

## PATIENT SATISFACTION WITH QUALITY OF CARE IN THE ONCOLOGY CENTER IN AL- SADER TEACHING HOSPITAL IN BASRA

Shebeeb Abdul Hussein Syhood<sup>1\*</sup>, Abbas Ejbaree Kawad<sup>2</sup>, Mohamed Shakir Mahmood Al-Amari<sup>3</sup> and Zainab Abbas Ijbaree<sup>4</sup>

<sup>1,2,3</sup>Al-Basrah Health Directorate, Al-Basrah, Iraq.

<sup>4</sup>College of Medicine, University of Basrah, Iraq.

Article Received date: 17 March 2025

Article Revised date: 07 April 2025

Article Accepted date: 27 April 2025



\*Corresponding Author: Shebeeb Abdul Hussein Syhood

Al-Basrah Health Directorate, Al-Basrah, Iraq.

### ABSTRACT

**Background:** Patient satisfaction is a crucial indicator of healthcare quality and reflects the effectiveness and responsiveness of health services. In oncology settings, understanding patient satisfaction helps identify service gaps and areas for improvement in care delivery. **Aim:** This study aimed to assess patient satisfaction with services provided at the Oncology Center in Al-Sader Teaching Hospital, Basrah, Iraq. **Methods:** A descriptive cross-sectional study was conducted from March to August 2008. A total of 147 patients were selected through purposive sampling. Participants were interviewed privately and face-to-face at the time of discharge using a standardized questionnaire. The questionnaire assessed various dimensions of patient satisfaction including communication, interpersonal manner, technical quality, accessibility, financial aspects, and time spent with doctors. Pearson's correlation was used to analyze the relationship between different variables. **Results:** The majority of participants were adult females aged 45–65 years, married, with low educational attainment, and diagnosed with various types of cancer. The overall satisfaction with the oncology services was poor. The lowest satisfaction levels were associated with financial aspects of care, accessibility and convenience, and time spent with physicians. However, the highest satisfaction scores were reported in the domains of interpersonal manner, followed by communication and technical quality of care. **Conclusion:** The study highlights significant dissatisfaction among oncology patients, primarily due to systemic and logistical shortcomings. Efforts are needed to improve accessibility, infrastructure, staffing levels, drug availability, and laboratory services to enhance patient satisfaction and reduce suffering.

**KEYWORDS:** Patient satisfaction, Oncology center, Cross-sectional study, Basrah, healthcare quality, Cancer care.

### INTRODUCTION

Healthcare is the fastest-growing service sector globally, in both developed and developing countries.<sup>[1]</sup> The main objective of healthcare providers is to deliver the highest quality of care that aligns with patients' needs and expectations.<sup>[2]</sup> Patient satisfaction has become a key component in evaluating healthcare quality, often utilized by planners, payers, providers, and patients themselves.<sup>[3]</sup> Importantly, quality of care should be assessed from the patient's perspective, not solely through professional evaluation.<sup>[4]</sup> There is growing emphasis on improving patient safety and the technical quality of care; however, the relationship between patient perceptions and technical quality is still not clearly defined.<sup>[4]</sup> As pressure mounts to improve outcomes and reduce costs, patient satisfaction scores are increasingly

integrated into measures of clinical quality.<sup>[5]</sup> Nonetheless, the lack of standardization in measurement tools poses challenges in making patient satisfaction a reliable indicator.<sup>[5]</sup> Efforts are underway to unify satisfaction assessments, such as hospital report card initiatives.<sup>[5]</sup> Quality of care and patient satisfaction are interrelated concepts often used interchangeably.<sup>[6]</sup> While quality has both subjective and objective elements, satisfaction is primarily shaped by patients' experiences and expectations.<sup>[7]</sup> It serves three key purposes: understanding experiences, identifying issues, and evaluating care—evaluation being the most significant.<sup>[8]</sup> Satisfaction is described as an emotional response influenced by the alignment of expectations and outcomes,<sup>[1]</sup> and is strongly affected by interpersonal interactions.<sup>[8]</sup> As healthcare shifts from disease-centered

