



# Outpatient Clinic Satisfaction Survey: Tertiary Center Experience

## Poliklinik Memnuniyet Anketi: Üçüncü Basamak Merkez Deneyimi

Mujde Canday<sup>1</sup>, Aslihan Yurtkal<sup>1</sup>

<sup>1</sup>Kafkas University, Faculty of Medicine, Department of Gynecology and Obstetrics, Kars Türkiye

### ABSTRACT

**Aim:** Patient satisfaction surveys stand as one of the most effective methods for assessing the quality of healthcare services, aimed at gathering feedback from patient opinions and recognizing the service provider's pivotal role. This study aims to measure the satisfaction of the patients receiving outpatient services in a tertiary center with the quality of these services and to prepare an infrastructure that can create policies that can respond to the needs and wishes of the people as a hospital.

**Material and Method:** This study was conducted on 780 outpatients who applied obstetrics and gynecology services at Kafkas University Medical Faculty Training and Research Hospital, a tertiary public hospital, between November 2021 and February 2022. The questionnaire consisted of two parts, asking 15 questions about the service they received from the institution and six questions about their sociodemographic characteristics.

**Results:** The highest Yes rate was 96.4% (752 people) as "The doctor who examined me was interested". The highest No rate was 31.0% (242 people) with the expression "I was informed about the waiting times in the hospital".

While the lowest yes rate was 51.5% (402 people), the statement "The hospital was clean in general", the lowest no rate was again the statement "The doctor who examined me was interested". 87.1% of the participants (679 people) stated that the waiting time for registration was long, 52.7% said it was difficult to reach the hospital, and 88.8% (693 people) said they would recommend the hospital to their friends and family. Patients reported that they were generally satisfied with the services provided.

**Conclusion:** Similar to every sector, the pursuit of quality in delivering healthcare services is a prevalent goal in today's healthcare sector. Patient satisfaction surveys are essential in terms of measuring these services.

**Keywords:** healthcare management; health services; gynecology and obstetrics clinic; outpatient services; patient satisfaction; university hospital

### ÖZET

**Amaç:** Sağlık hizmetlerinin kalitesini değerlendirmenin en etkili yöntemlerinden biri, hizmet sağlayıcının belirleyici olduğu gerçeğine dayanarak hasta görüşleri ve geri bildirim almak amacıyla hazırlanan memnuniyet anketleridir. Bu çalışma, bir hastane olarak halkın ihtiyaçlarına ve isteklerine yanıt verebilecek politikalar oluşturabilen bir altyapı hazırlamak amacıyla üçüncü basamak bir merkezde poliklinik hizmeti alan hastaların memnuniyetini ölçmeyi ve bu hizmetlerin kalitesini değerlendirmeyi amaçlamaktadır.

**Materyal ve Metot:** Bu çalışma, Kasım 2021 ile Şubat 2022 tarihleri arasında Kamu Hastanesi olarak üçüncü basamak bir merkez olan Kafkas Üniversitesi Tıp Fakültesi Eğitim ve Araştırma Hastanesi Kadın Hastalıkları ve Doğum Polikliniği'ne başvuran 780 poliklinik hastası üzerinde gerçekleştirildi. Anket, kurumdan aldıkları hizmetle ilgili 15 soru ve sosyodemografik özelliklerine dair altı soru içeren iki bölümden oluşmaktadır.

**Bulgular:** En yüksek "Evet" oranı, "Muayene eden doktor ilgiliydi" ifadesi ile %96,4 (752 kişi) olarak belirlendi. En yüksek "Hayır" oranı, %31,0 (242 kişi) ile "Hastanede bekleme süreleri hakkında bilgilendirildim" ifadesi ile kaydedildi. En düşük "Evet" oranı %51,5 (402 kişi) ile "Hastane genel olarak temizdi" ifadesiyle, en düşük "Hayır" oranı ise yine "Muayene eden doktor ilgiliydi" ifadesiyle oldu. Katılımcıların %87,1'i (679 kişi) kayıt için bekleme süresinin uzun olduğunu belirtirken, %52,7'si hastaneye ulaşmanın zor olduğunu, ve %88,8'i (693 kişi) hastaneyi arkadaşlarına ve ailelerine önerdiklerini belirtti. Hastalar, genel olarak sunulan hizmetlerden memnun olduklarını bildirdiler.

