

PATIENTS' SATISFACTION IN JORDANIAN HOSPITALS.

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PATIENTS' SATISFACTION IN JORDANIAN HOSPITALS.

This study aimed to examine the differences between the government hospitals and private hospitals in patients' satisfaction. Also to examine the effect of all theoretically important satisfaction factors together as well as separate on the patients' overall satisfaction. Moreover, to examine the relationship between patients' overall satisfaction and patient satisfaction factors. This study consisted of five government hospitals and five private hospitals in Jordan.

A Patient Satisfaction Scale developed by Attkisson and his colleagues at the University of California at San Francisco was adapted and translated into Arabic as a data-gathering instrument for this study. A convenient sample of patients (n=400) was taken.

Findings showed a significant differences between government and private hospitals in patients' total satisfaction scores ($t=-6.79$, $p=.002$). A significant differences were found between government and private hospitals in patients' overall satisfaction ($t=-6.0$, $p=.000$). Also significant differences were found between government and private hospitals in patient each individual satisfaction item . A strong positive relationship was found between patients' overall satisfaction and the total score of patients' satisfaction aspects ($r=.42$, $p=.001$). All theoretically important variables were able to explain 58% of the variance on the patients' overall satisfaction. However, when regressing patients' overall satisfaction in the government hospitals on all patients' satisfaction factors, these factors were able to explain 51% of the variance on the patients' overall satisfaction. Moreover, when regressing patients' overall satisfaction in the private hospitals on all patients' satisfaction factors, these factors were able to explain 43% of the variance on the patients' overall satisfaction.

BACKGROUND OF THE PROBLEM

Transjordan was part of the Ottoman Empire from 1516 to 1916. During this period the great majority of the population were peasants and bedouins. The Jordanian people suffered from poverty, polluted water, absence of public health organizations, and increased incidence of epidemic diseases (i.e., Malaria). The standard of living was low and the diet was lacking in protein and protective food. (p.117) ⁽⁰⁾. Mortality rate among the Bedouin population was as high as 284 per 1000. (p.2) ⁽⁰⁾. Each family had an infected member by one of the epidemic diseases (p.187) ⁽⁰⁾. In 1929 children death rate per 1000 was 205.8 (p.22) . In 1927 out of 24285 epidemic disease cases there were 2012 malaria cases or 8.2% of the cases ⁽⁰⁾.

Western missionaries played a vital role in introducing modern medical services to Jordanian society, training nurses and combating endemic diseases. The first missionary interest in Transjordan can be traced back to 1847. In 1904, the Church Missionary Society (CMS) established a hospital at Al-Salt. In 1883 the CMS took over another post in Al-Karak. In 1924 Amman was the third station to be established in Transjordan for CMS medical services. The Italian Missionary Society (IMS) established one hospital in Amman and another one in Al-Karak in 1927 and 1935 respectively ⁽⁰⁾. In 1927, the government realized the need for health services by implementing protective and treatment policies. In 1927 the government

⁽⁰⁾ Ziadat, Adel. "The Church Missionary Society and the introduction of Western medicine in the East of Jordan". *Abhath Al-Yarmouk*, 1990a, 6, 2, pp 113-133.

⁽⁰⁾ Ziadat, Adel. "The formative years of hospitals and medical treatment in the East of Jordan". *Yarmouk University Publications*. Irbid, 1990b. p.2.

⁽⁰⁾ Ziadat, Adel. "Health Services for the Arab Jordan Army. The emirate period 1921- 1946". *Abhath Al-Yarmouk* ,7, 2, 1991. pp 177-195.

⁽⁰⁾ Ziadat, 1990b Ibid, p.40.

⁽⁰⁾ Ziadat 1990b Ibid, p.3.

established a laboratory in Amman for specimens examination. A quarantine station was established also in Ma'an during the pilgrimage seasons. Vaccination against certain diseases (i.e., cholera) was required from all pilgrims (0).

There has been significant progress in the health sector at all levels. This progress has been measured by the following indicators: (1) the demographic indicator. (a) A decrease in the infant mortality rate from an estimated 216 per 1000 in 1950 to 151 per 1000 in 1961 to 37 per 1000 in 1990, (b) an increase in life expectancy from 39.3 years for males and 42 years for females in 1950 to 45.8 years for males and 46.5 years for females in 1961 to 64 for males and 68 for females in 1990, (2) A decrease in the epidemic and infectious diseases as a cause of death. In 1950 epidemic diseases caused 7.3% of the deaths in Jordan, compared to 1% in 1990. (3) Health labor forces. (a) improved services and enlarged facilities in both urban and rural areas. In 1939 there was 1 doctor for 3617 citizens. This ratio of physicians to population increased from 1.8 per 10,000 in 1961 to 17.2 in 1990 compared to 8 in the Arab States, 7 in developing countries, and 27 in developed countries for the same year. The number of doctors, dentists, pharmacists and registered nurses rose from 190 in 1950 to 292 in 1960 to 609 in 1970 to 2175 in 1980 to 5811 in 1990. Dentists rose for the same period 37, 54, 94, 393, 1083 respectively. pharmacists rose from 81, 125, 171, 572, 2111 respectively. registered nurses 0, 0, 178, 904, 2439 respectively. The registered nurses rate per 10,000 people was 10 in 1990 compared to 10.5 in the Arab States, 11 in developing countries, 70 in developed countries for the same year. The pharmacists rate per 10,000 people was 5 in 1990 compared to 4 in the Arab States, 3 in developing countries, 8 in developed countries for the same year. The number of registered nurses employed by the Ministry of Health rose from zero in 1950 to 631 in 1990; the total number of registered nurses employed in all sectors in 1990 is 2114 nurses. of whom 2439 employed in public sector (0).

(0) Ziadat 1990b Ibid, p.2.

(0) Ministry of Health (MOH). Annual Report for the year 1990, Amman-Jordan (in press).

In 1990, four million outpatient visits were made to the Health centers. The average stay in the Jordanian hospitals was 2.45 days. The average stay in government hospital; private hospitals; University of Jordan Hospital; Military Hospitals was 3.08, 3.1; 5; and 4.78 days respectively. Hospital bed rate in Jordan decreased from 17 per 10,000 in 1981 to 16 in 1990, and the number of health centers increased from 46 in 1950 to 506 in 1990⁽⁰⁾.

Historical Development of Hospitals in Jordan

Ziadat⁽⁰⁾ argued that the formative years of hospitals in Jordan can be traced back to 1883. where a missionary hospitals called was established in Al-salt. During the emirate period (1921-1946) hospitals can be categorized in three types:

(1) Missionary hospitals. Two major western missionaries worked in Jordan. (a). British missionary called Church Missionary Society (CMS) and (b) Italian missionary called Italian National Missionary Society (INMS). CMS contributed significantly to the development of health services in Jordan. In 1883 CMS established a pharmacy in Al-salt. In the same year 7000 outpatient visits were made to the clinic (pharmacy). This number jumped to 19308 in 1902⁽⁰⁾. In 1904 the clinic enlarged and became a hospital with a capacity of 11 beds. In 1896 CMS moved to Al-Karak and opened a new clinic there⁽⁰⁾. A weekly visit was made by the staff of CMS' hospital to Amman to provide medical services there. In 1924 patients received medical treatment in a tent, and later on a house was rented and became a hospital. with a capacity of 6 beds⁽⁰⁾. other small clinics were established in Kofernjah and Housen.

