

Postoperative Satisfaction of People Attending Kirkuk Hospitals

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ABSTRACT

Background: Patient satisfaction for healthcare services is an important parameter after anaesthesia that will reveal the development and progress signs report of maintenance ideally in the health care facilities; this study aimed to assess the perception of satisfaction of patients after discharge from the surgery room in Kirkuk's hospitals.

Methods: A hospital-based quantitative cross-sectional study was conducted in Kirkuk city hospitals (Azadi Education, Kirkuk General, Alnaser) from 1st January 2022 to 30th April 2022. A simple questionnaire was prepared and designed for the study by the researcher. One hundred patients randomly selected from the three governmental hospitals in the city who experienced surgery during the study period were included. Frequency-percentage used and a P-values < 0.05 were considered statistically significant.

Results: One hundred clients who experienced surgery throughout the study were selected at random with a satisfactory response rate of 72%. The highest proportion of age represented one-third (33%) between 20-29 years; females represented two-thirds per cent. A statistically significant association reported among the postoperative satisfaction and good services (P-value= 0.039), good physician (P-value= 0.006), very good operation and anaesthesia (P-value<0.001), good treatments (P-value= 0.014), good outcome and patients demand (P-value= 0.001), good patient confidentiality and financial costs (<0.001) and finally good pain managing (P-value= 0.003)

Conclusions: Except for privacy conditions, most of the patients had good satisfaction from the perception of doctors, nurses, and services appreciated. This is because high professional nurses had graduated with complete education and moral dealing with professionals in fields.

Keywords: Good, Satisfaction, Study, Services, Operation

INTRODUCTION

Satisfaction of the patient with healthcare services is a vital result that is progressively used as an indicator of maintenance excellence. Low satisfaction degrees are considered a mirror of a significant modification between fulfilment and expectations of supposed requirements and could have associations for devotion to handling that then touches patient results. For instance, in subsequent cardiac surgery, dissatisfied patients with discharge info were further probable to have a poorer bodily recovery report and emotional condition at home a month later after suffering operation¹. Worldwide, postoperative discomfort is one of the main worries in surgical patients, and many studies have been done through different methods to assess patient satisfaction with postoperative discomfort treatments and related factors². Numerous researches with psychometrically advanced tools have revealed that communication, information, participation in decision-making, respect, continuity of patient care, pain therapy, and delay management are the maximum related influences on patient satisfaction. The superiority of retrieval later anaesthesia and surgery also measured from the patient's fact of assessment is more significant inferiority assessment. Although assessing recovery is fundamentally difficult because of the absence of a 'gold standard', numerous research with legal and consistent tools have established that mental and physical health and comfort are significant

influences in the superiority of recovery afterwards anaesthesia and surgery³⁻⁵. Whether and to what amount the excellence of recovery influences patient gratification with anaesthesia and surgery, however, is not perfect, and present answers have only incomplete reliability as the reason for operational faintness. This study aimed to assess the potential additional role of recovery excellence on complete patient satisfaction with surgery and anaesthesia.

METHODS

This prospective cross-sectional study was carried out in all governmental Kirkuk hospitals (Azadi, Kirkuk, Al-Naser) to assess the quality of the health care services. One hundred patients were assessed for the study, and data collection (through the direct interview) was carried out for April 2022 (one month). A specially designed questionnaire was prepared for the study; the questionnaire was composed of sociodemographic characteristics such as age, address, surgery type, anaesthesia type, operation time duration and other variables like the place of operation, premedication receiving, mental history disease, fear or satisfaction from the operation, services, attitudes section results and quality of operation and care. Data were analyzed using frequency and percentages with a P-value<0.05 for the significant association besides Chi-square for the study's objective⁶⁻⁹.

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RESULTS

According to the 100 patients admitted for various reasons to Kirkuk hospitals, the highest proportion of age represented one-third (33%) between 20-29 years old and the lowest proportion reported among 40-49 years represented less than one-tenth. The highest rate of respondents involved represented tow-third (66%) of females. The other per cent were male (33%), the majority of involved patients were from urban (82%) and the rest from the rural area 18%, nearly two-thirds of the operation types were in the abdomen area exactly Cesarean section was 59 (59%) and lowest surgery reported on the neck site by 1 (1%), the highest proportion of patients recorded general anaesthesia more than one-third 34 (34%) of them take nearly from half-hour to less than one hour of their surgery. Of the majority of respondents were, three-fourth per cent attended Azadi Hospital for treatments 75 (75%), the lowest respondent reported in the Al-Naser Hospital by about one-tenth 11 (11%), more than half were 56 (56%) of the respondents received premedication and the rest is taken medication before their surgery, the Table 1. Showed the details.