to patient-centered models, satisfaction plays a central role in shaping services.<sup>[9]</sup> Patient satisfaction is influenced by multiple factors. Patient-related factors include age, gender, socioeconomic status, and health condition. Older individuals generally report higher satisfaction.<sup>[8,10]</sup> while socioeconomic disadvantages and poorer health often correlate with lower satisfaction.<sup>[8,10,11]</sup> Physician-related factors such as expectations, communication, time spent, and appearance significantly affect satisfaction.<sup>[10]</sup> Recognizing and managing expectations is vital to fostering trust and compliance.<sup>[12]</sup> Effective doctor-patient communication is crucial in oncology settings, helping manage emotions and deliver information compassionately.<sup>[13]</sup> Even short, friendly interactions or “chatting” enhance satisfaction.<sup>[14]</sup> Continuity and coordination—especially in managing chronic conditions—are essential for older patients with complex medical needs.<sup>[15]</sup> The aim of study is to assess the level of patient satisfaction with the care provided at the oncology outpatient center in Al-Sader Teaching Hospital and to identify the key factors influencing patient satisfaction.

## METHOD

This cross-sectional study was conducted to assess patient satisfaction among individuals attending the Oncology Center at Al-Sader Teaching Hospital in Basrah. The study included 147 patients with a confirmed diagnosis of malignant disease who visited the center between March and August 2008. **Data Collection:** Data were gathered using the standardized *Short Patient Satisfaction Questionnaire (PSQ-18)*, which measures patient satisfaction across seven dimensions: general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility and convenience. In addition to the PSQ-18, demographic and clinical data were collected, including age, sex, education level, place of residence, marital status, type of cancer, and duration of illness. Patients were interviewed face-to-face in an “exit interview” format before leaving the oncology center. Verbal informed consent was obtained, and all participants agreed to take part in the study. The interviews lasted approximately 4–5 minutes

each. Participants were assured of confidentiality, and no names were recorded. **Variables and Measurement:** Age was categorized into four groups: <25, 25–44, 45–64, and >65 years. Education was grouped into four levels: illiterate/<6 years, 6–9 years, 10–12 years, and >12 years. Place of residence was recorded as Basrah, Maysan, or Dhi Qar. Cancer types included breast, lung, lymphoma, leukemia, and others. Disease duration was classified as <1 year, 1–5 years, or >5 years. Responses on the PSQ-18 were scored on a 5-point Likert scale. Items were coded so higher scores reflected greater satisfaction. Subscale scores were calculated by averaging related item scores, and each subscale was dichotomized into “satisfied” ( $\geq 4$ ) and “uncertain/dissatisfied” ( $< 4$ ). **Data Analysis:** Data were analyzed using SPSS version 11.0. Chi-square tests were used to examine associations between variables, with a significance level set at  $p < 0.05$ . Logistic regression was conducted to identify independent predictors of patient satisfaction.

## RESULTS

The study sample was predominantly middle-aged (53% aged 45–64) and female (68.7%). Most participants were married (83.7%), from Basrah (80.3%), and had low educational attainment (68% had less than 6 years of education). The most common cancer type was breast cancer (41.5%), and the majority had lived with the disease for less than five years (92.5%). In terms of satisfaction, none of the patients were satisfied with overall care. The lowest satisfaction was recorded for accessibility and convenience (4.1%), financial aspects (10.2%), and time spent with doctor (29.3%). These issues likely stem from limited staffing, high patient volumes, and financial constraints faced by the population. On the other hand, patients reported higher satisfaction with interpersonal manner (66%), communication (54.4%), and technical quality (49%), indicating positive experiences with the healthcare providers' behavior and competence. These results emphasize the need to improve system-level factors, such as accessibility, staffing, and financial support, while reinforcing the strengths observed in provider-patient interactions. As in table 1.