The INMS established two hospitals in Jordan, one in Amman and the other in Al-Karak(p. 140).The Italian Hospital in Amman was established in 1927 with a capacity of 50 beds. The Italian Hospital in Al-Karak was established in 1935 with a capacity of 36 beds⁽⁰⁾.

⁽⁰⁾ MOH, (in press), Ibid.

⁽⁰⁾ Ziadat 1990b Ibid.

⁽⁰⁾ Ziadat 1990b Ibid, p.112.

⁽⁰⁾ Ziadat 1990b Ibid, p.129.

⁽⁰⁾ Ziadat 1990b Ibid, p.132.

⁽⁰⁾ Ziadat 1990b Ibid, p.143.

(2). Government Hospitals. There were four groups of government hospitals. (a) The Government Hospital in Amman. This hospital was established in 1922 with a capacity of 20 beds. It was the first government hospital to provide medical and surgical treatment in Jordan⁽⁰⁾.

(b) Epidemic Diseases Hospitals. In 1926, one of the government procedures to prevent the spread of epidemic diseases and to control these diseases was to establish four hospitals with a capacity of 8 beds each in Amman, Irbid, AL-Karak and Ma'an. Two other hospitals were established also with the capacity of 4 beds each in Jarash and Aqaba. A mobile epidemic hospital with a capacity of 40 beds was created⁽⁰⁾.

(c) The Central Jail Hospital. This hospital was established in 1927 with a capacity of 6 beds to provide medical services to prisoners.

(d) Irbid Hospital. This hospital was established in 1935 to provide medical services to the northern part of Jordan.

(3) Private Hospitals. There were four private hospitals: (a) Sannial Hospital. The date of the establishment is unknown, but in 1926 the capacity of this hospital was 27 beds and was upgraded to 30 beds in 1927. After the death of Sannial in 1929 the hospital closed. (b) Ajloun National Hospital. This hospital was established in 1919 by Samman Khori in Al-Hussen. (c) Malhas Hospital. It was established in 1944 by Kassem Malhas and (d) Mamadani hospital. It was established by C. Mclean in 1940 in Ajloun. In 1952 it opened a school for nursing. In 1974 a new Mamadai hospital was established.⁽⁰⁾ Mamadani hospital contributed significantly to providing the health sector with trained nurses, especially in the early years of the establishment of the state of Jordan. Mamadani hospital distinguished between types of nurses: (a) staff nurse or specialized nurse and (b) practical nurse (assistant nurse)⁽⁰⁾.

⁽⁰⁾ Ziadat 1990b Ibid, p.135.

⁽⁰⁾ Ziadat 1990b Ibid, p.139.

⁽⁰⁾ Ziadat 1990b Ibid.

⁽⁰⁾ MOH, (in press), Ibid.

Current Health Organizations in Jordan

In 1990 there were 53 hospitals with a capacity of 2114 beds (all sectors). The principal hospital operational divisions are medical, nursing, diagnostic, therapeutic support, financial, personnel, and hotel. All hospitals provide services both to inpatients, and outpatients. Hospitals in Jordan can be categorized by the ownership into three types. Each type is referred to as a sector. The three major health sectors in Jordan are: (1) the government "public" sector. Hospitals in this sector are not run for profit. Frequently running on less than the cost basis, these hospitals are administered and supported by the Jordanian government. Hospitals in this sector provides health services through: (a) The Ministry of Health (MOH) provides services through 506 medical centers distributed between 13 departments of health in principal cities, and 18 hospitals all over the Jordan. Hospitals administered by MOH tend to be more centralized, formalized and non-profit organizations, with promotion dependent on rank and seniority. (2) The private sector provides health services through (26) different types of general and specialized hospitals. Private hospitals are owned privately and run for profit. They are devoted to providing services that only physicians are licensed to give, who persuade patients to be hospitalized and decide what shall be done with them. The majority of these hospitals are dominated by skilled experienced physicians and run by their owners, who are doctors. (b) the Royal Medical Services (RMS) 8 hospitals. Physicians, nurses and other medical and administrative staff are full members of the military organization. They are promoted according to the promotion system (rank system) in the army. Patients are admitted to the military hospitals if they are members of the army or their families and parents. The military issues medical health care cards for people eligible for the services in the military hospitals (c) the University of Jordan hospital. This is one of the largest hospitals in Jordan. In this hospital new physicians are trained and it operates as a semi-private hospital. This hospital relies on the government for partial support in exchange for treating severe medical cases referred by the governmental hospitals, and (d) the Department of Social Welfare

provides health services for labor injuries through contracts with private health centers and private hospitals. The public sector consists of 25 hospitals. (3) The international sector is responsible for providing health services to Palestinian refugees through the international agencies (UNRWA for Palestinian refugees) ⁽⁰⁾.

Other Health Major Developments.

The first law to regulate health services was enacted and enforced in 1926. It provided a comprehensive description of health regulations ⁽⁰⁾. The first Ministry of Health was established in 1950. The first Jordanian Medical Association was established in 1944. The first nursing school in Jordan was established in 1952 to provide services like midwifery, mother care, and child care. In 1953 the same school became the first Nursing School in Jordan. Students who completed the 9th grade at that time were eligible for admission to the Jordanian College of Nursing. In 1966 admission was upgraded to the 12th grade. Until 1958 it was under foreign administration. Now the Ministry of Health in Jordan administers and regulates the study in the Jordanian College of Nursing. Students receive JD 40 per month, and are provided free transportation and hotel accommodations. Students graduate with a diploma and are eligible for a B.A. in nursing after studying two years at the University of Jordan In 1961 a Jordanian Society for Nursing was established, and was admitted to the International Nursing Council in the same year. In 1972 the Society for Jordanian Nurses was established. The major goals of the society are to regulate and develop the profession of nursing. Also, it defines nursing as a profession which provides services to both the sick and healthy (prevention and treatment). In 1962 Mona Nursing College was established

In 1970 a new College of Nursing was established at the University of Jordan. Students graduate with a B.A. degree in nursing. In 1973 Institute for Assistant nurses was established in Amman and another one was established in Irbid in 1978. In 1975 the Ministry of Education

⁽⁰⁾ MOH, (in press), Ibid.

