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Rasheed (Transparency International – Jordan) (TI - Jordan) is a non-for-profit civil society organization that aims to reinforce the involvement of the Jordanian citizen in anti-corruption activities, protect public, private and local governance institutions against corruption, enhance the efficiency and independence of control agencies specialized in the area of anticorruption, strengthen the integrity of the legislative and judicial authorities, and reinforce the performance of Rasheed (TI – Jordan) towards achieving its vision (Jordan that is solid with a national integrity system) and mission (to strengthen the pillars of good governance that are based on integrity and no impunity, reinforced by a social culture that is intolerant of corruption). It was established at the end of 2013, through a group of activists working in the field of anti-corruption. Rasheed is the National Chapter of Transparency International in Jordan.

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The planning of health operations must be based on sound information, based on the specific needs of health institutions, service providers and beneficiaries respectively. We hope, through the results of this study, that we have reached the desired goals, namely, to provide indicators of the reality of secondary health care service provision, and the identification of satisfaction factors, to be brought before decision-makers.



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Preface

Upon a request from Rasheed for Integrity and Transparency – Jordan, in conjunction with the Jordanian Ministry of Health (MoH), this project came about to evaluate and elevate the quality of healthcare services in the public sector. This goal is achieved through assessing the level of the beneficiaries' satisfaction with the services provided at MoH hospitals. The assessment aims at allowing the gain of deeper and more precise understanding of the services provided and the individualized gaps in services provision; thus identify and fill-in the chasm between the current level of services and the Desired level, which can only be achieved through proper planning, implementation, monitoring and evaluation.

A total of thirteen public hospitals participated in the research on the one hand, while CSOs and NGOs contributed towards identifying the gaps on the other hand; providing interesting recommendations on how to improve the quality of secondary healthcare services provided at MOH hospitals.

Furthermore, we should not neglect to pay proper tribute to the research team, the social workers, the participating technical committees, MoH, and to all participating hospitals and their staff, as well as to CSOs who exerted significant efforts in providing valuable information and facilitating the data collection task for the teams and social workers. We supplicate to Almighty Allah to guide us through to serve our beloved homeland, under the leadership of His Majesty King Abdullah II Bin Al Hussein.

Introduction

"Rasheed for Integrity and Transparency" is a non-profit civil society organization established in 2013, which serves today as the only representative focal group of Transparency International (TI) in Jordan. Rasheed for Integrity and Transparency aims to promote integrity and anti-corruption efforts in both the private and public sectors. Additionally, Rasheed endeavors to raise the awareness of respondents from various sectors on the importance of integrity, accountability and reporting corruption, in addition to reinforcing the legal and executive frameworks of the national integrity matrix through communication, cooperation and exchanging experiences with the relevant international, regional and national organizations, as well as working to expand the scope of data and information accessible to citizens.

This year, Rasheed for Integrity and Transparency inaugurated a number of projects; the "Women in leadership" project in cooperation with the embassy of Netherlands in Amman, "Improving the Quality of Public Healthcare Services" Project in cooperation with WHO (FHI360), and "Partnership (Sharakah)" Project in cooperation with Transparency International. Last year, in conjunction with TI and The Swedish International Development Agency (Sida), Rasheed for Integrity and Transparency also launched four projects: Arab Transparency Debate – Jordan, Assessment of the Integrity system on the local level, and fostering the role of Women Leaders in Propagating the Values of national Integrity, and the integrity regime on the National Level.

Planning health operation must be underpinned on a concrete informational foundation; which itself must be based on the needs specified by health institutions, service providers and beneficiaries. Leveraging the findings of this research, we hope to reach our strived for goal, which is to furnish such indicators, relating to the status of secondary health services, which would also serve to identify the factors of satisfaction. The findings of the research, along with relevant and reasonably applicable recommendations will be elevated to the disposal of decision makers to achieve the predetermined goals.

According to official figures, Jordan boasts 104 hospitals, with a total capacity of 12,407 beds; out of which 4,693 beds (37.8%) belong to MoH hospitals. The total number of hospitalized patients was indicated at 354,699 with an average stay of 3.1 days. Specialization clinics received 3,238,721 visitors, while a total of 90,045 invasive procedures were performed MoH hospitals, in addition to 78,822 deliveries.

It is worth mentioning that MoH has 31 public hospitals, 98 comprehensive health centers, 377 primary healthcare centers, 452 maternal and pediatric healthcare centers, and 202 secondary health centers serving more than half of the population. Notwithstanding the fact that the healthcare situation in Jordan is better as compared to its counterparts in the Middle East, some aspects however need to be revisited; breaking out of the abstract numerical confinement. For instance, the pace of population growth should not only be considered on the basis of the mere number, but rather on all three factors affecting it; namely the rate of births, mortalities, and migration.

In the period 1952 – 1979, Jordan's population witnessed a dramatic growth from 586,000 people to 2.1 million respectively. By the year 1994, this figure doubled to stand at 4.1 million, to subsequently reach 5.1 million according to the 2004 census, and finally to 9.5 million residents, according to the most recent census of 2015.

To that end, this project aims to assess the status of secondary healthcare services provided at MoH hospitals. The assessment follows an inclusive approach, as manifested in the assiduous, to involve CSOs in the research and towards improving the services. The project consists of five phases which were implemented by Rasheed for Integrity and Transparency through the British Consultancy Firm "Business Eye Training & Consulting". The five phases are as detailed below.

I: Assessing the Integrity and Quality of Secondary Healthcare Services, and the level of Satisfaction among MoH Hospitals' Beneficiaries.

A Quantitative research methodology was employed; administering a beneficiaries' satisfaction survey. The survey was administered in 13 MoH targeted hospitals: three in the north, eight in the center and two in the south. The research was conducted over a period of six months. This assessment aimed to:

- Assess the quality of secondary healthcare services provided in MoH hospitals.
- Assess the integrity and transparency levels of the provided secondary healthcare services.
- Measure the beneficiaries' satisfaction with the secondary healthcare services provided in MoH hospitals.

II: Focus Groups:

A Qualitative Research methodology has been employed, by virtue of which five focus groups were formed, inclusive of CSOs. The FGs were tasked with assessing the capacities of MoH hospitals in terms of maternal and pediatric healthcare quality of services. The findings of the patients' satisfaction surveys were presented to the FGs who were requested to provide their inputs, opinions, visions and positions on the services of the listed hospitals.

III: Round table Discussions

Chief medical practitioners as well as selected staff members of some hospitals and MoH were invited to review the findings of the satisfaction survey; focusing on the most common issues facing hospitals in their interactions with patients. Mechanisms to improve services were recommended as an outcome of the project.

IV: Building the Capacities of CSOs to administer Patients' Satisfaction Surveys

Attended by over 50 participants representing CSOs from various governorates, a capacity building workshop was organized for Civil Society Organizations (CSO). The training was specially designed to enable CSOs to develop and administer patients' satisfaction surveys and assess hospitals. Participating organizations were selected based on the following criteria:

- a. The organization is involved in health fields.
- b. Prior experience in advocacy activities.
- c. Operation size and activity.
- d. Taking part in relevant coalitions.
- e. Geographical representation.

V: Building the Capacities of CSOs in Relation to Health Insurance and Universal healthcare

Attended by over 50 participants representing CSOs from various governorates, a capacity building workshop was organized for Civil Society Organizations (CSO). The training was specially designed to educate CSOs on the issues of healthcare system, health insurance and universal healthcare. Participating organizations were selected based on the following criteria:

- a. The organization is involved in health fields.
- b. Prior experience in advocacy activities.
- c. Operation size and activity.
- d. Taking part in relevant coalitions.
- e. Geographical representation.

I: Assessing the Integrity and Quality of Secondary Healthcare Services and the level of Satisfaction among MoH Hospitals Beneficiaries'

Objectives:

- 1-Assessing the quality of secondary healthcare services provided in MoH hospitals.
- 2-Assessing the integrity and transparency levels of provided secondary healthcare services in MOH hospitals.
- 3-Measuring the beneficiaries' satisfaction with the secondary healthcare services provided in MoH hospitals.

Methodology:

The field research was carried out by gathering basic information from 13 MoH hospitals. Eight hospitals in the center, three in the north and two in the south were selected as data sources. Selection was made based on the number of services provided, bed capacity, population served, and the average number of visitors. By applying the selection method; the following hospitals were chosen: Princess Basma Hospital, Al-Iman Hospital, Jerash Hospital, Al-Basheer Hospital, Prince Hamza Hospital, Jamil Totanji Hospital, Zarqa Public Hospital, Prince Faisal Hospital, AL-Hussein Hospital (Salt City), Prince Hussein Hospital, Al-Nadim Hospital, Karak Public Hospital, and Ma'an Public Hospital.

Data collection tools have been designed in a manner that allowed collection of both quantitative and qualitative data.

Population of Research:

The Population of the research is constituted of MoH hospitals' visitors, whether to the in-patients or out-patient clinics. In 2015, inpatient cases reached a total of (354 699) cases, with an average stay of 3.1 days/ per patient. In that same year, outpatient visits amounted to (3 238 721) patients. Further, over 90 045 invasive procedures were performed in MoH hospitals, in addition to 78 823 deliveries. This field research was also conducted by collecting preliminary information and data from 13 MoH subsidiary hospitals. Selection was made based on the number of services provided, bed capacity, population served, and the average number of visitors.

By applying the selection method; the following hospitals were chosen: Princess Basma hospital, Ajloun hospital, Jerash hospital, Al-Basheer hospital, Prince Hamza hospital, Jamil Totanji hospital, Zarqa Public Hospital, Prince Faisal hospital, AL-Hussein Hospital (Salt city), Prince Hussein hospital, Al-Nadim hospital, Karak Public hospital, and Ma'an Public hospital.

Data Collection Tools

Questionnaires have been designed and employed to serve as a tool for collecting preliminary quantitative and qualitative data. Two different types of questionnaires were designed: the first is designated for in-patients and the other for out-patients. Questions within the questionnaire were split into three sections. The first section is designated to collect personal and demographic data. Likert scale analysis is utilized in the second section; posing to assess the quality of services and patients' satisfaction therewith. The third section is composed of a group of open-ended questions articulated to identify the most significant advantages, disadvantages, and opportunities for improvement from the point of view of beneficiaries.

Sample of Research

The sample for this research was calculated using Yamane, Taro (1967) formula as demonstrated below:

$$n = \frac{N}{1 + Ne^2}$$

n: Sample size

N: Population

e: Error margin (normally +/- 0.05)

By applying the formula, the sample size was set at 800 respondents, whereas data will be collected from 400 out-patients and 400 in-patients in all 13 hospitals.

	Governorate	Hospital	Outpatient	Outpatient sample size	% sample	Admitted patients in 2014	Inpatient sample size	% sample	Total hospital's sample	Hospital sample / total sample
1	Irbid	Princess Basma	275521	47	11.9%	22202	35	8.7%	82	10.3%
2	Ajloun	Al-Iman	98265	17	4.2 %	8990	14	3.4%	31	3.9%
3	Jerash	Jerash	123445	21	5.3 %	10588	17	4.2%	38	4.7%
4	Amman	Al-Basher	564280	97	24.3%	84715	133	33.3%	230	29%
5		Prince Hamza	177457	31	7.6%	27569	44	10.9%	75	9.4%
6		Jamil Totanji	104871	18	4.5%	13492	21	5.3%	39	4.9%
7	Zarqa	Zarqa Pub. Hospital	290435	50	12.5%	21132	33	8.3%	83	10.4%
8		Prince Faisal	186665	32	8%	16259	26	6.4%	58	7.2%
9	Balqa	Al-Hussain Al-Salt	156096	27	6.7%	12506	20	4.9%	47	5.9%
10		Prince Hussein	52573	9	2.3%	7562	12	3%	21	2.6%
11	Madaba	Al-Nadim	128240	22	5.6%	11266	16	4.4%	38	4.7%
12	Karak	Karak Pub.	103284	18	4.4%	11703	18	4.6%	36	4.5%
13	Ma'an	Ma'an Pub.	64711	11	2.7%	6414	10	2.6%	21	2.6%
Total			2,325,843	400	100%	254,398	399	100%	799	100%

Data collection and analysis team

The research colloquium assigned a team for collecting and analyzing the data. The data collection team is composed of male and female social workers; possessing degrees in nursing and midwifery and who have previous experience with Ministry of Health and relevant international projects. This team of data collectors had to perform its duties under the direct supervision of the research colloquium.

While the research tools were under development, the data analysis team was formed of two respondents with extensive experience in statistical analysis, one of whom had previously worked on analyzing similar studies in the health sector. Prior to deployment, the research tools were reviewed by the data analysis team to provide their input on the applicability of analysis, and to identify any issues that may potential hamper the analysis process. Accordingly, the data analysis team was able to analyze the data according to the type of analysis and variables determined by the research colloquium.

Training the data collection team

The data collection team has been trained by social workers who had previously worked on similar projects and are well acquainted in conducting field interviews. The research colloquium trained the data collection team to form the field research along with them. Together, they reviewed the questionnaires and demonstrated the data collection method.

Data Collection Method

A schedule to visit all 13 hospitals was set; designating one to three days for each hospital depending on the sample's size, subject to the approval of Ministry of Health and Rasheed for Integrity and Transparency. An official request letter was issued by Ministry of Health addressing the relevant directorates and hospitals to facilitate the task of the research team. Data was collected following the questionnaire templates' assignment to each hospital, according to the numbers determined in the sample for the admitted patients and the outpatients.

Pre-testing (piloting) the research tools

The research tools were subjected to pre-testing / piloting in one of the hospitals, in which the team of data collectors along with the research colloquium conducted some data collection. This piloting was carried out with a view to identifying any difficulties or issues that may arise during the interviewing process, upon filling in the questionnaires, as well as to properly estimate the time needed for each interview.

Notes and feedback have been collected; incorporating the necessary adjustments which included some additions, deletions and amendments to the questionnaires. This process ended up rendering the questionnaires ready in their final approved form to begin the research.

Protection of the participants' rights

To protect the rights of respondents, the following measures were put into place:

- A. Ministry of Health addressed health directors and heads of the centers in which the research would be conducted to facilitate the task of the field data collection team.
- B. The data collection team was requested to ensure that the chief medical practitioner at the respective hospital is informed about the research objectives and the data collection mechanism immediately upon arrival at the hospital.
- C. The data collection team was requested to ensure that all respondents (males & female) consent to being interviewed prior to conducting the interview, otherwise no interview will be held.
- D. Reasonable answer options were inserted within the questionnaire to allow reluctant respondents to refrain from answering any questions; whereas the questionnaire included the option "prefer not to answer".
- E. The research objectives were expressly stated, while reassuring respondents that any and all information they are willing to share will be mandatorily kept confidential. Respondents were also reassured that, all questionnaires shall remain anonymous, without any references that may disclose the respondents' identity.
- F. It was also ensured that all interviews are conducted in full privacy for the respondents, without the presence of the service's providers or any other third party.
- G. All the questionnaires were stored in locked cabinets that are only accessible by the social workers. Soft copies of the questionnaires were stored only on the team leader's computer to maintain and ensure the confidentiality of the information.

Data collection challenges

- Determining the data collection days in some hospitals has slowed the data collection process; requiring additional visits to these hospitals.
- A great effort has been exerted by the research team to ensure privacy during interviews. This is mainly due to the lack of sufficient space at times and the load of work at other times.
- The sample was taken from several hospitals spread around the country; making it difficult to return to hospitals where data collection was not completed within the allotted time slot.
- Some respondents who had previously secured fee waivers were reluctant to provide candid answers to some questions.

Research outcomes:

The number of in-patients and outpatients' respondents reached a total of 800 respondents. A total of 17 respondents; constituting (2.13%) of respondents were below the age of 15, while the number of respondents aged 15-25 years was 172 respondents; constituting (21.5%). Respondents aged 26-35 were counted to a total of 196 respondents (24.5%), the number of those within the age group of 36-45 was 157 respondents (19.6%), the number of those within the age group of 46-55 was 119 respondents (14.8%), and finally the number of those aged 55 years and above was 139 respondents; constituting (17.4%). chart #1 underneath demonstrates these figures as follows:

Chart 1: Distribution of the respondents' sample by age group

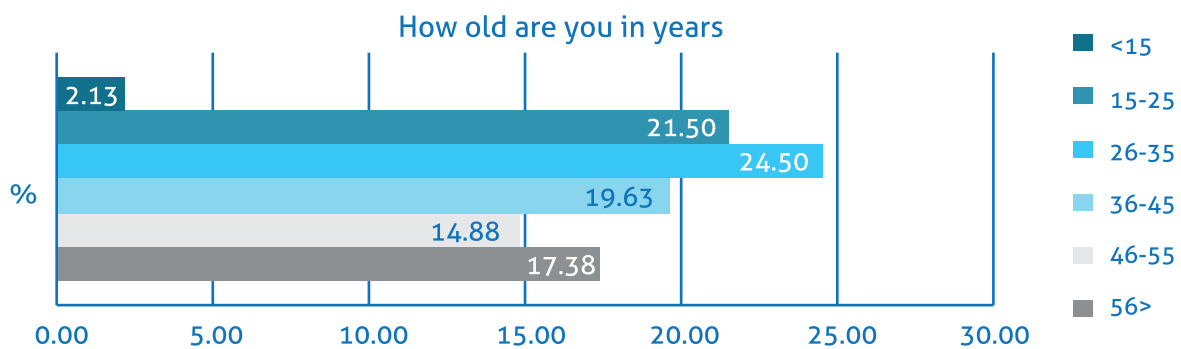


Chart 2: Distribution of respondents' Sample by gender

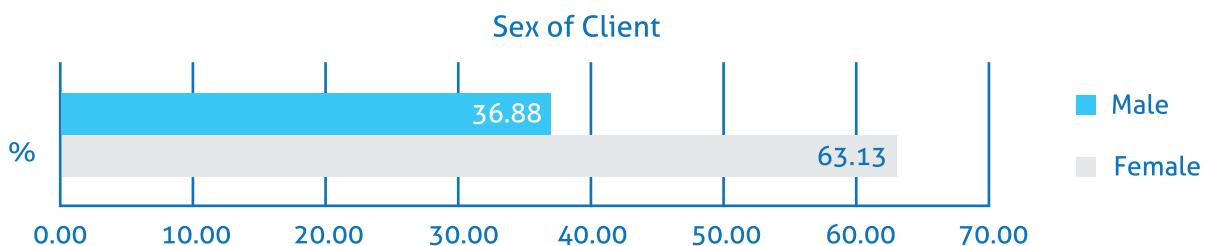
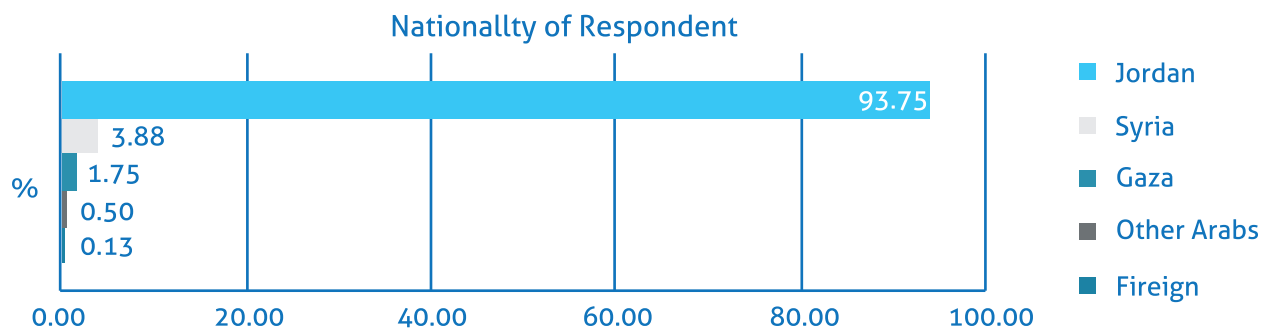


Chart 3: Distribution of respondents' sample by nationality



The number of females was 505 (63.1%) out of the total number of the respondents. As for the distribution according to the respondents' nationalities, 750 respondents (93.7%) were Jordanians, 31 respondents (3.9%) were Syrians, and 14 respondents (1.75%) were Gazan or ex-Gazans. Furthermore, there were three respondents of other Arab and foreign nationalities as demonstrated in the two charts 2 and 3.

Chart 4: Distribution of respondents' sample by type of insurance

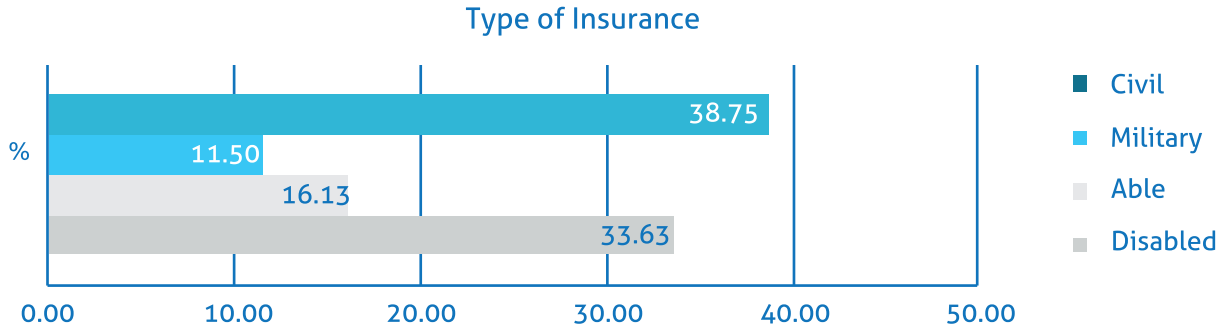


Chart 4 shows the distribution of the patients according to their insurance coverage. 310 respondents out of the total number of respondents; constituting (38.7%), were under the civil insurance umbrella, 92 respondents (11.5%) covered under military insurance (Royal Medical Services), 129 respondents (16.1%) were categorized as wealthy respondents, while 269 respondents (33.6%) were categorized as unable to afford the cost of medical treatment; who are often granted medical covered by the Royal Hashemite Court or the Ministry of Social Development.

Chart 5: Distribution of respondents' sample by the highest level of educational attained

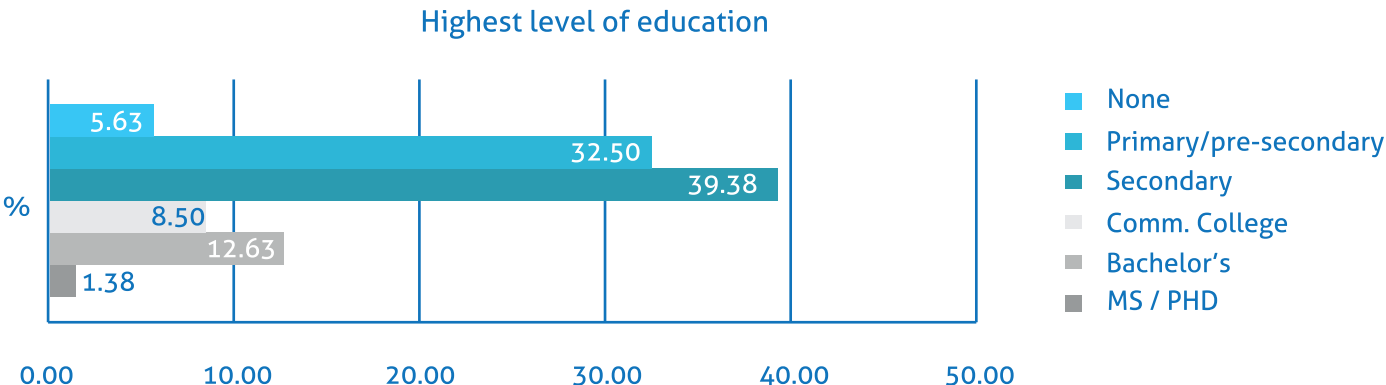
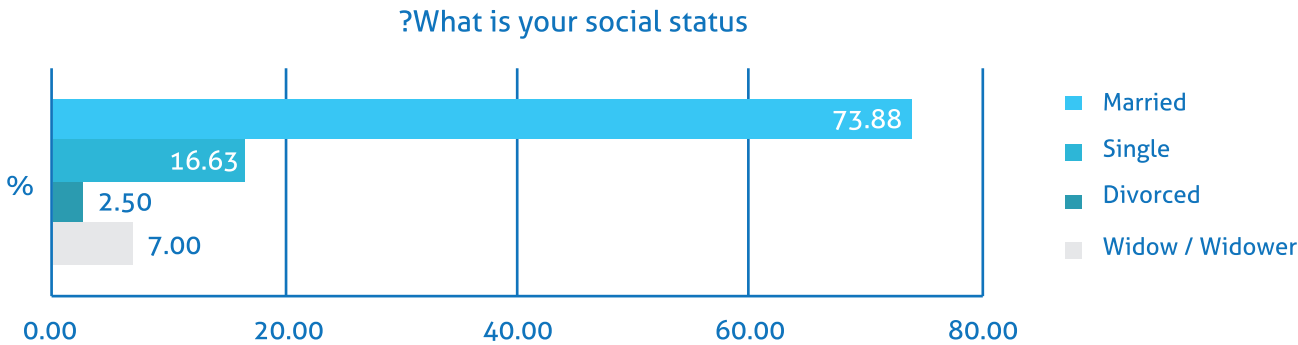


Chart 7: Distribution of respondents' sample by social status



When they were asked about their social status, 591 respondents (73.9%) answered "married", 133 respondents (13.6%) were single, and 76 respondents (9.5%) were widows or divorced as shown in chart 7.

