



KEY POINT SUMMARY

OBJECTIVES

The first objective of the present study was to confirm the reliability and validity of the Arabic version of the French EQS-H (Echelle de Qualité des Soins en Hospitalisation). The second objective was to evaluate patient satisfaction in an acute medicine department in Morocco by using the EQS-H questionnaire; and also to assess the influence of certain demographics, socioeconomics, and health characteristics in patient satisfaction.

Patient Satisfaction in an Acute Medicine Department in Morocco

Soufi, G., Belayachi, J., Himmich, S., Ahid, S., Soufi, M., Zekraoui, A., Abouqal, R. 2010 / *BMC Health Services Research* Volume 10, Issue 149, Pages 1-12

Key Concepts/Context

Patients' satisfaction is an important indicator for quality of care. Measuring healthcare quality and improving patient satisfaction have become increasingly prevalent, especially among healthcare providers and purchasers of healthcare. This is mainly due to the fact that consumers are becoming increasingly more knowledgeable about healthcare. This Open Source study focuses on inpatient satisfaction with hospital care in an Arabic culture in Morocco.

Methods

A patient survey of 214 adults with a stay of at least 48 hours was conducted in an acute medicine department of a Moroccan University Hospital. The unit was composed of 7 double rooms and 4 common rooms (6 beds per room) and admits patients exhibiting different medical illnesses. Investigators surveyed their socio demographic status, and health characteristics at admission and performed structured face to face interviews with patients who were discharged from hospital. The EQS-H questionnaire is a self-report instrument of 16 items, covering two domains of patient satisfaction: "Quality of medical information" (MI) and "Relationship with staff and daily routine" (RS). The core of the EQS-H questionnaire was translated to Arabic, adapted to the present setting, and then used to measure patient satisfaction with quality of care. The internal consistency of the EQS-H scale was assessed by Chronbach's coefficient alpha. Validity was assessed by factor analysis. The factor structure of the questionnaire was extracted by the performing both exploratory factor analysis (EFA) and confirmatory factor analysis (CFA), and Factors influencing inpatients' satisfaction were identified using multiple linear regression.



Findings

The current data assessing patient satisfaction with acute health care by the Arabic version of the EQS-H showed that the satisfaction rate was average on MI dimension; and good on RS dimension of the questionnaire. The majority of participants were satisfied with the overall care. Demographic, socioeconomic, and health characteristics may influence in-patients satisfaction in Morocco, a low/middle income country. An appreciation and understanding of these factors is essential to develop socio culturally appropriate interventions in order to improve satisfaction of patients. In the univariate analysis, urban residence, higher income, better perceived health status compared to admission, better perceived health status compared to people of the same age, and satisfaction with life in general were related to MI dimension; Otherwise, male gender, urban residence, higher income, staying in double room, better perceived health status compared to admission, and satisfaction with life in general were related to RS dimension. The multiple linear regressions showed that four independent variables were associated with higher satisfaction in MI: More than 2 prior hospitalizations, a longer length of stay (10-14 days), staying in double room, and better perceived health status compared to admission. Three independent variables were associated with higher satisfaction in RS: a longer length of stay (10-14 days), better perceived health status compared to admission day, and satisfaction with life in general.

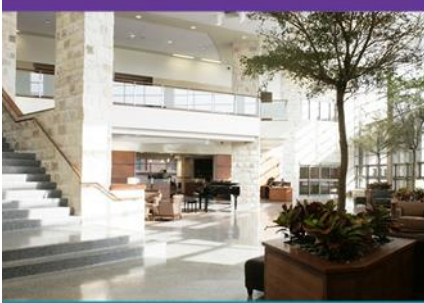
Limitations

The authors identify five limitations, some associated with the survey's methodology.

1. The EQS-H is a self-administered questionnaire. While interview techniques increase response rates, there is a possibility that interviewers can introduce bias. However, the potential bias was deemed less risky in the context of including low-literacy participants, who were more representative of the Moroccan population.
2. The survey was administered to patients the day before discharge. This timing may have had an effect on results, but response rates decrease with time, and additional time might also create recall bias.
3. The staff was not blinded to the study measuring patient satisfaction.
4. The study results cannot be generalized to any other setting aside from the study site.
5. Patients were picked from one service, and results cannot be generalized to the whole hospital or the overall Moroccan population.

Design Implications

Patient satisfaction was significantly related to hospitalization in reduced room occupancy - in this case double rooms compared to wards, which according to the



The Center for Health Design: Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research providing the value of design in improving patient and performance outcomes in healthcare facility planning, design, and construction, optimizing the healthcare experience and contributing to superior patient, staff, and performance outcomes.

Learn more at
www.healthdesign.org

authors, could be explained by reduced noise, while allowing greater respect for privacy. The authors also note the importance of an appreciation and understanding of underlying demographic factors to best develop socio-culturally appropriate interventions for improved patient satisfaction.