**Sonuç:** Her sektörde olduğu gibi, bugün sağlık sektöründe de sağlık hizmeti sunumunda kalite aranmaktadır. Bu hizmetleri ölçme açısından hasta memnuniyet anketleri önemli bir rol oynamaktadır. Hasta memnuniyet anketlerinin periyodik olarak gerçekleştirilmesi ve bu anketlerden elde edilecek sonuçların değerlendirilmesi, sağlık yöneticilerinin sağlık hizmetlerinin kalitesini artırmak için atacakları adımlarda kılavuz olabileceği düşünülmektedir.

**Anahtar kelimeler:** hasta memnuniyeti; kadın hastalıkları ve doğum kliniği; poliklinik hizmetleri; sağlık hizmetleri; sağlık yönetimi; üniversite hastanesi

**İletişim/Contact:** Mujde Canday, Kafkas University, Faculty of Medicine, Department of Gynecology and Obstetrics, Kars, Türkiye • **Tel:** +90 555 969 94 89 • **E-mail:** drmujdeuygur35@gmail.com • **Geliş/Received:** 19.05.2023 • **Kabul/Accepted:** 23.08.2023

**ORCID:** Mujde Canday, 0000-0002-0164-2764 • Aslihan Yurtkal, 0000-0001-6173-3994

## Introduction

Medical care aims not only to improve the state of health but also to respond to the needs and wishes of the patient and to ensure their satisfaction with care. Since hospitals provide health services, the main thing here is to protect their assets while rehabilitating patients, which can only be possible by increasing their power in a fair competition environment<sup>1</sup>. The only way to do this is to provide quality service that will provide patient satisfaction by accurately analyzing the expectations of patients and their relatives and employing quality staff while following the current technology. As a general definition, quality is the sum of the characteristics of a product or service based on its ability to meet specified or potential needs<sup>2</sup>. Although there is a subjective perception to increase the quality of the service provided, there is a need for patient satisfaction inquiries based on the logic of 'you cannot fix the variable you cannot measure'<sup>3</sup>. Therefore, patient satisfaction is considered an essential criterion of service quality. Patient satisfaction: The service delivery depends on many factors, such as the interaction of the patient and the service providers, the service's continuity, the service providers' adequacy, and communication skills<sup>4</sup>. Although subjective satisfaction results from health services and indicates service quality. While subjective satisfaction reflects the quality of health services, patients themselves are the primary authority to gauge the fulfillment of their expectations regarding patient satisfaction<sup>5</sup>. Patient satisfaction is a relevant indicator of care quality; nevertheless, the measurement of patient satisfaction has faced criticism<sup>6</sup>.

When assessing the available information, conducting regular satisfaction surveys with patients serves to determine both the service quality and the institution's overall performance. With the data obtained this way, the institution will be a guide to increasing service quality and meeting society's expectations. At the same time, the institution must achieve the success it aims for and identify the missing areas on this path. The responsiveness of the national healthcare system and the effective implementation of strategic changes are crucial factors in achieving patient satisfaction. However, the real challenge lies in communicating significant improvements to the general public<sup>7</sup>. Obstetrics and Gynecology is an exclusive specialty in which the foremost and primary objective of care is the overall health of the mother and child<sup>8</sup>.

Our study aimed to measure the satisfaction level of the patients who applied to the Obstetrics and Gynecology outpatient clinics of the Kafkas University Faculty of Medicine and to determine the deficiencies and strengths of our institution by examining the factors affecting patient satisfaction. The data obtained will be used to develop appropriate policies for management staff to address and eliminate the identified shortcomings.

## Materials and Methods

Ethics committee approval was obtained from Kafkas University Faculty of Medicine Ethics Committee with the number 80576354-050-99/238. Our descriptive study was conducted with outpatients who applied to the obstetrics and gynecology outpatient services of Kafkas University Medical Faculty Training and Research Hospital, a tertiary public hospital, between November 2021 and February 2022, with the ethics committee's approval. Seven hundred eighty patients over 18, literate, able to communicate with each other, and volunteering to answer all the questions in the questionnaire participated in our study.