Table 1: Sociodemographic characteristics of the respondents

Variables	Features	No.	(%)
Age (years)	>10	12	(12.0)
	10-19	16	(16.0)
	20-29	33	(33.0)
	30-39	17	(17.0)
	40-49	9	(9.0)
Gender	Male	34	(34.0)
	Female	66	(66.0)
Address	Urban	82	(82.0)
	Rural	18	(18.0)
Operation part	Head	7	(7.0)
	Neck	1	(1.0)
	Chest	6	(6.0)
	Upper limb	1	(1.0)
	Lower limb	13	(13.0)
	Abdomen	59	(59.0)
Anesthesia types	General	82	(82.0)
	Local	18	(18.0)
Operation time	0-30 minutes	27	(27.0)
	31-59 minutes	34	(34.0)
	One hour	23	(23.0)
	Two hours	9	(9.0)
	Three hours	6	(6.0)
Operation hospital place	Five hours and more	1	(1.0)
	Azadi Hospital	75	(75.0)
	Kirkuk Hospital	14	(14.0)
	Naser Hospital	11	(11.0)
Receiving premedication	Yes	44	(44.0)
	No	56	(56.0)
Psychological history	Yes	18	(18.0)
	No	82	(82.0)
Total		100	(100.0)

Figure 1 showed the majority of respondents' satisfaction with the surgical operation, which had completed for them by 72%; the rest

showed another opinion, while about 59 (59%) reported fear of the surgical operation, the lowest rate was 40(40%) showed no fear of their operation (Figure 2).

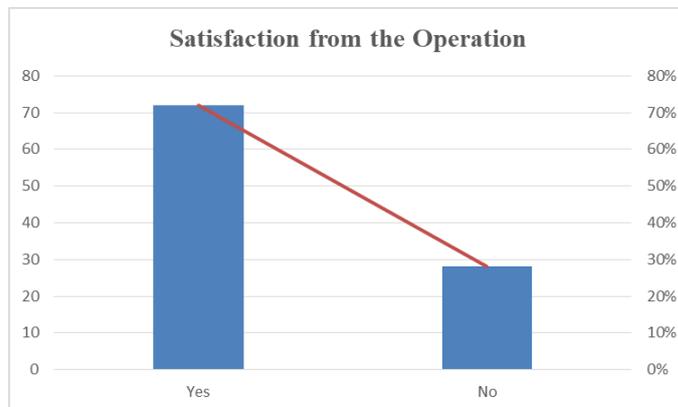


Figure 1: Patients' satisfaction with surgical operation

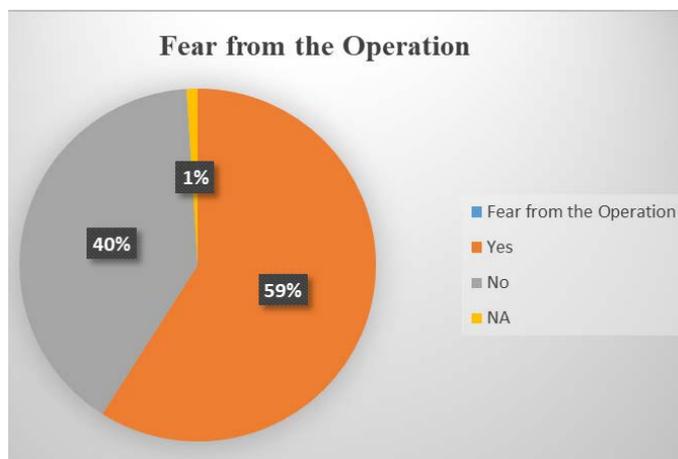


Figure 2: Respondents fear the surgical operation

According to the Table 2, the highest proportion of respondents showed good health care services (36%), good employee attitudes (41%), good satisfaction from the physician services (38%), good satisfaction from surgical operation (39%), very good anaesthesia (36%), good theatre weather (33%), 42% have good satisfaction from treatment services. Nearly half (45%) of them showed good attitudes toward the results of their operation, 43% of them accepted the attitude of serving their demands, 35% of them showed good attitudes toward helping their privacy, and about 36% reported very good attitudes from nursing care services, the financial cost of the services to patients revealed by 34% of excellency, pain managing reported by 35% by the good perception of the respondents.

