

# Influence of Patient's Gender on Satisfaction with Access to Service and Quality of Care

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## Abstract

This Cross sectional study was conducted to assess the influence of gender on patient's satisfaction with a medical care received at family medicine clinics in a newly established hospital in Riyadh. Questionnaires were administered to 200 randomly select volunteer patients during January to March, 2022. A total of 148 anonymously completed questionnaires were returned to the investigator. Descriptive statistics were generated for demographic variables. The Likert Scale was used to determine the level of patient's satisfaction and the Mann-Whitney U test was used to determine the difference between the men and women. Results show that the overall level of patient satisfaction on a Likert scale from 1 to 5 was indicated by a mean score of  $4.21 \pm 1.0$  for men and  $4.35 \pm 0.945$  for women patients. The highest satisfaction by both men and women patients was with family physicians and the lowest for waiting time and availability of reading material in the waiting room. Women were more satisfied with the nursing services and environment of the waiting room, but it was not statistically significant. Mann-Whitney U test illustrates that the Patient's gender has no discernable impact on his or her ratings of satisfaction ( $p > 0.5$ ) on a 26 items questionnaire

**Keywords:** patient's satisfaction; primary health care clinics; family medicine clinics; outpatient care; family physicians

## Introduction

Patient satisfaction is defined as the degree of agreement between a patient's ideal and real care expectation(1). It is a key indicator to assess the quality of healthcare service worldwide. Understanding the factors that affect patient satisfaction is important as it may lead to the development and implementation of customized strategies and programs that meet both service provider and patient's requirements (2).

According to the Alma Ata declaration, the World Health Organization (WHO) declared "Health for All" and Primary Health Care (PHC) as a fundamental health care based on delivering integrated healthcare services of promotive, preventive, curative and rehabilitative aspects (3). The Government of Saudi Arabia in 1980 applied the WHO "Health for All" concept and considered PHC as the cornerstone and hence integrated all old dispensaries and maternal and child healthcare centers to PHCs for better and high quality health care services (4-5). Currently, the Ministry of Health (MOH) in Saudi Arabia is the key provider of health services with 287 hospitals (having 45,330 in-patient beds) and 2,212 PHCs throughout the Kingdom of Saudi Arabia(6).

Primary health care centers are the backbone of any health care system as they provide essential healthcare services to the general population. Saudi Arabia's National Transformation Plan 2030 aims to optimize the distribution of resources between PHCs and hospitals and therefore it is crucial to assess PHCs to meet the needs of the population (7).

Research on primary health care capacity in Saudi Arabia is limited and a standard outpatient satisfaction survey has not been developed in Saudi Arabia to compare the male with female satisfaction. Therefore, this survey was designed to investigate the relationship between gender and satisfaction with primary care visits and to identify issues of particular concern related to gender.

## Subjects and Methods

This cross sectional study was conducted at family medicine clinics in a newly established, community based tertiary care hospital with 500 beds, in Riyadh. A systematic randomized sampling technique was used to select the participants irrespective of their age, gender, nationality, educational status, marital status or the level of their Bio-Psycho-social status. The questionnaire was pre tested, pre designed and well-structured with closed ended questions. Questions were written in both English and Arabic languages for ease of the participants and were administered to every 4th volunteer patient during the first quarter of 2022. Participants were informed about the importance of the study by the study researcher. The Questionnaire was divided into two main sections and contained 26 items to highlight the important issues related to interpersonal attitude, quality of care and accessibility to the service. The 5-point Likert Scale, ranging from "poor = 1 to excellent =5" was used to assess each item. Various steps were taken to increase the content validity of questionnaire. The first step was a comprehensive review

of literature, the second was a pilot study of 35 participants and lastly all the participants were assured of confidence regarding anonymity and no identifying information was included in the questionnaire.