⁽⁰⁾ Ziadat 1990b Ibid, p.3.

started a new program to narrow the gap in the Jordanian market of supply and demand for nurses. A new branch of nursing in government schools was established. The number of schools offering this speciality rose from one in 1975 to 18 schools in 1987. The number of students rose from 90 in 1975 to 1100 in 1986. In 1984 in every government hospital, as well as in many other private community colleges, there was a school for assistant nurses. In 1982 the Jordanian Medical Council was established. In 1984 two nursing community colleges were founded, one in Irbid and one in Zarka ⁽⁰⁾

Hospital Division of Labor

Labor in the Jordanian hospitals can be divided into five divisions: (1) physicians who control the performance in the hospitals, and have the greatest power over the rest of the medical staff. In most cases their actions are not questionable. Their errors are justified by the patient's destiny for death. As in other societies physicians have a social prestige position in society. In the last ten years physicians' status waned, due to the fact that in Jordanian society there are more physicians than the society's need. (2) Nurses are the agents of supervising physicians in carrying out treatment and patient care. Nurses represent the professional perspective and they are concerned with patients. They have to balance the physicians' orders for the care of patients against the independent demands of the patients. (3) Machine workers who give direct or indirect medical services and trained in the kind of job that is necessary to the compilation of the medical treatment (e.g., x-ray specialist). (4) workers those who care for the physical plant of the hospital and perform the other tasks connected with the maintaining the plant, the food, laundry and other services necessary for the hospital survival. (5) Administrators whose task is to organize, supervise and coordinate the work of all workers in the hospitals. Administration is headed by the director of the hospital (a physician) and the clerical personnel who prepare, transmit and store written communications of the hospital.

⁽⁰⁾ Ministry of Health (MOH). Annual Report for the year 1988, Amman-Jordan

The Statement of The Problem

The purpose of this study was to examine the differences between the governmental hospitals and the private hospitals in patients' satisfaction. More specifically, this study was concerned with the following questions: (1) Are there differences between governmental and private hospitals in patients' patients' satisfaction? (2) what is the relationship between patients' satisfaction aspects and patients' overall satisfaction with the services in all hospitals combined as well as in government hospitals and in private hospitals? and (3) what are the factors affecting patients' satisfaction in government hospitals as well as in private hospitals?

The Importance of the Study

As organizations, hospitals are structured, having parts, positions and levels which are systematically interrelated⁰. Hospitals vary in their structures, and this variation raises the question of whether differences in the structure of the hospitals are related to differences in the behavior, performance and satisfaction of their members. Freidson⁰ argued that the virtues of the hospital for social scientists are that it is significantly in its characteristics, and is more accessible than most organizations. Freidson stated that “since they are generally identified with the universalism of science, they cannot easily excuse themselves from study by reference to competitive trade secrets” (p.Viii). Hospitals have captive audience of patients who are in dependent position and vulnerable to research. Hospitals like other accessible nonprofit organizations were of interest because of their social-service goals⁽⁰⁾.

⁽⁰⁾ Pugh, D.S, Hickson, D. F., Hinngs, C.R., and Turner C. Dimensions of organization structure. *Administrative Science Quarterly*,1968, 13, pp 65-106.

⁽⁰⁾ Freidson, E. *The hospital in modern Society* (Ed.). New York: Free Press, 1963.

⁽⁰⁾ Perrow, Charles. *Hospitals: Technology, Structure and Goals*, in March G. *James Handbook of organizations*. Rand McNally Company, Chicago,1965 pp 910-971.

Lawler and Porter concluded, based on a study of 5 organizations, that instead of trying to maximize satisfaction in organizations, organizations should pay attention to the requirement that high performance be rewarded by satisfying such higher order needs as "self-actualization" and autonomy. (0).

REVIEW OF SELECTED LITERATURE

Organizational Structure

Porter and Lawler (0) conducted a study on the relationship between organization structure and job attitudes and job behavior in business and industrial organizations. Findings showed that structural variables (with the exception of span of control and centralized/decentralized shape) were significantly related to one or more satisfaction or behavior variables.

Porter and Lawler, (0) reviewed the literature on organizational structure and employee behavior, and concluded that organizational structure are strongly related to both attitudes and behavior.

Patients' Satisfaction

Lebow, (0) in his extensive review of the literature in consumers satisfaction, concluded that the majority of consumers are satisfied with the service received. Among the 13

(0) Lawler, E. E., & Porter, L. W. "The effects of performance on job satisfaction". *Industrial Relations*, 1967, 7, pp 20-28.

(0) Porter, Lyman, W., & Lawler, E. E. III. "Properties of organization structure in relation to job attitudes and job behavior". *Psychological Bulletin*, 1965, Vol. 64, No. 1, pp 23-51.

(0) Porter & Lawler, 1965, Ibid

(0) Lebow, L. Jay. "Client satisfaction with mental health treatment: methodological considerations in assessment". *Evaluation Review*, 1983, Vol 7, No. 6, 729-752.

inpatient studies Lebow found satisfaction between 91% and 100%, 2 between 81% and 90%, 8 between 71% and 80%, and 2 between 61% and 70%. Weinstein, (0) in his review was able to locate 38 studies assessing the attitudes of patients in inpatient settings. Weinstein reported 30 of the 38 samples as displaying favorable attitudes to hospitalization with a mean of 75.7% in inpatient studies.

Treatment Variables

Type Of Setting Attkisson, Nguyen and Stegner (0) found satisfaction greater in outpatient treatment than in patient treatment. In outpatient studies a high correlation between satisfaction and client ratings of therapeutic alliance (0). The relationship between overall satisfaction and satisfaction with the provider remains stronger even aftercare (0). The satisfaction of families presenting with a disturbed adolescent with problem-centered family therapy. 64% of these families found satisfied (0).

Length Of Treatment The treatment variables that have received the most attention in relation to satisfaction have been the length of treatment, number of visits, and manner of termination

(0) Weinstein, R. "Patient attitudes toward mental hospitals". *Journal of Health and Social Behavior*, 1979, 20, pp 237-258.

(0) Attkisson, C. C., Nguyen, T. D., & Stegner, B. L. "The Services Evaluation Questionnaire: Results and norms from a national sample". Paper presented at the Annual Meeting of the American Psychological Association, August, Los Angeles. 1981.

(0) Jones, E.E., & Zupell, C.L. "Impact of client and therapist gender on psychotherapy, Process, and outcomes". *Journal of Consulting and clinical psychology*, 1982, 50, pp 259-272.

(0) Ben-Kociemba, A., Cotton, P.G., & Fortgang, R.C. "Assessing patient satisfaction with state hospital and aftercare services". *American Journal of Psychiatry*, 1982, 139, pp 660-662.

(0) Woodward, S. Santa-Barbara, J., Levin, S., & Epstein, N. "Aspects of consumer satisfaction with brief family therapy" *Family Process*, 1978, 17, pp 399-407.

(⁰). In outpatient setting, the correlation between satisfaction and number of visits was found to be relatively low (⁰), others found no relationship (Attkisson & Zwick, (⁰) Larsen, Attkison, Hargreves & Nguyen, (⁰).

