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Factors Influencing Patient Satisfaction: A Comprehensive Review

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Abstract

A hospital is a place where individuals seek medical care and treatment for their health issues. The level of comfort, care, and quality of services provided by the hospital can significantly impact how satisfied patients are with their overall experience. Patient satisfaction is a measure of how content individuals feel about the care they receive in a hospital, encompassing factors such as communication with healthcare providers, treatment outcomes, and the general atmosphere of the hospital. High patient satisfaction often indicates that a hospital is delivering excellent healthcare services and ensuring a positive patient experience. Hospitals, originally comesfrom the Latin words for "guest" and "host," are primarily about being hospitable to patients. Their original purpose was to provide compassion and shelter to pilgrims. The goal of this study is to find out what variables influence inpatient patient satisfaction in hospitals. Literature reviewed in this paper was sourced from the general internet search engines, textbooks, health

reports and peer reviewed journals. The study's primary goal is to determine the relationship between patient satisfaction and five distinct variables. All variables in this study have many different characteristics, which makes the research more fascinating while also making it more difficult.

Keywords: determinants; hospital; patients; patient satisfaction; requirements; treatment

1. Introduction

Clinical treatment in a hospital should have the goal of determining patient satisfaction. Additionally, patient satisfaction is a critical quality factor, and patients' ability to voice their thoughts is a key asset in the hospital's ability to provide high-quality treatment.

Since "hospital" comes from the Latin for both "guest" and "host," the most essential aspect of a hospital is its hospitality, which refers to how well the hospital treats its patients and how well it accommodates their requirements. As pilgrims returned from the Holy Land in late antiquity, the hospitals' initial purpose was to act as houses of compassion and shelter. Patient satisfaction is thus essential.

Patient satisfaction is defined as a measure of patient-reported outcomes and according to the Quality Measurement Model, patient satisfaction can be measured through patient-reported experiences, while care structures and processes can be assessed using data collected from patients. It's not uncommon for writers to have divergent views on what constitutes patient satisfaction. Patient satisfaction was identified as the response or attitude shown by the patient (Eshghi, Sanjit & Ganguli, 2018). However, according to patient satisfaction is associated with patients' emotions and sentiments about the treatments they received (Formburn, Gardberg & Sever, 2019). Other authors have defined patient satisfaction as the extent to which a patient's expectations of hospital care and the conscious services they received at the hospital are compatible with one another. It has been shown that patients' feelings and emotions regarding the treatments they got are connected to their level of satisfaction as patients (Negi, 2019). The degree to which patients' expectations of hospital treatment match up with what they get is called patient satisfaction, according to other writers.

The goal of this study is to find out what variables influence inpatient patient satisfaction in hospitals. Literature reviewed in this paper was sourced from the general internet search engines, textbooks, health reports and peer reviewed journals.

1.1 Statement of the Problem

In the Lebanese Healthcare sector, there had been lot of complaints regarding the patients' satisfaction and quality of service delivered and by that leading to a decline in the overall performance because of the increasing complaints. Thus, the research will shed the light on the healthcare management, which should concentrate on obtaining high or outstanding ratings of patient satisfaction in an increasingly competitive healthcare market in order to enhance the quality-of-service delivery. To evaluate the quality of healthcare delivery, healthcare managers must identify the variables that influence patient satisfaction.

Different aspects of perceived service quality that are considered relevant and important indicators of patients' perceptions of healthcare quality should be tackled using different variables that affects patient satisfaction. Absence of customer satisfaction in the hospitals especially among this crisis had led to a high fluctuation in the hospital's performance. The main aim of the research is to focus on the importance of patient satisfaction in Lebanon.

1.2 Studies on Patient Satisfaction with Nursing Care

In a hospital in Turkey with 1100 beds, a cross-sectional study was carried out by with the goal of determining whether or not patients were happy with the nursing care they received and whether or not there was a link between patient characteristics (Mechanic & Meyer, 2018). The study, which took place at the hospital from February to September of 2006, included a total of 12 different services, each of which had a capacity of 20-25 patients and 6-7 registered nurses. The investigation included a total of five surgical wards and seven medical units. Within the scope of this study, there were a total of 229 adults who participated as participants (98 had surgery and 131 received medicinal treatment). Patients had to be at least 18 years old, stay in the hospital for a minimum of two days, and be scheduled for discharge in order to be considered for recruitment. Data collection was accomplished via the use of patient information questionnaires and the Newcastle nursing care satisfaction scale.

According to the data, the majority of patients felt that the quality of care they received met or exceeded their expectations. While hospitalization had a particularly significant impact on the Experience of Nursing Care Scale, gender, wealth, level of education, and education level each had their own unique impact on respondents' overall levels of satisfaction with the Nursing Care Scale. The patients who had had surgical operations and reported the greatest levels of satisfaction were seven male patients aged 40 to 59, patients with low levels of education or a limited number of financial resources, and patients who had been hospitalized for longer lengths of time.

The patients' ages, genders, socioeconomic standings, and the types of wards they were assigned to all had a role in determining how satisfied they were with the nursing care they received. In order to have a deeper comprehension of this concept,examined the degree to which patients were satisfied with the nursing care they received (Zineldin, 2016). The purpose of this research was to undertake a conceptual analysis of the level of satisfaction experienced by nursing care patients. The evolutionary method of concept analysis developed by Rodgers served as the basis for this investigation. It was decided to go with Rodgers' approach.