In the present study (Table 3) a statistically significant association reported among the postoperative satisfaction and good services (P-value= 0.039), good physician (P-value= 0.006), very good operation and anaesthesia (P-value<0.001), good treatments (P-value= 0.014), good outcome and patients demand (P-value= 0.001), good patient confidentiality and financial costs (<0.001) and finally good pain managing (P-value= 0.003), while non-significant association reported between postoperative satisfaction and employees (P-value=0.237), weather of theatre operation (P-value=0.058), and finally satisfaction from nursing care health services (P-value=0.085).

Table 2: Perception of the patients' satisfaction with health care services in general

Variables	Excellent	Very good	Good	Somehow	Not good	Total
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Services	12(12)	26(26)	36(36)	19(19)	7(7)	100(100%)
Employees	10(10)	35(35)	41(41)	10(10)	4(4)	100(100%)
Physician	14(14)	32(32)	38(38)	13(13)	3(3)	100(100%)
Operation	14(14)	34(34)	39(39)	11(11)	2(2)	100(100%)
Anesthesia	16(16)	36(36)	33(33)	13(13)	2(2)	100(100%)
Theatre weather	7(7)	23(23)	36(36)	23(23)	11(11)	100(100%)
Treatments	7(7)	23(23)	42(42)	19(19)	7(7)	100(100%)
Outcomes	12(12)	29(29)	45(45)	11(11)	3(3)	100(100%)
Pt. demands	3(3)	23(23)	43(43)	24(24)	7(7)	100(100%)
Pt. Privacy	16(16)	35(35)	34(34)	10(10)	5(5)	100(100%)
Nursing care	10(10)	36(36)	32(32)	20(20)	2(2)	100(100%)
Financial cost	34(34)	27(27)	22(22)	13(13)	4(4)	100(100%)
Pain managing	16(16)	29(29)	35(35)	13(13)	7(7)	100(100%)

Table 3: Patient association between postoperative satisfaction and other general satisfaction

Variables	Response	Excellent	Very good	Good	Somehow	Not good	P-value
		No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	
Services	Yes	8	21	30	9	4	0.039
	No.	4	5	6	10	3	
Employees	Yes	7	28	30	4	3	0.237
	No.	3	7	11	6	1	
Physician	Yes	12	25	29	5	1	0.006
	No.	2	7	9	8	2	
Operation	Yes	12	33	25	2	0	<0.001
	No.	2	1	14	9	2	
Anesthesia	Yes	14	32	23	2	1	<0.001
	No.	2	4	10	11	1	
Theatre weather	Yes	6	17	29	16	4	0.058
	No.	1	6	7	7	7	
Treatments	Yes	7	20	33	9	3	0.014
	No.	2	3	9	10	4	
Outcomes	Yes	10	23	37	1	1	0.001
	No.	2	6	8	10	2	
Pt. demands	Yes	3	19	36	11	3	0.001
	No.	0	4	7	13	4	
Pt. Privacy	Yes	15	29	22	3	3	<0.001
	No.	1	6	12	7	2	
Nursing care	Yes	8	28	25	9	2	0.085
	No.	2	8	7	11	0	
Financial cost	Yes	32	21	14	5	0	<0.001
	No.	2	6	8	8	4	
Pain managing	Yes	11	25	30	4	2	0.003
	No.	5	4	5	9	5	

DISCUSSION

In general, this study revealed that the patient satisfaction level with the postoperative surgical services was 72%; this study was similarly reported¹⁰⁻¹¹, that reported 69% and 98% as the majority proportion of the full postoperative satisfaction. This discrepancy is likely due to the difference in the patient's opinion of the services provided and the quality of the study. The majority of respondents 50< years in this result was similar to that study by¹²⁻¹⁵, which showed that 78% of respondents reported being of the same age. Two-thirds of respondents shared their responses were females; this result was reported in another study²