The questionnaire method served as the primary data collection tool. Exclusions from the study encompassed children under the age of 18, patients with communication limitations due to mental retardation or mental disorders, individuals with severe comorbidities like cancer or chronic pain conditions such as fibromyalgia, and those who declined to answer specific questions in the questionnaire. Patients who refused to fill out the questionnaire due to dissatisfaction with the hospital were considered dissatisfied overall, and their dissatisfaction was reflected in all questionnaire questions. The general 'Outpatient Satisfaction' questionnaire, organized by the Ministry of Health Health Services, was administered to patients to assess their overall satisfaction with the healthcare institutions. Patients completed the questionnaire independently in a designated waiting area following their treatment and receipt of prescriptions. There were no health personnel present who could potentially influence their responses positively or negatively concerning the physician. The questionnaire comprised 15 questions aiming to evaluate the services received from the institution, along with six questions concerning the patients' sociodemographic characteristics (Tables 1, 2, 3). Four questions related to the institution required Yes/No responses, while the remaining 11 used a 3-point Likert-type scale (Yes/Partly/

No). For evaluation purposes, responses were scored, assigning zero points for 'No', one for 'Partly', and two for 'Yes'. Each individual's satisfaction level with these propositions was calculated based on their scores. Statistical analyses of the study were performed in the IBM Statistical Package for Social Sciences (SPSS) program version 21.0 package program. Categorical variables were represented by number and percentage, and continuous numerical variables were described by center and prevalence measures such as mean, standard deviation, and minimum and maximum values. The normal distribution conformity of the variables was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests. The Pearson Chi-square test was employed to compare categorical variables among groups. The Mann-Whitney U test was utilized to compare independent two-group continuous variables that did not adhere to normal distribution. Meanwhile, the Kruskal-Wallis test was applied for independent continuous variables among groups that did not conform to normal distribution, with Pairwise Comparison determining specific group differences. A statistical significance level of  $p < 0.05$  was accepted.

## Results

Seven hundred eighty female patients were included in the study, and the mean age was  $35.52 \pm 10.99$  years. 38.3% (299 people) of the patients were 30 years or younger, 84.1% (656 people) were married, 83.5% (651 people) had children, 47.9% (374 people) had a secondary school or below education level, 56.8% (443 people) were working, and 97.3% (759 people) had social insurance.

Upon examining the patient's responses to the survey questions, the statement with the highest yes rate was "The doctor who examined me showed interest," with a rate of 96.4% (752 people). The highest no rate was 31.0% (242 people) in the statement "I was informed about the waiting times in the hospital." was seen in the expression. It was determined that the lowest yes option was 51.5% (402 people) with the statement "The hospital was generally clean", and the lowest no option was "The doctor who examined me was interested".

72.7% (567 people) of the participants did not choose the doctor they would be examined by themselves, 87.1% (679 people) had a long waiting time to register, 52.7% said it was difficult to reach the hospital, 88.8% 693 people stated that they would recommend the hospital to their friends and family.

**Table 1.** Sociodemographic characteristics of the patients

	n	%
Age		
30 years and under	299	38.3
30–40 years	257	32.9
40 years and older	224	28.7
Marital status		
Married	656	84.1
Single	124	15.9
State of having children		
None	129	16.5
Yes	651	83.5
Educational status		
Middle school and below	374	47.9
High school	204	26.2
University	202	25.9
Working status		
Working	443	56.8
Not working	337	43.2
Social insurance		
Yes	759	97.3
No	21	2.7
Total	780	100.0

**Table 2.** Patients' answers to survey questions

	Yes n (%)	Partly n (%)	No n (%)
I was informed about the waiting times at the hospital.	404 (51.8)	134 (17.2)	242 (31.0)
Consultation and referral services were generally good.	596 (76.4)	155 (19.9)	29 (3.7)
Waiting rooms were comfortable.	425 (54.5)	228 (29.2)	127 (16.3)
I was examined within the specified time.	590 (75.6)	122 (15.6)	68 (8.7)
The doctor who examined me gave me information about my disease and took time.	739 (94.7)	24 (3.1)	17 (2.2)
The doctor who examined me was concerned.	752 (96.4)	20 (2.6)	8 (1.0)
Another staff was concerned about me.	680 (87.2)	66 (8.5)	34 (4.4)
The hospital staff took care of my privacy.	711 (91.2)	50 (6.4)	19 (2.4)
I had my examinations done within the time given to me.	641 (82.2)	97 (12.4)	42 (5.4)
The hospital was generally clean.	402 (51.5)	228 (29.2)	150 (19.2)
The service provided at the hospital was generally good.	628 (80.5)	126 (16.2)	26 (3.3)

