

Predictors of patient satisfaction



CHAPTER 1: Introduction

In this chapter we will briefly discuss the background of the research area. At first an overview of the patients satisfaction concept will be introduced. This will be followed by the relevance of this thesis to the country of Kuwait. After that, we will present a discussion of the problem that will give a better understanding to the reader for our subject. The chapter ends with a brief description of the thesis structure follow.

1. 1 Overview:

The patient experience reflects the way in which a person perceives the sum total of his experiences with the health system throughout the continuum of care. This experience is influenced by the total of the encounters between the patient and the caregiver, of the patient's expectations from the health system and from the organizational culture in all of the frameworks with which the patient comes in contact. In recent years, the patient experience has become a central talking point in the ongoing discourse of the health systems in Israel and worldwide, which coincides with numerous social trends:

- Increasing public awareness of the patient's rights.
- Public demand for transparency in conduct and for exploiting opportunities to improve.
- Activity of patient safety organizations.
- Changes in the service and consumer cultures.
- Demand for equality and accessibility to each and every individual.

- Increasing use of electronic communication and social media in search of medical information, knowledge sharing among patients, recommendation of specialists, alternative treatments and facilities and so on.

Patient satisfaction is generally considered as the extent to which the patients feel that their needs and expectations are being met by the services provided[4].

Patient satisfaction predicts both compliances [5] and utilisation [6] and may even be related to improved health [7]. It also contributes to the atmosphere prevailing in a PHCC [7, 8]. It is associated with continuity of care [3], the doctor's communication skills [9], the degree of his or her patient centeredness [10] and the congruence between intervention desired and that received by the patient [11] . Other factors influencing satisfaction with medical care include confidence in the system and a positive outlook on life in general[12] . Finally, satisfaction is the judgment of the patient on the care that has been provided [13]. The physician remains a key element in patient satisfaction [14].

Summarize chapter 2 in one a half page start with small problem definition, actually there are determinants

1. 2 Relevance of this thesis to the country of Kuwait

With the huge growing number of cancer patients worldwide in recent years the needs of effective and capable health care suppliers is mandatory. The health care sector in Kuwait has been occupying very important position among the public, as it takes the responsibility to maintain people's health

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and to prevent disease as well to secure complete coverage of the health care services. Kuwait consists six general hospitals for several specialty, and more than 70 care clinics. With an aging facilities and growing population, hospitals have become overused with empower of tools and equipments and the care clinics are not serving dangerous situations or real disease. Cancer cases in Kuwait has reached the top of disease and have been recognized as a main cause of deaths in the country (Alduaij 2012). Kuwait control cancer centre (KCC) comprehensive cancer center have 600 qualified medical staff and 459 beds. KCCC treats over 2000 new cancer patients each year and total of 28, 697 from Kuwait and the region(Kuwaitcancercenter. com 2014) [50]. Identification of predictors of patient satisfaction (what aspects of care matter the most to patients) enables policy makers at the Ministry of Health in Kuwait to focus on these aspects and improve them. The correlates of socio-demographic characteristics of patients with satisfaction allow the health care providers to cater to the different needs of patients based on their socio-demographic characteristics.

This study aims at identifying predictors of patient satisfaction in the primary care clinics of the Ministry of Health, Kuwait (factors leading to patient satisfaction or dissatisfaction) and its socio-demographic correlates.

1. 3 Problem Definition:

1. Lack of proper strategies and support system by Ministry of Health (MOH).

There are many obstacles interfering the treatment of patients in Kuwait due to poor system and insufficient management strategies that is related to

health care services (Alduaij 2012). Kuwait Cancer Control Center (KCC) which was built back in the 70's is considered as one of the important medical centers in Kuwait for the reason of increasing number of cancer patients in Kuwait (KCC 2014)[51]. KCC have a capacity of 459 beds against 28, 697 patients with 1643 employed, 490 nursed, and 11 physicians. Based on that, the hospital have witnessed a migration of the experienced staff which results in shortage of human resources and accordingly leads to instability and sub-optimal medical system (Annaharkw. com, 2014)[53].