Manner Of Termination Studies have found that completing treatment is related to the satisfaction (⁰). A strong relationship between premature termination and satisfaction ($r=.61$)

(⁰). Studies focused on the degree of satisfaction in those who drop out early from the treatment found satisfaction between 50% and 70% (Heineman & Yudin, (⁰) Kline; Adrian & Spevak, (⁰).

Preparation for the Treatment Studies concerned with the preparation for the treatment compared the satisfaction of clients who received orientation to outpatient treatment and those

(⁰) Lebow, L. Jay. " Client satisfaction with mental health treatment: methodological considerations in assessment". Evaluation Review, 1983, Vol 7, No. 6, pp 729-752.

(⁰) Willer, R. D., & Miller, G. H. "On the relationship of client satisfaction to client characteristics and outcome of treatment". Journal of Clinical Psychology, 1978, 34, pp 157-160.

(⁰) Attkisson, C. C., and Zwick, R. "The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. Evaluation and Program Planning, 1982, Vol. 5, pp 233-237.

(⁰) Larsen, L. D., Attkison, C. C., Hargreves, W.A., & Nguyen, T. D. "Assessment of client /patient satisfaction: Development of a general scale". Evaluation and Program, 1979, Vol. 2, pp 197-207.

(⁰) Denner, B., & Halprin, F. Clients and therapists evaluate clinical services American Journal of Community Psychology, 1974, 2, pp 373-378.

(⁰) Attkisson & Zwick, 1982 Ibid

(⁰) Heineman, S., & Yudin, L. "The consumer and evaluator: Perceptions and satisfactions level of former clients". Journal of Community Psychology, 1974, 21, pp 346-350.

(⁰) Kline, F., Adrian, A., & Spevak, M. "Patients evaluate therapists". Archives of General Psychiatry, 1974, 31, pp 113-116.

not received specific preparation. Strupp and Bloxom⁽⁰⁾ found the satisfaction with either a role induction interview or film orientation exceeded the satisfaction with a standard initial contact. Comparative Satisfaction Across Aspects of Treatment The least favorable ratings of satisfaction in inpatient setting have been in response to inquiries about information about treatment⁽⁰⁾; amount of contact with staff⁽⁰⁾; physical arrangement (eg., privacy),⁽⁰⁾, facilities⁽⁰⁾, meals⁽⁰⁾; the length of stay⁽⁰⁾; medication⁽⁰⁾ and cost⁽⁰⁾.

Patient Variables

Demographic Variables Demographic variables do not appear to be good predictors of satisfaction⁽⁰⁾. Neither age⁽⁰⁾; Frank; Salzman, & Fergus,⁽⁰⁾ sex (Distefano, Pryer, &

(⁰) Strupp, H. H., & Bloxom, A.L. "Preparing lower class patients for group psychotherapy: Development and evaluation of a role induction film". *Journal of Counseling, and Clinical Psychology*, 1973, 41, pp 373-384.

(⁰) Eisen, S., & Grob, M. "Measuring discharged patients' satisfaction with care at a private psychiatric hospital. *Hospital and Community Psychiatry*, 1982, 33, pp 227-228.

(⁰) Ahmed, M., & Koltuv, M. "Evaluation of an inpatient service by consumer feedback" .*Australian and New Zealand Journal of Psychiatry*, 1976, 10, pp 263-268

(⁰) Ahmed & Koltuv, 1976 Ibid

(⁰) Distefano, M., Pryer, M., & Garrison, J. "Psychiatric patients' and staff perceptions of client satisfaction with hospital services. *Psychological Reports*, 1980, 46, pp 1343-1344 (a).

(⁰) Distefano, M., Pryer, M., & Garrison, J. "Attitudinal, demographic , and outcome correlates of clients' satisfaction". *Psychological Reports*, 1980, 42, pp 287-290 (b).

(⁰) Eisen, S., & Grob, M. "Assessing consumer satisfaction from letters to the hospital". *Hospital and Community Psychiatry*, 1979, 30, pp 344-346.

(⁰) Eisen & Grob, 1982 Ibid

(⁰) Eisen & Grob, 1982 Ibid

(⁰) Lebow, 1983 Ibid

(⁰) Distefano et al., 1980b Ibid

(⁰) Frank, R., Salzman, K., & Fergus, E. "Correlates of consumer satisfaction with outpatient therapy assessed by postcards". *Community. Mental Health Journal*, 1977, 13, pp 37-45.

Garrison, (0), race (Essex et al., (0), income (Distefano et al., (0); (0), marital status (Larsen et al.,(0), education (Distefano et al., (0), or social class (Larsen et al., (0) have been consistently found to be related to the extent of satisfaction.

A few studies have found relationship between age and patient satisfaction, older patients were more satisfied (eg., Pryer, Distefano, & Dinning, (0); Pandiani; Kessler; Gordon & Dornkot, (0), found women more satisfied across all types of service. Satisfaction found to be decreased with education (Slater et al., (0) Satisfaction found to be greater between white compared to nonwhite patients (Attikisson et al., (0); Larsen et al., (0). Marital status also found to be related to satisfaction (0).

Diagnostic and History Variables The relationship between patients satisfaction and client diagnostic, and treatment history appears to be more important than the demographic characteristics. Several studies have found satisfaction related to diagnosis: Satisfaction has

(0) Distefano et al., 1980b Ibid

(0) Essex et al., 1981 Ibid

(0) Distefano et al., 1980a Ibid

(0) Larsen et al., 1979 Ibid

(0) Larsen et al., 1979 Ibid

(0) Distefano et al., 1980b Ibid

(0) Larsen et al., 1979 Ibid

(0) Pryer, M. W., Distefano, M. K., & Dinning, W. D. "Clients' satisfaction ,and rehospitalization among psychiatric patients". Psychological Reports,1982, 50, pp 629-630.

(0) Pandiani, J. A., Kessler, R., Gordon, L. & Domkot, D. "Monitoring client satisfaction ethical, Political and empirical issues". In H. Fishman (Ed.). Creativity and Innovation.

Davis, Ca: Pyramid. 1982.

(0) Slater et al., 1981 Ibid

(0) Attkisson & Zwick, 1983 Ibid

(0) Larsen et al., 1979 Ibid

(0) Reid, D. A., Moran, M. E., & DeWolfe, A. S. "A measure of psychiatric patients' satisfaction with their treatment. Newsletter for Research in Psychology, 1972 14, pp 11-12.

been found related to drug abusers than in outpatients⁽⁰⁾, in suicidal than in nonsuicidal utilizers of emergency services⁽⁰⁾.

Client Expectation Satisfaction found to influenced by the fulfillment of client expectations than by any fixed aspect of treatment⁽⁰⁾. The majority of studies have indicated that satisfaction is related to and probably depends on the meetings of client expectations (Gladstein,⁽⁰⁾; Martin; Sterne & Hunter,⁽⁰⁾).

METHODOLOGY

Sample

This study consisted of two different samples: The hospital sample consisted of ten hospitals and the patient sample consisted of 400 patients.

