015, where socio-demographic factors did not equally affect patient's level of satisfaction with health care services, except for the age ( $p=0.027$ ) and the economic status ( $p<0.001$ ), which significantly affected the level of patient's satisfaction with health care services.<sup>17</sup>

The observed differences in our study compared with the cross sectional descriptive study in Kwara State, Nigeria, may be a result of urban-rural socio-demographic and economic differentiation in favour of the urban patients at the tertiary hospitals in Enugu metropolis compared with the primary health care patients from the rural community in the Illorin study.

Geographical or regional demographic and socio-economic differences may account for the observed differences between the findings in our present study and that of the Tehran University of Medical Sciences, Iran. Duration of treatment in our present study was found to affect patients' level of satisfaction with physicians conduct significantly during care contact ( $p=0.012$ ) only in the National Orthopaedic Hospital; just as the levels of income affected patients satisfaction significantly ( $p=0.009$ ) only in the University of Nigerian Teaching Hospital.

The differences may be accounted for by the fact that Orthopaedic cases usually takes longer duration of management, with the possibility of patients pre-hospital expectations not satisfactorily met compared with the two specialists hospitals. Again, the nature of the patients' illness, which could have also reflected in the hospital cost of treatment, and the socio-economic position of the patients may equally account for the differences in satisfaction observed among the patients in the University of Nigerian Teaching Hospital.

### Patient's Knowledge of Health Rights and Satisfaction across the Hospitals

University of Nigerian Teaching Hospital (UNTH) patients had better level of knowledge of their health rights when compared with the National Orthopaedic Hospital (NOHE), and Enugu State University Teaching Hospital (ESUTH). The result showed statistically significant differences among patients with poor knowledge scores ( $X^2=9.61, P=0.000$ ), and very good knowledge scores ( $X^2=12.14, P=0.002$ ) across the three hospitals in favour of the UNTH (Table 3). The findings of good knowledge of health rights among the patients at the UNTH compares favourably with the result of the survey study on patient's perspectives of health information and education practices conducted by Ekwueme et al at the UNTH in 2013 where over 60% of the patients interviewed knew that it is their right to be informed of the type of disease they suffer, treatment options and preventive methods for the diseases.<sup>18</sup>

In our study also, the patients from the UNTH demonstrated overall higher mean knowledge score of health rights, but with varied statistically significant differences across the hospitals (Table

3). Generally, across the three hospitals studied, knowledge scores of health rights were poor in 5-20% of the patients, good in 24-33% of the patients, and very good in 47-71% of the patients. These results contrast the findings in a cross-sectional study among 336 patients drawn from four hospitals affiliated with Mazandaran University of Medical Sciences in Sari, where 59% had poor knowledge, 12% had good knowledge, and whereas 29% had very good knowledge.<sup>19</sup>

The observed differences may not be unrelated to the socio-demographic variables of the patients, as the authors' demonstrated significant relationship between patients' education, age, and awareness of the health bill.<sup>19</sup> In the present study, the knowledge of the patients regarding their health rights was found to be significantly ( $p=0.000$ ) associated with satisfactions with the physicians conducts during care contacts and with health services provision across hospitals (Table 6). This finding supports the conceptual statement in the patient's bill of rights that knowledge of the patient's rights by the patients and health care providers, and observance of the rights and responsibilities will contribute to better provider-patients relationships, patient satisfaction, and effective patient care management.<sup>2</sup>

Patient satisfaction is a very effective indicator for excellence in service, success rating of doctors and hospitals, quality of health care, as it affects clinical outcomes, patient retention, medical malpractice claims, and timely, efficient, and patient-centered care.<sup>5</sup> In this study, the patients across the three hospitals were satisfied above the average satisfaction cut off of 2.5, with the UNTH having a higher overall mean score of 3.63, followed by ESUT 3.47, and then NOHE with 3.45 (Table 4). However, the observed difference in patients' mean satisfaction scores across the three hospitals was not statistically significant between ( $F=0.000$ ,  $P=1.000$ ).