**Table 3.** Patients' answers to other survey questions

	Yes n (%)	No n (%)
I chose the doctor, and I would be examined by myself.	213 (27.3)	567 (72.7)
The waiting time was too long to register	679 (87.1)	101 (12.9)
Was it difficult for you to reach the hospital?	411 (52.7)	369 (47.3)
I would recommend this hospital to my family and friends	693 (88.8)	87 (11.2)

**Table 4.** Satisfaction level scores according to the sociodemographic characteristics of the patients

	Median (min-max)	p
<b>Age</b>		
30 years and under	19 (9–22) <sup>a</sup>	0.001
30–40 years	18 (8–22) <sup>a</sup>	
40 years and older	20 (8–22) <sup>b</sup>	
<b>Marital status</b>		
Married	19 (8–22)	0.150
Single	19 (9–22)	
<b>State of having children</b>		
None	18 (9–22)	0.155
Yes	19 (8–22)	
<b>Educational status</b>		
Middle school and below	20 (8–22) <sup>a</sup>	<0.001
High school	19 (9–22) <sup>a</sup>	
University	18 (9–22) <sup>b</sup>	
<b>Working status</b>		
Working	19 (8–22)	0.006
Not working	20 (8–22)	
<b>Social insurance</b>		
Yes	19 (8–22)	0.802
No	19 (13–22)	

p value: Mann-Whitney U testi, Kruskal-Wallis test; a, b: Different characters indicate the difference between groups.

A significant difference was found in the satisfaction level scores between the age groups of the patients ( $p=0.001$ ). It was shown that the group aged 40 and over had higher satisfaction levels than those aged 30 and below ( $p=0.012$ ) and those aged 30–40 ( $p=0.001$ ).

A significant difference was found in the satisfaction level scores between the education status groups of the participants ( $p<0.001$ ). The satisfaction level score of the group with university or higher education level was significantly lower than the group with high school education ( $p=0.016$ ) and secondary school and below ( $p<0.001$ ).

When examined regarding working status, a significant difference was found between the groups' satisfaction levels ( $p=0.006$ ). It was found that the non-working group had a higher satisfaction level score than the working group.

## Discussion

Among the sociodemographic variables used in our study, there was a statistically significant positive correlation between patient satisfaction and age; a statistically significant negative correlation was found between patient satisfaction, educational status, and working

status. Publications that found higher satisfaction rates with increasing age, like our study, interpreted as people becoming more mature and tolerant or that older people are treated more kindly<sup>9</sup>.

Despite that, some studies have concluded that sociodemographic variables do not seriously affect patient satisfaction<sup>3</sup>. On the contrary, Widjaja et al. identified a significant relationship between sociodemographic characteristics and the level of patient satisfaction in their study<sup>10</sup>.

In their studies, some researchers reported that age was not associated with patient satisfaction<sup>11</sup>. In contrast, Akinlusi et al. found that age and education were significantly associated with outpatient satisfaction<sup>12</sup>.

Different results regarding the relationship between age and satisfaction outcomes were attributed to the fact that the content of the questionnaire applied may have been created differently or the method used for the questionnaire was different. Our study determined that the patient's satisfaction with the institution decreased as their education level increased. This result can be interpreted as people with higher education levels may have higher expectations from the institution. Higher education levels can also explain the higher the person's standards, the experience of different alternative institutions, and having a more critical perspective. Unlike the results of our study, Önsüz et al., In their study, however, could not establish a relationship between educational status and satisfaction level<sup>9</sup>.

A Scandinavian study reported no significant difference between age and institution satisfaction. With the increasing education level, the patient's expectations and perspectives on the services differed, and patient satisfaction decreased<sup>11</sup>. In the case of low educational status, the possible cause of dissatisfaction is communication problems with the patients. However, the practical satisfaction level may be the low level of expectation in these patients.