**Table 1: Summary of Socio-demographic, Clinical Characteristics, and Satisfaction of Study Participants.**

Variable	Category	No.	%
Age (years)	<25	7	4.8
	25–44	53	36.0
	45–64	78	53.0
	$\geq 65$	9	6.1
Sex	Male	46	31.3
	Female	101	68.7
Marital Status	Single	16	10.9
	Married	123	83.7
	Widowed/Divorced (Others)	8	5.4
Place of Residence	Basrah	118	80.3
	Maysan	15	10.2
	Dhi-Qar	14	9.5

Education Level (years)	<6	100	68.0
	6–9	18	12.2
	10–12	9	6.1
	>12	20	13.6
Type of Cancer	Breast	61	41.5
	Lung	13	8.8
	Lymphomas	21	14.3
	Leukemia	7	4.8
	Others	45	30.6
Duration of Disease (years)	<5	136	92.5
	≥5	11	7.5
Satisfaction Component	General Satisfaction	0	0.0
	Technical Quality	72	49.0
	Interpersonal Manner	97	66.0
	Communication	80	54.4
	Financial Aspects	15	10.2
	Time Spent with Doctor	43	29.3
	Accessibility & Convenience	6	4.1

The relationship between patient satisfaction with the technical quality of care and selected sociodemographic and clinical characteristics. A statistically significant association was found between education level and satisfaction ( $p<0.05$ ). Patients with less than 6 years of education reported the highest satisfaction (57%), while those with 6–12 years showed the lowest satisfaction (29.6%). This may reflect lower expectations among less educated patients. No significant associations were observed between satisfaction and variables such as sex, age, marital status, place of residence, or type of cancer.

However, duration of disease was significantly associated with satisfaction ( $p<0.05$ ). Patients with disease duration  $\geq 5$  years had notably higher satisfaction (81.8%) compared to those with shorter duration (46.3%). This could be attributed to better coping, familiarity with care processes, or improved outcomes over time. These findings highlight the importance of considering education and disease experience when evaluating patient satisfaction and improving healthcare delivery. As in table 2.

**Table 2: Patients Satisfaction with Technical Quality of Care by Sociodemographic and Clinical Characteristics.**

Variable	Category	Satisfied No. (%)	Dissatisfied No. (%)	Total No. (%)	p-value
Sex	Male	22 (47.8%)	24 (52.2%)	46 (100%)	>0.05
	Female	50 (49.5%)	51 (50.5%)	101 (100%)	
Age	<35	18 (48.6%)	19 (51.4%)	37 (100%)	>0.05
	35–54	32 (47.1%)	36 (52.9%)	68 (100%)	
	≥55	22 (52.4%)	20 (47.6%)	42 (100%)	
Education (years)	<6	57 (57.0%)	43 (43.0%)	100 (100%)	<0.05
	6–12	8 (29.6%)	19 (70.4%)	27 (100%)	
	>12	7 (35.0%)	13 (65.0%)	20 (100%)	
Marital Status	Married	61 (49.6%)	62 (50.4%)	123 (100%)	>0.05
	Others	11 (45.8%)	13 (54.2%)	24 (100%)	
Place of Residence	Basrah	57 (48.3%)	61 (51.7%)	118 (100%)	>0.05
	Others	15 (51.7%)	14 (48.3%)	29 (100%)	
Type of Cancer	Breast	28 (45.9%)	33 (54.1%)	61 (100%)	>0.05
	Lung	6 (46.2%)	7 (53.8%)	13 (100%)	
	Leukemia & Lymphoma	9 (32.1%)	19 (67.9%)	28 (100%)	
	Others	29 (64.4%)	16 (35.6%)	45 (100%)	
Duration of Cancer	<5 years	63 (46.3%)	73 (53.7%)	136 (100%)	<0.05
	≥5 years	9 (81.8%)	2 (18.2%)	11 (100%)	

The relationship between patient satisfaction with communication and various sociodemographic and clinical characteristics. A significant association was observed between satisfaction and age ( $p<0.05$ ). Patients aged 35–54 years reported the highest satisfaction

(66.2%), while the lowest satisfaction was among those under 35 years (40.5%). This suggests that middle-aged patients may have more realistic expectations or better communication experiences. No significant association was found between satisfaction and sex, education level,

marital status, or place of residence ( $p>0.05$ ). Although some variation was observed, these differences were not statistically significant. Similarly, there was no significant association between satisfaction with communication and either the type or duration of cancer ( $p>0.05$ ). Patients with breast cancer showed relatively

higher satisfaction (63.9%), but differences across cancer types were not statistically meaningful. Overall, age appears to be a key factor influencing satisfaction with communication, while other sociodemographic and clinical variables showed no significant impact. As in table 3.