We looked for the information using MEDLINE as well as the ABI/INFORM global business database in order to find material that was related to the Cumulative Index of Nursing and Allied Health Literature. This allowed us to select content that was relevant to the index. The sample included a total of 44 articles written in English that had their very first publication falls somewhere between the years 1998 and 2007. In order to study the idea of patient satisfaction with nursing care, the application of Cox's Interaction Model of Client Health Behavior was put to good use. The patient's personality was formed by a number of different elements, such as their previous experiences with healthcare, the resources that were accessible to them in their surroundings, their intrinsic drive, the cognitive assessment that they went through, and the emotional reaction that they had. Patients who are content with the nursing care they get have a variety of advantages, some of which include a larger market share in healthcare expenditures, increased adherence to treatment regimens, and enhanced health outcomes.

In contrast to other techniques of evaluating patient pleasure, the nursing model leverages data from real patients to create obvious differences. In the study that was carried out by Zineldin on a psychometric analysis of patient satisfaction utilizing a nursing care-quality questionnaire, a strategy that is capable of genuinely being employed to measure degrees of contentment was explored (Zineldin, 2016). The degree to which patients are happy with the level of nursing care that they have received is a crucial indicator of the quality of care that is delivered by hospitals. A random sample of 14 hospitals in Ontario, Canada was employed for the purpose of this study, which intended to evaluate a newly devised patient-centered measure of patient satisfaction with the quality of nursing care. The hospitals came out of a hat, so to speak.

These 23 questions are graded on a scale of Excellent to Fair to Poor according to how well they answer the test's objectives were met. The study's findings showed that the newly created instrument had good psychometric characteristics. A patient's overall happiness with the quality of their hospital stay was closely linked to their satisfaction with the amount of nursing care they got while there.

Managers may utilize the findings of this research to target areas that need improvement by taking concrete, patient-focused steps. The variables linked to patient happiness and discontent were discovered, and the demographic features were determined, by Donabedian (Leslie, Harris & George, 2014). The research was done from 1 January to the 31st of June of 2001.

The research comprised adult Patients who came to the emergency department on consecutive days from 8 a.m. to 5 p.m. and remained for a minimum of 24 hours. Prior to being discharged, patients were required to fill out a questionnaire. The questionnaire asked on medical and auxiliary staff attitudes, politeness, and efficiency. The research included 249 patients in total. About 45% of patients said they would rather go to the emergency room because they had a prior impression of better-quality treatment. Prolonged wait times were cited as the primary source of discontent (27 percent).

The responses of 420 patients to a survey that was administered by Negi (Vrangbaek, Katarina, Birk & Winblad, 2017). The purpose of the research was to determine the extent to which all 420 patients were pleased with the treatment they had gotten at whatever level and to determine whether or not there was a

connection between patient happiness with nursing care and overall contentment. The research was carried out in 2004 from the first of January to the last of March, and it was carried out over the course of about one month.

According to the findings of the researchers, the vast majority of patients are satisfied with the standard of care that they got at the medical facility where they were treated. This degree of contentment is rather high, in my opinion (Excellent, 74.7 percent; Very good, 23.7 percent). Individually, patients pointed to the nursing care that was provided to them as the component that was responsible for the greatest degrees of enjoyment that they experienced (Excellent, 91.9 percent; Very good, 3.9 percent). It was found that patients' overall contentment with the medical treatment they received in the hospital was favorably associated ($r = 0.31$, $P = .01$) with their evaluations of the nursing care they received in the hospital. This was evidenced by the fact that the correlation between the two was significant. The use of correlation analysis helped to demonstrate this. In addition, researchers found that there was a strong association ($r = 0.36$, $P = .01$) between overall patient satisfaction and patients' intentions to return to the hospital and recommend it to others. This finding supports the hypothesis that there is a positive relationship between these two factors.

The caliber of leadership of an organization has a direct bearing on the degree to which patients are pleased with the care they have received there. In the context of medical treatment, Michael conducted research on patients' levels of contentment with the nursing care they received (Michael & Calltorp, 2019). The purpose of this research was to investigate the relationship between the quality of nursing care and the level of patient contentment experienced in a hospital environment.

In order to provide an accurate description of nursing care, the researcher adopted Henderson's model. It was essential to carry out some kind of literature search making use of resources like the MEDLINE and CINAHL databases. During the process of doing keyword research for this study, terms such as "client satisfaction," "patient satisfaction," "quality of care," "quality indicators," and "quality of nine nursing care" were all employed. There were thirty different studies that were found to have been published between the years 1987 and 1999.

The outcomes of the research indicate that patient contentment with nursing care is influenced by a variety of circumstances. These factors include the socio-

demographic history of the patient, the patient's expectations regarding nursing care, the physical environment, communication and information, participation and involvement, interpersonal relations between the nurse and patient, nurses' medical technical competence, and the influence of the health care organization on both patients and nurses.

The factors that influence a patient's level of contentment with the nursing care they have received in the future should be the primary focus of research. By conducting telephone interviews and utilizing an updated version of the 28-item La Monica-Oberst patient satisfaction scale,Balkrishnan was able to conduct research on two acute surgical wards (Balkrishnan, Dugan, Camacho & Hall, 2013). The questionnaire has a total of 28 items and is divided into three subscales: interpersonal support, which is assessed by 9 questions, favorable impression, which is evaluated by 5 questions, and nursing care dissatisfaction, which is measured by 14 questions.