Chart 8: Distribution of respondents' sample according to how long they've been clients of the hospital / clinic

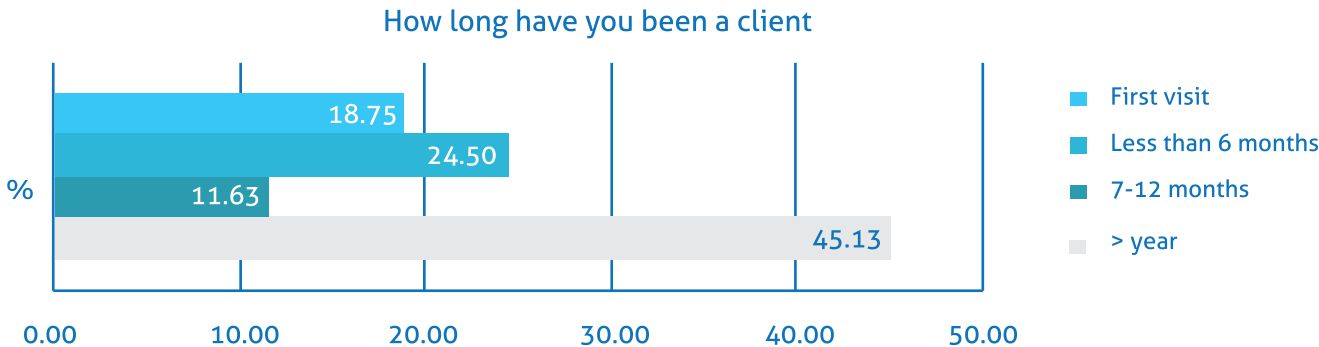
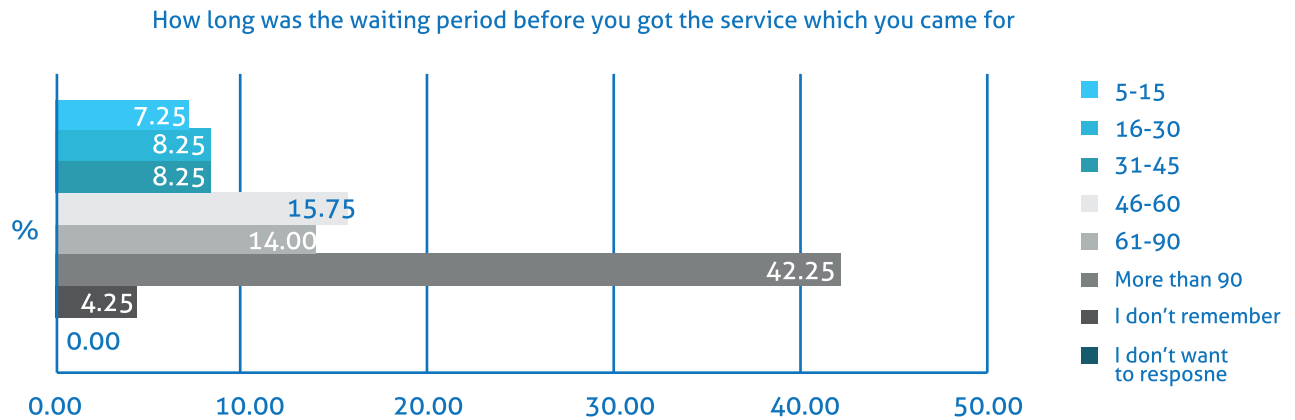


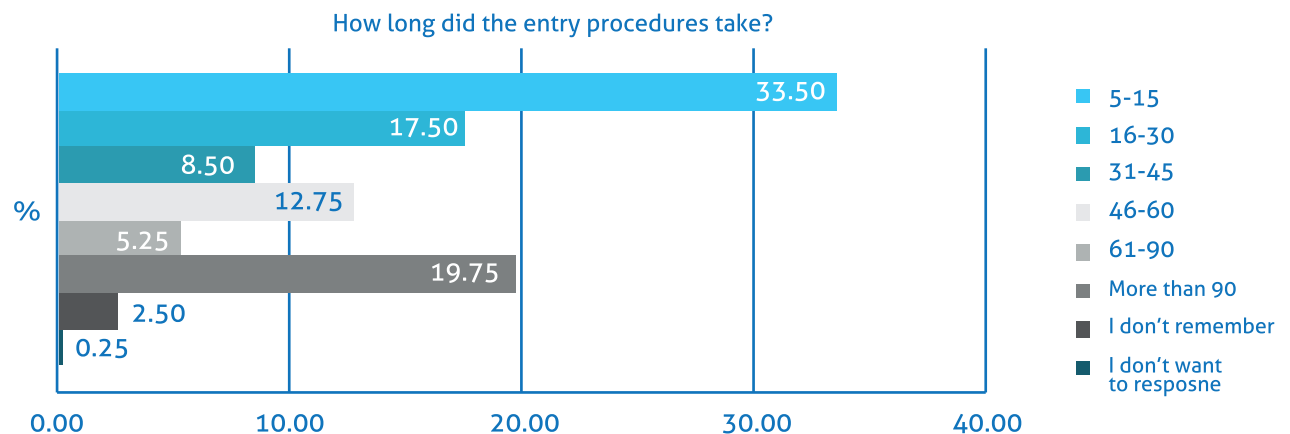
Chart 8 demonstrates the percentage of respondents according to their answer to our question: "How long have you been a client of this hospital / clinic?", 150 respondents (18.7%) answered that this was their first time, 196 respondents (24.5%) answered that they have been clients for less than 6 months, 93 respondents (11.6%) answered that they have been clients of the hospital/clinic for a period ranging between 7 to 12 months, and 361 respondents (45.1%) have been clients of the hospital for over a year.

Chart 8.1: Distribution of respondents' sample at outpatients' clinics according to the waiting time



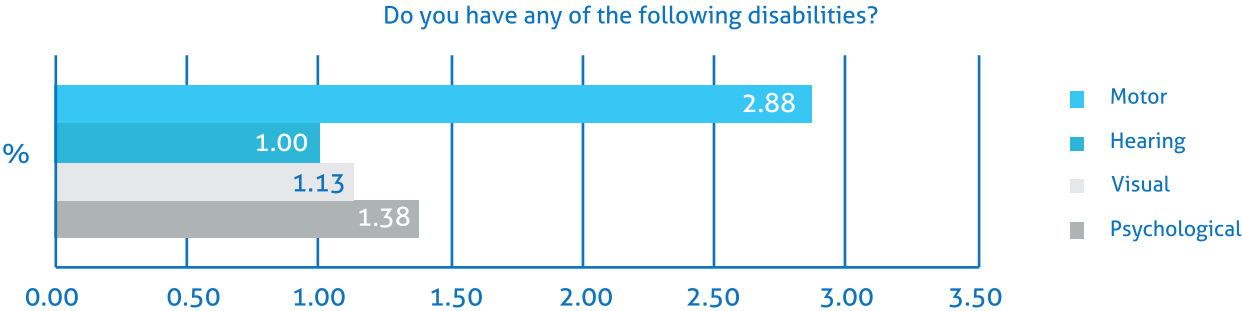
When outpatients were asked about “the waiting time in minutes before receiving the service for which they came in (since their arrival till examination)”, 62 respondents (15.5%) indicated that they waited between 5 to 30 minutes, 96 respondents (24%) indicated that they waited between 31 to 60 minutes, 56 respondents (14%) waited between 61 to 90 minutes, while 169 respondents indicated that they waited for an excess of 90 minutes as shown in chart 8.1.

Chart 8.2: Distribution of In-patient respondents' sample according to the time taken for the admission procedures



When we asked the in-patient respondents about “the time they spent pending admission”, 204 respondents (51%) indicated that they waited between 5 to 30 minutes, 85 respondents (21.2%) indicated that they waited between 31 to 60 minutes, 21 respondents (5.25%) waited between 60 to 90 minutes, while 79 respondents (19.7%) indicated that they waited for more than 90 minutes as shown in chart #8-2.

Chart 9: Distribution of respondents' sample according to the type of disability for all respondents



When respondents were asked if they had “any physical or mental disabilities”, 51 respondents (6.4%) of them had some kind of disability as follows: 23 respondents (2.9%) have motor disability, 8 respondents (1%) have hearing impairment, 9 respondents (1.1%) have visual impairment, and 11 respondents (1.4%) have psychological (mental) disability as shown in chart #9.

Chart 9.1: Distribution of respondents' sample according to the type of disability for the number of persons with disabilities

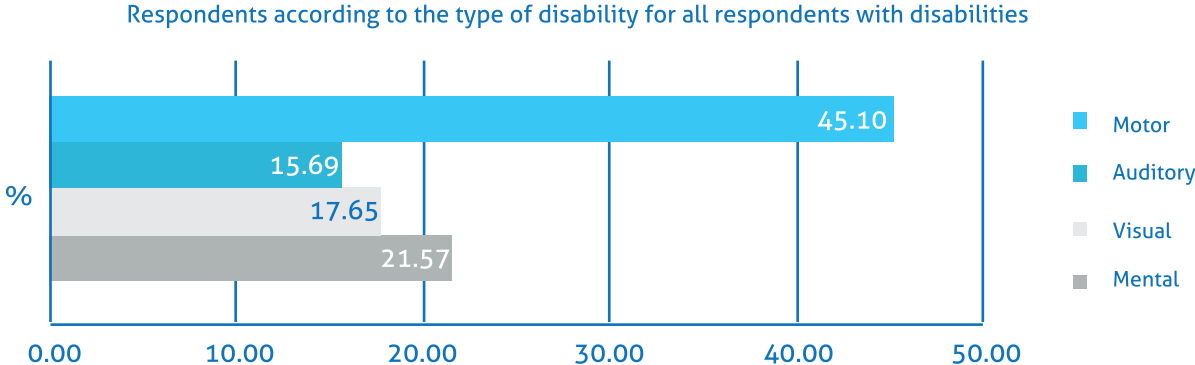
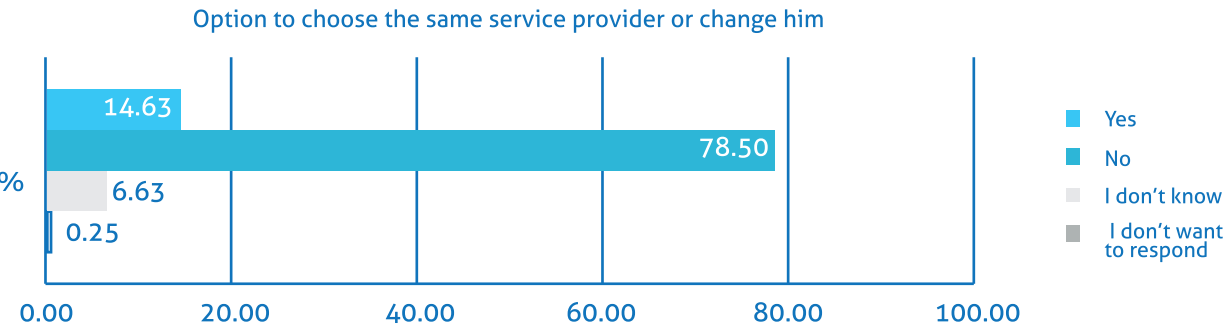


Chart 10: Distribution of respondents' sample according to the option to choose the same or change the service provider



When respondents were asked "Do you have the option to keep or change the service provider/physician or change him?" 117 respondents only (14.6%) answered that they do have such an option, 628 respondents (78.5%) said that they do not, while 55 respondents (6.9%) did not provide a specific answer, as shown in chart #10.

Chart 11: Distribution of respondents' sample by undergoing clinical/physical examination

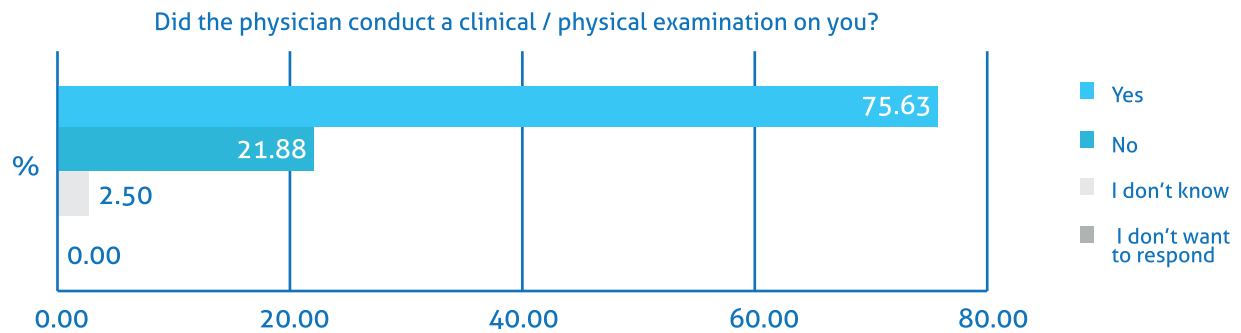
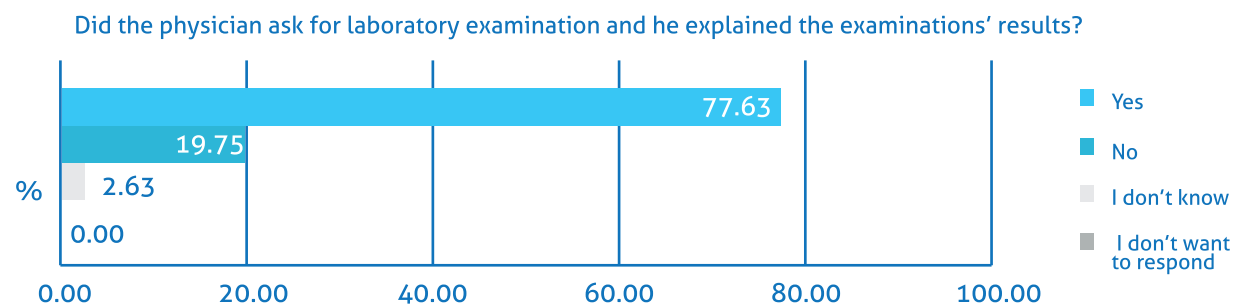


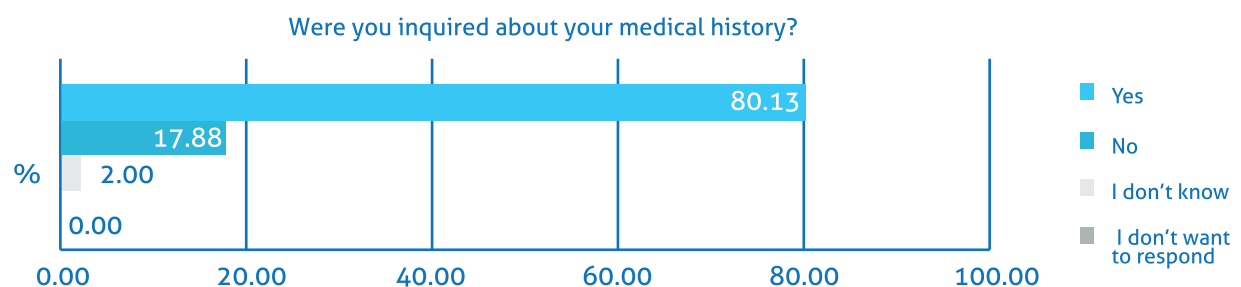
Chart 11 shows that 605 respondents (75.6%) indicated that the physician conducted a clinical/physical examination, 175 respondents (21.9%) indicated that the physician did not, and 20 respondents (2.5%) did not provide a specific answer.

Chart 12: Distribution of respondents' sample according to the physician request of laboratory tests and explanation of the results



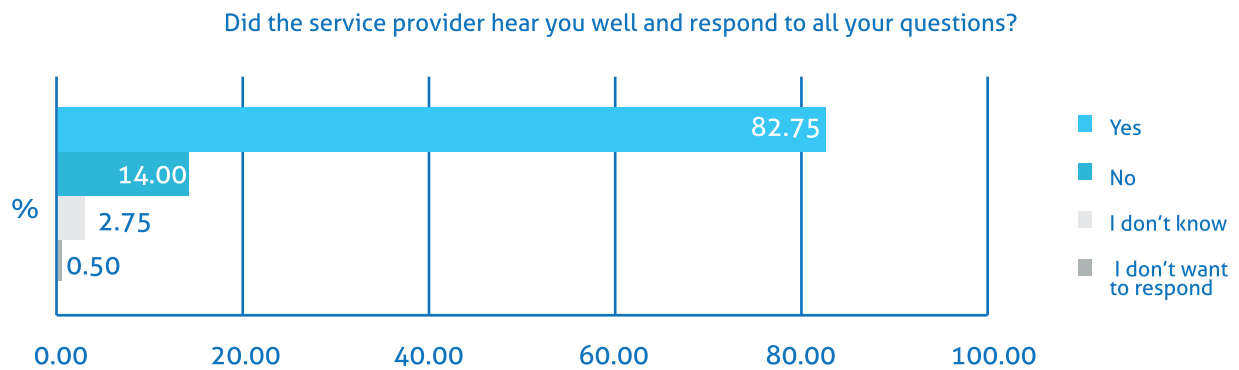
With close outcomes, 621 respondents (77.6%) indicated that the physicians requested laboratory testing and he explained the results of these tests, 185 respondents (19.7%) denied that the physician requested laboratory testing or explained the results, while 21 respondents (2.63%) did not provide a response on the question.

Chart 13: Distribution of respondents' sample according to the service provider's enquiry about medical history



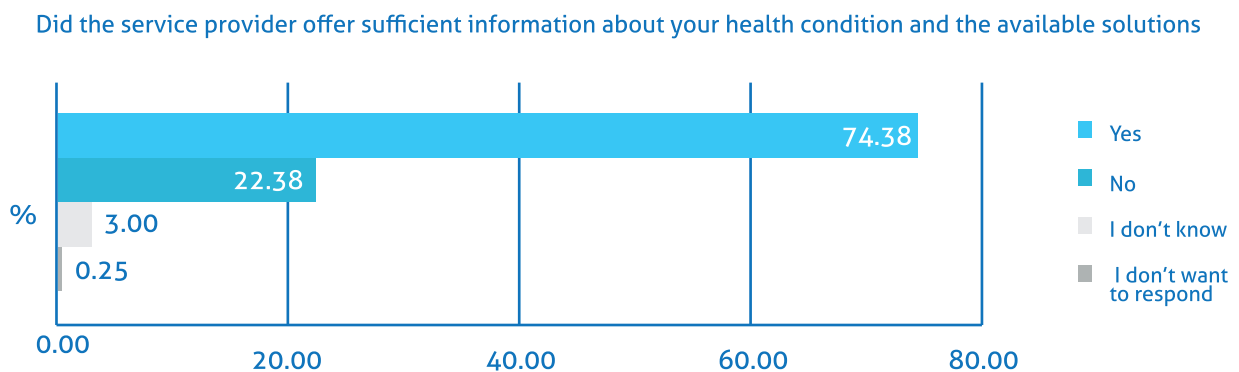
641 respondents (80.1%) indicated that the service provider inquired about their medical history, 143 respondents (17.7%) denied that the service provider inquired about their medical history, while 16 respondents (2%) did not provide a clear answer.

Chart 14: Distribution of respondents' sample based on whether the service provider listened and responses to all questions



When they were asked "if the service provider listened and responded to their questions", 662 respondents (82.7%) responded "Yes", 112 respondents (14%) denied that the service provider listened or responded sufficiently to their questions, while 26 respondents (3.25%) did not give a specific response as shown in chart #14.

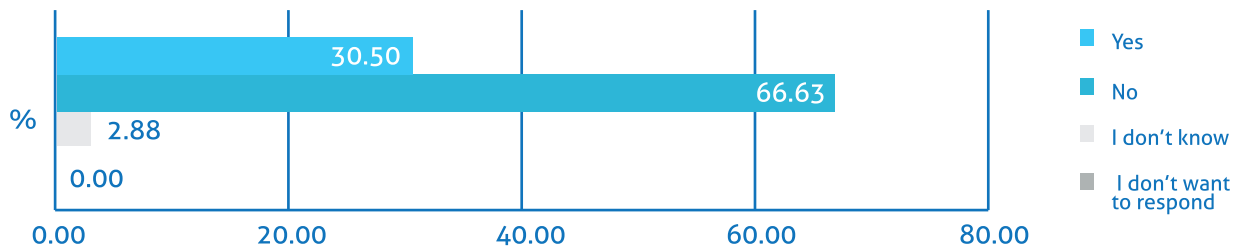
Chart 15: Distribution of respondents' sample based on whether the service provider has given sufficient information about the patient's health condition and the solutions to the problems



When respondents were asked "whether the service provider has given sufficient information about their health condition and the solutions to their problems", 295 respondents (74.4%) responded "yes", 179 respondents (22.4%) denied, while 26 respondents (3.25%) did not give specific responses as shown in chart #15.

Chart 16: Distribution of respondents' sample based on whether the physician's request the presence of a family member to participate in making the treatment decisions and developing the home treatment plan

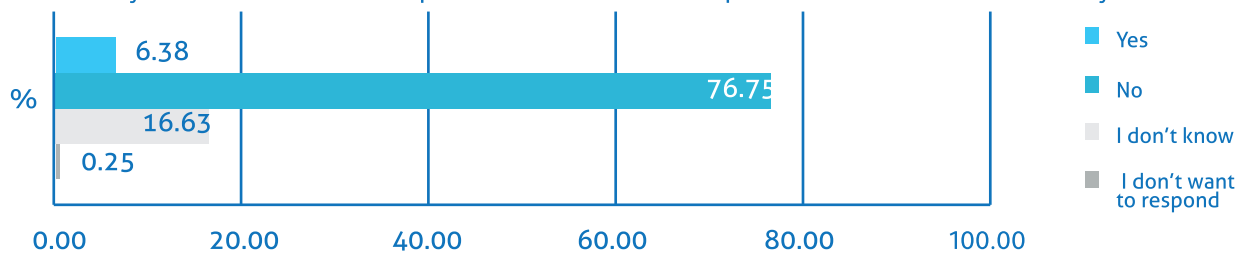
Did the physician's request the presence of a family member to participate in making the treatment decisions and developing the home treatment plan



When the respondents were asked whether "the physician asked them to bring in a family member to participate in making the treatment decisions and developing the home treatment plan", 533 respondents (66.6%) indicated that the physician did not. However, the remaining 23 respondents (2.88%) did not provide a specific response.