Hospitals The sample of this study consisted of five of the largest hospitals in the government sector and five of the largest hospitals in the private sector. The selected five hospitals were: Albasheer, Alkarak, Alzarka, Jordan University hospital, and Alsalet hospital. The top large five selected private hospitals were: Alhekmah, Alamal, Alkhaledi, Islami, and Malhas hospital. Seven hospitals were excluded from the sample selection: Six military hospitals administered by the Royal Medical Services (RMS), and one mental hospital

⁽⁰⁾ Distefano et al., 1980a Ibid

⁽⁰⁾ Richman, J., & Charles, E. "Patients dissatisfaction and attempted suicide".
Community Mental Health Journal , 1976, 12, pp 301-305.

⁽⁰⁾ Duckro, P., Beal, D., & George, C. "Research on the effects of disconfirmed client role expectations in psychotherapy: A critical review". Psychological Bulletin, 1979, 86, pp 260-275

⁽⁰⁾ Gladstein, G. "Client expectations, counseling experience and satisfaction".
Journal of Counseling Psychology, 1969, 16, pp 476-481.

⁽⁰⁾ Martin, P., Sterne, A., & Hunter., M. "Share and share alike: Mutuality of expectations, and satisfaction with therapy". Journal of Clinical Psychology, 1976, 32, pp 677-683

administered by the MOH. However, one hospital (Basma Hospital in Irbid) was dropped from the study because the researcher felt the data from that hospital was contaminated (nurses and staff interfered with the patients during the administration of patient questionnaires). Two private hospitals were dropped from the study; one (Alshimesani hospital) because of the lack of cooperation, and the other (Alhelal) because there was not enough number of patients.

B. Patients The patients total convenient sample consisted of 400 adults inpatients receiving treatment and care in the ten selected hospitals (40 patients from each hospital). Subjects anonymity was maintained by the use of a code number which consisted of the number assigned to the hospital.

Instrumentation

Patients Questionnaire (PQ) The Patients Questionnaire (PQ) consisted of four parts: (1) A cover letter containing the instructions and information about the study. (2) The Patients Satisfaction Scale (PSS) consisted of 8 items. (3) Treatment history, such as the number of times the patient was treated for the same case, and (4) the demographic variables.

Instrument Development

Patients Satisfaction Scale Lebow has defined clients' satisfaction as "the extent to which treatment fulfills the wants, wishes, and desires for treatment of the client" (Lebow, 1983:349)⁽⁰⁾. Satisfaction in this study was based on Lebow's definition and measured by self-report of satisfaction of the services received. Assessment of clients' satisfaction was gathered from adults patients. Patients were asked to report their satisfaction on a 8-item patients satisfaction scale administered to 400 patients in 10 hospitals. The patients satisfaction scale covers the following aspects of satisfaction: (1) quality of service, (2) services meet needs, (3) service

⁽⁰⁾ Lebow, 1983 Ibid p.349

received, (4) recommending the hospital for other patients, (5) amount of help, (6) services helped, (7) overall satisfaction, and (8) Coming back to the hospital. Patients were also asked to evaluate other aspects of the services they have received (food, shelter, information about treatment, amount of contact with staff, physical arrangement, meals, recreation, medication, and costs). Patients were asked to state their satisfaction with the services and treatment on a 4-point scale (where 4=excellent and 1=poor). Moreover, patients were asked to evaluate whether the services and treatment corresponded to their expectations and their families expectations.

Validity and Reliability of the Patient Satisfaction Scale

The instrument which was used in this study to measure patients satisfaction was the Patient Satisfaction Scale (PSS -8) originally proposed by Larsen, et.al⁽⁰⁾ and developed by Attkisson and his colleagues at the University of California at San Francisco (Attkisson & Zwick, ⁽⁰⁾; Larsen et al., ⁽⁰⁾; LeVois et al., ⁽⁰⁾, Nguyen, Attkisson & Stegner, ⁽⁰⁾. Larsen et.al, ⁽⁰⁾ described the development of PSS as follows: The PSS -8 was developed as a general measure of patient satisfaction. Nguyen et al., ⁽⁰⁾ conducted seven studies for the purpose of developing this scale. A summary of the important ones of these studies is followed:

Study 1. The purpose of this study was to ensure construct validity. The authors first consulted published and unpublished sources in order to identify the potential underlying dimensions of satisfaction with services. From the literature search 9 dimensions of possible determinants of satisfaction with the services were identified. For each category they created 9

⁽⁰⁾ Larsen et al., 1979 Ibid

⁽⁰⁾ Attkisson & Zwick, 1982 Ibid

⁽⁰⁾ Larsen et al., 1979 Ibid

⁽⁰⁾ LeVois et al, 1981 Ibid

⁽⁰⁾ Nguyen, T. D., Attkisson, C. C., & Stegner, B. L. "Assessment of patient satisfaction: Development and refinement of a Service Evaluation Questionnaire". Evaluation, and Program Planning, 1983, 6, pp 299-314.

⁽⁰⁾ Larsen et al., 1979 Ibid

⁽⁰⁾ Nguyen et al., 1983 Ibid

items. These categories are: (1) physical surroundings (e.g., in general, how satisfied are you with the comfort and attractiveness of our facility?), (2) support staff (e.g. when you first came to our program, did the receptionists and secretaries seem friendly and make you feel comfortable?), (3) kind/type of service (e.g., considering your particular needs, how appropriate was the kind of service you received?), (4) treatment staff (e.g. How competent and knowledgeable was the person with whom you worked most closely?), (5) quality of service (e.g. how would you rate the quality of service you received?), (6) quantity of service (e.g. how satisfied are you with the amount of help you received?), (7) outcome of service (e.g., have the service you received helped you to deal more effectively with your problem?), (8) general satisfaction {e.g., In an overall, general sense, how satisfied are you with the service you received?), (9) procedures (e.g., when you first came to our program, were you seen as promptly as you felt necessary?). Each item was phrased as a question having a four-point anchored answer without the neutral position. A group of 32 mental health professionals ranked the 9 items in each category according to how well they tapped the dimension in question. Items were ranked from best (9) to worst (1). Items receiving a mean rank of 5 or higher were kept in the pool. This left 45 items with a minimum of 4 items and a maximum of 6 items per category. The reduced pool was then evaluated by 31 members of various California County Mental Health Advisory Boards. These raters were asked, given their opinion as citizen advisors to rank items (within each category) by selecting those items about which they would most like to receive feedback. The three top-ranked items were also retained because their content was sufficiently different to justify inclusion.

Study 2. The purpose of this study was to study pyrometric properties and further refinement of the CSQ-31. This preliminary scale of 31 items was then administered to 248 mental clients in five independent service settings. The data were submitted to a principle-components factor analysis, using squared multiple correlation as initial communality

estimates. The first factor was accounted for 43% of the total variance and about 75% of the common Variance. The second factor accounted for less than 7% of the common variance. This is evidence that only one salient dimension underlies responses to the items in the preliminary CSQ-31 scale. The authors then selected the eight items which loaded highly on the unrotated first factor and that exhibited good inter-item and item total correlation $\alpha=0.93$.