The intersection of the working group with the higher education group explained the decreased institution satisfaction in the working patient group in our study. In our study, no significant relationship was found between social security and the general satisfaction level of the patients. This data is an expected result since patients with or without health insurance under the umbrella of the social state receive the same standard and quality service.

Although more studies on waiting times are needed to evaluate our country's standards, it is known that waiting time for examination affects satisfaction<sup>13</sup>. Tehrani et al. suggested in their study that the availability of healthcare providers for longer consultation durations could enhance patient satisfaction<sup>14</sup>.

In their study conducted at the university hospital's obstetrics and gynecology outpatient clinic, Güney et al. found that the most significant satisfaction determinant was the examination waiting time. At the same time, the understanding of the information provided by the doctor was influenced by education level, age, the quality of the information provided, and the duration of the examination<sup>15</sup>.

Our study determined that the patients who stated the waiting time as long had a high rate of dissatisfaction. Kabaroglu et al. reported from a different perspective that the perceived waiting time of the patients was longer than the actual waiting time in their study<sup>1</sup>.

In our study, 87.1% of the patients answered, "I waited too long for the registration process," and 82.2% answered, "I had my tests done within the time I was informed." The patient group, who thinks that they do not wait too long for their examinations, thinks that they wait too long for the registration.

Patients see the long waiting times for the outpatient clinic because of our hospital's registration system. Appointments cannot be made online or by phone at our university. Our hospital provides service to many rural areas besides the city center. Considering the physical conditions of the city and the distance from the villages, people have to leave their homes much earlier than the outpatient clinic starting time, for the appointment process begins early in the morning. The fact that the patients come to the hospital long before the opening hours of the outpatient clinic to get a queue number and include this time in the waiting time of the outpatient clinic reveals dissatisfaction with the waiting times.

In addition, agriculture and livestock are an essential source of livelihood in our province. Since they are engaged in animal husbandry, many of our patients expect their examinations to be completed before noon and to return to their villages at the earliest hour by traveling a long distance with village cars, which have no alternative and are extremely rigid regarding hours. The preference for morning appointments leads to

overcrowding in the outpatient clinics, significantly reducing our hospital's service quality.

Unfortunately, there are serious problems, such as patients who need help getting a queue number even though they enter the registration queue very early and have to return to their villages without getting outpatient clinic service, which creates a severe satisfaction problem for our institution. The questionnaire utilized in our study unveiled issues within the appointment scheduling system. It can cause patients and their relatives to be in constant conflict-filled communication with the doctor to get an examination or enter it earlier. At the same time, it may cause communication disorders that will damage the patient-physician trust relationship. Failure to establish proper communication with the patient from the beginning will also reduce the physician's motivation.

Therefore, we believe that implementing an online or telephone appointment system at our hospital and extending the allotted examination time for each patient by appropriately managing the number of patients would effectively reduce the perceived waiting time. Consequently, this approach would also enhance patient satisfaction.

Fifty-four percent of patients answered, "The waiting rooms were comfortable." This outcome underscores the advantage of reorganizing the patients' seating, waiting, and resting areas within our hospital. Additionally, it was noted that overall patient satisfaction stood at 51%. The most significant factor contributing to this decline in satisfaction was cleanliness issues and inadequacies concerning public restrooms.

As revealed in the publications, there is a positive interaction between patient satisfaction and the attitudes of health personnel<sup>1</sup>. Rather than the physical conditions of the institution, the patients are affected mainly by the smiling face, friendly attitudes, interest, listening to the patient, and the sincere answers they see from the physician, and by the friendliness and skills of other healthcare professionals such as nurses<sup>16</sup>. According to the study conducted by Rui, the incorporation of humanistic care into outpatient nursing practices in obstetrics and gynecology demonstrates a significant enhancement in patients' perception of service quality provided by community hospitals. This outcome highlights the practicality and importance of implementing and promoting such an approach<sup>17</sup>. In their study, Sanad et al. evaluated the parameters of timing,

nursing care, physician care, surrounding environment, and overall satisfaction. They identified waiting time, nurses' directions, physician communication, and the surrounding area influencing patient satisfaction. In conclusion, there is a clear need for continuous improvement in the quality of care within the healthcare setting, particularly to enhance patient satisfaction<sup>18</sup>.

The trust and loyalty of the physician and the institution will increase when the patients can find answers to their questions in a simple way that they can understand, apart from their medical jargon about their diseases, and intelligibly for the parts that do not come to their minds.