Chart 17: Distribution of respondents' sample based on whether they learned about the hospital's educational workshop/lecture for the local community

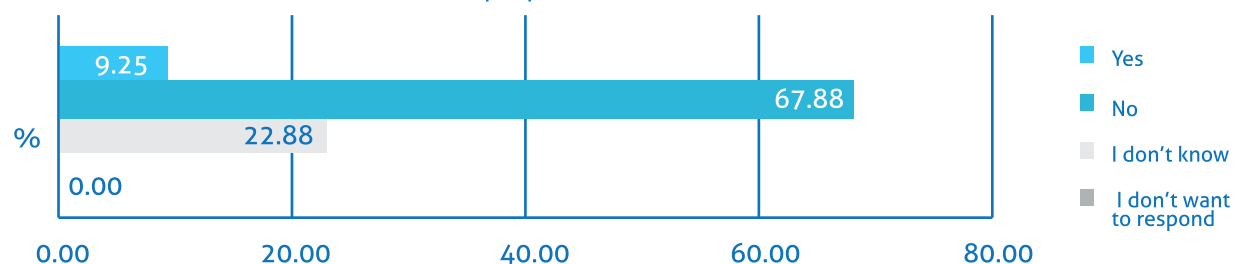
Have you learned about the hospital's educational workshop / lecture for the local community



When the respondents were asked if "they heard that the hospital held an educational workshop/lecture for the local community", only 51 respondents (6.38%) heard about this, while the majority of the respondents, 614 (76.7%) did not hear about it, and 135 respondents (16.9%) did not give a specific response as shown in chart #17.

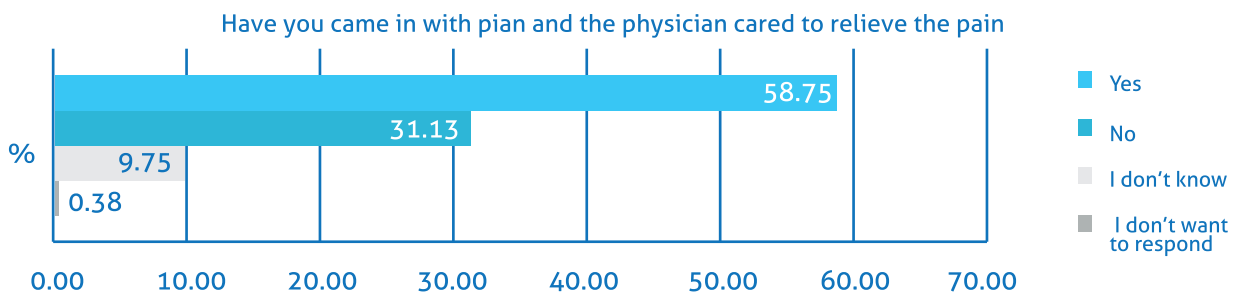
Chart 18: Distribution of respondents' sample based on whether they had heard of hospital staff training in dealing with people with disabilities in cases of emergency, rescue and first aid

Have you learned about the hospital's staff training on the rescue, first aid, and emergency response for people with disabilities



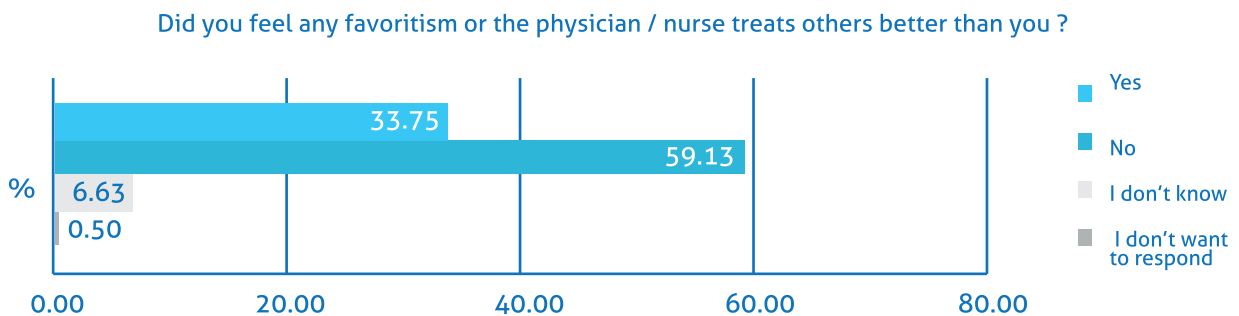
Only 74 respondents (9.25%) indicated that "they heard that the hospital trained the staff in how to deal with people with disabilities in emergencies, rescue and first aid cases", 543 respondents (67.9%) indicated that they have never heard of such a training, while 183 respondents (22.9%) indicated that they did not know that such a training existed.

Chart 19: Distribution of respondents' sample based on whether the physician's cared to relieve the patient's pain



When we asked the respondents "if the patient ever came in with pain and the physician cared to relieve the pain", 470 respondents (58.7%) indicated by affirmation, 249 respondents (31.1%) denied, while 81 respondents (10.1%) did not give specific responses as shown in chart #19.

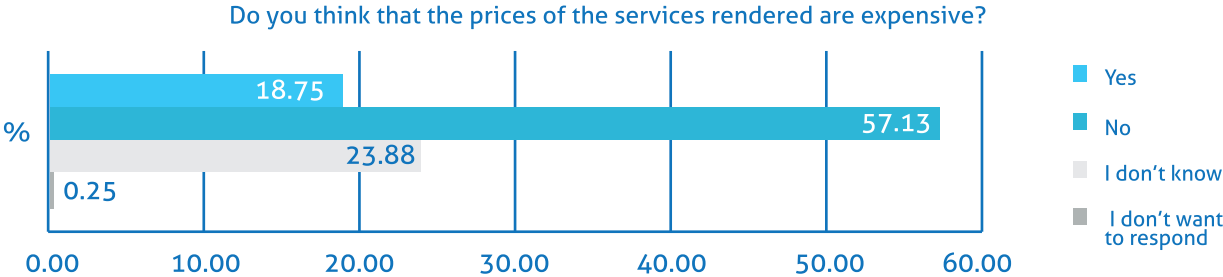
Chart 20: Distribution of respondents' sample based on whether they sense the presence of favoritism or the physician/nurse better treatment of others



270 patients of the hospital and clinics (33.7%) have confirmed that they felt favoritism or nepotism at the hospital, and that the physician/nurse treated other patients in a better way, 473 respondents (59.1%) denied witnessing any favoritism, while 57 respondents (7.1%) did not give a specific response.

It is worth mentioning that 97 respondents (24.2%) sensed the presence of nepotism within the hospital, while 173 (43.2%) did not feel the same way.

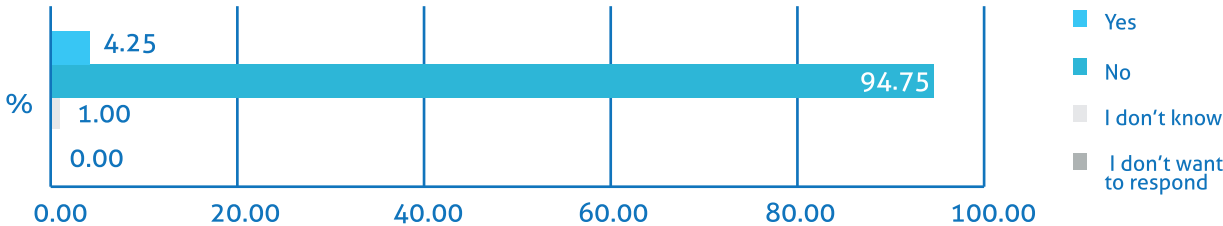
Chart 21: Distribution of respondents' sample according to the respondents' thoughts on service price



When we asked the respondents "do you think that the prices of the services provided are expensive?", 150 respondents (18.7%) at the hospital and clinics confirmed, 457 respondents (57.1%) denied, and 193 respondents (24.1%) did not give a specific response. No significant difference can be distinguished between the answers of in-patients and out-patients.

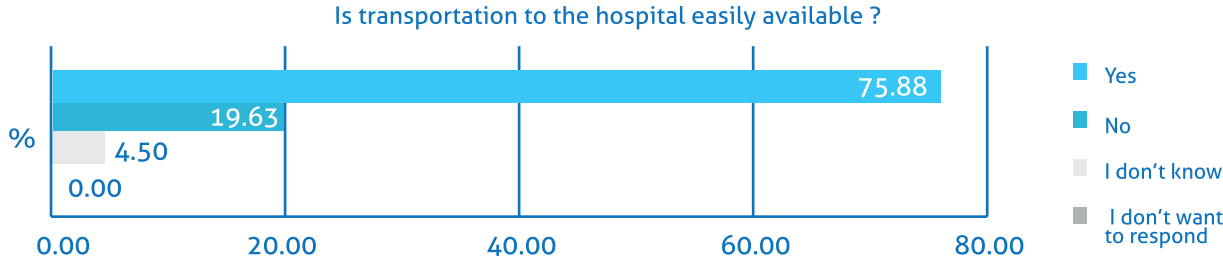
Chart 22: Distribution of respondents' sample according to their answer to our question:

aside from the compulsory fees, some individuals asked for amounts of money, gifts, or other benefits in exchange for treatment ?



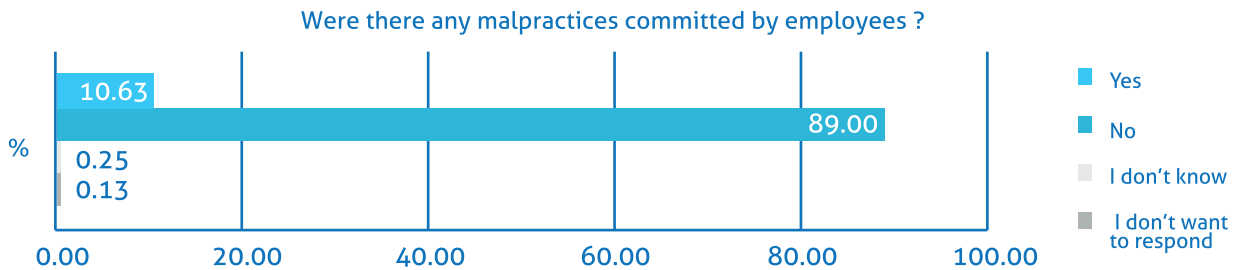
Out of the total number of respondents, only 34 (4.25%) indicated that "aside from the compulsory fees, some individuals asked for amounts of money, gifts, or other benefits in exchange for treatment". The majority of respondents, 758 (94.7%) denied such a phenomenon. Additionally, 8 respondents (1%) said that they do not know the answer according to chart #22. Responders who answered "yes" to this question were distributed as follows: 29 in-patient respondents (7.25%), and five outpatient respondents (1.25%).

Chart 23: Distribution of respondents' sample according to their opinion about the availability easy transportation to the hospital



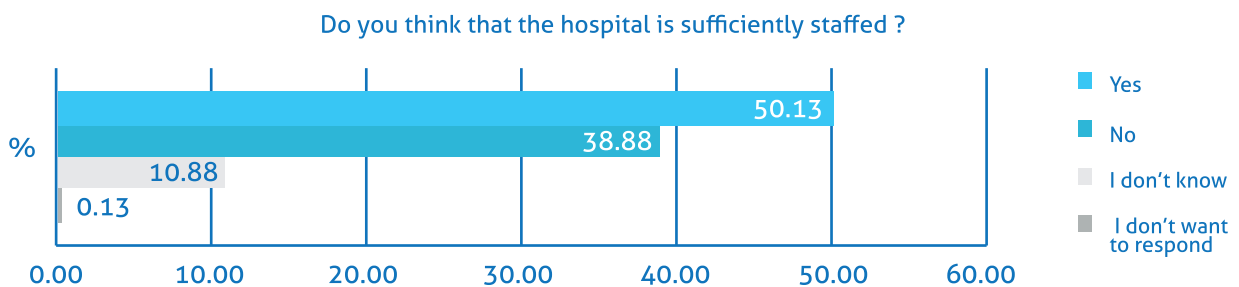
607 respondents out of the total number of respondents (75.9%) indicated that transportation to the hospital is easily available, versus 157 respondents (19.6%) testified the difficulty of transportation, while 36 respondents (4.5%) did not give a specific response.

Chart 24: Distribution of respondents' sample according to their opinions about the presence of any misconduct being committed by hospital employees



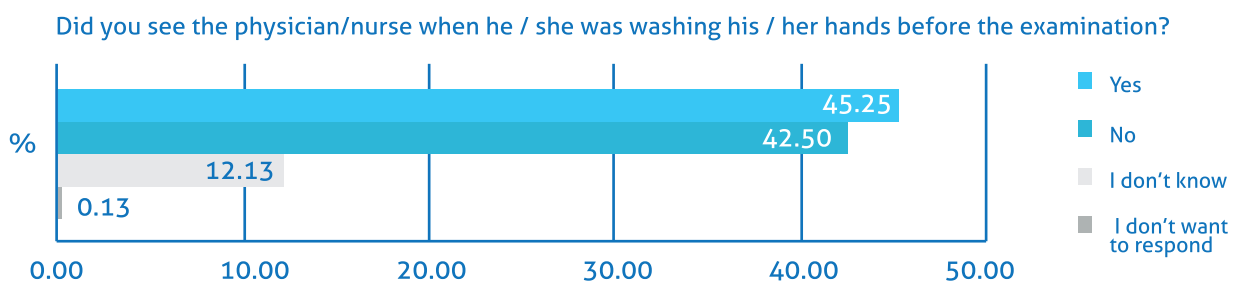
85 respondents (10.6%) indicated that "misconducts were committed by hospital employees". 712 respondents (89%) denied these allegations, while 3 respondents did not give a specific response. There seems to be a dichotomy between the answers given by in-patients and out-patients to this question when they answered "yes", indeed there were 49 in-patient (12.2%) who answered "yes" while there were 36 out-patient respondents

Chart 25: Distribution of respondents' sample according to their opinion on the sufficiency of employees for the tasks



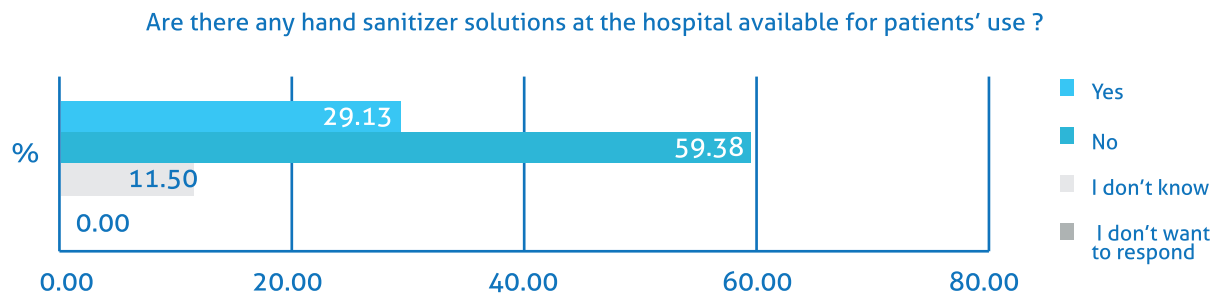
248 respondents (62%) of the in-patient respondents indicated that "they believe the hospital is sufficiently staffed for the given tasks". 153 outpatient respondents (38.2%) confirmed the sufficiency of employees with a total number of 401 in-patient and out-patient respondents (50.1%) as shown in chart #25.

Chart 26: Distribution of respondents' sample as to whether they have seen the physician/nurse washing his/her hands before the examination



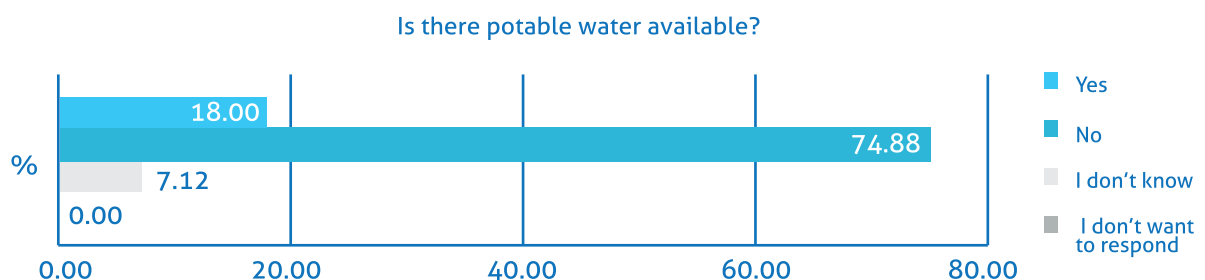
When they were asked "Have you seen the physician/nurse washing his/her hands before examining the respondent", 210 in-patient respondents (52.0%) replied "Yes"; versus 152 out-patient respondents from (38%); constituting a total average of 45.2%; as shown in chart #26.

Chart 27: Distribution of respondents' sample according to their opinion on the availability of hand sanitizers available for patients' use at the hospital / clinic



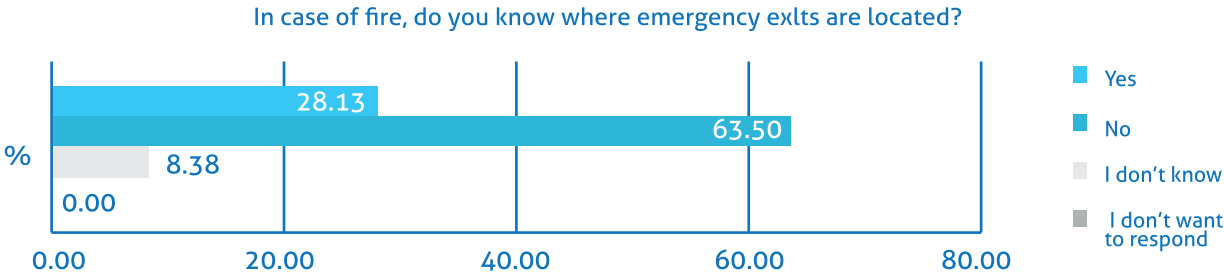
When patients were asked about "the presence of hand sanitizer products at the hospital/-clinic as available for patients' use and clearly displayed on the wall", 134 in-patient respondents (33.5%) confirmed their existence, and 99 outpatient respondents (24.7%) also confirmed it. This adds up to a total percentage of 29.1% as shown in chart #27.

Chart 28: Distribution of respondents' sample according to their opinions of the availability of the potable water (Cooler)



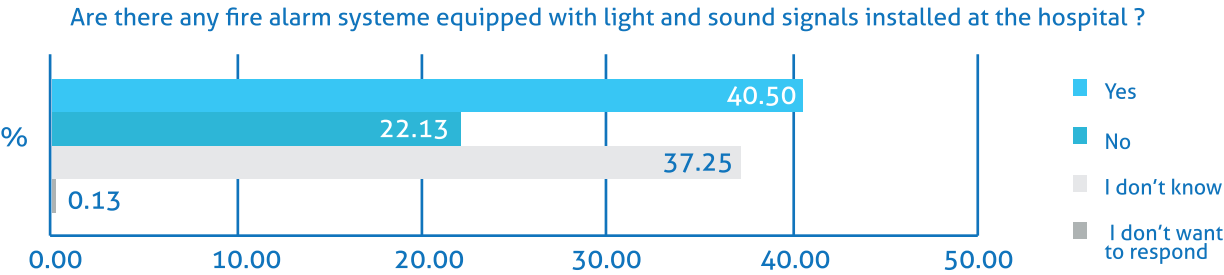
Concerning the availability of potable (drinkable water from the cooler), 46 in-patient respondents (11.5%) testified the availability of potable water, 98 outpatient respondents also confirmed the availability of potable water; with a total percentage of 18% as shown in chart #28.

Chart 29: Distribution of respondents' sample according to their knowledge of the emergency exits in case of fire



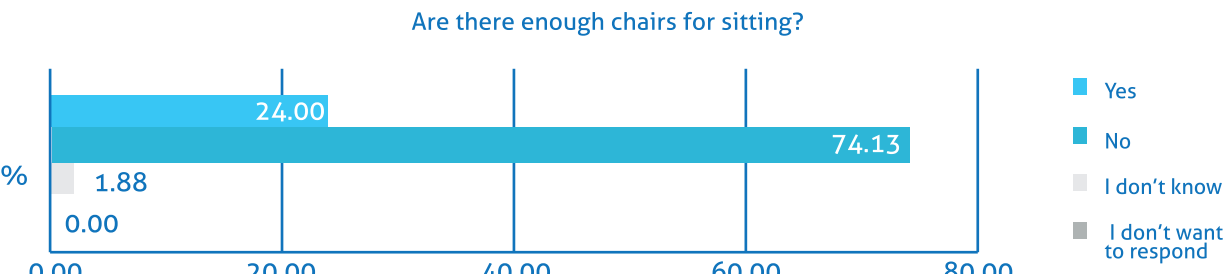
225 in-patient and out-patient respondents (28.1%) indicated that they know where the emergency exits were located in case of fire, God forbid, while 508 respondents (63.5%) indicated that they do not where the emergency exits were located. 67 respondents (8.38%) did not give a specific response.

Chart 30: Distribution of respondents' sample according to their knowledge of fire alarm devices at the hospital



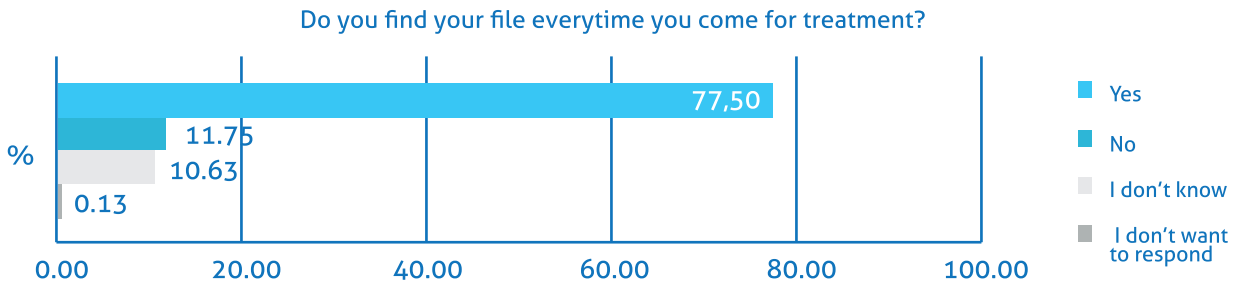
When the respondents were asked if there were "any fire emergency alarm devices installed in the hospital equipped with light and audio signals", 324 in-patient and out-patient respondents testified their knowledge of these devices, 177 respondents (22.1%) denied the existence of such devices, while 298 respondents (37.2%) responded that they didn't know whether or not such devices existed as shown in chart #30.

Chart 31: Distribution of respondents' sample according to their responses about the availability of sufficient chairs for seating



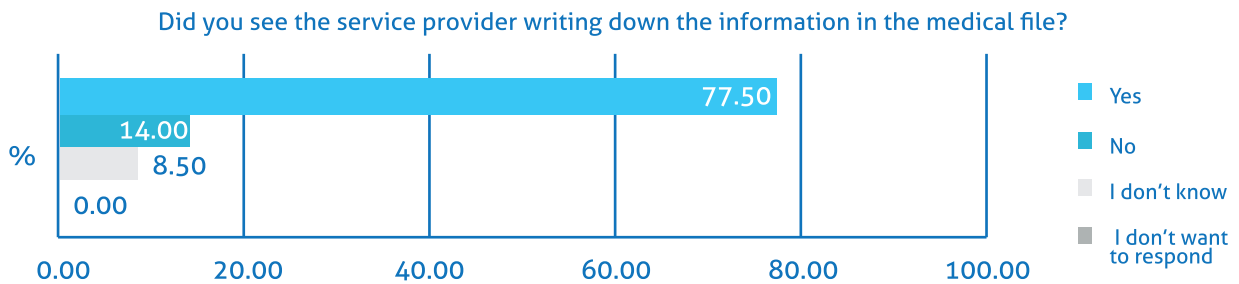
73 respondents (18.2%) of in-patient respondents indicated that there were sufficient chairs for seating, while 119 respondents (29.7%) outpatient respondents, with a total percentage of 24%.