A Likert scale of 1 to 5 was employed, with 1 representing severe disagreement, neutral, and 5 representing strong agreement. The study's goal was to see how satisfied patients were with the nursing care they received in two similar surgical wards. All patients over the age of 18 were included in the research, and they were polled and interviewed over the course of a 12-week period.

There are 105 patients in total in the final sample. The parallels and discrepancies between quantitative and qualitative data were examined. With a satisfaction rating ranging from 32 to 140, customers are generally satisfied. 115 is the average customer satisfaction rating. Variance [17.41] is the average value. Qualitative data showed several abnormalities, but survey findings showed high levels of patient satisfaction. Patients' views of nurses impacted their assessments of the quality of nursing care received in this research.

1.3 Studies on the Quality of Nursing Care

According to Bennett, in order to assess the quality of nursing care that was provided to patients at a hospital in Sweden, prospective research was carried out using the Karen tools (Bennett & Anna, 2015). The purpose of this study was to determine how well the nursing care is that is currently being provided. In the Karen-patient and Karen-personnel instruments that were evaluated, Donabedian's S–P–O triangle (S–O triad) showed signs of having potential content

validity, discriminative power, and internal consistency. This research was conducted with the intention of improving both the construct validity of the instruments and their internal consistency. There were a total of 95 patients, with 47 of them being female, and there were 120 members of the medical staff to care for them.

The ages of the participants ranged from 22 to 86 years, with the average being 64 years old and the standard deviation being 15.8 years. The length of stay in the hospital ranged anywhere from three days all the way up to one hundred and five days on average. Forty different patients have been seen and treated on the same floor as this current set of folks in the past. There was a total of 120 members in the personnel group, 111 of whom were female and 9 of whom were male. Sixty-one of the staff members had the title of licensed practical nurse, while the other 59 were CNAs (CNA).

The ages ranged anywhere from 27 to 60 years, with 43.6 8.3 years serving as the mean. Both the Karen-patient instrument and the Karen-personnel instrument have been found to have construct validity. This collection of tools has very high standards for internal consistency. This provides evidence that the instruments may be used to evaluate the level of nursing care provided in clinical environments (Al-Omar, 200).

A total of 105 patients who need assistance with the activities of daily living participated in the investigation. In order to collect the data, we used both a questionnaire and an interview guide. In order to analyze the data, descriptive statistics were used. According to the findings, the patients who were unable to care for themselves were content with the medical and psychological treatment they received, but only somewhat satisfied with the spiritual care they received.

The nurses lacked the ability to satisfy the patients' spiritual demands. The attitude of nurses was slightly appreciated by patients. Studies have shown that spiritual care nurses give ill and vulnerable people needs better. Patients who received the incorrect medicine or dosage, nosocomial infections, or fell and were injured in the hospital were studied byAnand to see whether there was a link between nurses' claims of unmet nursing care requirements and their accounts of these occurrences (Anand & Sinha, 2010).

Cross-sectional secondary study of US acute care hospital staff nurse survey data obtained in 1999 from 10,184 participants. Patients and families were prepared for discharge in 26 percent of cases, while nursing care plans were developed or updated in 74 percent of cases. Most nurses said that patients were given the incorrect medicine or dosage, had nosocomial infections, or fell and were injured only seldom throughout their hospital stays. Medication mistakes accounted for 15% of adverse events, while patient falls with injury accounted for 20% and nosocomial infection accounted for 31% of adverse events.

Even after taking patient characteristics and the care environment into account, there was still a considerable relationship between unmet nursing care needs and each adverse event. This was the case even when the study controlled for both factors. Researchers like Ashraf investigated how patients rated the level of care they received from nurses (Ashraf, Fatima, Rahman & Khan, 2012). The purpose of this research was to design a technique, known as the Patient's Assessment of Quality Scale—Acute Care Version (PAQSACV), with the intention of providing patients with a meaningful means by which to evaluate the nursing care that they receive.

The initial 90-item PAQS-ACV was evaluated on 1,470 medical surgical patients in 43 units across seven hospitals, using research methods derived from qualitative interviews with patients. Patient type was a 50-year-old married couple with just a high school diploma who was being treated in the hospital for the fourth time. Patients were requested to retake the PAQS-ACV two weeks later for every tenth one. Five variables accounted for 54% of the variation after exploratory factor analysis. Within-factor estimations were greater than 0.83 for four of the five factors and lower for the fifth. Between 58 and 71% of tests were repeatable.

By looking at how PAQS-ACV scores correlate with patient compliance, we were able to establish content validity while also exploring construct validity in the early stages. Despite its youth, the PAQS-ACV has already shown to be an effective tool for tracking high-quality nursing care. Using a descriptive cross-sectional comparative methodology, Ahmadevaluated the work satisfaction of Jordanian nurses, patient satisfaction, and nursing care quality in Jordan (Ahmad et al., 2013). 510 patients (response rate 49%) and 26 head nurses (NHs) were included in the overall population (response rate 92 percent). Measures of satisfaction with nursing care include the Mueller/McCloskey Satisfaction Scale (MMSS) from

1990, the Eriksen satisfaction scale (developed in 1988), and the Quality of Nursing Care Questionnaire To find out more about the occurrences under study, researchers turned to Safford and Schlotfeldt (1960).

Despite the fact that the majority of nurses claimed that they were "neither pleased nor unhappy" with their professions, those nurses who worked on wards reported considerably higher levels of job satisfaction than those nurses who worked in critical care units. Head nurses have said that nurses normally (practically) offer patients with high-quality nursing care, which is supported by patient feedback suggesting that they were "moderately delighted."