### Statistical analysis

The Likert scale, ranging from 1-5 (1 = poor, 2 = fair, 3 = good, 4 = very good and 5 = excellent) was used to measure respondents' satisfaction by asking the extent to which they agree or disagree with a particular question or statement. Statistical Package for Social Science (SPSS-22) was used to analyze the data. To compare gender with Likert scale data, we used the Mann-Whitney U test (also known as the Wilcoxon rank-sum test). This non-parametric test is used to determine whether there is a significant difference between two independent groups (in this case, men and women) based on ordinal data (such as Likert scale responses), keeping p-value  $\leq 0.05$  as significant. Demographic data was analyzed and presented as descriptive and results were expressed as count (n), percentage (%) and mean  $\pm$  SD.

## Results

A total of 148 out of 200 participants returned the anonymously completed questionnaires to the investigator. Out of 148 participants, fifty-seven (38.5%) were men with mean age of  $36.11 \pm 15.05$  years. Mean age of women participants was  $38.21 \pm 14.78$ . The majority of the respondents refused to answer regarding their educational and job status (Table 1).

The questionnaire was divided into two parts with 26 questions/statements.

- 1). The first eleven questions/statements were related to pre-consultation process and available facilities (Table – 2a)
- 2). The last fifteen questions were about consultation process and overall patient satisfaction (Table – 2b)

**Responses to the first part:** Patients were not satisfied with the amount of reading material in the waiting room (Male  $2.61 \pm 1.60$  Vs Female  $3.13 \pm 1.59$ ;  $p = 0.35$ ). Most of the patients were satisfied with the nursing attitude and etiquette (Men  $4.05 \pm 1.08$  Vs women  $4.22 \pm 1.04$ ;  $p = 0.81$ ). There was no statistical difference between men and women respondent's satisfaction ( $p = > 0.05$ ).

**Responses to the second part:** Both men and women respondents reported their highest level of satisfaction with the quality of care and services provided by doctors. Mean response was greater than 4.5 out of 5 for all the questions related to the consultation process and consultants.

When the response of individual items of the Likert scale was compared, none of the 26 items of Likert scale showed statistical difference among gender as a predicting factor in patient satisfaction level. (Table – 2a & 2b).

When items of Likert scale for areas of satisfaction were recorded, the mean and standard deviation for overall level of satisfaction for Men was  $4.21 \pm 1.0$  compared to women  $4.35 \pm 0.945$ . This shows no difference of patient's satisfaction on the basis of gender.

Table 1: Demographic Details of Participants

Characteristics	Male	Female	Overall
<b>Gender</b>	57 (38.5 %)	91 (61.5 %)	148 (100 %)
<b>Age in years</b>	36.11 ± 15.05	38.21 ± 14.78	37.40 ± 14.87
<b>Education</b>			
No response	16 (28.1 %)	43 (47.25 %)	59 (39.9%)
Illiterate	2 (3.51 %)	2 (2.2 %)	04 (2.7%)
Primary	2 (3.51 %)	4 (4.4 %)	06 (4.1%)
Secondary	6 (10.53 %)	15 (16.48 %)	21 (14.2%)
College	3 (5.26 %)	8 (8.79 %)	11 (7.4%)
University	28 (49.12 %)	19 (20.88 %)	47 (31.8%)
<b>Job</b>			
No response	15 (26.32 %)	47 (51.65 %)	62 (41.9%)
House wife	0 (0 %)	14 (15.38 %)	14 (9.5%)
Student	7 (12.28 %)	10 (10.99 %)	17 (11.5%)
Retired	4 (7 %)	3 (3.3 %)	07 (4.7%)
Jobless	1 (1.75 %)	1 (1.1 %)	02 (1.4%)
Managerial	6 (10.53 %)	0 (0 %)	06 (4.1%)
Professional	18 (31.58 %)	13 (14.29 %)	31 (20.9%)
Technician & associate professionals Service & sales worker	3 (5.26 %)	1 (1.1 %)	04 (2.7%)
Skilled agricultural, forestry and fishery worker	0 (0 %)	2 (2.2 %)	02 (1.4%)
Plant and machine operator and assemblers	1 (1.75 %)	0 (0 %)	01 (0.7%)
	2 (3.5 %)	0 (0 %)	02 (1.4%)