Study 3. A factor analysis of the results showed that one general or global satisfaction factor which accounted for 43% of the total variance and roughly 75% of the common variance. Total correlations were examined. Eight items were selected which loaded highly on the unrotated first factor and which exhibited High inter-item and item - total correlations. Coefficient alpha for the final PSS is .93, indicating that possesses a high degree of internal consistency. In other words, the eight items provide a homogeneous estimate of general satisfaction with services.

Study 3. The purpose of this study was to test for the reliability of CSQ scale. The authors developed parallel forms of the preliminary CSQ-31 scale. One of eight items that had the highest factor loading and four items chosen randomly from the remaining seven were included in both forms. These five items were removed from the CSQ-31 and the remaining 26 items of this set were placed in one of the two parallel forms. Thus, each parallel form contained 18 items, 5 which are common to both forms (the CSQ-18, Form A and B). Both Forms A and B of the CSQ-18 were presented in counterbalanced order to 34 clients of a day treatment program in an urban community mental health center. The obtained means and standard deviation for Form A and B were 2.94 (SD=0.491) and 2.96 (SD=0.447) respectively. The mean differences between Form A and Form B did not differ significantly from each other ($t=-.50$, $df=33$, $P=0.62$). The two forms were correlated significantly ($r=0.822$, $p<.01$) with each other.

Reliability of Patients Satisfaction Scale in this Study

The measure of reliability which was computed for each of the eight subscales was Cronbach's alpha. The alpha coefficients for all patients shown in Table 1, range in value from a low of 0.85 for the "amount of help received" subscale to 0.88 for "coming back for seeking help" subscale.

Table 1

Patients Satisfaction Scale Reliability Analysis (N=400)

Variables	Mean	MR ²	α
Quality of services	19.45	.4719	.8372
Did you get the kind of service you wanted	19.53	.4230	.8425
To what extent has the service met your needs	19.47	.4525	.8387
Recommending this hospital to someone	19.44	.4682	.8351
How satisfied have you been with the help	19.47	.5167	.8301
Have the services helped you	19.33	.3868	.8477
Would you come back here	19.42	.3028	.8594

$\alpha = .8612$ Standardized Item $\alpha = .8635$

PROCEDURES

Patient selection was based on their willingness to participate in the study. In the private hospitals the number of patients was not large enough to meet the needed sample size (40 patients), so the researcher had to wait until new patients were admitted to the hospital. A random sample of patients was planned, but due to the difficulties in sampling patients, a convenience sample based on the patients acceptance to participate was adopted. Some of the problems encountering in random sampling were: (1) Patients pre-acceptance to participate in the study. The researcher had to take patients pre-approval for participation prior to the conducting of the study. The second step was to draw a random sample out of the total number of patients. This was a difficult step, especially in the large hospitals, where the researcher had to ask 400 patients in the hospital for their permission to participate and then draw a random sample from them. By this time between asking patients and drawing the

random sample, some of them will leave the hospitals. (2) some patients might agree to participate but by the time the research gives them the instrument they will not be able to participate as a consequence of the medical treatment. (3) In five private hospitals, taking a random sample was not applicable, because the researcher was forced to take all patients, because there was not enough large number to meet the needed sample size.

Confidentiality was assured to all participants individually by stating on the cover letter not to write their names on the instruments, and assurance was given that no individual responses would be singled out. The cover letter contains the elements of protection for nurses, supervisors and patients respectively. The following information was included:

1. The researcher's name and educational status
2. The purpose of the study, and
3. A description of the nature of subjects' participation was included (e.g., fill out forms).

Research Hypotheses & Questions

This study aimed to test three hypotheses and answer five questions.

Research Hypotheses

Hypothesis 1 There are no differences between the government and private hospitals in patients' total satisfaction scores.

Hypothesis 2 There are no differences between the government and private hospitals in patients' overall satisfaction scores.

Hypothesis 3 There are no differences between the government and private hospitals in patients individual satisfaction subscales scores.

Research Questions

Question 1 What is the relationship between patients' total satisfaction scores and patients' overall satisfaction?

Question 2 What is the relationship between nurses' overall effectiveness scores and each of the patients satisfaction subscale items.

Question 3 What is the effect of satisfaction factors, hospital structural variables

and patient' demographic variables (together as well as separate) on patients' overall satisfaction in all hospitals combined (full model)?

Question 4 What is the effect of satisfaction factors (together as well as separate) on patients' overall satisfaction in government hospitals?

Question 5 What is the effect of satisfaction factors (together as well as separate) on patients' overall satisfaction in private hospitals?

Limitations

The results of this study are limited by the nature of the sample. The 400 patients volunteered to participate in the study. However, limited number of patients refused to participate due to their medical conditions. In the private hospitals, the researcher had to wait until new patients were admitted to complete the needed sample size. Also in all hospitals where the number of registered nurses were small, all registered nurses were included in the study. Other two hospitals were dropped from the study for the lack of the cooperation with researcher.

DATA ANALYSIS

Characteristics of the Sample

A. Hospitals The hospital sample was composed of the top ten large hospitals in the governmental and private sectors in Jordan. As can be seen from Table 2, Al-Karak hospital is the only hospital located in the southern region and the rest of the hospitals are located in the central region of Jordan. Hospital sample was based on the size of the hospital measured by the number of beds (capacity). Table 2, shows the participating hospitals sample by structural variables.

Table 2

Participating Hospitals By The Structural Factors

	Basher	Karak	Zarka	UJ	Alsalt	Islami	Hekmah	Amal	Kahledi	Malhas
Departments	14	8	22	4	7	18	10	11	18	13

Employees	577	312	700	1750	444	800	240	65	95	70
Medical Staff	360	30	470	275	83	100	14	9	7	11
RNs *	161	14	43	297	29	100	60	14	5	09
ANs **	181	69	89	246	92	184	40	12	27	14
Capacity	519	76	260	507	150	300	100	25	60	40
Patients	412	65	178	413	90	220	55	11	41	33
Operation time	22	16	29	27	29	8	13	4	3	45

* RNs: Registered Nurses ** ANs: Assisted Nurses

B. Patients The sample of Patients was a convenient sample composed of 400 patients (40 patient from each hospital). Half of the patient sample was males (n=204, 51%) between the ages of 18 and 39 years of age (63.5%). Of these, 91.5% were Muslims, and 8.5 Christians. Most of the patients in the sample were married (69%).

TESTS OF THE HYPOTHESES

t test was used to compare the mean ratings of governmental hospitals against the mean ratings of private hospitals in the average of the total satisfaction scale score for patients. Also, t test was used to compare the mean ratings of governmental hospitals against the mean ratings of private hospitals in each satisfaction subscale score for patients. A Pearson correlation coefficient was used to test the relationship between the patients' satisfaction subscales and nurses' overall effectiveness.