In terms of the degree of patient satisfaction and the quality of nursing care that was offered, there was no noticeable difference between the wards and the critical care units. Increasing patient satisfaction and the standard of nursing care is essential if we are to achieve the statuses of "extremely pleased" and "always satisfied" over time. Patients' views of emergency department quality of treatment and opportunities for quality improvement were investigated by Awuor via a prospective, descriptive survey (Awuor, Doris & Kimuthia, 2013). In 2002, researchers used a study design that had been employed in previous investigations and carried out their work in a single emergency department at an academic hospital in Sweden. The research included 200 people in all, with 99 females and 101 males, and the median age was 51.

The emergency department's adaptation of the Quality from the Patient's Perspective questionnaire was used to gather the data for this study. Patient satisfaction with care received in the emergency department was generally excellent, despite the fact that there were some areas in which improvements were necessary. Unacceptably high rates of substandard care were found in the emergency department. A little more than a quarter of patients said they had not received any alleviation from their discomfort. Twenty percent or more said that nurses were uninterested in their personal lives, and that patients were given no helpful information regarding self-care or which doctor oversaw their medical treatment. Research was conducted on a Survey of the quality of nursing care in three different health districts in South Africa during the months of March through August of 2002. The purpose of the research was to examine the level of nursing care and service provided in each of the three distinct health districts located

within the KwaZulu Natal province and to draw comparisons between those districts.

Patients' satisfaction, application of universal precautions, nursing records, and treatment of chronic diseases were all examined as part of the study. Aside from patient satisfaction, all these factors were assessed using checklists based on records reviews or on direct observation. From 11% (for nursing records) to 73%, the average score ranged throughout the various categories (for management of chronic diseases). It became clear that there were specific issues.

In one area, just one-third of the nurses were able to seamlessly transfer from one shift to the next. The usage of protective gear was found to be insufficient in all three areas (43 percent). While chronic disease management had an average score of 73%, only 23% of patients' blood pressure was within the target range, and only 38% of patients' blood sugar was under control. In all three areas, patients were generally satisfied (72 percent on average). The quality-of-care measures revealed training requirements, but additional management methods are likely to be suggested.

1.4 Studies on the Factors Influencing Patient Satisfaction with Nursing Care

Evaluation of patient satisfaction and usefulness in an online breast cancer education program was done by Anand to determine the effectiveness of an online breast cancer education program with unique features like flash animations and online counseling, as well as 7 different categories of breast cancer information (Anand & Sinha, 2010). 147 breast cancer patients who visited the website at least three times and spent at least 30 minutes each time participated in the survey. These patients had had the disease for at least five years. This educational program received a total score of 49.14 (+/-6.05) points, with the points for system efficiency, adequacy of information, convenience of use, and usefulness of the material all being given high ratings. The points for the 64 potential points were split equally.

The usefulness evaluation included a total of six subcategories, with knowledge of breast cancer receiving the highest score (3.34 +/-0.51), followed by living after treatment (3.20 +/-0.60), chemotherapy and hormonal therapy (3.18 +/-0.55), and diagnosis (3.02 +/-0.56). The highest score in the usefulness evaluation was 3.34 (+/-0.51). There were a number of factors that contributed to the overall level

of contentment experienced by patients who participated in the program. This covered the age, religion, income, stage of disease at the time of diagnosis, source of health information, length of time spent using the Internet, and whether or not they performed breast self-exams. It was determined that the program did provide some value and pleasure; nevertheless, it had the potential to be improved by providing comprehensive and up-to-date information about breast health. This would be especially beneficial for women who had higher levels of education and income.

During acute hospitalization, Bennettlooked at the impact of demographic factors and ward type on elderly patients' perceptions of needs and happiness (Bennett & Anna, 2015). Researchers wanted to see whether factors including age, gender, and cultural background influenced patients' views on the value of nursing care and how satisfied they were with it. Patients were drawn from five Sydney-area hospitals' geriatric and medical wards. Dementia, disorientation, or a mental condition disqualified 576 individuals from receiving treatment.

A total of 231 of the invited 393 subjects agreed to take part (59%). Only 3% of prospective participants declined to take part because they were unwilling to provide their permission to be a part of the study. 40% of patients (n = 90) were men, 63% (n = 146) were 65–80 years old, and the remaining 85% (n = 85) were above 80 years old. Two-thirds of those surveyed (n = 153) came from medical wards, with the remaining seventy-eight percent (n = 78) coming from elderly care units. ESB, physical, psychological, doctor's instructions, and discharge plans all had a mean score. An ANOVA was used to assess group differences in the CAS's four combined categories. An analysis of variance using repeated measurements There were substantial disparities in the ways in which patients who were older (over 80 years old), female, or from medical wards (aged 65–80 years old) appraised the physical aspects of nursing care. The elderly and those who were residing in nursing homes reported a greater degree of contentment overall with regard to the physical care they received.

Mechaniclooked into whether or not there were gender disparities in the degree to which patients were satisfied with the quality of nursing care they received (Mechanic & Meyer, 2018). Data from a Norwegian patient satisfaction survey was used to perform the study. There were 1469 men and 1226 women that took part in the poll. When comparing young female patients to young male patients,

researchers found that young female patients were less satisfied with all elements of nursing care.