Variables	MALE					FEMALE					P-value		
	Poor (1) n (%)	Fair (2) n (%)	Good (3) n (%)	V. good (4) n (%)	Excellent (5) n (%)	Mean $\pm$ SD	Poor (1) n (%)	Fair (2) n (%)	Good (3) n (%)	V. good (4) n (%)		Excellent (5) n (%)	Mean $\pm$ SD
Easy to get an appointment	7 (58)	6 (46)	10 (42)	9 (33)	25 (35)	3.68 $\pm$ 1.44	5 (42)	7 (54)	14 (58)	18 (67)	47 (65)	4.04 $\pm$ 1.22	0.53
Easy to see a doctor of choice	3 (30)	9 (64)	15 (44)	9 (41)	21 (31)	3.63 $\pm$ 1.28	7 (70)	5 (36)	19 (56)	13 (59)	47 (69)	3.97 $\pm$ 1.29	0.17
Easy to get appointment at a desired time	8 (57)	4 (33)	15 (48)	6 (27)	24 (35)	3.6 $\pm$ 1.45	6 (43)	8 (67)	16 (52)	16 (73)	45 (65)	3.95 $\pm$ 1.28	0.28
Pleasant environment of waiting room	9 (64)	7 (54)	12 (44)	13 (38)	16 (27)	3.35 $\pm$ 1.42	5 (36)	6 (46)	15 (56)	21 (62)	44 (73)	4.02 $\pm$ 1.19	0.06
Enough seats in waiting room	4 (57)	8 (50)	7 (35)	9 (41)	28 (35)	3.89 $\pm$ 1.36	3 (43)	8 (50)	13 (65)	13 (59)	54 (65)	4.18 $\pm$ 1.17	0.64
Enough reading material in waiting room	23 (49)	7 (44)	7 (30)	9 (37)	11 (29)	2.61 $\pm$ 1.60	24 (51)	9 (56)	16 (70)	15 (63)	27 (71)	3.13 $\pm$ 1.59	0.35
Waiting time was satisfactory	8 (38)	9 (33)	11 (44)	14 (44)	15 (35)	3.33 $\pm$ 1.39	13 (62)	18 (67)	14 (56)	18 (56)	28 (65)	3.33 $\pm$ 1.45	0.87
Receptionist treated with patience & understanding	2 (29)	2 (22)	12 (46)	11 (46)	30 (37)	4.14 $\pm$ 1.09	5 (71)	7 (78)	14 (54)	13 (54)	52 (63)	4.10 $\pm$ 1.24	0.62
Nurses listened carefully	1 (33)	5 (50)	10 (42)	15 (43)	26 (34)	4.05 $\pm$ 1.08	2 (67)	5 (50)	14 (58)	20 (57)	50 (66)	4.22 $\pm$ 1.04	0.81
Nurses were very reassuring	2 (50)	7 (70)	8 (33)	15 (50)	25 (31)	3.95 $\pm$ 1.19	2 (50)	3 (30)	16 (67)	15 (50)	55 (69)	4.30 $\pm$ 1.02	0.09
Nurses answered all questions	2 (67)	8 (53)	8 (35)	11 (41)	28 (35)	3.96 $\pm$ 1.24	1 (33)	7 (47)	15 (65)	16 (59)	52 (65)	4.22 $\pm$ 1.05	0.56

Table 2a: Patients Satisfaction from Family Medicine Department, according to their Gender

Satisfaction items were answered on a 5 – point scale, with a higher score indicating greater satisfaction. Gender differences in means were tested by the Mann-Whitney U test, keeping p-value  $\leq$  0.05 as significant

Table 2b: Patients Satisfaction from Family Medicine Department, according to their Gender