Chart 32: Distribution of respondents' sample according to their responses as to whether they found their files each time they come for treatment



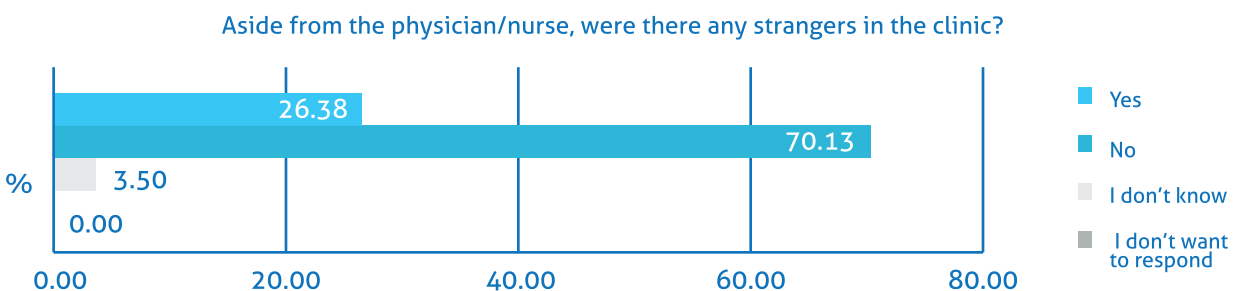
620 out-patient and in-patient respondents (77.5%) indicated that "they find their files each time they came for treatment", 94 respondents (11.7%) indicated that they did not find their files, while 85 respondents (10.6%) did not give a clear response.

Chart 33: Distribution of respondents' sample according to their responses as to whether they saw the service provider writing down the information in the medical file during this visit



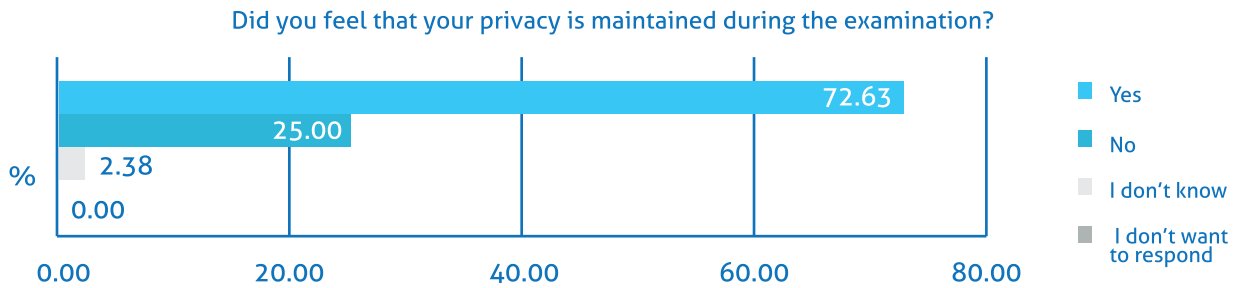
When we asked the respondents if "they saw the service provider writing down the information in the medical file during their visit", 620 respondents (77.5%) said "Yes", versus 112 respondents (14%) who said "No", and the remaining (8.5%) did not give a specific response as shown in chart 33.

Chart 34: Distribution of respondents' sample according to their responses as to whether there were any strangers at the clinic during the examination except the physician/nurse



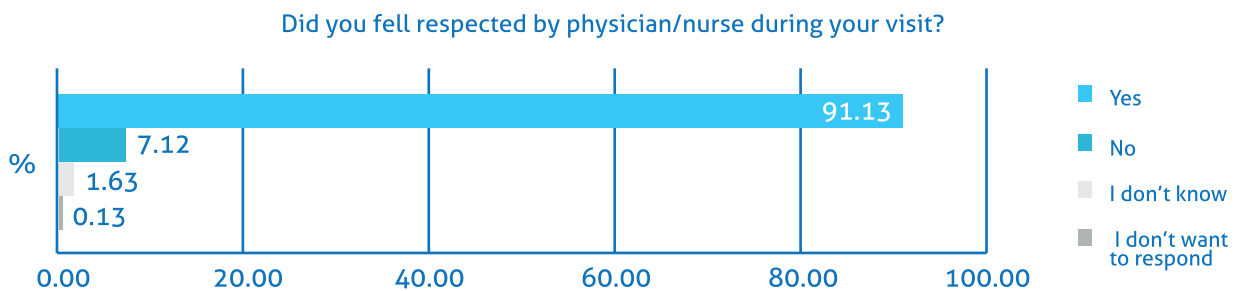
When we asked the respondents at the hospital "Except the physician/nurse, were there any strangers at the clinic during your examination?", 75 in-patient respondents (18.7%) said "Yes", versus 136 outpatient respondents (34%).

Chart 35: Distribution of respondents' sample according to their feeling of privacy during the physician's examination (the door is closed and the curtains are down)



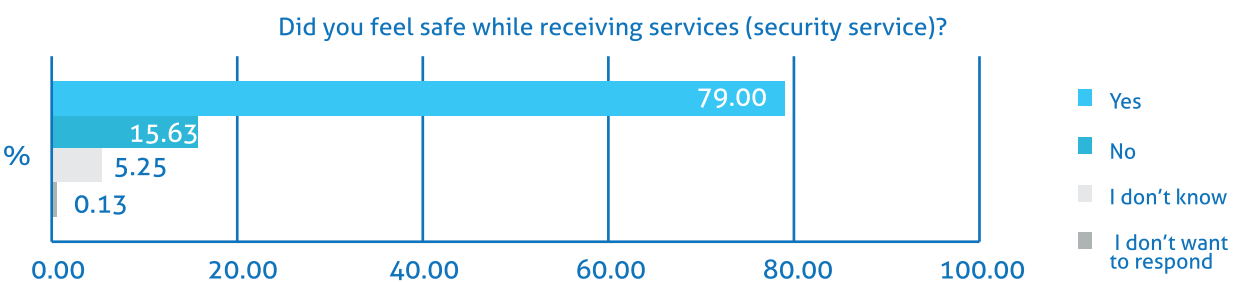
328 in-patient respondents (82%) answered "yes" when they were asked "if they had some privacy during the physician's examination (the door is closed and the curtains are down)", versus only 253 out-patient respondents (63.2%). Constituting a total percentage of (72.6%) from in-patients and out-patients combined.

Chart 36: Distribution of respondents' sample according to their sense of respect by the physician/nurse during their visit



There are no significant differences between in-patient and out-patient respondents answering to the question "Did the physician/nurse make you feel respected during your visit and your examination", the total percentage of "Yes" was 91.1% (729 respondents), versus 57 respondents (7.13%) who did not feel respected as shown in chart 36.

Chart 37: Distribution of respondents' sample according to their feelings of safety at the hospital



When we asked the in-patient and out-patient respondents whether "they felt safe while receiving the services at the hospital in terms of security services", 632 respondents (79%) answered "Yes", 125 respondents (15.6%) denied, and 42 respondents (5.25%) did not answer as shown in chart 37.

Chart 38: Distribution of respondents' sample at the outpatient ward according to their knowledge of a complaint mechanism at the hospital

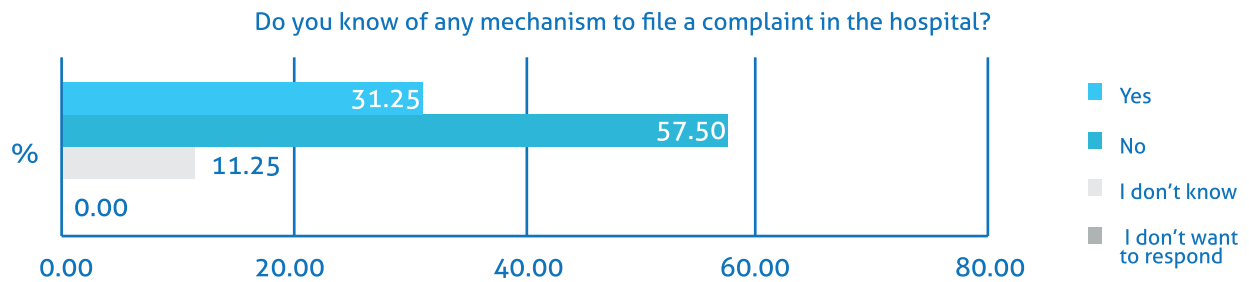


Chart 39: Distribution of in-patient respondents' sample according to their submission of complaint or suggestions to the hospital's administration

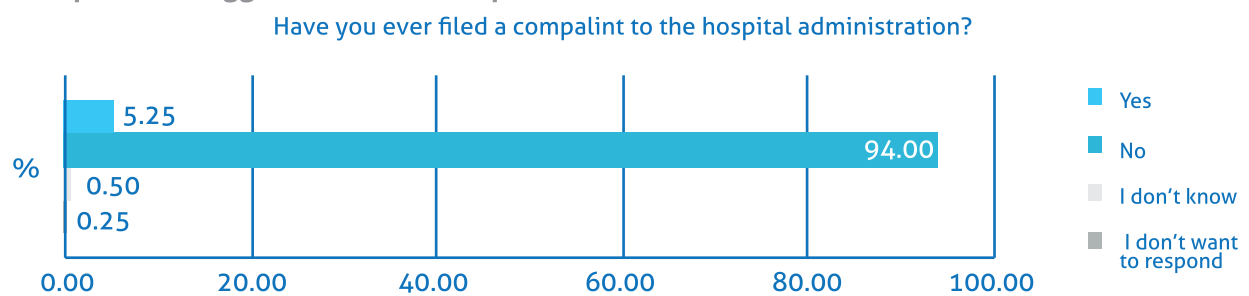
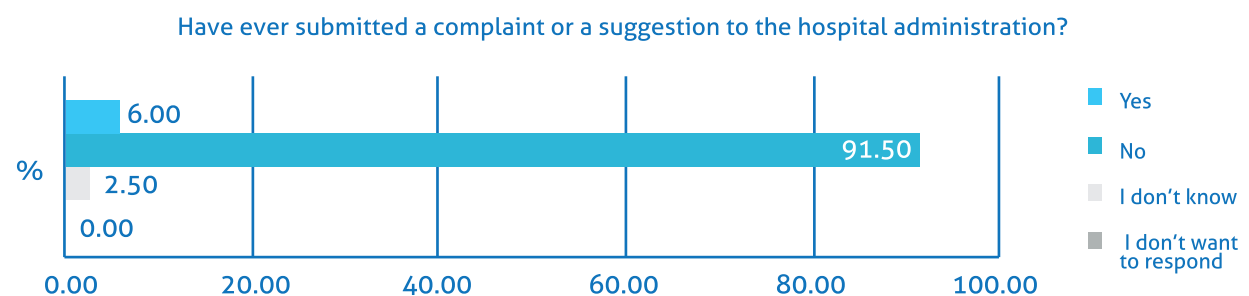


Chart 40: Distribution of outpatient respondents' sample according to their submission of complaint or suggestions to the hospital's administration



125 outpatient respondents (31.2%) indicated that they knew about "a specific method or mechanism to submit suggestions or file complaints to the hospital's administration" versus 230 respondents (57.5%) who did not know such a mechanism. 21 in-patient respondents (5.25%) had already submitted a complaint or a suggestion previously to the hospital's administration, versus 24 outpatient respondents (6%) as shown in charts 39 and 40.

Chart 41: Distribution of in-patient responders' sample according to their opinions as to whether medication is always available at the hospital

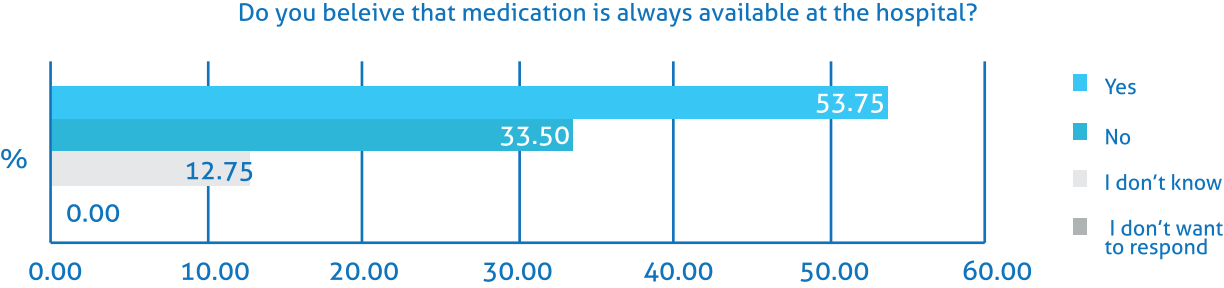
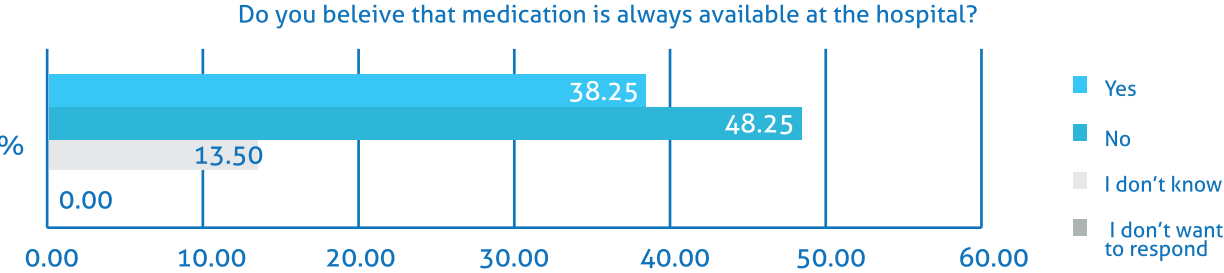


Chart 42: Distribution of out-patient responders' sample according to their opinions as to whether medication is always available at the hospital



When they were asked if they "believed that medications were always available at the hospital", 215 in-patient responders (53.7%) replied "Yes", versus 153 outpatient respondents (38.2%); constituting a total percentage of 46% as shown in the two charts 41 and 42.

Chart 43: Distribution of in-patient responders' sample according to their opinions on whether the pharmacist provides instructions on the use of medication every time

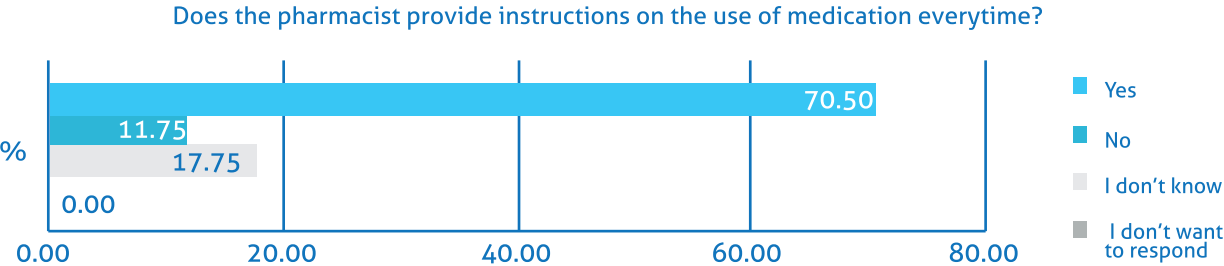
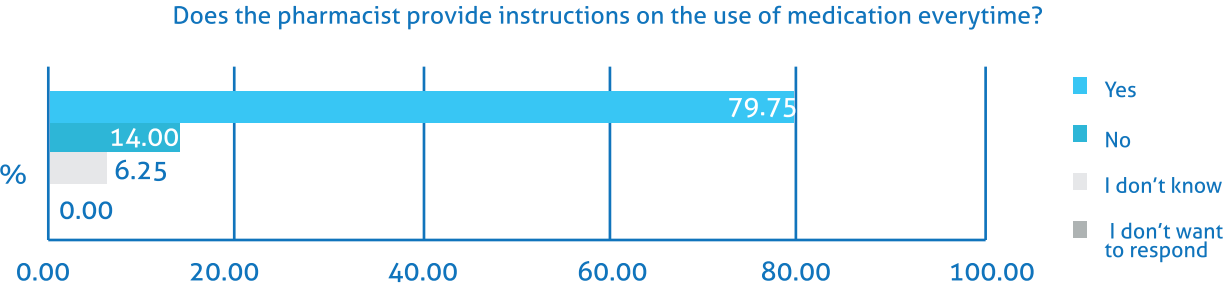
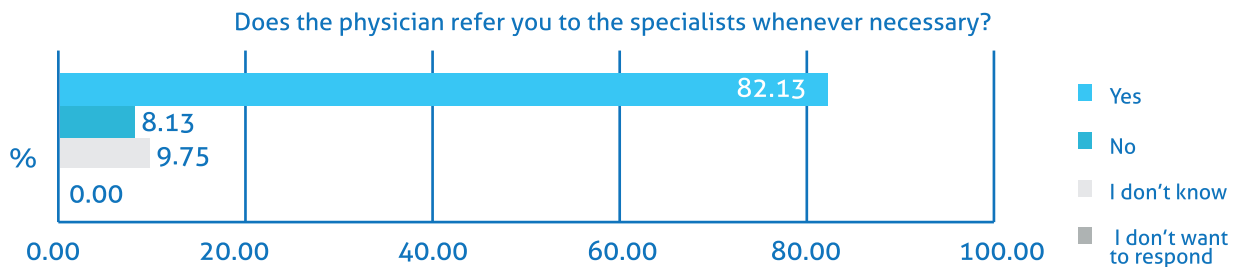


Chart 44: Distribution of out-patient responders' sample according to their opinions on whether the pharmacist provides instructions on the use of medication every time



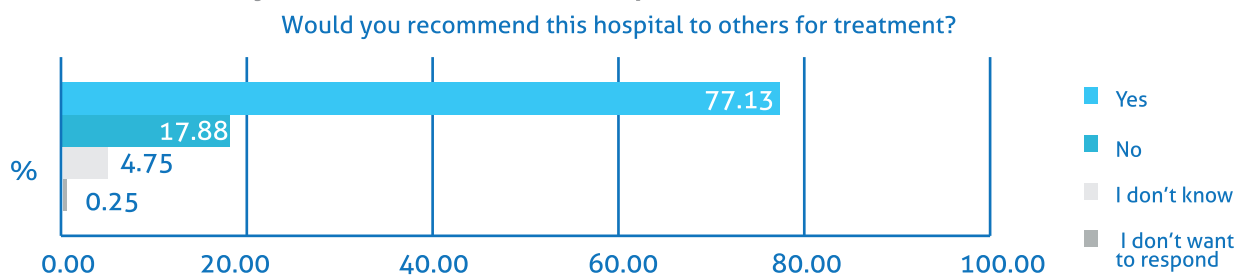
282 in-patient respondents (70.5%) responded "Yes" to our question "did the pharmacist provide instructions on the use of medication every time?", 319 outpatient respondents (79.7%) said "yes" as shown in charts 43 and 44, constituting a positive total average of 75.1%.

Chart 45: Distribution of in-patient and outpatient respondents according to their response on whether the physician refers them to the specialist if necessary



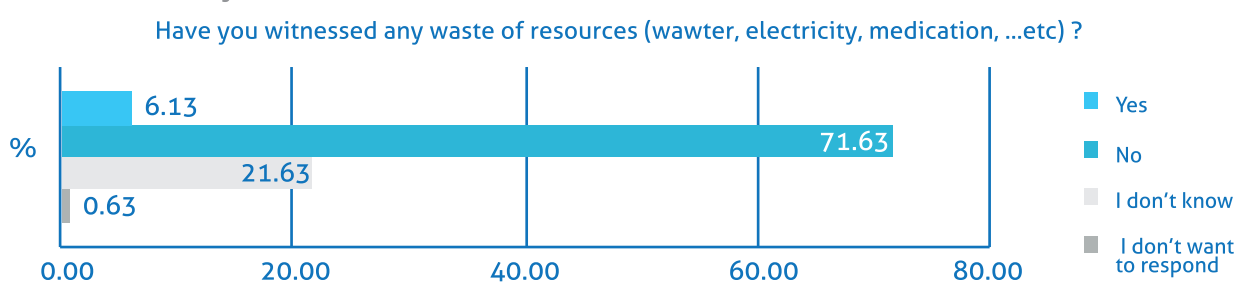
When we asked the question "Did the physician refer you to the specialist when necessary?" the number of positive answers were equal from both in-patient and out-patient wards, with a total of 657 patients (82.1%) as shown in chart #45.

Chart 46: Distribution of in-patient and out-patient respondents according to their responses on whether they would recommend this hospital to others for treatment



617 respondents (77.1%) from both the in-patient and out-patients indicated that "they would recommend this clinic/hospital to others for treatment", 143 respondents (17.8%) answered "No", and forty respondents (5%) did not give a specific response as shown in chart 46

Chart 47: Distribution of in-patient and out-patient respondents' according to their responses on whether they saw a waste of resources (such as medicines, cleaning materials, consumables, electricity and water)



49 in-patients and out-patients respondents (6.13%) indicated that they saw a waste of resources (such as medicines, cleaning materials, consumables, electricity and water), versus 574 respondents (71.6%) indicated they did not. 178 respondents (22.2%) did not give a specific response.

Chart 48: Distribution of out-patient respondents according to their opinion on how satisfied they were with admissions procedures

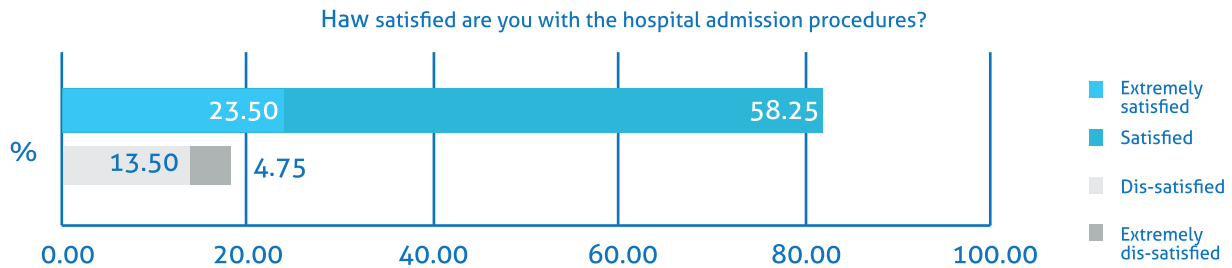
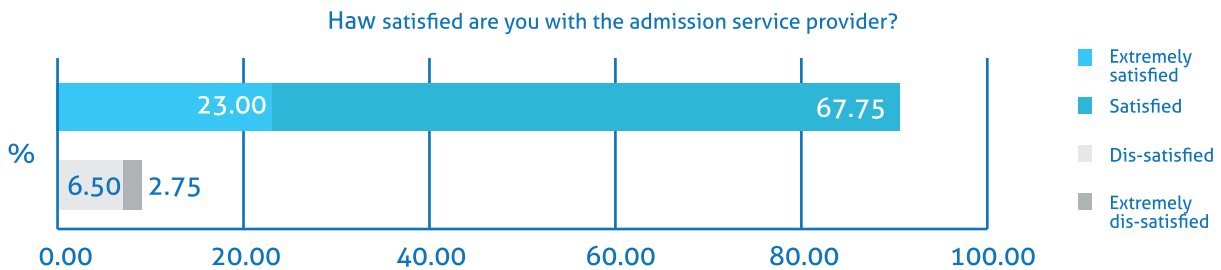
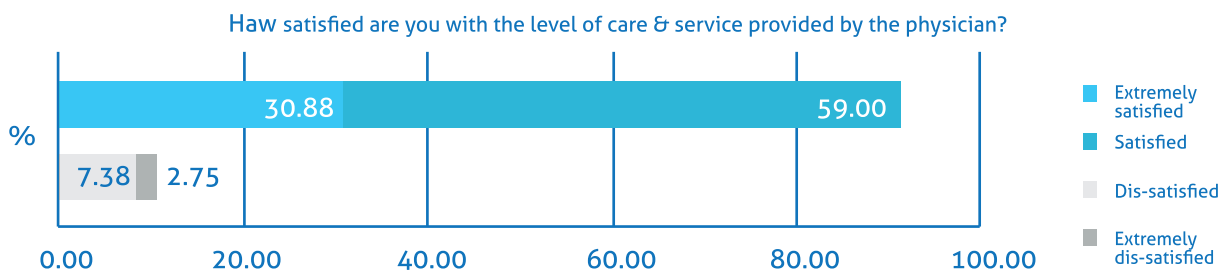


Chart 49: Distribution of out-patient respondents according to their opinion on how satisfied are they with admissions procedures



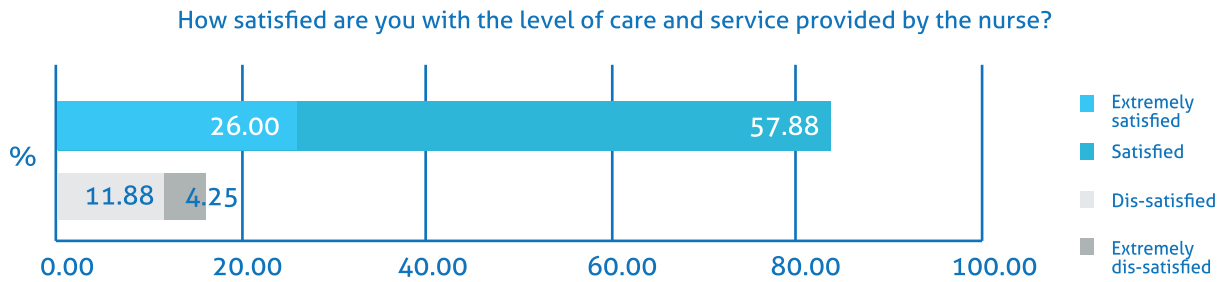
327 in-patient respondents (81.7%) expressed their extreme satisfaction with "the ease of hospital admission procedures", versus 73 respondents (18.2%) who were extremely dissatisfied as shown in chart 48. Additionally, 363 in-patient respondents (90.7%) said they were satisfied with the admission service provider, versus 9.25% who were dissatisfied as shown in chart 49.