Hypothesis 1

There are no differences between the governmental hospitals and private hospitals in patients total satisfaction scores.

As can be seen from Table 3, the mean of the governmental hospitals on patients satisfaction scale score was less than the mean of the private hospitals on patients satisfaction scale score. Mean difference between governmental hospitals and private hospitals on patients average satisfaction scale was found to be significant at alpha .002 level.

Table 3

t-Test Summary Table Comparing Governmental Hospitals And Private Hospitals On Patients' Total Satisfaction

Type of Hospital	N	Mean	SD	df	t	P
Governmental Hospitals	200	24.3	4.8	398	-6.79	.002 *
Private Hospitals	200	27.3	3.8			

* Significant at .05 level

Hypothesis 2

There are no differences between the government and private hospitals in patients' each of the patients satisfaction subscale scores.

As can be seen from Table 4, the mean of the governmental hospitals on patients individual satisfaction subscales was less than the mean patients on the same subscales in private hospitals.

Table 4

t-Test Summary Table Comparing Governmental and Private Hospitals on Patients' Average In Each of The Satisfaction Scale Items.

Scale Items	Government		Private Hospitals		df	t	P
	Mean	Sd	Mean	Sd			
The quality of service you received	3.0	.7	3.4	.6	398	-5.7	.000*
Did you get the kind of service you wanted	3.0	.7	3.2	.6	398	-3.5	.000*
To what extent has the service met your needs	3.0	.7	3.4	.6	398	-5.5	.000*
Recommending this hospital to someone	2.9	.8	3.4	.7	398	-6.4	.000*
How satisfied have you been with the help	3.0	.8	3.3	.7	398	-3.9	.000*
Have the services helped you ? would you come back here?	3.0	.9	3.4	.7	398	-4.1	.000*

* Significant at .05 level

Mean differences between governmental hospitals and private hospitals on patients satisfaction for each subscale was found to be significant at any alpha level. Therefore, the null hypothesis was rejected and the alternative hypothesis is tenable.

Satisfaction With Other Services

As can be seen from Table 5, the mean of private hospitals was higher than the mean of government hospitals on all other services, with the exception of one item (satisfaction with cost). The mean differences between government hospitals and private hospitals were significant at alpha .05. The null hypothesis associated with each aspect of the services provided in government and private hospitals was rejected at .05.

Table 5

t-Test for Differences in the Satisfaction With the Services Between Government and Private Hospitals

Services	Government hospitals		Private hospitals		df	t	p
	Mean	SD	Mean	SD			
Satisfaction with the food	2.5	.9	3.1	.8	398	-7.5	.000*
Shelter	2.3	.9	3.2	.6	398	-10.4	.000*
Information	2.8	.9	3.2	.7	398	-4.6	.000*
Contact	2.8	.8	3.2	.7	398	-3.9	.000*
Physical Arrangement	2.4	1.2	3.4	.7	398	-9.7	.000*
Facilities	2.5	.9	3.2	.7	398	-7.7	.000*
Meals	2.7	.9	3.2	.7	398	-5.5	.000*
Recreation	1.7	.9	2.7	1.0	398	-9.9	.000*
Medication	3.1	.8	3.3	.7	398	-3.0	.002*
Cost	2.7	1.0	2.5	1.0	398	1.96	.050*

* Significant at .05 level.

From Table 5, one can conclude that patients in private hospitals are more satisfied than patients in government hospitals with each aspect of services except the cost of the treatment. Private hospitals rely on the quality of services to attract patients, while government hospitals rely on the low cost to attract patients. Patients in the government hospitals were more satisfied with the cost than patients in the private hospitals. The low costs in the government hospitals can be attributed to the government support to these hospitals, while the private hospitals have to rely on their owners and clients for their finances.

Hypothesis 3

There are no differences between the government and private hospitals in patients overall satisfaction with the services.

As can be seen from Table 6, there are significant differences between government and private hospitals in patients overall satisfaction. ($t=-6.0$, $p=0.000$). Patients in private hospitals were more satisfied than patients in the government hospitals.

Table 6

t-Test Summary Table Comparing Governmental Hospitals And Private Hospitals On Patients' Overall Satisfaction with the services.

Type of Hospital	N	Mean	SD	df	t	P
Governmental Hospitals	200	2.9	.6	398	-6.0	.000*
Private Hospitals	200	3.4	.6			

* Significant at .05 level.

Research Questions

Question 1

What is the relationship between patients' total satisfaction scores and patients' overall satisfaction?

Pearson correlation coefficient was computed and revealed a strong positive relationship between patients' satisfaction and patients' overall satisfaction ($r=.42$, $P=0.001$).

Question 2 What is the relationship between nurses' overall effectiveness scores and each of the patients satisfaction subscale items?

As can be seen from Table 7, correlation coefficients between each satisfaction sub-scales and the Patients ratings of nurses' overall effectiveness were range from $r= 0.30$ to $r=0.45$. The strongest positive correlations was found between the overall performance and the quality of services ($r=0.25$). A strong relationships were found between patients' ratings of nurses' overall satisfaction and patients satisfaction subscales. However, this not to suggest that there is cause effect relationship, but it is an indication of such a relationship. To test the cause effect relationship different research design and sampling procedures are needed.

In this section the multiple regression approach was used to answer question 3-5.

Table 7
Tests Of Pearson Correlation Coefficients Between The Patients' Ratings Of Registered Nurses' Overall Effectiveness And Each Satisfaction Items

Patients Satisfaction Scale	r	P
Quality of services	0.4582	0.00*
Did you get the kind of service you wanted	0.4273	0.00*
To what extent has the service met your needs	0.4020	0.00*
Recommending this hospital to someone	0.3931	0.00*
How satisfied have you been with the help	0.4511	0.00*
Have the services helped you	0.4369	0.00*
Overall satisfaction with the services	0.4399	0.00*
Would you come back here	0.3074	0.00*

* Significant at .05 level.

Question 3 What is the effect of satisfaction aspects, hospital structural variables and patient' demographic variables (together as well as separate)on patients' overall satisfaction in all hospitals combined (full model)?

In the general form of the linear regression multiple regression analysis used to examine the effect of all theoretically important variables. The first regression equation is:

$$\text{Overall satisfaction} = B_0 + b_1X_1 + b_2X_2 + b_3X_3 + \dots + b_iX_i + e$$

where B_0 is a constant, the b s are coefficients, and e is a random error term.

Regressing the overall satisfaction on the following theoretically important variables: (a) Hospital structural variables composed of seven variables, these are: (1) type of hospital (government vs private), (2) hospital size (number of beds), (3) Hospital age (years of operation), (4) technology (number of medical staff), (5) number of departments, (6) nursery department size, and (7) type of service. (b) patients' satisfaction scale items consisted of 7 items, (d) patient demographic variables (1) age (2) sex (3) religion (4) income, and (5) marital status, and (e) other aspects of patients satisfaction like satisfaction with cost, food, information about the case...etc.