**Table 3: Patients Satisfaction with Communication by Sociodemographic and Clinical Characteristics.**

Variable	Category	Satisfied No. (%)	Dissatisfied No. (%)	Total No. (%)	p-value
Sex	Male	22 (47.8%)	24 (52.2%)	46 (100%)	>0.05
	Female	58 (57.4%)	43 (42.6%)	101 (100%)	
Age	<35	15 (40.5%)	22 (59.5%)	37 (100%)	<0.05
	35–54	45 (66.2%)	23 (33.8%)	68 (100%)	
	≥55	20 (54.4%)	22 (52.4%)	42 (100%)	
Education (years)	<6	56 (56.0%)	44 (44.0%)	100 (100%)	>0.05
	6–12	12 (44.4%)	15 (55.6%)	27 (100%)	
	>12	12 (60.0%)	8 (40.0%)	20 (100%)	
Marital Status	Married	63 (51.2%)	60 (48.8%)	123 (100%)	>0.05
	Others	17 (70.8%)	7 (29.2%)	24 (100%)	
Place of Residence	Basrah	63 (53.4%)	55 (46.6%)	118 (100%)	>0.05
	Others	17 (58.6%)	12 (41.4%)	29 (100%)	
Type of Cancer	Breast	39 (63.9%)	22 (36.1%)	61 (100%)	>0.05
	Lung	6 (46.2%)	7 (53.8%)	13 (100%)	
	Leukemia & Lymphoma	14 (50.0%)	14 (50.0%)	28 (100%)	
	Others	21 (46.7%)	24 (53.3%)	45 (100%)	
Duration of Cancer	<5 years	75 (55.1%)	61 (44.9%)	136 (100%)	>0.05
	≥5 years	5 (45.5%)	6 (54.5%)	11 (100%)	

The association between patient satisfaction with financial aspects of care and various sociodemographic and clinical variables. There were no statistically significant associations between satisfaction with financial aspects and any of the examined variables, including sex, age, education level, marital status, place of residence, type of cancer, or duration of disease ( $p>0.05$ ). Satisfaction rates across all groups remained low, with fewer than 15% of participants in any category expressing satisfaction. Notably, none of the lung cancer

patients reported satisfaction with financial care. Patients from Basrah were less satisfied (7.6%) compared to those from other regions (20.7%), but this difference was not statistically significant. These results reflect the widespread financial burden faced by cancer patients in this setting, likely due to high treatment costs, transportation expenses, and limited institutional support. It highlights the need for policy intervention and improved financial support mechanisms to enhance patient satisfaction in oncology care. As in table 4.

**Table 4: Patients Satisfaction with Financial Aspect of Care by Sociodemographic and Clinical Characteristics.**

Variable	Category	Satisfied No. (%)	Dissatisfied No. (%)	Total No. (%)	p-value
Sex	Male	5 (10.9%)	41 (89.1%)	46 (100%)	>0.05
	Female	10 (9.9%)	91 (90.1%)	101 (100%)	
Age	<35	3 (8.1%)	34 (91.9%)	37 (100%)	>0.05
	35–54	8 (11.8%)	60 (88.2%)	68 (100%)	
	≥55	4 (9.5%)	38 (90.5%)	42 (100%)	
Education (years)	<6	12 (12.0%)	88 (88.0%)	100 (100%)	>0.05
	6–12	2 (7.4%)	25 (92.6%)	27 (100%)	
	>12	1 (5.0%)	19 (95.0%)	20 (100%)	
Marital Status	Married	14 (11.4%)	109 (88.6%)	123 (100%)	>0.05
	Others	1 (4.2%)	23 (95.8%)	24 (100%)	
Place of Residence	Basrah	9 (7.6%)	109 (92.4%)	118 (100%)	>0.05
	Others	6 (20.7%)	23 (79.3%)	29 (100%)	
Type of Cancer	Breast	7 (11.5%)	54 (88.5%)	61 (100%)	>0.05
	Lung	0 (0.0%)	13 (100.0%)	13 (100%)	