According to our study, 96.4% of the patients were satisfied with the doctor's behavior, 87.2% of the staff members, and 94.7% were satisfied when the physician gave information about the patient's disease. 91.2% of patients were generally satisfied with the attention paid to their privacy (such as removing the door, curtain, or screen).

In our study, transport to the hospital is complex, with a result of 52.7%, and the related reason is that most patients come from distant villages. In the study, the vast majority of our outpatients, 88.8%, stated that they were satisfied with the hospital by saying they could recommend the hospital to their families and friends.

Taneja et al. emphasized in their study evaluating outpatient services that patients are the backbone of the healthcare system. Therefore, they should be prioritized to enhance the efficiency and effectiveness of the healthcare system<sup>19</sup>.

We think that our hospital is the only university hospital in our province, and the physical conditions are better than the state hospital in the region and other institutions in the vicinity. The high quality of service of the doctors and staff is influential in forming this level of satisfaction.

Future research should shift its focus toward aspects related to clinical trial participation and explore beyond the conventional expectations of patients regarding healthcare accessibility, facilities, clinical skills of the healthcare team, and attentiveness toward patients' concerns<sup>20</sup>.

Hospital administration should prioritize addressing the various drawbacks or deficiencies patients and attendants highlight. By doing so, improvements can be made to hospital services, leading to enhanced patient satisfaction<sup>21</sup>.

## Conclusion

As in every sector, quality is sought in providing health services in the health sector today. Patient satisfaction survey studies are essential in terms of measuring these services. Such studies will benefit health policies and planning to be established nationwide.

The logic that you cannot fix the variable you cannot measure is indisputably true. Patient satisfaction is assessing how satisfied a patient is with their healthcare. Therefore, it is one of the most important indicators of the success of the health institution.

As in every sector, quality is sought in providing health services in the health sector today. Patient satisfaction survey studies are essential in terms of measuring these services. Such studies will benefit health policies and planning to be established nationwide.

The logic that you cannot fix the variable you cannot measure is indisputably true. Patient satisfaction is assessing how satisfied a patient is with their healthcare. Therefore, it is one of the most important indicators of the success of the health institution.

It's crucial to remember that healthcare institutions also function as commercial organizations. For the survival of the institutions, fair competition between the institutions and the more preferred and the survival of that health institution, hospital administrators should continuously measure patient satisfaction with questionnaires. This approach helps to identify the hospital's shortcomings; medical care should enhance the patient's health status and improve their overall well-being. In addition, it should act on the fact that responding to their needs and desires is too essential to be underestimated in ensuring patient satisfaction.

If hospital managers can use their financial resources rationally, they can increase the hospital's preference. While the number and quality of personnel within the outpatient clinic significantly impact satisfaction levels, these factors were not evaluated in our study, representing a missing aspect of our research. As a result, it was determined that the satisfaction level of the patients who applied to our hospital's obstetrics and gynecology outpatient clinic was high in general. The physician's attention was the highest satisfaction, while the hospital's general cleanliness was the lowest. The most common complaint was the length of waiting times for registration. The findings suggest that enhancing the quality of health services, reducing waiting times, and conducting assessments of waiting rooms and general service areas would be advantageous.