The Foundation for Health Services Research (HELTEF) performed the RESKVA research, a Norwegian assessment of in-patient satisfaction, from 1995 to 1998. A total of 39 questions were included in the survey designed to gauge patient satisfaction. There were 39 questions with five possible answers, with the two extremes (totally satisfied – entirely dissatisfied) being stated. Patients' perceptions of nursing care were the subject of six of the questions. The total number of patients in the study was 19,395 and they came from two separate hospitals in Norway. The remaining information was made up of responses from 2695 people.

There were a total of 1469 men and 1226 women that participated in the poll, and 59 percent of those individuals' provided responses. The following levels of significance were utilized in the calculation used to determine the mean score of satisfaction with different areas of nursing care quality (all ages): personal commitment = 0.003, caring conduct = 0.001, time to talk = 0.004, time to help = 0.000, and nursing skills = 0.006 There was no statistically significant difference between the genders of the patients in terms of their experiences with continuous therapy (P = 0.117). There was not a significant difference in the mean age between any of the three groups based on the gender of the participants. Mean scores were applied for reporting the levels of patient satisfaction; the lowest score possible was 1, and the best score possible was 5.

Measurement of satisfaction should "incorporate elements of technical, interpersonal, social, and moral aspects of treatment." according to Baydas (2014). Many common and some unique factors and features affect total patient satisfaction in advanced and emerging nations research on patient satisfaction (Baydas, 2014).

However, results from these studies contradict each other. Many studies in literature look at the relationship between demographic variables including age, gender, and health status, as well as educational level. 650 patients were discharged from four Scottish acute care general hospitals between February and March 2002, while 32 large American tertiary hospitals conducted the second study, and both found that male patients, those over 50 years old, those with shorter hospital stays or better health status, as well as those with only a primary

school education, had higher scores on various domains of health service use (Zineldin, 2016).

2. Research Methodology

2.1 Data Collection

Data collected for a particular purpose are considered primary data according to Negi (2019). Primary data, is information that a researcher collects for the first time on the variables under study (Formburn et al., 2019). Primary data serves to test how well respondents could comprehend and answer survey questions.

2.2 Population and Sample

In the field of statistics, the term "sampling" refers to the act of picking an unbiased or random sample of individual observations from within a larger population in order to derive information about that population. This is particularly important when generating predictions using statistical inference as the basis. Data gathering relies heavily on sampling.

Because of the high expense and the fact that populations are dynamic, researchers seldom conduct comprehensive surveys of the whole population (Mechanic & Meyer, 2018). Sampling has three major advantages: cheaper costs, quicker data collecting, and the ability to guarantee homogeneity and enhance the accuracy and quality of the data due to the smaller data set.

The population of this study consists of the patients that encountered Dar Al Amal University Hospital during June to September 2021. The sample is a convenience sample consisting of 130 inpatients present during day duty time. The inclusion criterion is any patient above 18 years old.

2.3 Data Analysis

Data used in quantitative analysis may be broken down into two major categories: numerical and categorical. If the data is measured or tallied numerically, then they are referred to as numerical data. Otherwise, they are categorized as quantitative variables since their scales are numerical.

Another reason is because our goal is to collect Data, which can be divided into two categories. Ratio of Categorical Numerical Nominal Ordinal Numbers Mixing trust and reputation, researchers investigate the effects of the 5Q model on

patient satisfaction. As part of our research, we'll make hypotheses and then test them. It is necessary to evaluate all the 5Q model's aspects to see which one has a positive impact on patient satisfaction; therefore, we have hypotheses.

Descriptive data from the research were presented using bar and pie charts, as well as cross-tabulations. With these techniques, we were able to better comprehend and scrutinize the findings.

3. Results

3.1 Descriptive Statistics

This part addresses the descriptive statistics of the research based on the data collected using google forms. This part will be divided into two major sections which are the demographic statistics and the variables statistics.

3.2 Demographic Statistics

Table 1. Gender of Respondents

		Frequency	Percent	Cumulative Percent
Valid	Female	101	55.8	55.8
	Male	80	44.2	100.0
	Total	181	100.0	

A total of 181 people were asked to participate in the study, 101 of whom were female and 80 of whom were male.

Table 2. Age of Respondents

		Frequency	Percent	Cumulative Percent
Valid	18-24	95	52.5	52.5
	25-34	59	32.6	85.1
	35-44	11	6.1	91.2
	45-54	8	4.4	95.6
	55-64	8	4.4	100.0
	Total	181	100.0	

More than half of those surveyed (95) are between 18 and 24 years old, while 32.6 percent (59) are between 25 and 34 years old, and 6.1 percent (11) are between 35 and 44 years old.

In contrast, there were 16 respondents, 8 of them were between the ages of 45 and 54, and the remaining 8 were between the ages of 55 and 64, accounting for 4.4% of the whole sample.

Table 3. Education of Respondents

Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctorate Degree	1	1.1	1.1	7.7
	Master's Degree	55	30.4	30.4	41.4
	University/ BA/ BS Degree/BE	107	59.2	59.2	100.0
	Baccalaureate or Technical (BT-TS)	11	6.1	6.1	6.1
	High School or Less	7	3.3	3.3	11.0
	Total	181	100.0	100.0	

A BA/BS or BE degree was held by 107 of the respondents, which accounts for 59.2 percent of the sample. A doctoral degree was held by one respondent, which accounts for 1.1 percent of the sample. A high school diploma or less was held by 7 of the respondents, which accounts for 3.3% of the sample. A master's degree was held by 55 of the respondents, which accounts for 30.4% of the sample.