Chart #50: Distribution of in-patient and outpatient respondents according to the extent of their satisfaction with the level of care and service provided by the physician



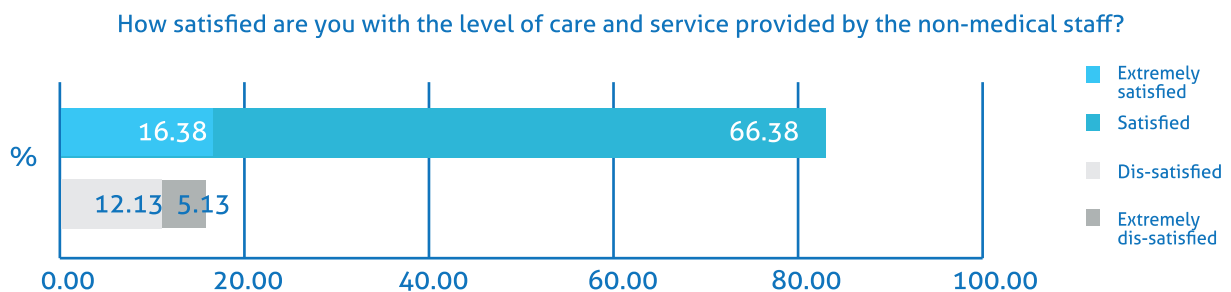
When we asked the respondents "how satisfied are you with the level of care and service provided by the physician?", 719 in-patient and outpatient respondents (89.9%) said they were extremely satisfied, while 81 respondents (10.1%) said they were extremely dissatisfied.

Chart 51: Distribution of in-patient and outpatient respondents according to the extent of their satisfaction with the level of care and service provided by the nurse



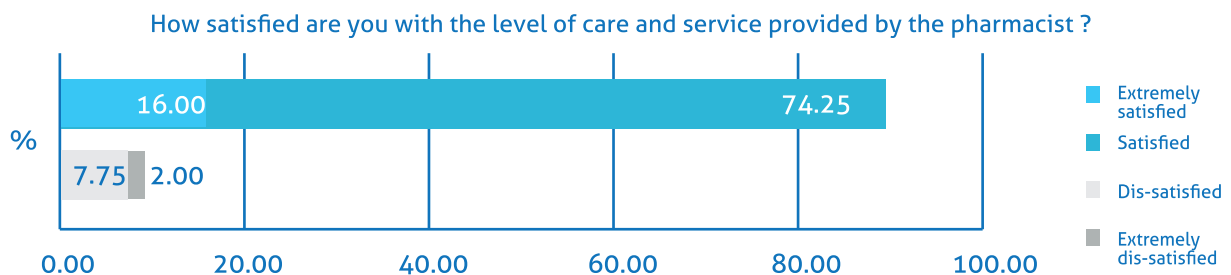
When we asked the respondents "how satisfied are you with the level of care and service provided by the nurse?", 671 respondents said they were extremely satisfied.

Chart 52: Distribution of in-patient and outpatient respondents according to the extent of their satisfaction with the services of non-medical staff at the hospital



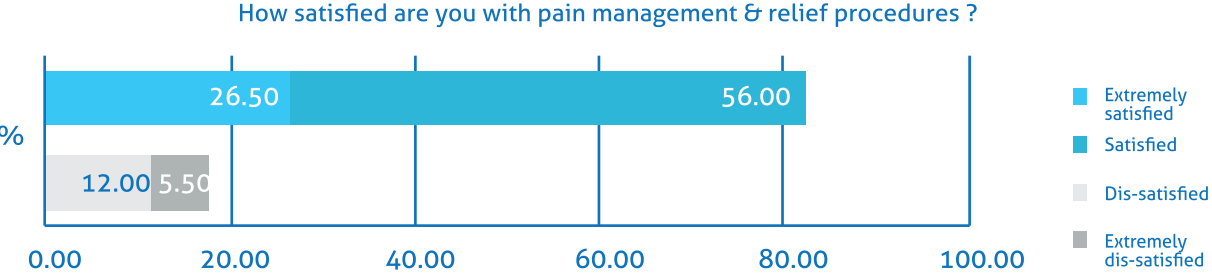
This chart shows "the extent of in-patient and out-patient respondents' satisfaction with the level of care and services provided by non-medical staff at the hospital", 662 respondents (82.8%) said they were extremely satisfied, versus 138 respondents (17.3%) were dissatisfied or extremely dissatisfied.

Chart 53: Distribution of outpatient respondents according to how satisfied they are with the level of care & service provided by the pharmacist



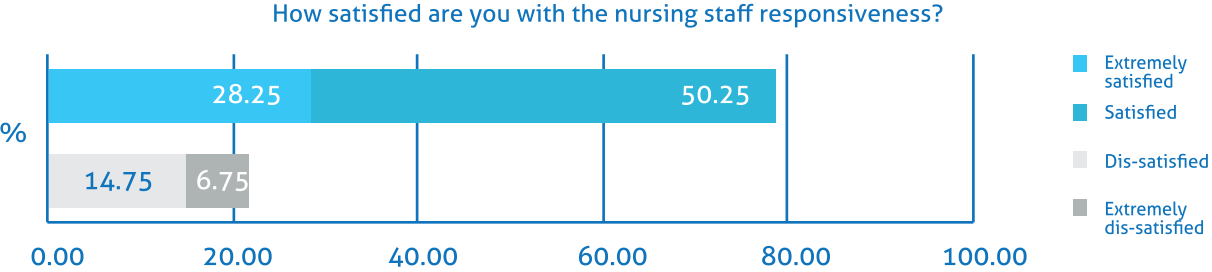
When the outpatient respondents were asked "how satisfied are you with the level of care & service provided by the pharmacist?", 361 respondents (90.2%) responded that they were extremely satisfied.

Chart 54: Distribution of outpatient respondents according to how satisfied are they with pain management & relief procedures



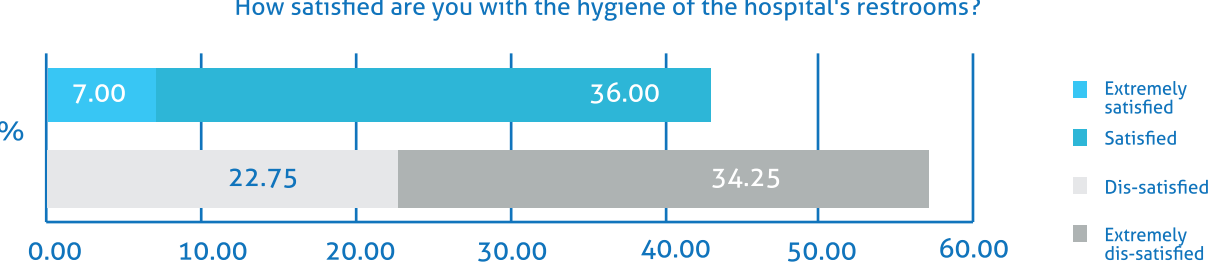
330 in-patient respondents (82.5%) expressed that they are extremely satisfied with the "pain management & relief procedures" as shown in chart 54.

Chart 55: Distribution of in-patient respondents according to how satisfied are they with the nursing staff responsiveness



When the respondents were asked "how satisfied are you with the nursing staff responsiveness?", 314 in-patient respondents (78.5%) said they were extremely satisfied.

Chart 56: Distribution of in-patient responders according to how satisfied they are with the hygiene of the hospital's restrooms



Asking the respondents "how satisfied are you with the hygiene of the hospital's restrooms?", 172 in-patient respondents (43%) indicated they are extremely satisfied, versus 139 outpatient respondents (34.7%); constituting total average of (38.9%) as shown in charts 55 and 56.

Chart 57: Distribution of outpatient respondents according to how satisfied they are with the hygiene of the hospital's restrooms

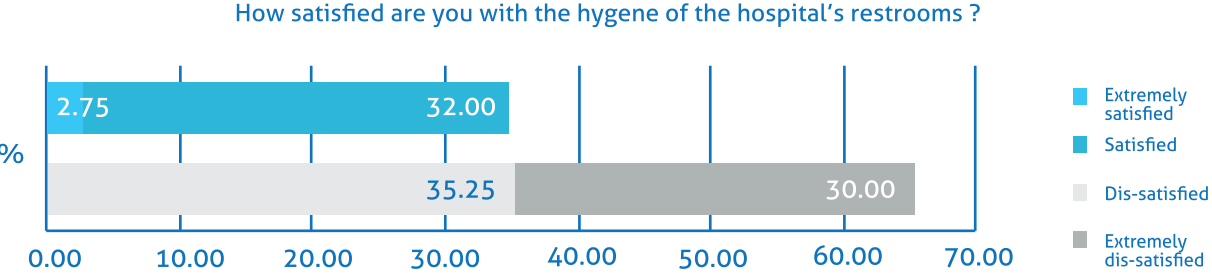


Chart 58: Distribution of in-patient responders according to how satisfied the hospital's client are with the hygiene of facilities such as (rooms, bed sheets, curtains and corridors)

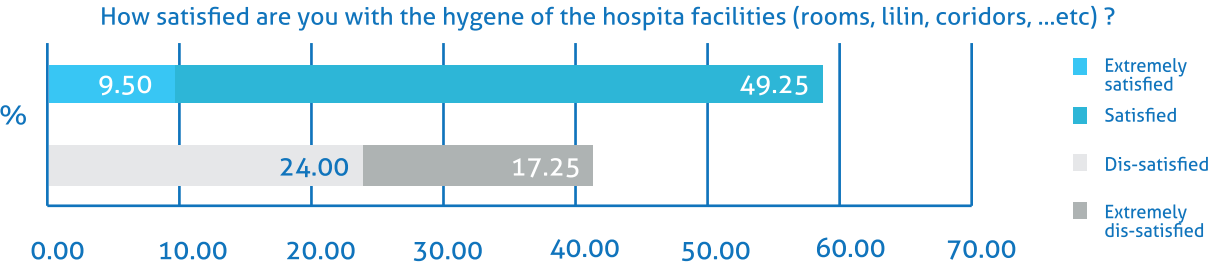
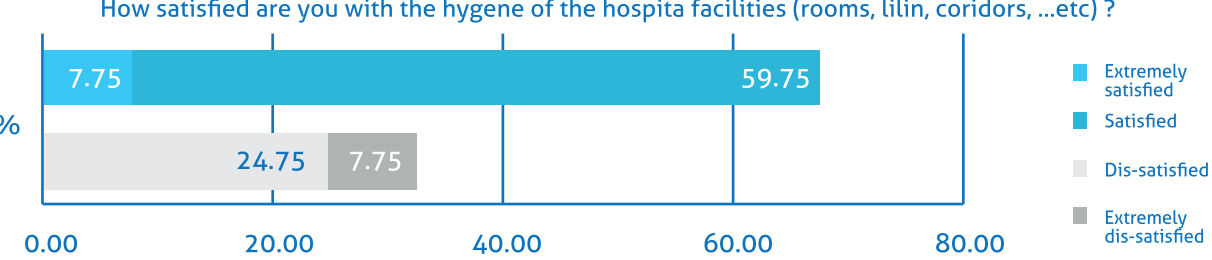


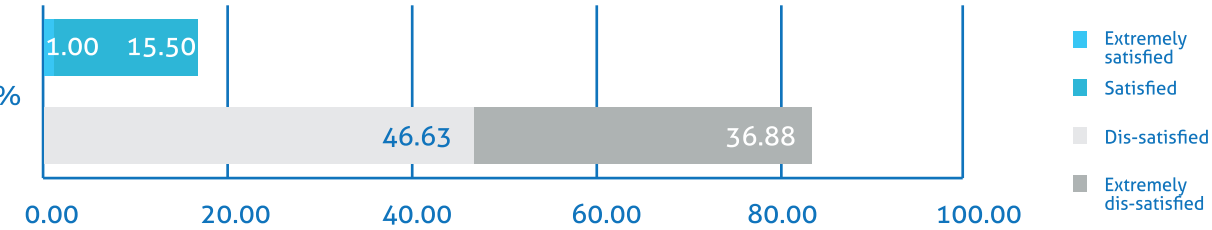
Chart 59: Distribution of out-patient respondents according to how satisfied the hospital's clients are with the hygiene of facilities such as (rooms, bed sheets, curtains and corridors)



As for the question "How satisfied are the hospital's clients with the hygiene of facilities such as rooms, curtains and corridors", 235 in-patient respondents (58.7%) expressed that they were satisfied and extremely satisfied, while 270 outpatient respondents (67.5%) expressed similar levels of satisfaction; constituting a total average of (63.1%) as shown in the charts 58 and 59.

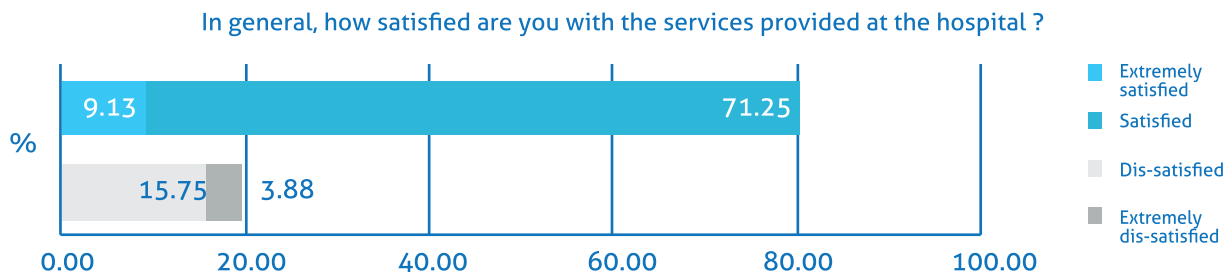
Chart 60: Distribution of in-patient and out-patient respondents according to how satisfied they are with means of entertainment and education at clinics and hospitals (televisions, internet and seating halls)

How satisfied are you with recriational media at the in-patient and out-patient wards (internet, TV, waiting room) ?



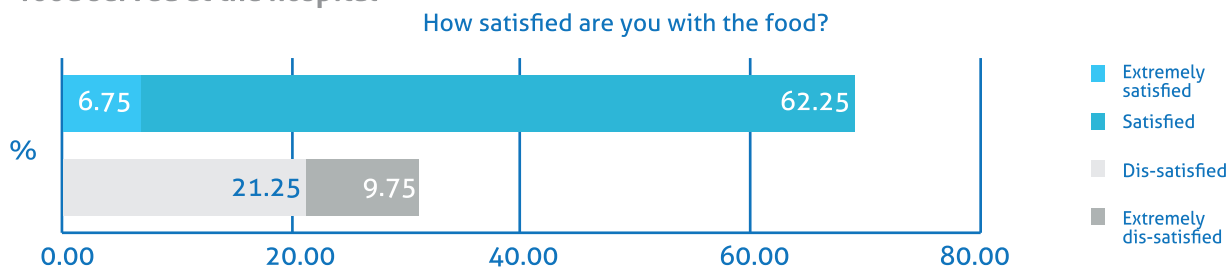
132 in-patient and out-patient respondents (16.5%) indicated that they were extremely satisfied with "means of entertainment and education at clinics and hospitals (televisions, internet and seating halls)" as shown in chart 60.

Chart 61: Distribution of in-patient and out-patient respondents according to how satisfied they are with the overall services rendered at the hospital



Percentages of in-patient and out-patient respondents' satisfaction with the overall services were close; 643 respondents (80.4%) have expressed that they were satisfied and extremely satisfied with the services in general as shown in chart 61.

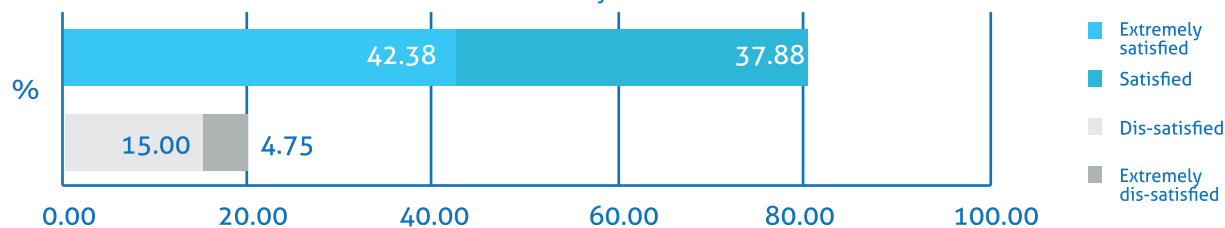
Chart 62: Distribution of in-patient responders according to how satisfied they are with the food served at the hospital



When the in-patient respondents were asked "How satisfied are you with the food?", 276 patients (69%) expressed that they were satisfied and extremely satisfied with the quality of food served at the hospital as shown in chart 62.

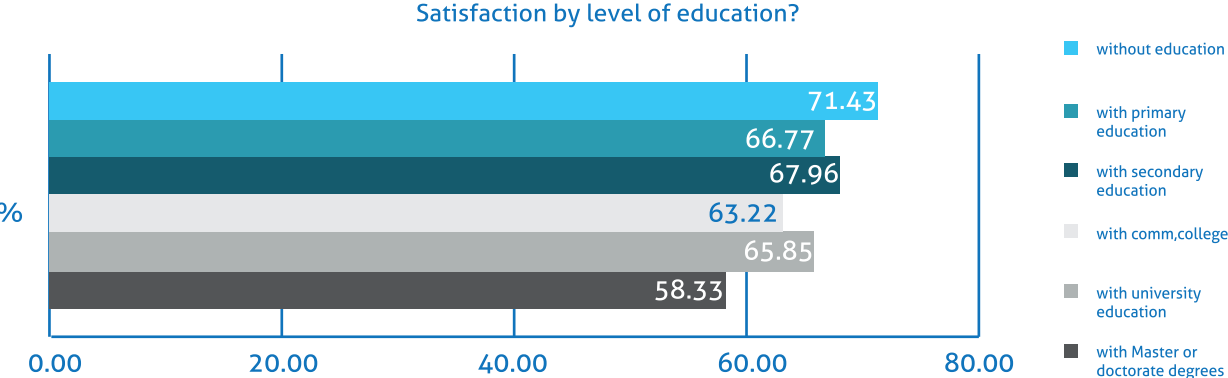
Chart 63: Distribution of in-patient respondents according to the extent to which they trust that the medical staff in this hospital will make the best treatment decision for them

to what extent do you trust that the medical staff in this hospital will make the best treatment decision for you?



When we asked the respondents "to what extent do you trust that the medical staff in this hospital will make the best treatment decision for you?", 642 in-patient and outpatient respondents (80.3%) indicated that they trusted that the service providers' decisions were made for their interest.

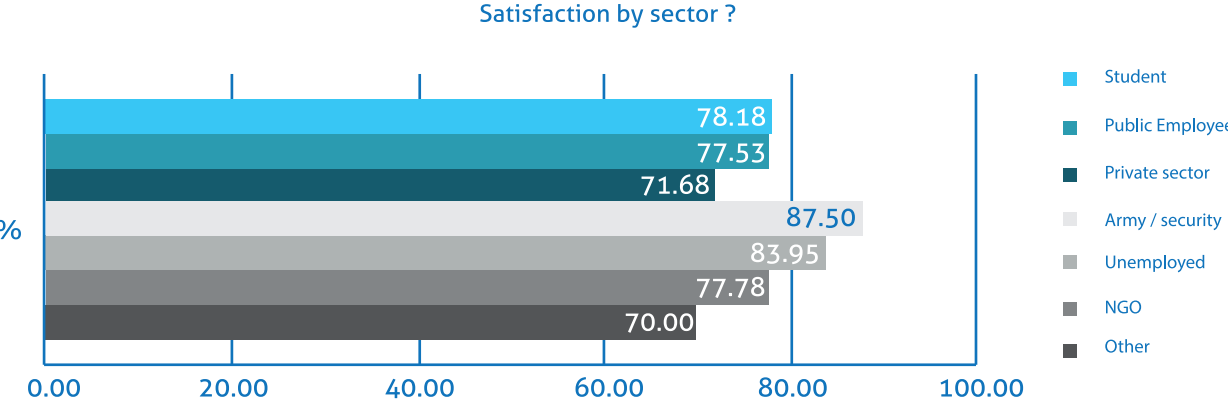
Chart 64: Relationship of the respondents' satisfaction in outpatient clinics and hospital according to the educational level



Analyzing the relationship between the level of satisfaction and the educational level of the respondent, it was clear that the highest satisfaction percentage is among those who have no education.

However, the satisfaction level among those with primary education was 66.8%. Among those with secondary education it was 67.9%, among those with community college diplomas it was 63.2%, and among those who hold a bachelor degree it was 65.8%. For those who hold a master or a doctorate degree, the level of satisfaction decreases to 58.3% .

Chart 65: The relationship of the in-patient respondents' satisfaction and the work performed by the respondents



Analyzing the relationship between the percentage of satisfaction and the type of work performed by the respondents, it was clear that the lowest percentage was 71.68% among private sector employees, while the satisfaction percentage for those who were unemployed was 83.9%.

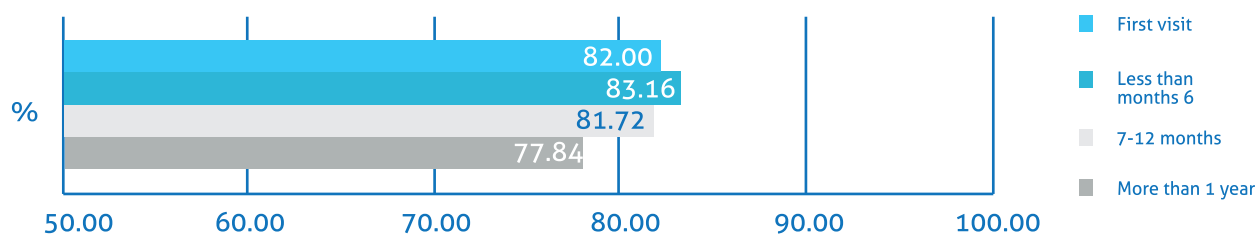
408 respondents out of 487 respondents were unemployed. It is worth mentioning that the response rate to the research was 36.9% males, 63.1% females, and that 60.7% of them were unemployed.

16.7% of the unemployed respondents were males, versus 83.3% females.

The satisfaction percentage among the respondents who've been clients of the hospital for less than one year was 82.5%, while it was 77.8% for the patients who've been clients at the hospital or clinic for over a year. This proximity indicates an absence of a statistically significant relationship between the satisfaction and how long the patient has been visiting the hospital or clinic as shown in chart.