Similar to the findings of this study, high levels of satisfaction over the physicians conducts and services were recorded among 210 outpatients in a cross sectional study in Amino Kano University Teaching Hospital,<sup>15</sup> and in the National Hospital Abuja,<sup>16</sup> all in Nigeria where overall satisfaction rate was found to be 90% and above. A descriptive cross-sectional prospective study of 110 in-

patients at the University of Port Harcourt Teaching Hospital, Nigeria, conducted between Januarys to July 2011, also demonstrated a high level of satisfaction with the physicians' conducts and services during the period of study.<sup>20</sup> Similarly high level of satisfaction among patients over the physician's conducts and services provision during treatment encounters were found in the cross sectional survey studies done in Ghana<sup>21</sup>, and Mangalore India.<sup>22</sup> However, in all these studies, patients expressed dissatisfaction over what was described as long waiting period before seeing a doctor.<sup>15, 21, 22</sup> Patients' dissatisfaction with the waiting period before consulting a doctor was similarly found in the present study, but on a lesser magnitude, where satisfaction score was less than 3.00, but not below the cut off satisfaction point of 2.5 across the three hospitals surveyed.

#### **Patients Satisfaction with the General Hospital Services Provision during Care Contact**

General services assessed in this study include registration process, waiting time, specific information about tests and examinations, post test expectations, staff level of attention, easy of making appointments, convenience of appointment time, and explanation of billing process and procedures. Patients generally had above average (2.50) satisfaction score in each of the hospitals services assessed, except waiting time which had a score of 2.46 in the National Orthopaedic Hospital (Table 5). Overall mean satisfaction scores across hospitals were equal to or greater than 3.00. However, the overall mean satisfaction of the patients with the general services provision across the three hospitals was not statistically significant ( $F=0.000$ ,  $P=1.000$ ).

The level of patient's satisfaction on the overall hospital services as found in this study compares favourably with the high level of satisfaction over the efficiency of hospital services in a cross sectional study to assess out-patients satisfaction in a Civil Hospital, Surengdranagar, Gujarat.<sup>23</sup> Factors identified by the patients as predictive variables to the high satisfaction level with the general hospital services include physicians' and staff characteristics such as courtesy, friendliness and politeness, careful listening and timely care, hospital infrastructure, honest pre- and-post treatment information and communication with



the patients, convenience in terms of appointments and waiting time, have also been documented in a review study by two Indian researchers<sup>24</sup>, and in a mixed qualitative and quantitative study of users' perception of quality of care in form of exist interview among 127 adults at an outpatient department in Central Tanzania (Juma & Manongi, 2009).<sup>13</sup> A contrasting finding to that of our study was documented in a descriptive cross-sectional survey of patients' satisfaction towards outpatient department services in a public hospital in Saudi Arabia in 2015-2016.<sup>25</sup> The result of the study showed overall patients' satisfaction score range between 2.41-2.94<sup>25</sup>, as against overall satisfaction of 3.00 and above in our study.

However, the finding of higher percentage of dissatisfaction over the waiting time before physicians' examination in the Saudi Arabia study<sup>25</sup>, compares favourably with the findings in our study and in other similar studies.<sup>15,20-23</sup> Similar to the findings in our study, patients' gender did not affect satisfaction in the Saudi Arabia study<sup>25</sup>, but contrastingly to our study, age and education affected patient's satisfaction.<sup>25</sup> The reason for the differences in the findings might not be unconnected with personal characteristics of the patients, geographical and socio-cultural influences.

## CONCLUSION

Patients overall knowledge score of their health rights was largely good, but differs significantly between the three hospitals surveyed. Overall satisfaction with the physicians' conducts and health services provision was above the average cut-off score, with no statistically significant differences across the hospitals. Since satisfaction is an indicator of services quality, excellence, and success; constant training workshops are recommended for the sustainability of the gains and continued improvement.

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