## References

1. Kabaroglu K, Eroglu S, Ecmel Onur Ö, Denizbaşı A, Akoğlu H. Acil serviste hasta memnuniyetini etkileyen faktörlerin araştırılması. *Marmara Med J.* 2013;26(2):82–89.
2. Best M, Neuhauser D. Joseph Juran: Overcoming resistance to organizational change. *Qual Saf Health Care.* 2006;15:380–2.
3. Türkuğur Ü, Alıcı B, Uzuntarla Y, Güleç M Yatan hasta memnuniyetinin incelenmesi: Bir eğitim hastanesi örneği. *Gülhane Tıp Dergisi.* 2016;58(2):170–173.
4. Carr-Hill RA. The measurement of patient satisfaction. *Journal of Public Health.* 1992;14:236–49.
5. Savaş E, Bahar A. Gaziantep Üniversitesi Tıp Fakültesi hastanesinde yatan hastaların memnuniyet düzeylerinin belirlenmesi. *Gaziantep Medical Journal.* 2011;17(1):24–28.
6. Kleefstra SM, Kool RB, Veldkamp CM, Winters-van-der MA, Mens M, Blijham G, et al. A core questionnaire for assessing patient satisfaction in academic hospitals in The Netherlands: development and first results in a nationwide study. *Qual Saf Health Care.* 2010;19:e24.
7. Xesfingi S, Vozikis A. Patient satisfaction with the healthcare system: Assessing the impact of socio-economic and healthcare provision factors. *BMC Health Serv Res.* 2016;16:94.
8. Mahfouz ME, Abed AM, Alqahtani MS, Albaqami AM, Alsubaie MM. Patient satisfaction toward health care performance in the Obstetrics and Gynecology departments among hospitals in Saudi Arabia. *IJMDC.* 2020;4(2):338–346.
9. Önsüz M, Topuzoğlu A, Cöbek U, Ertürk S, Yılmaz F, Birol S. İstanbul'da Bir Tıp Fakültesi Hastanesinde Yatan Hastaların Memnuniyet Düzeyi. *Marmara Med J.* 2008;21(1):33–49.
10. Widjaja HPK. Assessment of Patient Satisfaction Among Pregnant Patients in The Out-Patient Department of Obstetrics and Gynecology Section at Metropolitan Medical Center Manila. *Jurnal Manajemen Kesehatan Indonesia.* 2020;8(3):148–152.
11. Wallin E, Lundgren P-O, Ulander K, Staël von Holstein C. Does age, gender or educational background affect patient satisfaction with short stay surgery? *Ambulatory Surgery.* 2000;8:79–88.
12. Akinlusi FM, Olayiwola AA, Adeniran A, Rabiou KA, Oshodi YA, Ottun TA. Patient's Perception of the Quality of Gynecological Services in a Tertiary Public Health Facility in Lagos, Nigeria. *J Patient Exp.* 2022;9:23743735221077550.
13. Tezcan D, Yücel MH, Ünal UB, Edirne T. Üçüncü basamak sağlık kuruluşunda hasta memnuniyeti. *Pamukkale Tıp Dergisi.* 2014;7:57–62.
14. Tehrani, Ali & Feldman, Steven & Camacho, Fabian & Balkrishnan, Rajesh. Patient Satisfaction with Outpatient Medical Care in the United States. *Health Outcomes Research in Medicine.* 2. e197–e202.
15. Güney M, Uzun E, Oral H, Sarıkan İ, Mungan T Kadın Hastalıkları ve Doğum Polikliniği: Hasta memnuniyeti, verilen bilgileri anlama düzeyleri ve etkileyen faktörler. *Kadın Doğum Dergisi.* 2006;4(4):902–908.
16. Kırılmaz H. Hasta memnuniyetini etkileyen faktörlerin sağlık hizmetlerinde performans yönetimi çerçevesinde incelenmesi: poliklinik hastaları üzerine bir araştırma. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi* 2013, 4(1):11–21.
17. Geng Rui, Application Effect of Humanistic Care in Outpatient Nursing of Grassroots Obstetrics and Gynecology. *MEDS Public Health and Preventive Medicine.* 2022;2:75–77.
18. Sanad, Ahmad & Abdelrahem, Aml & Thabet, Mona & Al Omar, Norah & Mousa, Ola. Assessing Patients' Satisfaction with the Quality of Services at the Outpatient Clinics in Minia Maternal and Children University Hospital, Egypt. *Merit Research Journal of Medicine and Medical Sciences.* 2020;8:426–431. 10. 5281/zenodo. 4008680.
19. Taneja, Neha & Gupta, Sujata & Kaur, Karuna. A Study on Patient Satisfaction with Services in Outpatient Department at a Government Teaching Hospital, New Delhi, India. *International Journal of Engineering Applied Sciences and Technology.*
20. Tantoy IY, Bright AN, Paelmo E, Moreland EI, Trost AN, Pasquesi J, Weaver C, D'Aquila RT. Patient satisfaction while enrolled in clinical trials: A literature review. *Patient Experience Journal.* 2021;8(3):125–135.
21. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patients' satisfaction with services obtained from a tertiary care hospital in rural Haryana. *Int J Collab Res Intern Med Public Health.* 2012;4(8):1524.