Chart 66: The effect of the period of hospital and clinic visit on the patients' satisfaction

Disparity of the satisfaction level according to the period of the review of the hospital and clinic ?



Upon investigating whether the satisfaction percentage is affected by the respondents' nationality, it turns out that 599 out of 750 Jordanians (79.9%) have expressed their satisfaction with the level of the services. On the other hand this percentage was (87.1%) for Syrians, (86.7%) for Gazans, and even 100% for the other Arab and foreign nationals (five cases) as shown in table 1.

Table 1: The satisfaction of clients in the hospital and clinics according to the clients' nationality

Satisfaction according to the nationality	Number of satisfied clients at the hospital	Number of satisfied clients at the clinics	Total	Number of respondents	%
Jordanian	302	297	599	750	79.87
Syrian	16	11	27	31	87.10
Gazans	4	8	12	14	85.71
Other Arab nationals	3	1	4	4	100.00
Foreign nationals		1	1	1	100.00

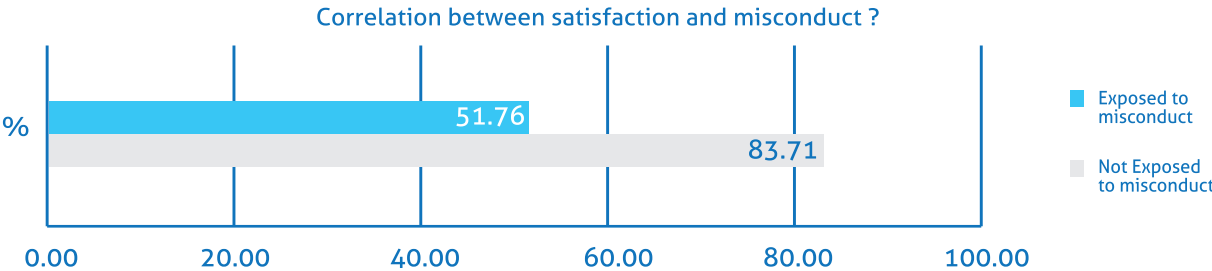
Upon investigating whether there is a correlation between satisfaction and the respondents' gender, 222 out of 295 male clients (75.2%) expressed satisfaction with the services, when 421 out of 505 female clients expressed theirs (83.4%) as shown in table 2.

Table 2: The satisfaction of clients in the hospitals and clinics according to the clients' gender

Satisfaction according to gender	Number of satisfied clients in hospital	Number of satisfied clients in clinics	Total	Number of respondents	%
Male	100	122	222	295	75.25
Female	225	196	421	505	83.37

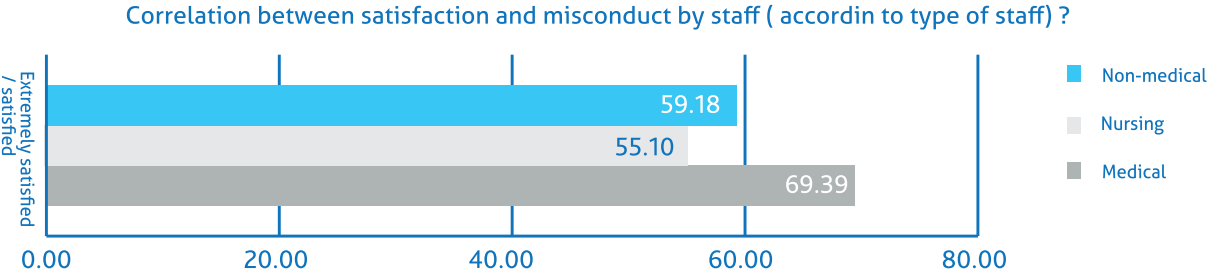
When analyzing the relationship between the satisfaction level and the waiting time before the service provision at the hospital, it was shown that the highest satisfaction percentage was among those whose waiting time was less than thirty minutes (86.8%), while the lowest level of satisfaction was among those whose waiting time was more than ninety minutes (72.8%).

Chart 67: Impact of employees' misconduct on the clients' satisfaction



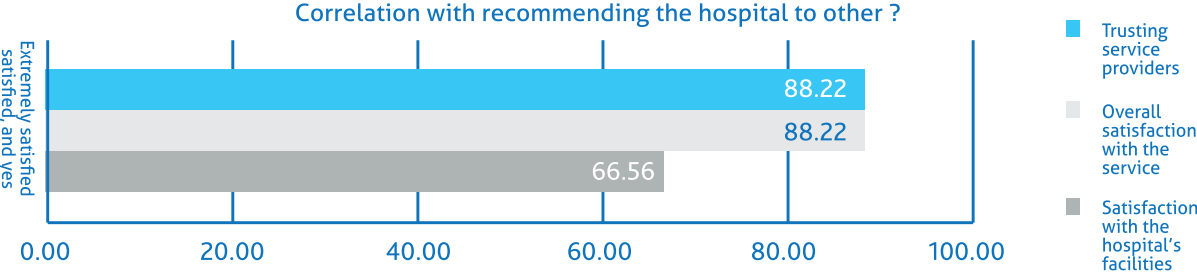
Out of the 85 respondents who indicated misconducts made by the employees in hospitals or clinics, 44 respondents (51.8%) only expressed their satisfaction with the services, versus 596 out of 712 (83.7%) who did not indicate the occurrence of misconducts expressed their satisfaction with the level of the services.

Chart 68: Correlation between satisfaction and misconduct of staff (by type of staff)



Investigating if there was a correlation between the level of satisfaction among those who have been subjected to misconduct committed by hospital staff, it turns out that the least satisfaction pertains to the nursing staff; reaching 55.1%. This percentage has reached 66.4% pertaining to physicians, and 59.9% in relation to non-medical staff, as demonstrated.

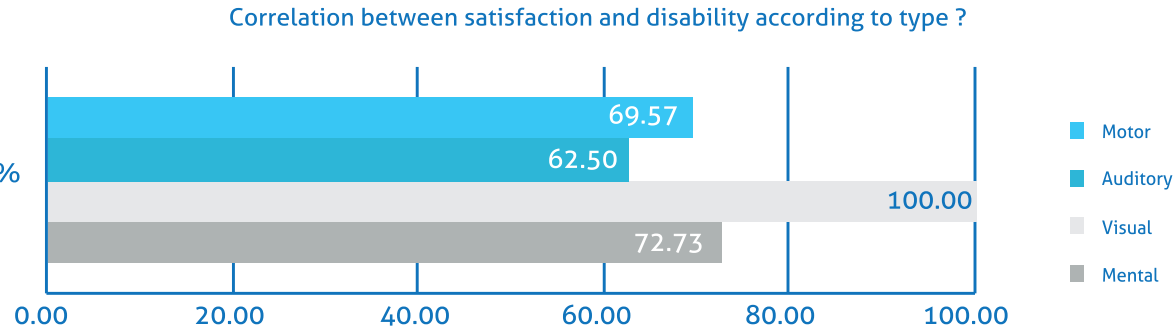
Chart 68: The relationship between the trust in the service providers and general satisfaction, as well as the correlation between the respondents' satisfaction with the facilities (rooms, curtains, bedding and corridors) with to what extent are they willing to recommend the hospital to others for treatment



In respect of the correlation between overall satisfactions, with the patients' willingness to recommend the hospital to others for treatment, 88.2% of the generally satisfied clients would recommend their relatives and friends to become clients of this hospital. Upon investigation among the potential relationship between the patients' trust in service providers and recommending the hospital, it was also found that 88.2% of them would recommend this hospital to their families and friends.

As for the potential correlation between the respondents' satisfaction with the facilities (rooms, curtains, bedding and corridors) with what extent they are willing to recommend the hospital to others for treatment, it was found that 66.6% of those satisfied with the services would recommend the hospital to their relatives. As for the correlation between the outpatient respondents' satisfaction with the restrooms hygiene in relation to recommending the hospital to their families and friends, it was found that 62.4% of the dissatisfied will not recommend the hospital to their families and friends.

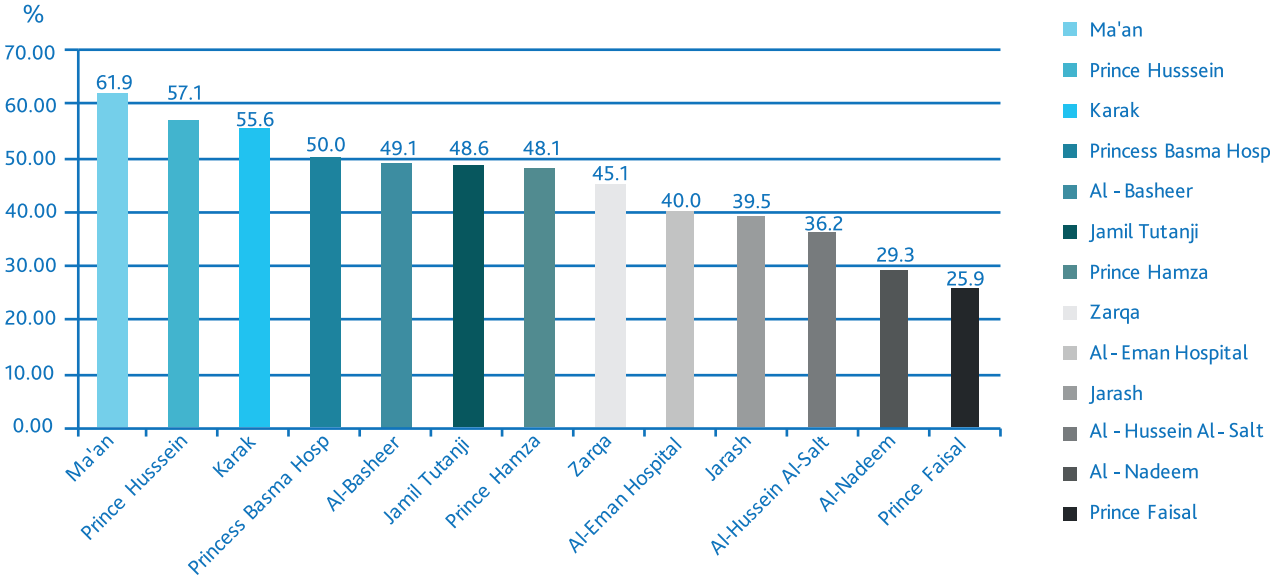
Chart 69: The relationship between satisfactions of respondents with disability according to type of disability



Upon studying the satisfaction of patients with different physical disabilities, it was found that the percentage of satisfaction with the services of the hospital and clinics in general to those with motor disabilities reached 69,6%, those with hearing disabilities were satisfied as 62,5%, and that all those with visual disabilities were satisfied with the level of services provided, bearing in mind that visually impaired respondents totaled only nine.

It is noticeable that the satisfaction rate among all patients with disabilities reached 74.5%; which is lower than the general satisfaction rate of other respondents in the research which is 80.4%.

Chart 70: Distribution of the patients' answers on whether they saw the doctor / nurse washing their hands before examining the patient categorized by the hospital



Examining the answers from patients in different hospitals on whether the patient saw the physician or the nurse washing his/her hands before examining the patient, it was found that the highest percentage of hand washing witnessed was in Ma'an Hospital, 13 respondents out of 21 (61.9%) answered positively, the lowest was in Prince Faisal Hospital with 25.9%, while it reached 49.1% in Al Basheer Hospital as shown in chart #70 below.

The data collectors noticed that complaints and suggestions boxes were available in both the in-patient and outpatient wards at 82.7%

There were special parking spaces for people with disabilities at 29.2% in the hospitals and at 42% in outpatient clinics. Special facilities for people with disabilities, such as the flat door floors and slope ramp were available in all hospitals and clinics.

It was also noticed that dissimilar answers were given by inpatient respondents to the question on whether "did you feel any favoritism in the hospital, or that the doctor / nurse treats others better than you."

This favoritism was focused on: allowing in relatives without having to wait in line, allowing other people without having to wait in line, and the taking care of relatives and kinsfolk patients, positive discrimination in treatment by doctors for connected people, with some resorting to cleaning workers to request the service required from nursing, favoritism in tidying up the room, food and attention, relationship of cousinhood, interests and brown nosing for officials, favoritism and nepotism in bypassing the queue to the pharmacy, better care for people who had relatives working in the hospital, the order in which medicines were obtained and the quality of medicines, and provision of better care for specific people more than others.

Asking in-patient and out-patient respondents "aside from mandatory fees, has anyone asked for any amount, gifts or benefits in exchange for treatment", answers revolved around the claim that some of the hospital's security guards, employees or workers "asked for tips after giving birth to a child, or "you have to pay to change the place" or to place "bribes to allow for visit beyond the visit time (up to 35 dinars), or "cleaning workers ask for tips".

The most frequently answers given by in-patient respondents when they were asked, "Were you subjected to any misconduct by the hospital staff ?", were:

- Very bad treatment by doctors, staff and nurses.
- Security prevents visits.
- Screaming and ill-treatment of people by staff and nursing.
- Disrespect and disregard of the patient, lack of nursing / accounting / employee tactfulness.
- Angry treatment of patients.
- The doctor refused to help during the night.
- The nurse in charge finished her shift and the other nurse was late so I had to deliver the baby on my own .
- Malpractices.
- Anger and mocking.
- Ill-treatment by the reception, accounting, nursing and medical staff.
- Lack of punctuality and constant change of appointments.
- Three separate cases have reported sexual harassing by the doctor against the mother of the neonatal, as well as attempts of sexual abuse, harassment, and profanity.

As for our question, "Except for the doctor / nurse, were there any strangers present in the clinic during your examination?", some of the most frequently provided answers included:

- There were people I didn't know.
- Friends and acquaintances hanging around.
- Medical interns and specialists, assistant doctors, interns.
- Clients or other patients.

As to our question, "Have you ever filed a complaint or submitted a suggestion to the hospital's administration?" Four respondents reported that their complaints had been answered, while three respondents answered negatively. Most complaints were focused on the poor organization, the waiting time, lost files, prices and the deferment of a surgery.

Positive responses to our question: "Would you recommend this hospital to others for treatment?" were mainly focused on the following reasons:

- Respect and care for patients .
- Making the right medical decisions.
- Prices suitable / cheaper than the private sector / their prices are good.
- Good doctors.
- Proximity.
- Proper diagnosis.
- Availability of all treatment services.
- Good staff, good system and management.
- Good nurses and staff members.
- The services are good.

On the other hand, negative responses to the previous question mainly revolved around:

- Bad services.
- I do not recommend it to anyone who has money.
- No cleaning.
- Negligence, disrespect, shouting at the patients, ill-treatment and lack of respect.
- Delay and lack of medication.
- Bad service.
- Overwhelming crowdedness.
- Waiting time.
- Carelessness.

When respondents were asked about the sort of wastage they saw in clinics and the hospital, most of their answers were about:

the dysfunctional faucets, wastage of water and detergents, unnecessary turned-on lights during the day in vacant rooms, slow work progress.

When respondents were asked, "To what extent do you trust that the medical staff make the best treatment decisions for you?", positive responses were focused on the following:

- They only trust specific doctors and specialists to give them appropriate treatment which is often effective because they are qualified, competent, good, experienced, repeatable doctors.
- They have experience and confidence in their abilities.
- I feel better and respond to the medicine.
- They know more about me than I do.
- Their good treatment.
- The reputation of a good doctor.

The negative responses to the lack of trust were for the following reasons:

- There were errors in the diagnosis and medical errors.
- Different doctors made different treatment decisions and diagnosis.
- A whole week passed before I was given a clear diagnosis.
- Gave a wrong treatment.
- Negligence and carelessness and incompetence.
- Crowdedness of patients.
- Frequent change of treatment without any recovery.
- No recovery after treatment.
- Errors in diagnosis or medication.
- Lack of interest or cooperation by doctors.
- Discrepancy / contradiction in the diagnosis.
- Constant change of doctors.
- Many patients.
- The doctor does not answer my questions.
- Doctors do not request enough tests.

When we asked the question about "the most important things that hospital management should do to improve service?", responses of in-patient clients were mainly about:

- Furnishing advanced equipment.
- Respect for the patients and tactfulness.
- Ensuring cleanliness.
- Lack of responsiveness and slow procedures, especially admission, payment, and visitation procedures.
- The building and maintenance, furniture and entertainment, regulation.
- Strengthen controls on staff and nursing.
- Better attention to ER, attention to food, attention to infrastructure, increased attention to patients, increase number of health and medical staff".

In the out-patient clinics, most responses were focused on:

- The importance of punctuality with appointments.
- Respecting the order of turn.
- Easing the crowdedness.
- Improving care for patients.
- Building the staff capacity in terms of communication.
- Hygiene .
- The provision of adequate chairs.
- Increase the number of staff, especially medical.
- Better organization of accounting / turn / appointments/ visits.
- Tighten controls on employees and how they deal with Patients.
- Building and infrastructure, air conditioning / fans / drinking water.
- Reducing waiting times and increase availability of all medicines.

When we asked in-patient respondents "can you tell us about any positive experiences that you liked in the hospital", most of their answers were:

- Admission procedures.
- Respect and care for patients.
- Immediate response.
- Attention to cleaning and order.
- The doctor was able to absorb my anger / was very cooperative.
- Cooperative staff.
- Assistance of the elderly.
- Quick accomplishment of tasks response.
- Completion of transactions.

As for the outpatient respondents, they considered the following positive experiences impressive:

- Doctors' respect for patients.
- Patient's reception by employees.
- Gentle treatment of patients.
- Appropriate prices.
- Excellent services.
- Computerized appointments system.
- Assistance offered to patients and people with disabilities.
- Hygiene.
- Quick service provision, especially when it comes to first aid.

In-patient respondents answered our question, "Can you identify something that the hospital is missing and you would like to see it?" with the following:

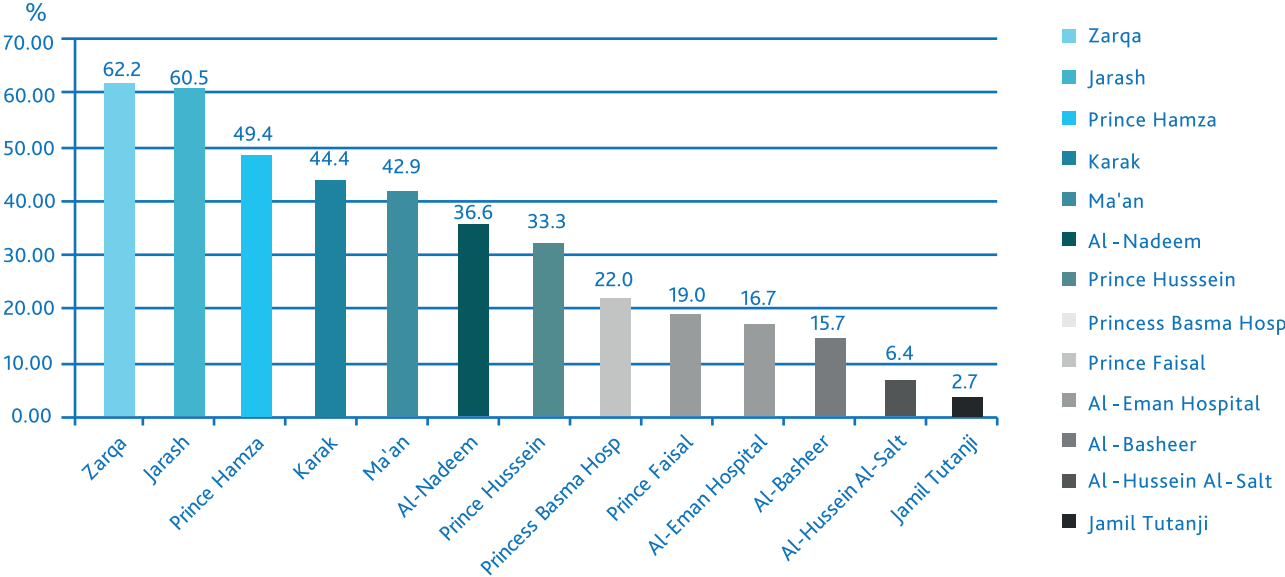
- Air-conditioning (large number of people).
- Chairs (the majority).
- Entertainment.
- Break hall.
- Internet.
- Children's play rooms.
- Telephones in corridors.
- Soap and disinfectant solutions.
- More hygiene.
- Smoking areas.
- Drinking water, cool and hot water
- Availability of all medicines and equipment
- Setting partitions between beds
- Maintenance for bathrooms.

Outpatient respondents reported that what the hospitals were lacking was the following:

- Modern medical equipment.
- Air conditioning.
- Adequate lighting.
- Maintenance of the building and seats.
- Medicines
- Transportation to and from the hospital..
- Hygiene .
- Internet, televisions and entertainment.
- Cafeteria.
- Drinking water.
- Better organization of enter order into the clinics.
- More medical specialists.
- Parking for cars.
- Hand sanitizers and soaps.

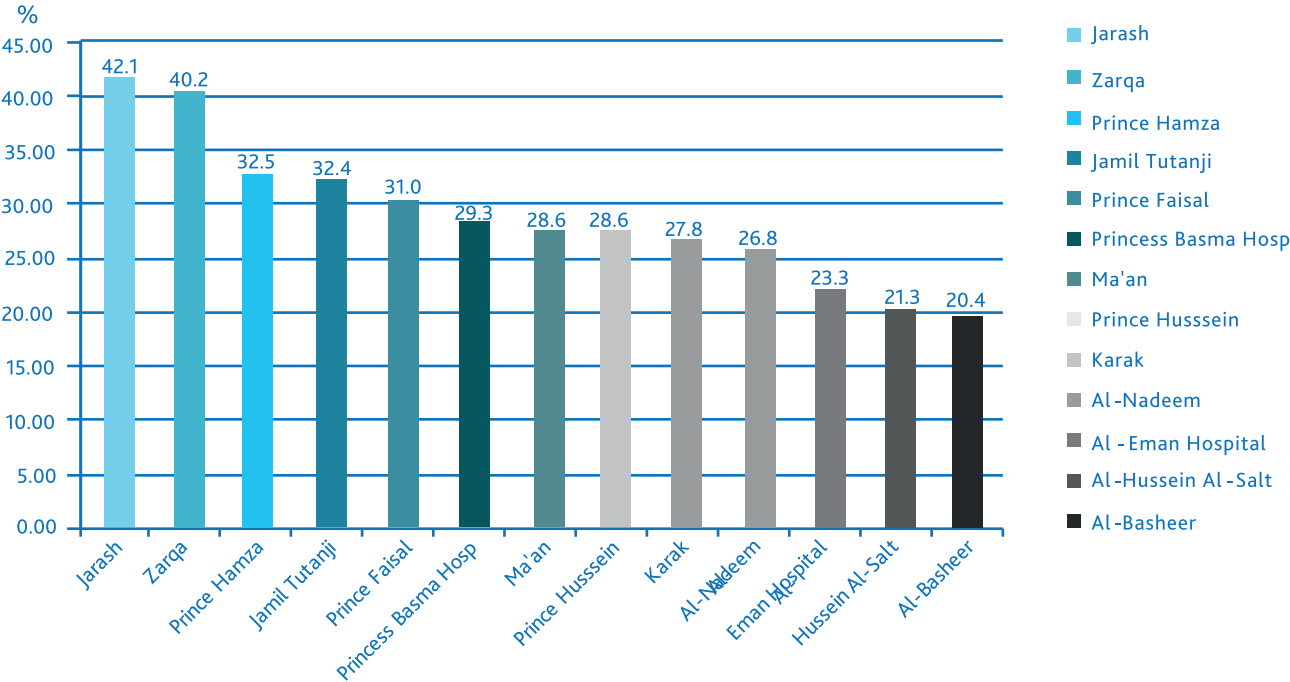
Analysis of the results showed that 46 out of 129 people who can afford to pay for the treatment (35.8%) responded that the prices of services were high.