showed two-thirds of female respondents in Northwest Ethiopia, and another study was in contrast with our result in India¹⁶ showed two-thirds of the respondent of male patients. Most involved patients were from inside the city; this presented that general and governmental healthcare service is further used by urban residents than their rural corresponding person. A study by Yaya et al.,¹⁷ revealed urban parts, plaintiffs from Greater Accra were 1.64 eras additional probable to become fulfilled when likened to those in the Western District (OR = 1.64; 95CI: 1.09-2.47), Greater East was 1.75 eras additional probable to become pleased when associated to Western province (OR = 1.75; 95%CI: 1.08-2.84). Approximately two-thirds of the operation types were in the abdomen

area exactly Cesarean section was 59(59%), similar findings reported by nearly two-thirds (64.4%) in a study² in Northeast Ethiopia; this may be shown in our results that most of the respondents were females and admitted for labour (CS) purposes and less of them admitted for appendectomy. In the present study, the highest proportion of patients recorded general anaesthesia, similarly shown in the study², means those big hospitals can receive most of the patients for general or major surgery, which is considered fundamental for people to attend and tolerate the long routine of those kinds of hospitals. Nearly two-thirds of them take less than an hour to less as waiting time for their surgery. That is because most surgeries were reported in Cesarean Section. And these results showed continued with another study by Chandra et al.¹¹ showed most surgery operations take off less than an hour to complete. Of the majority of respondents, three-fourth per cent attended Azadi Hospital for treatments. Azadi hospital is one of the series 17 hospitals of the biggest hospitals buildings in all of Iraq to receive a considerable number of clients, and this is normal when we see large attendances to this hospital. The majority of respondents were satisfied with the surgical operation which had been completed for them by 72% the rest showed another opinion, while about 59(59%) reported fear of the surgical operation the lowest rate was 40 (40%) showed no fear of their operation. The highest proportion of respondents showed good health care services, good employee attitudes, good satisfaction from the physician services, good satisfaction from a surgical operation, very good anaesthesia, and good theatre weather; 42% have good satisfaction from treatment services. Nearly half of them showed good attitudes toward the results of their operation, one-third of them accepted the attitudes of serving their demands, one-third of them showed good attitudes toward serving their privacy, and another study showed the highest per cent (96%) of people get privacy with fully satisfaction care¹⁸ this may be governmental hospital had that issues, or the administration of the hospital not has a higher qualification degree of education or another problem related to misconducting by the patient himself. About 36% reported very good attitudes toward nursing care services, the financial cost of the services to patients revealed by one-third of excellency, pain managing reported by one-third per cent by the good perception of the respondents. These results showed agreement with that of a study by Srivastava and Goel¹⁶, in which reported housekeeping, cleanliness, medical care, the behaviour of staff and nurses, and finally, the doctors' behaviour arranged from very to extremely satisfied. There was a statistically significant association between postoperative satisfaction and good services, good physician, very good operation and anaesthesia, good treatments, good outcomes and patient demand, good patient confidentiality and financial costs, and good pain management. A significant association was reported only in analgesic, pain management, postoperative pain management demands and type of surgery² in Norwest of Ethiopia. In contrast to our study, another study showed another part of their association which concentrated on the sociodemographic characteristics to report the vital relationship between satisfaction and the age, gender, ethnicity, occupation, education, number of visiting, waiting time, communication behaviour, and finally patients trusting to the health system that reported a statistically significant association between them in general^{19,20} the difference in the were due to several factors for instance lifestyle, circumstances of people involved in the study and so on.

CONCLUSION

In general, the level of satisfaction was high, and particularly, females were more satisfied than men. Indicating that consciousness is because awareness regarding healthcare facilities was the main factor determining the satisfaction level. Except for privacy conditions, most of the patients had good satisfaction from

the perception of doctors, nurses, and services appreciated. This is because many professional nurses have graduated in the last twenty years in Iraq, particularly in Kirkuk city, with a doubled college of nursing and many colleges in the had specialization to fill the city's hospitals with full requirements.

Authors' Contributions: All Authors designed the study, collected the data, conducted data analysis, clarified the result, and recruited the manuscript participated in designing the study, data analysis, data interpretation, and editing of the manuscript. All authors read, checkup, review, and approve the final manuscript.

Ethical Considerations: Attain ethical support from the Research Ethics Committee of the authors' foundation represented by Al-Qalam College University. It also draws on approval from the office of the Kirkuk Directorate of Health for this purpose. Verbal informed consent was obtained from reassured participants Anonymity of the study.

Potential Conflict of Interest: None

Competing Interest: None

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