2. Huge public demand to improve hospital services.

According to Arab Times (2014)[52] the previous Kuwaiti parliament members have step against the low performance of Ministry of Health (MOH) and of KCCC in particular. They have raised their disagreement over the government's failure to control the disease and to provide adequate services to satisfy the patients. Many issues were declared to the ministir of health seeking for urgent solutions such as: long waiting time, unavailability of beds , lack of the hospital human resources and machinery as well financial and administrative capabilities.

3. Temporary recovery plan but not permanent solutions.

His Highness the Amir Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah, at the end of year 2013 gave instructions to the government to send cancer patients for treatment abroad at the State's expense and to expedite with actions (Kuna, 2014)[50]. The reason for the urgency of this new law was due to public dissatisfaction, and the continuous complaints toward cancer treatment in Kuwait.

4. Dire personnel experience

A personnel experience with the cancer disease has been the real motivation behind this study. Watching a dear person suffering not just because of the disease, but because of shortage of resources and lack of proper support system, is the hardest thing ever especially when it comes to losing that dear person forever.

3. 6 Research objectives

The research objectives are as the following:

- To explore and review the available international literature about the cancer patient's satisfaction.
- To discuss the determinant of cancer patient's satisfaction.
- To identify service quality dimensions related to cancer patients.
- To investigate the importance of quality of life for cancer patients.
- To find out the impact of socio demographic characteristic on cancer patients in Kuwait.

3. 7 Research questions

Based on the objectives of the study, key questions should be addressed:

1. What are the determinants needed to reach an effective cancer patient's satisfaction in Kuwait?
2. What are the health related service quality dimensions?
3. What are the quality of life factors that contribute cancer patient's satisfaction?

4. What is the effect of socio-demographic characteristic on cancer disease in Kuwait?

1. 6 Research Methodology

Our research is considered deductive, quantitative, descriptive and explanatory based on the experiments presented in our literature review. This study is focusing on cancer patients and the benefits that are provided by KCCC hospitals and their personnel life. The questionnaire is in two language English and Arabic and have been randomly distributed in Kuwait cancer control centre and on website. The study population consisted of the patients who came for therapy in KCCC (outpatients) and the sample size consisted of 300 patients based on total cancer patients in Kuwait which are approximately 28, 697 patients. The eligibility criteria included patients who have been diagnosed with different types of cancer as a minimum of 6 months , above 21 years old and currently are undergoing treatment. The questionnaire contained a socio-demographic characteristics as well as the overall satisfaction with the different aspects of quality of services and quality of life. At last, The data analysis is obtained through using different statistical techniques by using the SPSS software version 17.

1. 7 Thesis structure

This thesis is divided into five chapters. In the first chapter, we will be providing a background and an overview of the selected research subject, followed by the problem area discussion and description of the thesis structure. In chapter two, an academic literature review related to patient's satisfaction and the different independents variables such as physcian

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concern, staff concern, convenience of care process, tangibles, social well-being, emotional well-being, and information knowledge will be introduced based on theories, academic studies and reports. Chapter three explains the methodology and techniques that have been used in our thesis to analyze and carry out this study. In chapter four, an analysis of the empirical data will be presented along with a discussion of the survey findings and results. Last chapter, number 5, is summarizing the results that have been achieved in our study along with a comparison with other studies. At the end of the final chapter, we will be providing a conclusion and recommendations for management and future research.

A definition of ‘ quality of life’

The quality of life can only be described and measured in individual terms, and depends on present lifestyle, past experience, hopes for the future, dreams and ambitions. Quality of life must include all areas of life and experience and take into account the impact of

illness and treatment. A good quality of life can be said to be present when the hopes of an individual are

A ‘ good’ quality of life is therefore usually expressed in terms of satisfaction, contentment, happiness and fulfillment and the ability to cope. This definition emphasizes the importance of personal growth.

(K. Chambers et al., 2011)

Calman, K. 1984. Quality of life in cancer patients -an hypothesis. *Journal of medical ethics* , [Accessed: 16 Nov 2013].