As can be seen from Table 8, all satisfaction predictors together explained 58% of variance on the overall satisfaction. The most powerful individual satisfaction predictor items when controlling statistically were: the type of service explained 40% of the variance, have the service helped you 19%, to what extent has the service met your expectations. The F obtained value (12.7) was significant at alpha 0.000

Table 8
Results of Multiple Regression analysis regressing patients overall satisfaction with services on all important variables (full model).

		Analysis of Variance			
			DF	Sum of Squares	Mean Square
Multiple R	.76655				
R Square	.58760				
Adjusted R Square	.54165	Regression	40	153.01036	3.82526
Standard Error	.54693	Residual	359	107.38714	.29913
		F =	12.78801	Alpha =	.0000

Question 4 What is the effect of satisfaction aspects (together as well as separate) on patients' overall satisfaction in government hospitals?

Regressing the patients overall satisfaction in the government hospitals on the following variables: patients' satisfaction scale items consisted of 7 subscale as follows:

1. Would you come back here
2. To what extent has the service met your
3. Have the services helped you
4. Did you get the kind of service you want
5. Quality of service
6. How satisfied has you been with the amount of service
7. Would you recommend this hospital to a friend

As can be seen from Table 9, all satisfaction predictors together explained 51% of the variance on the overall satisfaction in the government hospitals. The most powerful individual satisfaction predictor items when controlling statistically for the rest of the satisfaction predictors were: the services helped you, explained 33%, to what extent has the service met your expectations, explained 18% of the variance on the patients overall satisfaction. The F value (28.7) was significant at alpha .000

Table 9

Results of Multiple Regression Analysis for the model employed in the government hospitals regressing patients overall satisfaction on all patient satisfaction sub-scales

		Analysis of Variance			
			DF	Sum of Squares	Mean Square
Multiple R	.71533	Regression	7	80.02663	11.43238
R Square	.51170	Residual	192	76.36837	.39775
Adjusted R Square	.49389				
Standard Error	.63068				
F = 28.74248		Alpha = .0000			

Question 5 What is the effect of satisfaction aspects (together as well as separate) on patients' overall satisfaction in private hospitals?

Regressing the patients overall satisfaction in the private hospitals on the patients' satisfaction scale items consisted of 7 subscale mentioned in question 4.

As can be seen from Table 10, all satisfaction predictors together explained 43% of the variance on the overall satisfaction in the private hospitals. The most powerful individual satisfaction predictor items when controlling statistically for the rest of the predictors were: how satisfied has you been with the amount of help you received., explained 28%, to what extent has the service met your expectations, explained 15% of the variance on the patients overall satisfaction. The obtained F value (21.5) was significant at alpha .000

Table 10

Results of Multiple Regression Analysis for the model employed in the private hospitals regressing patients overall satisfaction on all patient satisfaction sub-scale

		Analysis of Variance			
			DF	Sum of Squares	Mean Square
Multiple R	.66301	Regression	7	36.21253	5.17322
R Square	.43958	Residual	192	46.16747	.24046
Adjusted R Square	.41915				
Standard Error	.49036				
F = 21.51424		Alpha = .0000			

Discussion & Conclusion

An examination of the differences between the government hospital and private hospitals in patients' satisfaction showed that there were significant differences. Patients were more satisfied in private hospitals than in governmental hospitals. A positive linear relationship was found between patient's satisfaction subscales item score and nurses' overall effectiveness. This supports the notion that good performance of the services is correlated with patient satisfaction. These findings consist with other scholars' findings (e.g., Blood, (0); Borman, (0);

(0) Blood, M. R. "Spin-offs from behavioral expectation scale procedures".
Journal of Applied Psychology, 1974, 59, pp 513-515.

Harris & Schaubroeck, (0); Porter & Lawler III, (0); Shore & Thornton III, (0) and Rosen, (0). Differences between government hospitals and private hospitals in Patients' satisfaction can be explained by the following factors: (1) organizational structure. Government hospitals tend to be large in size and operate in a stable environment, whereas private hospitals tend to be small in size and operate in an uncertain environment. Private hospitals tend to be business-oriented while governmental hospitals tend to be service-oriented. These differences affect medical staff performance which in turn affect patients' satisfaction. In private hospitals great emphasis on patients' satisfaction more than in the governmental hospital. Private hospitals operate in uncertain environment and private hospitals have to please their clients by providing good services. Without this emphasis patients will go to the governmental hospitals because the services in the governmental hospitals are almost free. The demand on the government hospitals is very high compared to the private hospitals. large target population dealing with government hospitals (employee in the public sector) and a small portion of society demand private hospitals usually employee in the private sector. (2). Motives under Patients

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- (0) Borman, C. Walter. "Exploring upper limits of reliability and validity in job performance ratings". *Journal of Applied Psychology*, 1978, Vol. 63, No. 2, pp 135-144.
- (0) Harris, M., Michael, and Schaubroeck. "A meta- analysis of self-supervisor, self-peer, and peer-supervisor ratings". *Personnel Psychology*. 1988, Vol. 41, pp 43-61.
- (0) Porter, Lyman, W., & Lawler, E. E. III. "Properties of organization structure in relation to job attitudes and job behavior". *Psychological Bulletin*, 1965, Vol. 64, No. 1, pp 23-51.
- (0) Shore, M. L., & Thornton, III. "Effects of gender on self-and supervisory ratings". *Academy of Management Journal* , 1986, Vol. 29, No. 1, pp 115-129.
- (0) Rosen, H. "Desirable attitudes of work: Four levels of management describe their job environments". *Journal of Applied Psychology*, 1961, 45, pp 150-160.

Satisfaction. In private hospitals medical staff promotion and renewal of contracts are based on their performance and on patients' satisfaction. The fear of being fired from the job may be one of the strongest motives to satisfy patients. Satisfied patients in the private hospitals means more patients to come to these hospitals. On the other hand in the government hospitals there is a low motivation to satisfy patients, because medical staff are just like any other employee in the public sector, where promotion is based on seniority. Whether a patient is satisfied or not will not affect an employee's career (3). Patients' expectations. Patients in the private hospitals have to pay for their medical treatment and they do expect a return for this pay (services). Services from patients' perspective should be equitable to the pay. In the government hospitals services are provided for free, so patients have also equitable expectations to their pay, so whatever they get is fine with them. (4) Patients' socioeconomic differences. Most people who go to the private hospitals for medical treatment are from a high socioeconomic class. Private hospitals have to provide services which consist with their clients' background (i.e., social prestige). Most people who go to the government hospitals are from middle and low socioeconomic class. They will feel happy for the free medical treatment no matter how good or how bad the services are which consist with their background.

Future research is needed to examine the relationship between physicians' performance and patients' satisfaction. Also, future research is needed to test the attitudes of people toward private and government hospitals.