Variables	MALE					FEMALE					Mean ± SD	P-value		
	Poor (1) n (%)	Fair (2) n (%)	Good (3) n (%)	V. good (4) n (%)	Excellent (5) n (%)	Mean ± SD	Poor (1) n (%)	Fair (2) n (%)	Good (3) n (%)	V. good (4) n (%)			Excellent (5) n (%)	
I do feel confident discussing problems with the doctor	2 (100)	0 (0)	3 (25)	11 (46)	41 (38)	4.56 ± 0.89	0 (0)	1 (100)	9 (75)	13 (54)	68 (62)	4.63 ± 0.71	0.26	
Doctor showed a genuine interest in my problem	1 (100)	1 (33)	2 (29)	7 (33)	46 (40)	4.68 ± 0.78	0 (0)	2 (67)	5 (71)	14 (67)	70 (60)	4.67 ± 0.68	0.59	
Doctor did not feel rushed during consultation	2 (50)	2 (40)	3 (23)	10 (40)	40 (40)	4.47 ± 1.0	2 (50)	3 (60)	10 (77)	15 (60)	61 (60)	4.43 ± 0.97	0.81	
Doctor was very careful to check everything important	1 (100)	1 (25)	3 (25)	10 (45)	42 (39)	4.6 ± 0.82	0 (0)	3 (75)	9 (75)	12 (55)	67 (61)	4.57 ± 0.81	0.51	
Doctor treated in a very friendly and courteous manner	0 (0)	0 (0)	3 (30)	10 (50)	44 (38)	4.72 ± 0.56	0 (0)	1 (100)	7 (70)	10 (50)	73 (62)	4.7 ± 0.66	0.55	
Doctor clearly explained what is wrong before giving any treatment	1 (100)	0 (0)	3 (30)	9 (60)	44 (36)	4.67 ± 0.74	0 (0)	1 (100)	7 (70)	6 (40)	77 (64)	4.75 ± 0.64	0.22	
Doctor explained at the level of my understanding	0 (0)	0 (0)	3 (27)	13 (50)	41 (37)	4.67 ± 0.58	0 (0)	1 (100)	8 (73)	13 (50)	69 (63)	4.65 ± 0.69	0.43	
Doctor requested necessary tests and explained them to me	0 (0)	0 (0)	4 (36)	9 (41)	44 (39)	4.7 ± 0.6	1 (100)	0 (0)	7 (64)	13 (59)	70 (61)	4.66 ± 0.72	0.87	
Doctor gave me good advice and treatment	1 (100)	0 (0)	4 (33)	8 (44)	44 (38)	4.65 ± 0.77	0 (0)	1 (100)	8 (67)	10 (56)	72 (62)	4.68 ± 0.68	0.62	
Doctor took care of my privacy and confidentiality	1 (100)	1 (50)	3 (27)	10 (43)	42 (38)	4.6 ± 0.82	0 (0)	1 (50)	8 (73)	13 (57)	69 (62)	4.65 ± 0.69	0.63	
Doctor respected my cultural and religious norms	1 (50)	0 (0)	4 (40)	11 (52)	41 (36)	4.6 ± 0.78	1 (50)	0 (0)	6 (60)	10 (48)	74 (64)	4.71 ± 0.69	0.53	
I think my doctor is competent and well trained	1 (50)	0 (0)	2 (25)	11 (46)	43 (38)	4.67 ± 0.72	1 (50)	1 (100)	6 (75)	13 (54)	70 (62)	4.65 ± 0.75	0.75	
I have confidence in my doctor	1 (50)	0 (0)	3 (27)	14 (56)	39 (36)	4.58 ± 0.76	1 (50)	1 (100)	8 (73)	11 (44)	70 (64)	4.63 ± 0.78	0.30	
I am satisfied with the medical care I received	1 (50)	2 (50)	6 (54)	11 (41)	37 (36)	4.42 ± 0.94	1 (50)	2 (50)	5 (46)	16 (59)	67 (64)	4.6 ± 0.79	0.74	
I am satisfied with the consultation time	1 (50)	0 (0)	3 (30)	12 (44)	41 (38)	4.61 ± 0.75	1 (50)	1 (100)	7 (70)	15 (56)	67 (62)	4.6 ± 0.77	0.83	
OVERALL SATISFACTION ON 26 ITEMS						4.21 ± 1.0	OVERALL SATISFACTION ON 26 ITEMS						4.35 ± 0.945	> 0.05