Table 4. Experience of Respondents

Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 years or less	121	66.9	66.9	77.9
	6-10 years	24	13.3	13.3	91.2
	11-15 years	16	8.8	8.8	8.8
	16-20 years	4	2.2	2.2	11.0
	More than 20 years	16	8.8	8.8	100.0
	Total	181	100.0	100.0	

More than two-thirds of the sample (66.9 percent) was comprised by those with less than five years of professional service experience, with the remaining 13.3 percent being comprised of those with six to ten years of service experience. More over a quarter of the responders had more than 20 years of experience.

Table 5. Work Position

Work Position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Non Managerial level	101	55.8	55.8	80.7
	Middle level manager	45	24.9	24.9	24.9
	Supervisory level manager	35	19.3	19.3	100.0
	Total	181	100.0	100.0	

Among the 181 respondents who completed the surveys, 45 were middle-level managers, 101 were non-managerial, and 35 were supervisory managers.

Table 6. Company Size

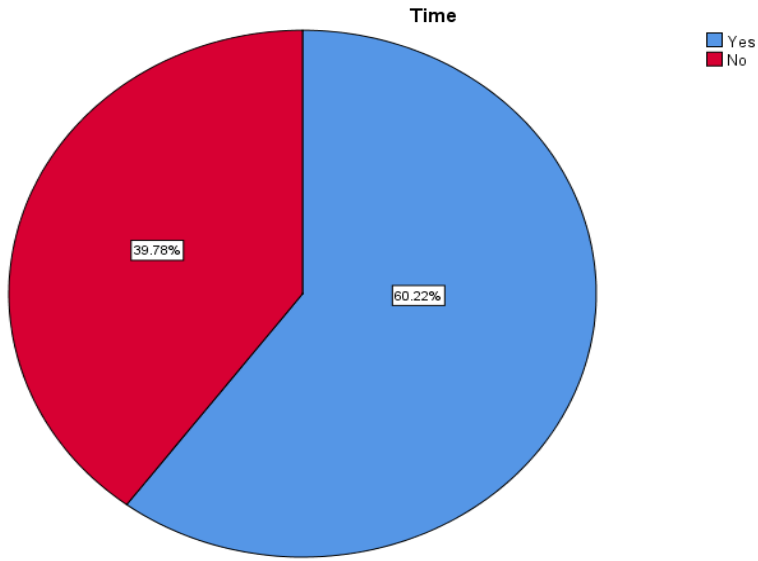
Company Size

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 10 employees	33	18.2	18.2	85.6
	10-50 employees	49	27.1	27.1	27.1
	51-250 employees	50	27.6	27.6	67.4
	251-1000 employees	23	12.7	12.7	39.8
	More than a 1000 employee	26	14.4	14.4	100.0
	Total	181	100.0	100.0	

Additionally, 27.1 percent of the sample is made up of 49 survey takers who work in small businesses with 10 to 50 workers or less.

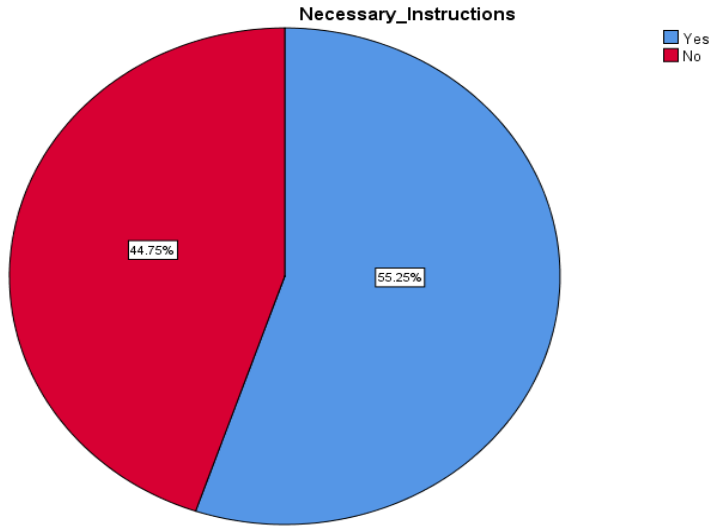
On the other hand, 23 respondents work in companies that have between 251 and 1000 employees, 50 employees work in companies that have between 51 and 250 employees, 33 respondents work in companies that have fewer than 10 employees, and the remaining 26 respondents work in companies that have more than 1000 employees.

Figure 1. The Doctors Gave Me Enough Time to Discuss My Health Condition



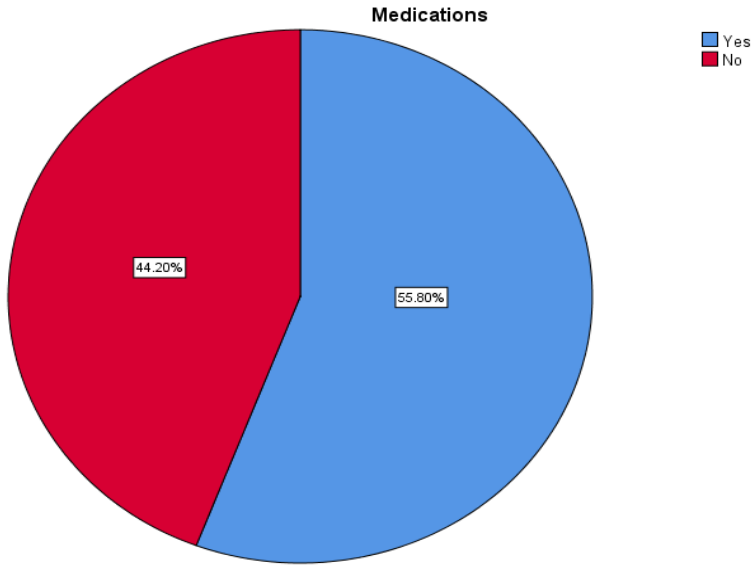
Referring to the above questionnaires, it can be noted that 60% respondents replied that they received enough time to discuss their health condition with their doctor, and that 40% of the respondents replied that they didn't receive the required support from their doctor and they are not satisfied.