Chart 71: Distribution of patients' answers by hospital as to whether hospital / clinic furnish hand sanitizers solutions, which can be used by patients



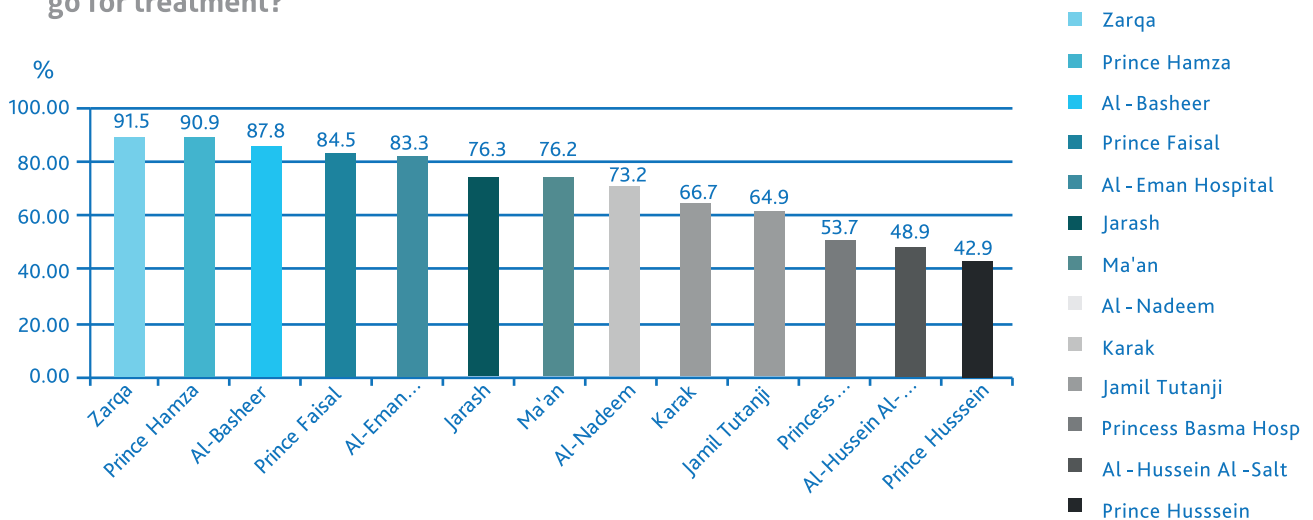
The number of the highest responses to the "availability of hand sanitizer solutions that patients can use" were close between patients in Zarqa and Jarash hospital (with respectively 62.2% and 60.5%), while the availability of these solutions was, according to the patients, the lowest in Jamil Tutanji Hospital (2.7%), and Al-Hussein Al-Salt Hospital (6, 38%) respectively, as chart #71 shows.

Chart 72: Distribution of patients' answers by hospital as to whether they know where the emergency exits are located in the event of a fire, God forbids



When respondents were asked, "In case of fire, God forbid, do you know where the emergency exits are located?", "Yes" responses reached 42.1% in Jarash Hospital, 40.2% in Al-Zarqa Hospital, 21.3% in Al-Hussein Al-Salt hospital and 20.4% among Al-Basher Hospital's patients.

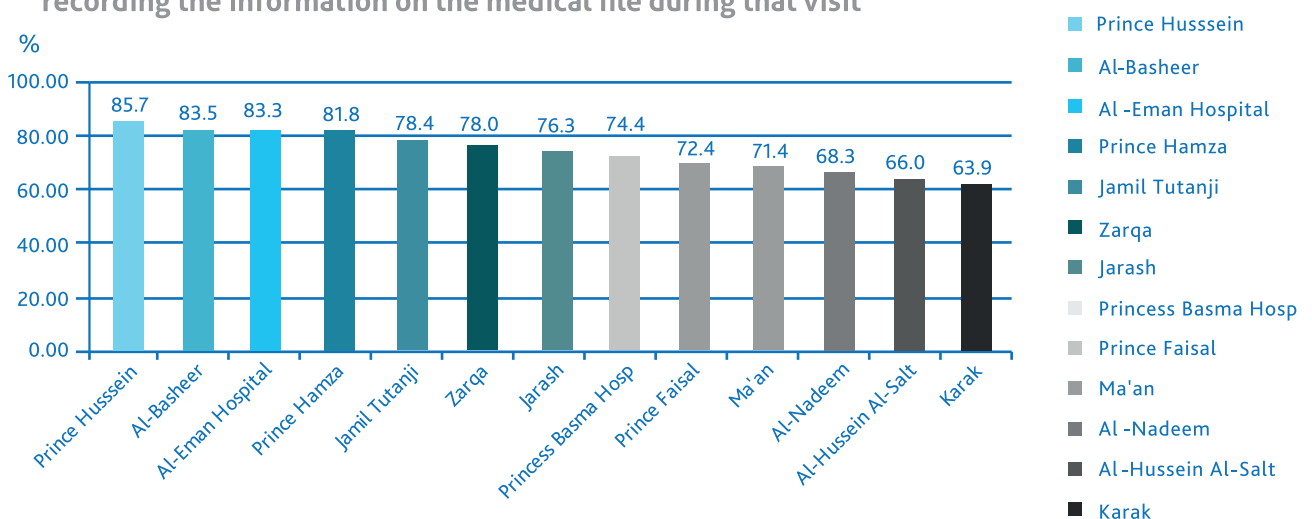
Chart 73: Distribution of patients answering "whether they finds their file every time they go for treatment?"



When we asked the patients if they found their medical file every time they came for treatment, 91.5% of the patients in Zarqa Hospital responded positively, followed by the patients of Prince Hamza Hospital (90.9%), and Al-Basheer Hospital (87.8%).

The lowest percentage (42.9%) was among patients in Prince Hussein Hospital Al-Baqaa.

Chart 74: Distribution of patients answering if they witnessed the doctor / service provider recording the information on the medical file during that visit

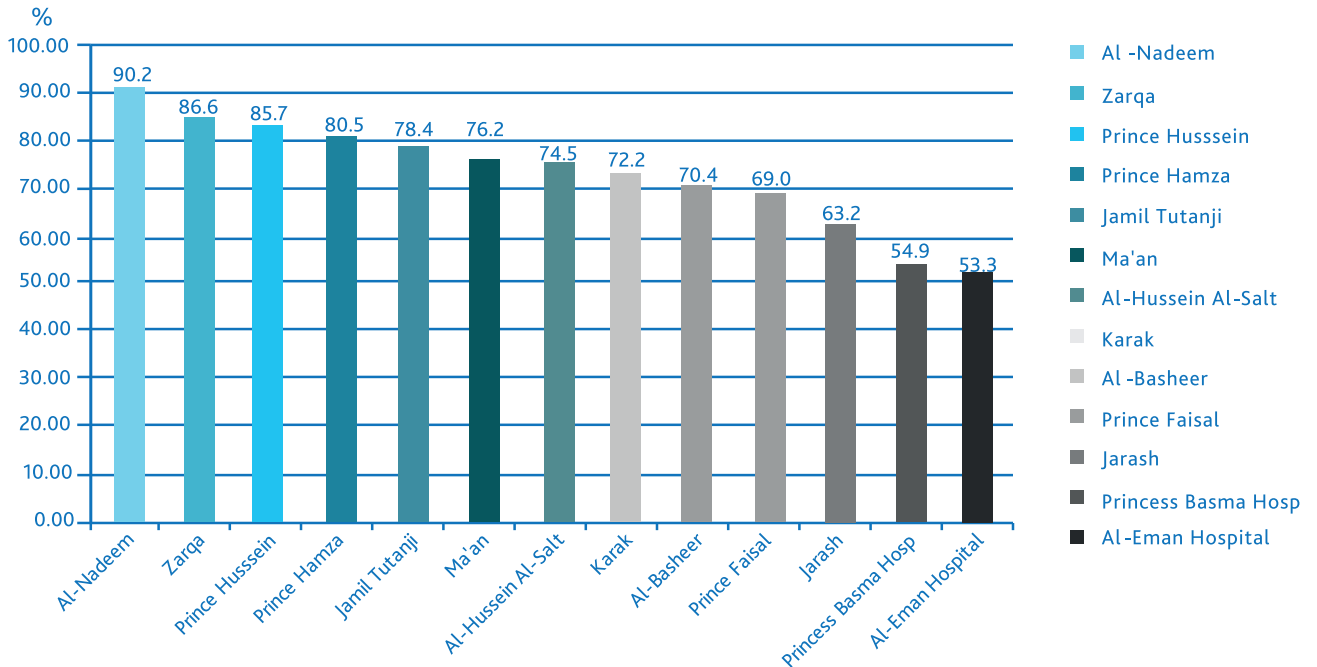


Complementary to the previous question and to ensure the information is documented on the medical file, we asked "Have you witnessed the doctor / service provider recording the information on the medical file during that visit", "Yes" was the highest among the patients

of Prince Hussein Al-Baqaa Hospital with 85.7%, followed by Al-Basher Hospital with 83.5%.

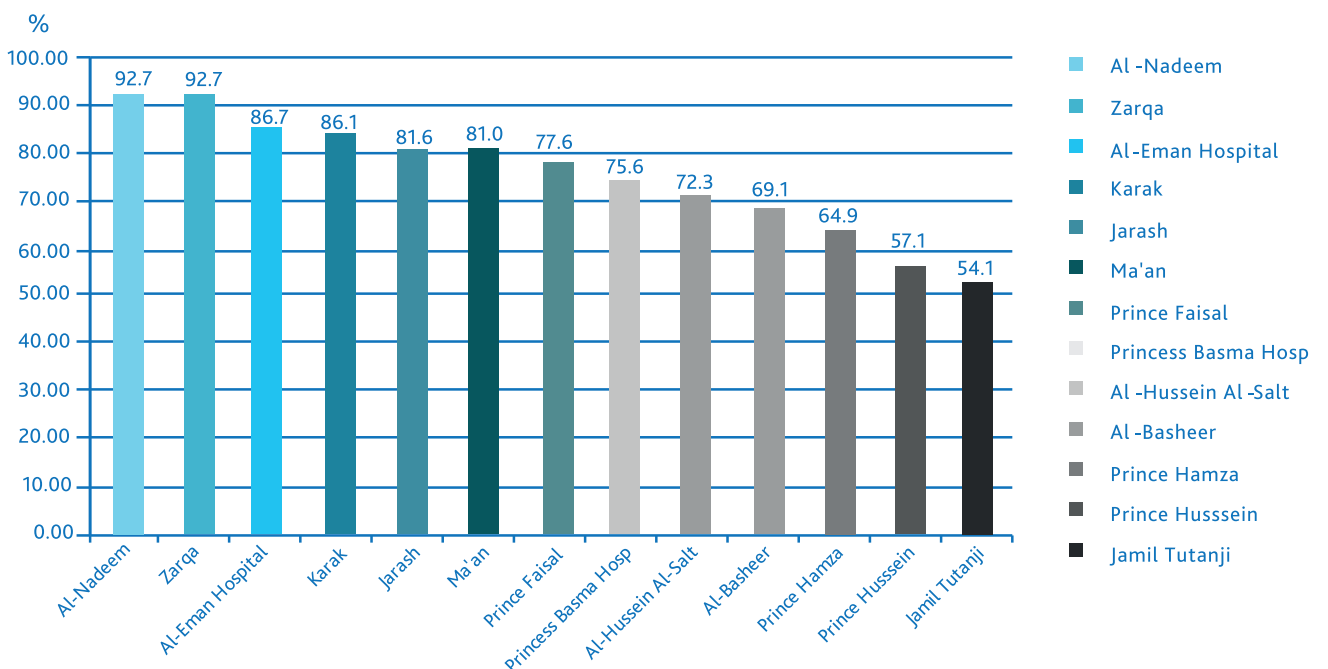
The lowest percentage was in Karak Hospital with 63.9%.

Chart 75: Distribution of responses "to which extent did in-patients and outpatient have a sense of privacy while being examined by the doctor"



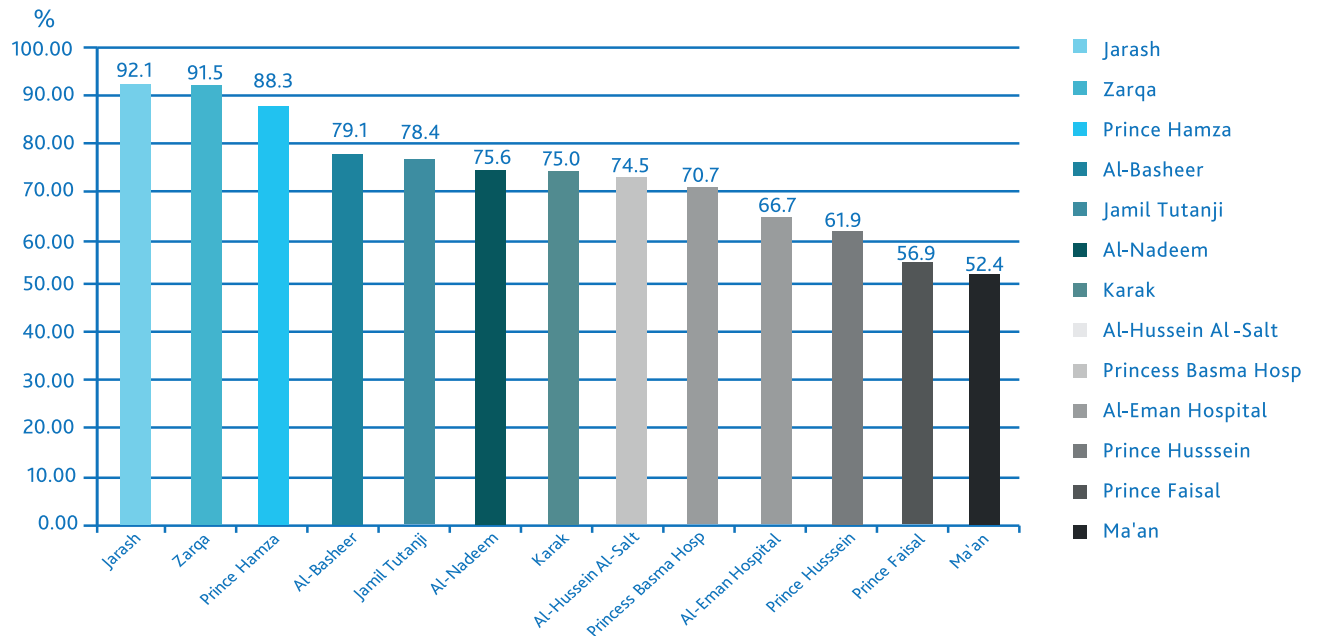
As to the extent to which both in-patients and out-patients had a sense of privacy during the medical examining (the door is closed and the curtains are lowered), the highest feeling of privacy was in Al Nadim Madaba Hospital with 90.2%, while the lowest was in Al-Iman Ajloun Hospital with 53.3%.

Chart 76: distribution of answers to "did the pharmacist provide instructions on the use of medication every time?"



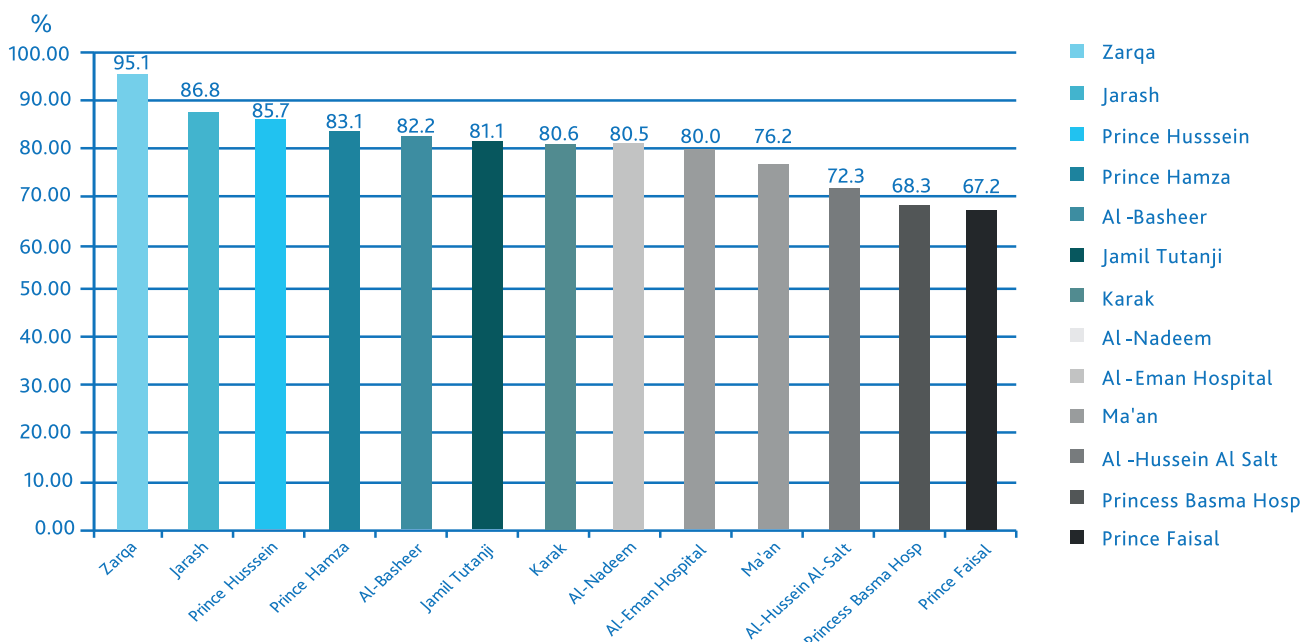
We asked both in-patients and out-patients "Did the pharmacist provide instructions on the use of medication every time?", The highest percentage of affirmative answers was among patients of Al-Nadim Hospital and Zarqa Public Hospital reaching 92.7% for each. The lowest percentage of affirmative answers was among the patients of Jamil Totanji Hospital which reached 54.1%.

Chart 77: distribution of answers to the question "would you recommend this hospital to others for treatment?"



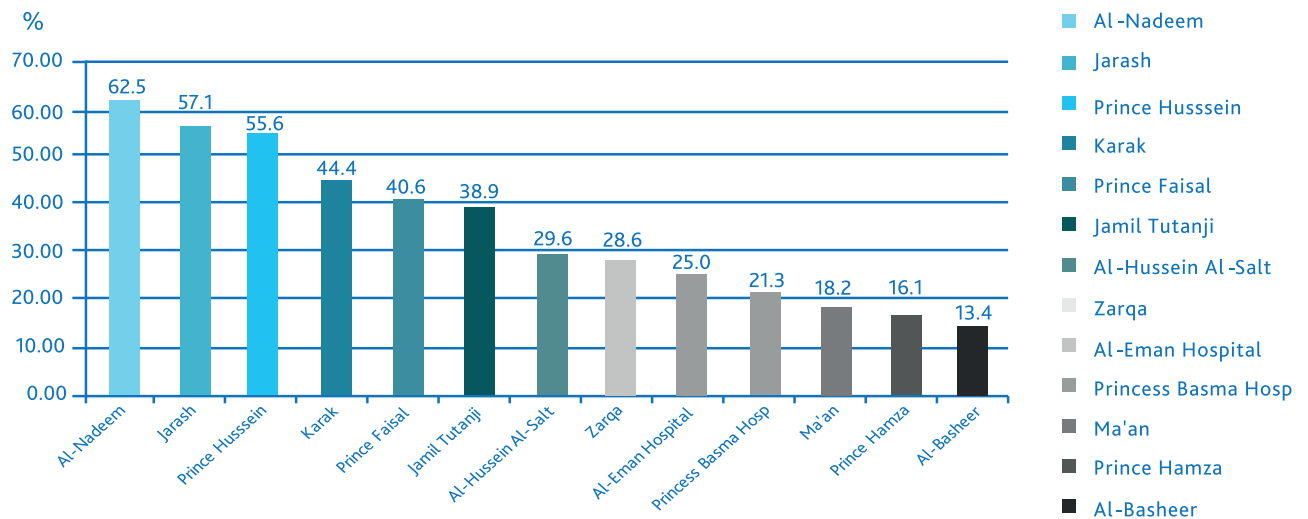
92.1% of the patients in Jarash Public Hospital and 91.5% of the patients in Zarqa Public Hospital answered that they would recommend the respective hospital to others for treatment. However, such a percentage plunged to 52.4% for the patients in Ma'an Hospital preceded by 56.9% among the patients in Prince Faisal.

Chart # 78: distribution of answers by hospital to "How satisfied are you with the services provided in hospital in general".



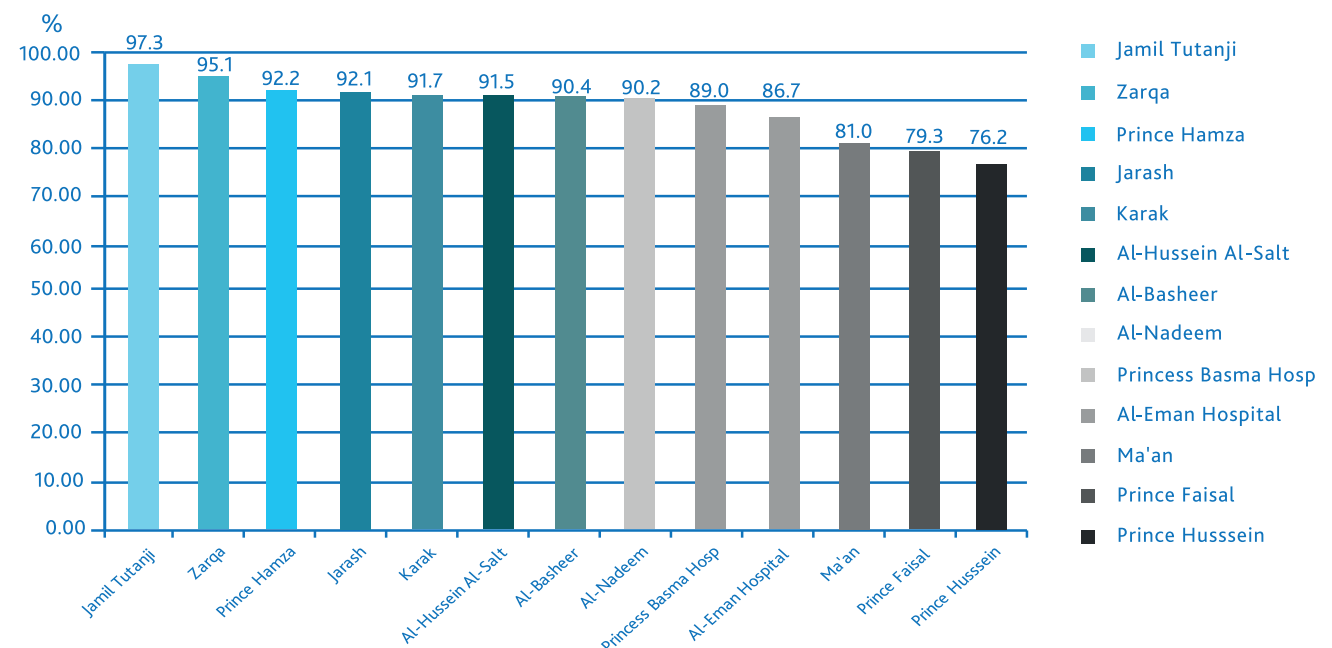
As for the question "How satisfied are you with the services provided in hospital in general?", the answers indicating the highest satisfaction were among patients of Zarqa Public Hospital with 95.1%, followed by the patients of Jarash Public Hospital and Prince Hussein Hospital with respectively 86.8% and 85.7%. The percentage subsequently declined to reach respectively 68.3% and 67.2% in Princess Basma Hospital and Prince Faisal Hospital.

Chart 79: distribution of answers to "How satisfied are you with the waiting time for various services?"



When patients were asked "How satisfied are you with the waiting time for various services?", in the best scenario the satisfaction level couldn't exceed 62.5% for patients from Al-Nadim Hospital, 57.1% for patients from Jarash Public Hospital, down to 16.1% for patients from Prince Hamza Hospital, and 13.4% for Al-Basheer Hospital's patients. This is an indication of a potential correlation with the overcrowding, indeed these two hospitals are the largest and most crowded.

Chart 80: distribution of answers to the question "How satisfied are you with the level of treatment and care provided by the physician?"