	Leukemia & Lymphoma	2 (7.1%)	26 (92.9%)	28 (100%)	
	Others	6 (13.3%)	39 (86.7%)	45 (100%)	
Duration of Cancer	<5 years	14 (10.3%)	122 (89.7%)	136 (100%)	>0.05
	≥5 years	1 (9.1%)	10 (90.9%)	11 (100%)	

This table (5) highlights the association between satisfaction with time spent with the patient and various sociodemographic and clinical variables. A significant association was observed between sex and satisfaction ( $p < 0.05$ ), where 34.7% of females reported satisfaction compared to only 17.4% of males. This indicates that female patients perceived better engagement or time spent during consultations. No significant association was found between satisfaction and other variables including age, education, marital status, or place of residence ( $p > 0.05$ ). Satisfaction rates were relatively similar across these groups. Regarding clinical factors, no significant association was found with type of cancer,

although patients with leukemia and lymphoma were the least satisfied (14.3%). However, a significant association was found with disease duration ( $p < 0.05$ ). Patients with disease duration of five years or more were notably more satisfied (63.6%) than those with shorter duration (26.5%). This may be due to increased familiarity with the healthcare system, better coping strategies, or established relationships with healthcare providers.

Overall, duration of illness and gender appear to be key influences on satisfaction with time spent with the physician.

**Table 5: Patients Satisfaction with Time Spent with the Patient by Sociodemographic and Clinical Characteristics.**

Variable	Category	Satisfied No. (%)	Dissatisfied No. (%)	Total No. (%)	p-value
Sex	Male	8 (17.4%)	38 (82.6%)	46 (100%)	<0.05
	Female	35 (34.7%)	66 (65.3%)	101 (100%)	
Age	<35	11 (29.7%)	26 (70.3%)	37 (100%)	>0.05
	35–54	18 (26.5%)	50 (73.5%)	68 (100%)	
	≥55	14 (33.3%)	28 (66.7%)	42 (100%)	
Education (years)	<6	34 (34.0%)	66 (66.0%)	100 (100%)	>0.05
	6–12	4 (14.8%)	23 (85.2%)	27 (100%)	
	>12	5 (25.0%)	15 (75.0%)	20 (100%)	
Marital Status	Married	35 (28.5%)	88 (71.5%)	123 (100%)	>0.05
	Others	8 (33.3%)	16 (66.7%)	24 (100%)	
Place of Residence	Basrah	35 (29.7%)	83 (70.3%)	118 (100%)	>0.05
	Others	8 (27.6%)	21 (72.4%)	29 (100%)	
Type of Cancer	Breast	18 (29.5%)	43 (70.5%)	61 (100%)	>0.05
	Lung	4 (30.8%)	9 (69.2%)	13 (100%)	
	Leukemia & Lymphoma	4 (14.3%)	24 (85.7%)	28 (100%)	
	Others	17 (37.8%)	28 (62.2%)	45 (100%)	
Duration of Cancer	<5 years	36 (26.5%)	100 (73.5%)	136 (100%)	<0.05
	≥5 years	7 (63.6%)	4 (36.4%)	11 (100%)	

This table (6) presents the association between patient satisfaction with accessibility and convenience of care and various sociodemographic and clinical variables. No statistically significant association was found between satisfaction and any of the examined variables, including sex, age, education level, marital status, place of residence, type of cancer, or duration of disease ( $p > 0.05$ ). Satisfaction levels were uniformly low across all categories, with no group reporting more than 8% satisfaction. Notably, none of the patients with ≥12 years

of education or with longer disease duration (≥5 years) reported satisfaction. Slightly higher satisfaction was observed among patients with lung cancer and leukemia/lymphoma (7.7% and 7.1%, respectively), although not statistically significant. These findings underscore the urgent need to address barriers in accessing timely and convenient care, especially considering the universally low satisfaction across all demographic and clinical groups.