Figure 2. Did the Nursing Staff Give You the Necessary Instructions Before Giving You any New Medicine?



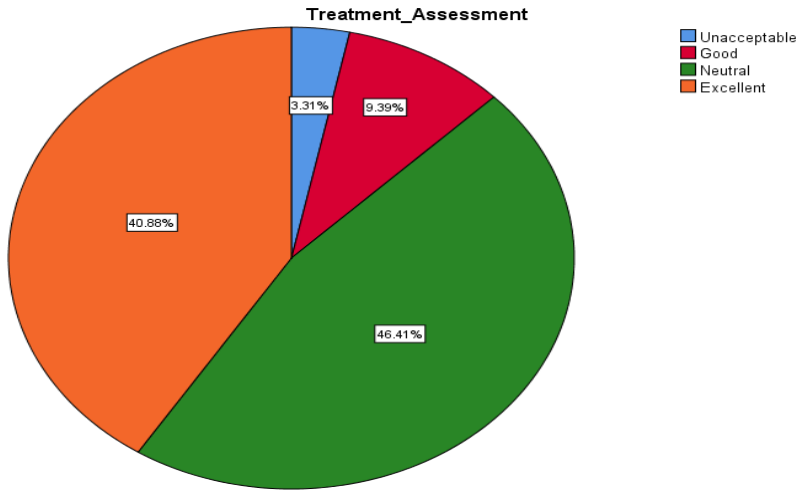
Referring to the above pie chart, it can be note that 55% of the respondents received the necessary instructions before getting any medicine from their doctors, and that 44% of the patients didn't receive any instructions before prescribing any new medicine.

Figure 3. Did the Nurse Listen to Your Questions and Concerns about Certain Medications before Administering Them?



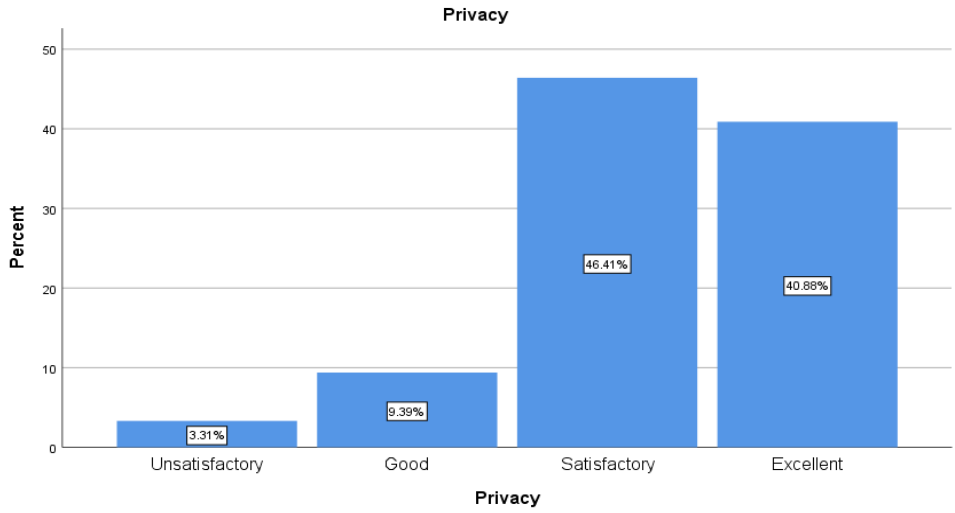
Referring to the above pie chart, it can be noted that 55% of the respondents agreed that the nurse listened to their questions and concerns about medications before administering them, and that 44% of the respondents replied that they are not satisfied and they disagree that the nurse listened to their questions and concerns about medications before administering them.

Figure 4. During Your Stay in the Hospital, What is Your Assessment of the Treatment of Your Treating Doctor?



Referring to the above results, it can be noted that 3% of the respondents are not satisfied with their stay at the hospital and 9% stated that it is neutral, and 46% stated that their stay is good and 40% are satisfied with their stay in the hospital.

Figure 5. Privacy of the Patient



Referring to the above chart, it can be noted that 40% of the respondents agreed that they are receiving privacy and they are satisfied and 46% of the respondents agreed that the privacy of the patient is good, and 9% respondents stated neutral and 3% respondents stated that it is unsatisfactory.

4. Discussion

Various factors, including consumer and patient satisfaction, are the focus of this investigation. When patients are selecting a health care organization, three variables are most likely to influence their decision: service quality dimensions (5Q model), trust, and reputation.

According to the description of the findings, there is a lot to be debated about the current research. Patients in this study are happy with some aspects of the hospital's service quality, supporting the notion that "consumers are primarily drawn to a service by concentrating on quality."