Satisfaction items were answered on a 5 – point scale, with a higher score indicating greater satisfaction. Gender differences in means were tested by the Mann-Whitney U test, keeping p-value ≤ 0.05 as significant

## Discussion

Clinically speaking, men and women do have significantly different patient service needs. Unexpectedly, due to cultural, religious and social reasons in Saudi Arabia, analysis of this survey revealed no substantive difference between men and women in their rating of various aspects of primary care visits. However, findings suggest that there is a room for improvement in the measurement of patient satisfaction.

Studies on the effect of gender are contradictory, with some studies showing either gender less satisfied and other studies are showing the opposite. The present study found no gender difference in the satisfaction level to family medicine clinics of a tertiary care hospital and is consistent with the survey done in PHCs of Qatar(8), Riyadh(9-10), Taif(11), Abha(12) and Makkah(13). Also findings by other various studies showed no significant association of satisfaction between men and women e.g. study by Weisman(14), study in 5 adult outpatient clinics of a tertiary care hospital in Nigeria(15), study in two hospitals of Lahore, Pakistan(16) and a study of Swanson et al. in a community sample of patients with depression(17).

On the contrary, women patients from primary health care center's services in Taif (Saudi Arabia) were more satisfied than men(18) ( $p = 0.047$ ); another study from Riyadh also shows that women participants had a higher level of satisfaction from primary health care services as compared with men(19) ( $p = 0.007$ ). Patient satisfaction in PHCs in Al Ahsa (Saudi Arabia) shows that women gave significantly lower rating on satisfaction score than men on communication and nursing care (20). In Majmaah city (Saudi Arabia), men were satisfied more than women (84.3% Vs 79.8%) about PHC center's services (21). Another study of 5,857 patients who after their admission were contacted through phone call, had mixed opinions. Women expressed significantly less satisfaction related to nursing care and communication but no difference in satisfaction was found between the genders for the two questions regarding physicians (22). A psychiatric patient's satisfaction study in Qatar shows that the level of men's satisfaction was significantly higher than women(23). A study from Kuwait(24) shows that women were more satisfied (3.27) than men (2.99).

Overall satisfaction of patients with the service quality in Qassim region (Saudi Arabia), revealed positive experiences on all dimensions, although private hospitals were better than public sector hospitals(25). Another study of 536,406 participants from 2,390 primary health care centers under the Saudi Ministry of Health (26) revealed overall patient's satisfaction score of 4.2 out of 5, which is also consistent with the present study.

Analyzing patients satisfaction surveys for gender differences and developing more gender sensitive measurement tools are important steps to improve the quality of healthcare. Tuning in to genders' concerns about their healthcare will enable us both to develop more sensitive measurement tools and to identify the healthcare delivery models that optimize patient satisfaction for both genders

## Conclusion

The overall satisfaction level in the present study didn't show any significance between both genders. However, there were some areas with less satisfaction that need to be rectified.

Patient feedback by surveys or interviews is extremely important to design hospital policies since it helps improve the service and quality in healthcare institutions. The results of this survey will assist the healthcare administrators in identifying the major areas related to quality and service issues encountered by the patients and rectify those issues to improve overall healthcare quality and patient satisfaction.

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### Conflicts of Interest:

The authors declare no conflicts of interest regarding the publication of this paper.

### Ethics:

Authors of this study confirms that the written informed consent was obtained from all the participants. Participation in this study was voluntary and the participants were assured of confidentiality and anonymity.

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