**Table 6: Patients Satisfaction with Accessibility and Convenience of Care by Sociodemographic and Clinical Characteristics.**

Variable	Category	Satisfied No. (%)	Dissatisfied No. (%)	Total No. (%)	p-value
Sex	Male	2 (4.3%)	44 (95.7%)	46 (100%)	>0.05
	Female	4 (4.0%)	97 (96.0%)	101 (100%)	
Age	<55	4 (3.8%)	101 (96.2%)	105 (100%)	>0.05
	≥55	2 (4.8%)	40 (95.2%)	42 (100%)	
Education (years)	<12	6 (4.7%)	121 (95.3%)	127 (100%)	>0.05
	≥12	0 (0.0%)	20 (100.0%)	20 (100%)	
Marital Status	Married	5 (4.1%)	118 (95.9%)	123 (100%)	>0.05
	Others	1 (4.2%)	23 (95.8%)	24 (100%)	
Place of Residence	Basrah	6 (5.1%)	112 (94.9%)	118 (100%)	>0.05
	Others	0 (0.0%)	29 (100.0%)	29 (100%)	
Type of Cancer	Breast	2 (3.3%)	59 (96.7%)	61 (100%)	>0.05
	Lung	1 (7.7%)	12 (92.3%)	13 (100%)	
	Leukemia & Lymphoma	2 (7.1%)	26 (92.9%)	28 (100%)	
	Others	1 (2.2%)	44 (97.8%)	45 (100%)	
Duration of Cancer	<5 years	6 (4.4%)	130 (95.6%)	136 (100%)	>0.05
	≥5 years	0 (0.0%)	11 (100.0%)	11 (100%)	

## DISCUSSION

This cross-sectional study, conducted on 147 cancer patients attending the Oncology Center in Al-Sader Teaching Hospital, Basrah, is among the first in the region to assess outpatient satisfaction in a specialized cancer care setting. The study used the PSQ-18 instrument to evaluate patient satisfaction across seven domains and aimed to identify factors influencing satisfaction. The findings revealed an overall low level of patient satisfaction, particularly in the areas of **accessibility and convenience, financial aspects of care, and time spent with doctor**. These results reflect significant systemic issues, including the oncology center's status as the only cancer treatment facility serving three governorates—Basrah, Maysan, and Dhi-Qar—resulting in high patient loads, long wait times, and limited physician availability. This aligns with previous literature emphasizing the importance of healthcare accessibility and patient-provider interaction in determining satisfaction.<sup>[4,16]</sup> Approximately 90% of participants expressed dissatisfaction with the financial burden of care, likely due to their low socioeconomic status, the cost of transportation, medications, and the necessity to consult private clinics for specialist care. Financial dissatisfaction is a common theme in patient satisfaction studies in developing countries.<sup>[8,10]</sup> The domain with the highest satisfaction scores was interpersonal manner, followed by communication and technical quality. These findings are consistent with previous research that suggests patients value compassionate and respectful interactions, even when systemic barriers exist.<sup>[4,10]</sup> Age, gender, education, and marital status showed limited or no significant associations with satisfaction. This contrasts with other studies that found older patients generally report higher satisfaction.<sup>[8,10]</sup> However, younger patients in this study were less satisfied with communication, possibly due to

different expectations. Notably, more educated patients were less satisfied with the technical quality, likely due to higher expectations, which aligns with earlier findings on the relationship between education and perceived quality of care.<sup>[8,10]</sup> Cancer type and disease duration influenced satisfaction levels. Patients with leukemia and lymphoma were less satisfied with interpersonal interactions and consultation time, possibly due to more complex care needs. Meanwhile, those with longer disease duration (≥5 years) reported higher satisfaction with technical quality and doctor interaction, likely due to improved coping mechanisms and stable relationships with providers.<sup>[11]</sup> Despite limitations, including its cross-sectional nature, reliance on self-reported data, and outpatient-only sample, this study provides essential insights into patient experiences and highlights the urgent need for system-level improvements in oncology care in southern Iraq.