Some patients make a distinction between the various service characteristics, such as the 5Q service quality model. Because patients rate the 5Q model differently, then statistics show that they think service is a mix of several aspects.

Patient satisfaction is the total of many constructs, such as satisfaction with technical, functional, infrastructural, interaction, and environment variables or items, summing satisfaction with the health care organization (hospital). Although the current revised model assumes that various service quality characteristics are equal, patient satisfaction is directly influenced by that theory.

According to our study's inferential statistics, hospital patients had a beneficial impact on the object's and interaction's quality in both ways. There are two dimensions to service quality: security and the hospital's capacity to treat patients. These two dimensions focus on engagement, correct information, and feedback.

Doing the right thing at the right time, in the right way, for the right person, and attaining the highest potential results are all fundamental components of providing outstanding health care. Patients at the hospital had favorable outcomes as a consequence of these traits. To phrase it another way, these two factors make certain that everyone gets the highest level of care that is feasible.

According to the two factors that patients regarded as having a positive influence, "quality of care" is defined as the degree to which health services for individuals

and communities increase the likelihood of desired health outcomes and are congruent with current professional knowledge. A third factor that may have an effect on patient satisfaction is the institution's reputation.

Patient responses to the survey's characteristics are favorable overall, according to the statistical findings. Some of the characteristics are extremely promising, such as a good feeling about the hospital, respect and admiration, environmental responsibility and respectable services. The hospital develops new services, has strong leadership, and adheres to high standards, among other things.

So, to put it another way, an organization's reputation for operational or functional activity contributes to its long-term viability. The hospital's overall reputation has been good, and this reputation is based on a company's previous conduct and results, which demonstrate the firm's capacity to provide valued results to consumers.

Internally with workers and externally with various shareholders," reputation therefore reflects the relative standing/position. Data reveals that patients highly value the reputation of the hospital, indicating their degree of satisfaction. It is essential for an organization's image since it helps it acquire consumer loyalty, premium pricing, and goodwill in the event of a crisis.

Table 9. Hypothesis Summary Table

Hypothesis	B	P-Value	Accepted/Rejected
There is relationship between clean environment and patient satisfaction	0.30	0.006	Accepted
There is relationship between hospital services and patient satisfaction	0.462	0.001	Accepted
There is relationship between medication management and patient satisfaction	0.270	0.014	Accepted
There is relationship between technical services and patient satisfaction	0.038	0.045	Accepted
There is relationship between privacy and patient satisfaction	0.276	0.004	Accepted

Referring to the above table, it can be noted that all the hypothesis had been validated and accepted since clean environment (0.006) which aligns with the study of Poley (2019), hospital services (0.001) which aligns with the study of Abigail (2020), medication management (0.014) which aligns with the study of Abigail (2019), technical services (0.045) which aligns with the study of Mitchel (2019) and privacy (0.004) which aligns with the study of Alain (2019) all scored P-Value lower than 5% meaning that all the independent variables tend to impact the dependent variable which is patient satisfaction.

5. Conclusion

The study's primary goal is to determine the relationship between patient satisfaction and five distinct variables. All variables in this study have many different characteristics, which makes the research more fascinating while also making it more difficult.

It's also possible that the chosen patient hasn't visited the addressed hospital in our research very often, so they don't know much about it. This might explain why they weren't pleased or saw no impact. Trust was the second element we looked at in our research to see how people use it when selecting a doctor or healthcare institution.

In our study of the hospital, the outcome of trust in terms of patient satisfaction is "no impact." When removing characteristics one at a time, the Cronbach's alpha decreased for all of them, even though the reliability analysis confirmed their validity. When the invalid measurement was removed from the list, the value of just one attribute rose. As a result, we didn't include it in our calculations to ensure the scale was accurate.

Thus, a patient's perception of the quality of a physician's work is essential. This may be the case as a result of the organization's previous activities as well as its future intentions. Since the hospital maintains a higher standard of serving patients in a better manner, those who responded positively to their perceptions of the hospital believe that hospital administration and leadership are successful. Our statistical findings reveal a high correlation value, indicating that this variable has a substantial impact on patients' happiness. When one reputation attribute is removed from the list, the Cronbach's alpha score drops, indicating that the

characteristics were regarded as legitimate for this kind of organization throughout the reliability study.

Thus, patient satisfaction may be influenced by a variety of variables. Variables affect patients in various ways depending on the circumstance, thus the outcomes may vary widely. Even yet, we think that patient happiness may be increased by combining several new and better factors.

5.1 Practical Implication

This research may benefit health care providers as well as business organizations as it covers customers. This is because competition and privatization have shifted attention away from the non-profit sector and toward the for-profit sector. The study's findings may be utilized to enhance the quality of health care services while also establishing trust with patients. This research has the potential to have a significant impact on the quality of health care in both developed and developing nations.

When people are dissatisfied, it may lead to disloyalty, and in the healthcare industry, disloyalty may be much worse. This research puts pressure on health care companies to improve their service quality and trustworthiness. Due to patient feedback that indicated they were satisfied; Hospital should prioritize dimensions of the 5Q model related to service quality and reputation. The study's practical value is that it addresses specific questions about patients' views of hospital's health services. It also gives insight into how patients see the value of going to a hospital.

Health care organizations may benefit greatly from incorporating the findings of this research into their existing literature to become even more patient-centered and successful. Increasing patient satisfaction may be possible by providing better service quality aspects and establishing a reputation for upholding high standards.

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