## CONCLUSION

None of the patients was satisfied with the general care provided in the oncology center. The lowest satisfaction was reported for accessibility and convenience of care financial aspects of care, and time spent with doctor. Most patients were very satisfied with friendliness and courtesy and manners of doctors and staff.

## REFERENCES

1. Badri MA, Attia ST, Ustadi AM. Testing models of care quality for discharged patients. In: Proceedings of the Annual Conference of POMS, 2007; 18: 4–7. Dallas, Texas, USA.
2. Turhal NS, Efe B, Gumus M, Aliustaoglu M, Karamanoglu A, Sengoz M. Patient satisfaction in the outpatients' chemotherapy unit of Marmara University, Istanbul, Turkey. BMC Cancer, 2002; 2: 30.

3. Chang JT, Hays RD, Shekelle PG, MacLean CH, Solomon DH, Reuben DB, et al. Patients' global ratings of their health care are not associated with the technical quality of their care. *Ann Intern Med*, 2006; 144(9): 665–72.
4. Cunningham TT, Carpenter CC, Charlip RB, Goodloe JL, Griffin DL. Patient satisfaction: understanding and managing the experience of care. 2nd ed. Chicago: IrwinPress, 2000.
5. Guadagnino C. Role of patient satisfaction. *Physicians News Digest* [Internet], 2003 [2025; 5]. Available from: <http://www.physiciansnews.com/cover/1203.html>
6. Raftopoulos V. A grounded theory for patients' satisfaction with quality of hospital care. *Web J*, 2005; 144(22): 88–105.
7. Ercan I, Ozkaya G, Alper Z, Ediz B, Bayman EO, Kan I, et al. Algorithm for increasing patient satisfaction related with non-technical dimension of services in Turkey. *Eur J Gen Med*, 2006; 3(2): 73–7.
8. Westaway MS, Rheeder P, van Zyl DG, Seager JR. Interpersonal and organizational dimensions of patient satisfaction: the moderating effects of health status. *Int J Qual Health Care*, 2003; 15(4): 337–44.
9. Interplay Group Inc. Beyond patient satisfaction: how compassion creates loyalty [Internet], 2005 [2025; 5]. Available from: [http://www.interplaygroup.com/docs/Beyond\\_Patient\\_Satisfaction\\_An\\_Interplay\\_Whitepaper.pdf](http://www.interplaygroup.com/docs/Beyond_Patient_Satisfaction_An_Interplay_Whitepaper.pdf)
10. Thiedke CC. What do we really know about patient satisfaction? *Fam Pract Manag* [Internet], 2007 [2025; 5]. Available from: <http://www.aafp.org/fpm/20070100/33what.html>
11. Fan VS, Reiber GE, Diehr P, Burman M, McDonnell MB, Fihn SD. Functional status and patient satisfaction: a comparison of ischemic heart disease, obstructive lung disease, and diabetes. *J Gen Intern Med*, 2005; 20(5): 452–9.
12. Perron NJ, Secretan E, Vannetti M, Pecoud A, Favrat B. Patient expectations at a multicultural outpatient clinic in Switzerland. *Fam Pract*, 2003; 20(4): 428–33.
13. Loblaw DA, Bezjak A, Bunston D. Development and testing of a visit-specific patient satisfaction questionnaire: the Princess Margaret Hospital Satisfaction With Doctor Questionnaire. *J Clin Oncol*, 1999; 17(6): 1931–8.
14. Kikano GE, Gross DA, Stange KS. Practical ways to improve patient satisfaction with visit length. *Fam Pract Manag* [Internet], 1999 [2025; 5]. Available from: <http://www.aafp.org/fpm/990900fm/improving.htm>
15. Wenger NS, Young RT. Quality indicators of continuity and coordination of care for vulnerable elder persons [Internet]. *Rand Health*, 2004 [2025; 5]. Available from: [http://www.rand.org/pubs/working\\_papers/2004/RAND\\_WR176.pdf](http://www.rand.org/pubs/working_papers/2004/RAND_WR176.pdf)
16. Hall JA, Dornan MC. What patients like about their medical care and how often they are asked: a meta-analysis of the satisfaction literature. *Soc Sci Med*, 2005; 27: 111–35.