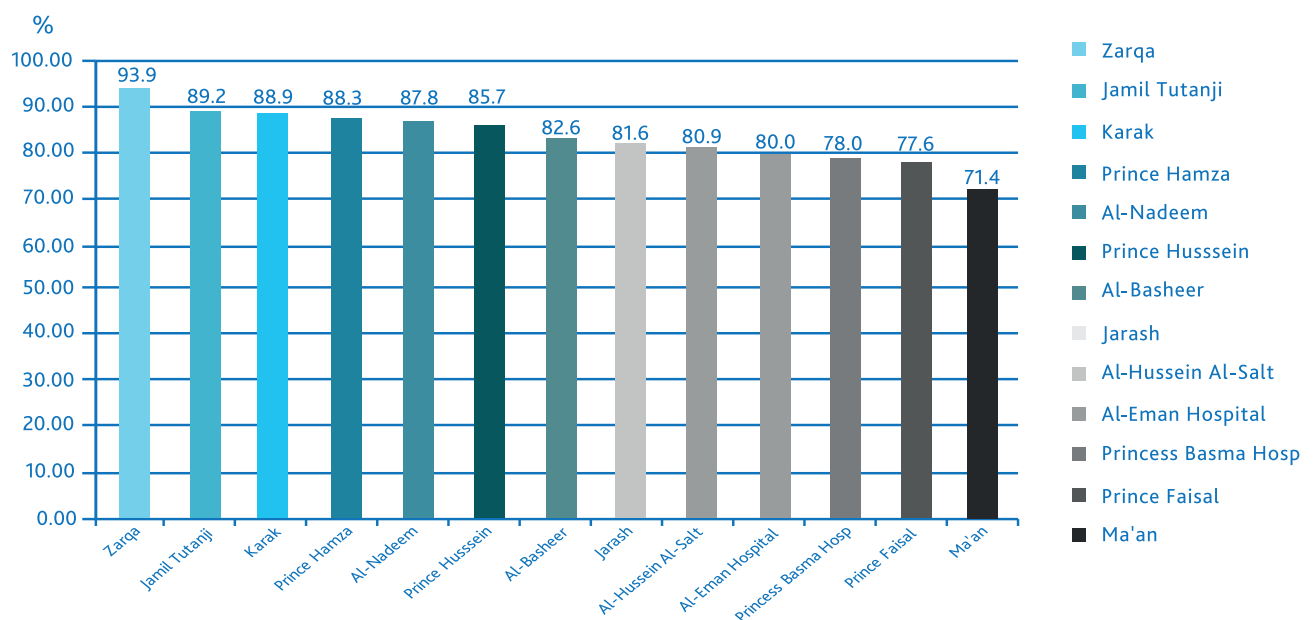


When we ask the respondents "How satisfied are you with the level of treatment and care provided by the physician?", generally the answers indicated a high level of satisfaction; reaching its highest among patients of Jamil Totanji Hospital with 97.3%, in Zarqa Hospital with 95.1%.

While the lowest percentage was among the patients of Prince Hussein Hospital with 76.2% as shown in chart 80.

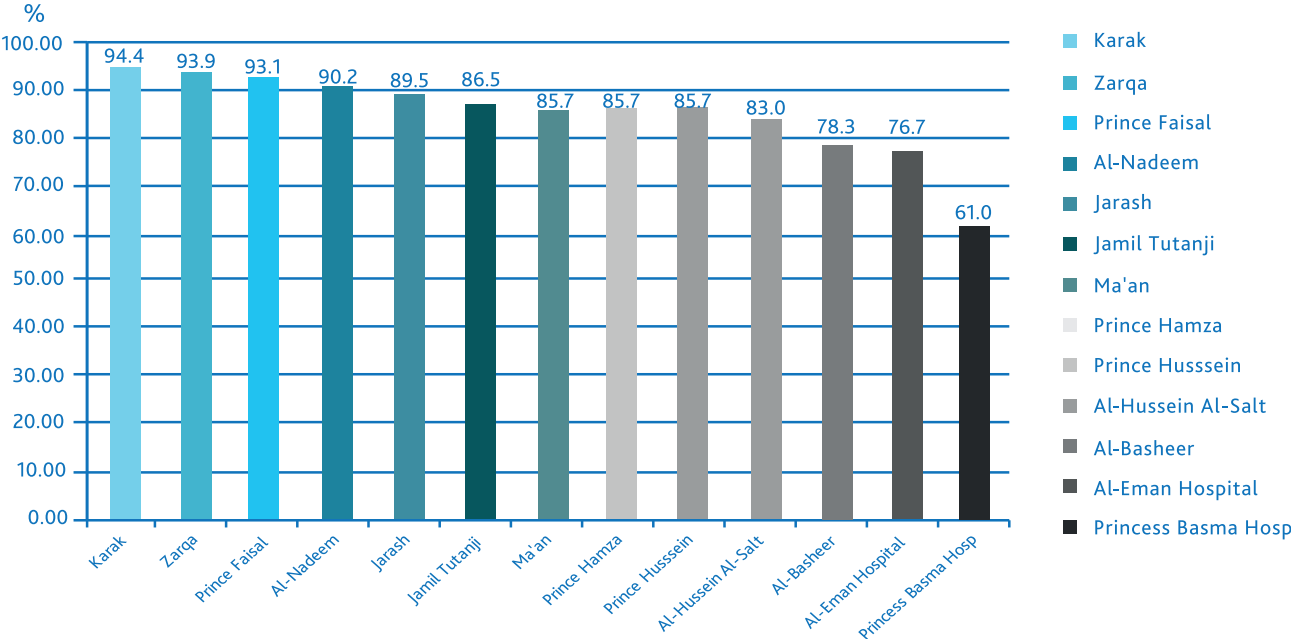
As for the satisfaction of patients with the treatment of pharmacist towards them, the level of satisfaction was generally high; ranging from 100% in Prince Hussein Hospital to 83% in the Princess Basma Hospital in Irbid.

Chart 81: distribution of answers to "How satisfied are you with the level of treatment and care provided by nurses"



Answers of respondents varied when they were asked "How satisfied are you with the level of treatment and care provided by nurses?". The highest level of satisfaction reached 93.9% among patients of Zarqa Hospital and the lowest was 71.4% among patients of Ma'an Public Hospital.

Chart 82: distribution of answers to the question "How satisfied are you with the treatment of non-medical hospital staffs?"



As for the question "How satisfied are you with the treatment of non-medical hospital staffs?", the highest satisfaction level was from Karak Public Hospital patients reaching 94.4%, followed by the patients of Zarqa Public Hospital with 93.9%. The lowest level of satisfaction was among patients of Princess Basma Hospital in Irbid; declining to 61%.

Accreditation and how it relates to the outcomes of the research

6 out of the 13 hospitals selected for the research are accredited, these hospitals are:

1. Zarqa Hospital
2. Prince Hamza Hospital
3. Jarash Hospital
4. Prince Hussein Hospital
5. Karak Hospital
6. Ma'an Hospital

Through reviewing the results of these hospitals, it was found that five of these hospitals performed better in terms of: infection control measures, public safety procedures, privacy, medical records and documentation, and patients' satisfaction with the services.

These five hospitals are: Zarqa Hospital, Prince Hamza Hospital, Jarash Hospital, Prince Hussein Hospital and Karak Hospital.

The following table demonstrates the ranking of hospitals based on the score attained in each of the dimensions directly related to the accreditation criteria:

No.	Name of Hospital	Hands Washing	Sanitizer	Emergency exits	Medical file	Documentation on file	Privacy	Instructions on drug use	Recommended to others	General Satisfaction	Satisfaction with the waiting time
1	Karak	3	4	9	9	13	8	4	7	7	4
2	Zarqa	8	1	2	1	6	2	2	2	1	8
3	Faisal	13	9	5	4	9	10	7	12	13	5
4	Al-Nadim	12	6	10	8	11	1	1	6	8	1
5	Jarash	10	2	1	6	7	11	5	1	2	2
6	Jamil Totanji	6	13	4	10	5	5	13	5	6	6
7	Ma'an	1	5	7	7	10	6	6	13	10	11
8	Prince Hamza	7	3	3	2	4	4	11	3	4	12
9	Prince Hussein	2	7	8	12	1	3	12	11	3	3
10	Al-Hussein Al-Salt	11	12	12	13	12	7	9	8	11	7
11	Al-Basheer	5	11	13	3	2	9	10	4	5	13
12	Al Iman Hospital Ajloun	9	10	11	5	3	13	3	10	9	9
13	Princess Basma	4	8	6	11	8	12	8	9	12	10

The ranking was converted to weights so that we can find the relationship between the different dimensions and accreditation. The weighting method was calculated according to the following table:

Order	1	2	3	4	5	6	7	8	9	10	11	12	13
Weight	130	120	110	100	90	80	70	60	50	40	30	20	10

The following table illustrates the weights given to hospitals and the final ranking according to the weights (the highest weight, which is 130, was given to the first rank and the lowest weight which is 10 was given to the 13th rank according to the previous table):

No.	Name of Hospital	Hands Washing	Sanitizer	Emergency exits	Medical file	Documentation on file	Privacy	Instructions on drug use	Recommended to others	General Satisfaction	Satisfaction with the waiting time	Total points	Rank
1	Karak	110	100	50	50	10	60	100	70	70	100	720	5
2	Zarqa	60	130	120	130	80	120	120	120	130	60	1070	1
3	Faisal	10	50	90	100	50	40	70	20	10	90	530	
4	Al-Nadim	20	80	40	60	30	130	130	80	60	130	760	
5	Jarash	40	120	130	80	70	30	90	130	120	120	930	2
6	Jamil Totanji	80	10	100	40	90	90	10	90	80	80	670	
7	Ma'an	130	90	70	70	40	80	80	10	40	30	640	
8	Prince Hamza	70	110	110	120	100	100	30	110	100	20	870	3
9	Prince Hussein	120	70	60	20	130	110	20	30	110	110	780	4
10	Al-Hussein Al-Salt	30	20	20	10	20	70	50	60	30	70	380	
11	Al-Basheer	90	30	10	110	120	50	40	100	90	10	650	
12	Al Iman Hospital Ajloun	50	40	30	90	110	10	110	40	50	50	580	
13	Princess Basma	100	60	80	30	60	20	60	50	20	40	520	

II: Focus Groups

The method of focus groups is one of the important techniques used in qualitative research, through which we can extract information which is otherwise irretrievable using the traditional methods. This technique is characterized by its ability to capture multiple points of views and different perspectives on the same subject, as well as accessing the internal perception of the individual's common understanding of daily life, and the ways in which individuals are influenced by each other in an interactive atmosphere within the group.

The qualitative research was carried out by leveraging the power of focus groups. The focus groups were designed to include civil society organizations whose role would be to assess the capacity of MOH hospitals in terms of maternal and child healthcare quality of services. The results of the patients' satisfaction survey were presented; requesting the groups to provide their inputs, perceptions, opinions, beliefs, and attitudes towards the services of the listed hospitals.

A set of questions was addressed to the focus groups and the answers were as follows:

1. How do developed countries distinguish themselves with Maternal & Child health services?

The answers:

- A specific measurement of child mortality, anemia prevalence rate and integrated vaccination programs, in addition to the availability of birth control techniques, educational and awareness programs for the mother on how to handle her child.
- Effective programs to detect genetic diseases, and the widespread provision of Maternity and childhood centers (geographical diffusion).
- The number of visits the woman makes to the center, preconception and during pregnancy, the abundance of specialized centers, vaccinations, as well as specialized research centers to tackle this subject. Additionally, a scale for this data is required.
- In the USA, deterrent laws and regulations are put in place to penalize neglectful parents. The recommendation is to enact laws and regulations relating to child abuse, specialized staff must be trained to provide appropriate treatment, to provide pre and post-birth training programs.
- Primary healthcare is provided, but the majority of child mortality occurs amongst children less than 25 days old or within the first 48 hours of the child's birth. The recommendation is to have specialized staff in terms of quantity and quality. Also there should be specific guidelines for those things which must be avoided to reduce child mortality. Breastfeeding in the first hours of the child's birth is essential; following the treatment plan for risky pregnancies, the fertility rate is very important. Also, labels should be placed on the files of Pregnant women in the case of risky pregnancy.

2. What are the most important services that should be included in the Maternal & Child health Program (the best practices and global models?)

The answers:

- Although pre-marital tests are mandatory, disabilities continue to manifest due to high blood acidity. In the West, a pre-marital genetic examination is utilized, which is best.
- Supporting the idea of retaining the embryonic stem cells and providing the necessary awareness in this regard.
- A well elaborated booklet should be distributed to each family or woman to provide details on vaccinations etc. Have an awareness-oriented TV shows, or, a hotline. This would solve many problems.
- Extending maternity leave for working women.
- Having a nursery in every organization.
- A better focus on the mother during the Post-birth phase, because of the sensitivity of this period.
- Instituting a milk and diapers supply system for children.
- Work stations should be established in every organization to enable the breastfeeding mother to store milk for her child.

3. Do you think that Maternity and childhood services in Jordan are sufficiently developed? How and Why?

The answers:

- There has been an improvement but not enough, in comparison with Canada, Sweden, or the USA.
- It has indeed developed because follow-up care is free, post-birth follow-up is available, and family planning methods are provided free of charge.
- There is a need to have a specialized pediatrician in every center in order to provide maternity and childhood services.
- Maternity and childhood services are well developed because there are now comprehensive health centers with specialized staff.
- There are effective vaccination programs.

4. What maternity and childhood services are missing from Ministry of Health hospitals?

The answers:

- Bicycle-fall protection services for children.
- Psychological support service.
- Domestic violence reporting services.
- In developed countries, there is a correlation between child protection and hospitals.
- Neonatal hearing screening services.
- Lack of education for mothers in terms of vaccinations.

5. What steps should the Ministry of Health take to improve maternity and childhood services?

The answers:

- Attention should be paid to protein-intolerance disease.
- The presence of families in remote areas for whom maternity and childhood services are inaccessible.
- Raising community awareness on the importance of breastfeeding, vaccinations, and access to services.
- Launching awareness campaigns on all medical services provided to women and children.
- Vaccination/immunization campaigns are expensive.

6. How can we improve services?

The answers:

- Emergency exits: the solution is to display eye catching instructions and directions to the exit.
- Form committees tasked to follow-up on the issue of exits.
- Establishing a maintenance plan.
- Utilizing technology and computerization in the system.
- Furnish centres with modern and advanced equipment.
- Installation of surveillance cameras.
- Toilet hygiene improvement with an effective control system.
- Hands Washing - Informing the patient to alert other patients or nurses of the need for washing hands.
- Launch an effective "turn" system.
- Increasing awareness of the existence of staff and patients' complaints.
- Furnish centres with recreational items for patients.

III: Round table Discussions

Chief medical practitioners and staff from the participating hospitals, were invited to the headquarters of Rasheed for Integrity and Transparency & Transparency International – Jordan in Al-Sweifayah to review the results of the satisfaction survey and to discuss the most common problems hospitals face with their patients. Mechanisms to improve services were proposed as a part of the project's outputs.

The opinions of participants regarding the important problems the hospitals are facing were discussed, reviewed and conglomerated, including the treatment of patients as well as their opinions on how to solve these problems. The group concluded that the most important problems faced by hospitals are as follows:

The irregularity of queues, as most patients race to enter the doctor's office without waiting.
The suggested solution: Give a serial number to the patients when they arrive at the clinic on the basis of first come first served. Entrance to the doctor's office would follow the number obtained. It is also imperative for service providers to demonstrate patience and clarify the importance of compliance.

The problem of misunderstanding and patients shouting to have their turn and to enter to the doctor's office.

The suggested solution: Training on the process of communication and organizing queues.

The waiting time and the overcrowded clinics.

The suggested solution: Installing a machine to dispense tickets, so as to organize the those waiting for their turns, and to activate the appointments system.

Most of the time, the patient does not trust the service provider.

The suggested solution: The employee's commitment and increased efficiency at work will increase the confidence in the service providers.

The frequent patients' complaints about the lack of medicine and the lack of patients' compliance with the referral system.

The suggested solution: Regulate the use of dispensing drug cards.

Weak compliance with hospital regulations such as smoking inside the hospital.

The suggested solution: Activate and implement public health laws.

Non-compliance by the clients with the appointment system and the instructions in departments.

The suggested solution: Increase awareness campaigns and tighten control of the application of the appointments system.

Disrespect for hospital regulations.

The suggested solution: Develop regulatory programs and regulate appointments.

Too many patients compared to the staff.

The Suggested solution: strengthen staff numbers

Complaints about the waiting time.

The Suggested solution: Exploit the waiting time for educational purposes and the setting up of mechanisms for education.

The participants' recommendations to help hospitals improve their services were focused on the following:

- Establish administrative and financial autonomy, as well as granting such authority to chief medical practitioners to affect improvements on the services provided for patients; while empowering managers through intensive training.
- Submit the results of the research to the competency officer in the hospital, alongside an explanation by the social workers who prepared it. This could be done providing a visual presentation in the presence of stakeholders, to leverage the results towards improving the services provided by the hospital.
- As for cleaning companies, there seems to be consensus on the importance of intensifying monitoring by hospitals to increase the level of patients' satisfaction with cleaning services. Participants have also noted the necessity to link these companies with the hospital management and not with MoH, due to the recent issues that occurred in the bids of these companies.
- Lack of medical staff and increasing pressure on them, especially since the Syrian crisis. Therefore the number of staff needs to be increased and alongside capacity building.
- Increase awareness campaigns for medical staff.
- Intensifying awareness campaigns addressed to citizens, taking into consideration the culture.
- In respect of accreditation issues, it was pointed out that it's necessary to turn recommended instructions into binding laws that hospitals have to apply and comply with, and that they would be held accountable if these laws are not enforced.
- Countering the problem of hospital staff's lack of conviction on the importance of accreditation, which is often only applied on account of it being something that must be enforced, without being attentive to the employee's inner sense of satisfaction and his desire to improve the quality of service provided to patients.
- The idea of stimulating hospitals that met the conditions of accreditation and distinguishing them from the rest of the hospitals was presented.
- Introducing the subject of accreditation within the school and university curricula, so that we can creatively create a conscious generation with a strong desire for continuous improvement of all sectors.
- Participants were asked to give a copy of the questionnaire to these hospitals, which was used as a tool for all data in this research, due to its comprehensiveness, so that they may make a use of it.
- Participants called for the research to be reexamined in the same hospitals in a short period of time, to measure the extent of improvement in the level of services and the hospitals' response to the results of the research.

The discussion of the question that we raised about whether participants were motivated by the stimulation of the institutions which provided a great service (accreditation). Their answers were split between supporters and opponents:

- I hope to stimulate the institutions that have been accredited and have led to improved quality of services provided to patients, whether material or moral, as currently they only have a certificate of credit.
- It was suggested that the incentive system be linked to performance in terms of points of the workplace and the nature of the work.
- Against the proposal, not at citizen expense
- Against the proposal because it may cause problems with patients.
- Yes, with an increase in the amount taken from citizens for the additional service provided. So that the patient's decision is based on knowledge.
- Incentive mechanism for improving performance, improving the quality and patient safety depends on:
 - Continuous training.
 - A consistent institutional work that does not change.
 - Incentives being based on performance rather than an increase in what citizens pay.
 - Not approved, the incentives should be from the budget of MoH in which it operates and not the citizen himself.
 - There should be incentives but not at the expense of the citizens.
 - Ministry of Health and its staff should have a closer look than the private/military and university sectors.
 - MoH and its staff must be referred to, the employee must be protected and maintained, and MoH shall act accordingly.
 - With the modification of the incentive system for employees, regardless of mechanism.
 - With the incentive system and a tie to the actual performance of the employee.
 - With stimulation to the institutions that provide better services according to the segments, provided that they are in the form of incentives for employees and improvement of the services in ordinary departments.

IV: Building the capacity of Civil Society Organizations to administer patient satisfaction surveys

IV: Building the Capacities of CSOs to administer Patients' Satisfaction Surveys

Attended by over 91 participants representing Civil Society Organizations (CSOs) from various governorates, a capacity building workshop was organized for Civil Society Organizations. The training was specially designed to enable CSOs to develop and to administer patients' satisfaction surveys and assess hospitals. Participating organizations were selected based on the following criteria:

- a. The organization is involved in health fields.
- b. Prior experience in advocacy activities.
- c. Operation size and activity
- d. Taking part in relevant coalitions.
- e. Geographical representation

The training program aimed at the following:

- Identify methods of data collection
- Identify the mechanism for determining the questionnaire
- Identify the patients' satisfaction research questionnaire
- Identify methods of data analysis

The training axes were as follows:

- Decision making processes based on Information
- Data operating cycle
- Data types and their characteristics
- Methods of quantitative and qualitative data collection
- Sources of statistical data collection
- Methods of determining the research population and sample volume
- Samples types
- Methods of developing questionnaires
- Data analysis methods

V: Building the capacity of civil society organizations in the field of health insurance and universal health coverage

Attended by over 50 participants representing CSOs from various governorates, a capacity building workshop was organized for Civil Society Organizations. The training was specially designed to enable CSOs to develop and administer patients' satisfaction surveys and assess hospitals. Participating organizations were selected based on the following criteria:

- a. The organization is involved in health fields.
- b. Prior experience in advocacy activities.
- c. Operation size and activity.
- d. Taking part in relevant coalitions.
- e. Geographic representation.

The training program aimed to achieve the following:

- Understand the concept of health insurance
- Identify types of health insurance
- Identify the concept of universal health coverage

The training axes were as follows:

- The concept of health insurance
- Definition of health insurance
- Types of health insurance
 1. Social health insurance
 2. Commercial health insurance (sickness insurance)
 3. Cooperative health insurance
 4. Inter - health insurance
 5. Direct health insurance.
- General health insurance objectives
- Jordanian civil health insurance
- Strategic objectives for civil health insurance
- Financial resources of the health insurance fund
- Compulsory subscription categories
- Universal health coverage

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Annexes

Annex 1:

Questionnaire to measure the satisfaction of beneficiaries / hospital clients

Form #: /	Name of Researcher:
Name of Hospital :	Governorate :
	Date : ----/----/ 2017
Reviewed By :	Data Entered on :

Hello, I am -----, and I am working on a project with Ministry of Health and Rasheed for Integrity and Transparency to conduct research to measure the satisfaction of beneficiaries from health services presented in the hospitals, and to recognize the current situation from the perspective of hospital auditors. This research will enable Ministry of Health to improve the patients' services. Do you agree to a simple interview taking up to ten minutes? Note that your participation in this research is optional and your refusal to participation will not result in any loss of services presented to you in the hospital at all. In addition, all given information will be secret.

Do you have any questions? (listen to client's questions and answer them)

Do you agree to participate in this research?

a- Yes (I complete the interview with the client)

b- No (I thank the client and finish the interview)

Now I would like to ask you some questions about your experience in this hospital and during these visits in particular.

The first part of the questionnaire

The Name of Client (if he/she does not mind): -----

The phone number of client (if he/she does not mind): -----

1- How old are you (in years)? -----

2- Gender of Client: Male / female

3- Address / Region:

4- Nationality of Client: Jordanian / Syrian / Gazan / other Arabian / foreign

5- Insurance type: civilian / soldier/ able to pay / unable to pay / (social development or poor areas)

6- What is the highest educational certificate which you have obtained?

- a- No education b- Primary school c- Preparatory school
d- Secondary school e- Intermediate college f- Master degree / PhD.
g- University Bachelor

7- Where do you work?

- a- Student / research b- Governmental Employee c- In the Private Sector
d- In the Army / Security e- No work f- Non-Governmental Organization
g- Other mentions it

8- What is your marital status (are you married)?

- A. married b. single c. divorced d. widowed

9- Why you choose this hospital definitely to receive the health services?

- A. one of my relatives advised me b. one of my friends advised me
c. close to me D. for health insurance e. I do not want to answer f. other
Kindly, specify here

10- Is this the first visit to hospital?

- a. Yes b. No

11- Since when did you treat in this hospital?

- a. less than 6 months b. since 6-12 months c. 1-2 year d. several years.

1. Would you like to choose the same service provider/ doctor or change him?

- a. Yes b. No c. Do not know d. I do not want to answer

2. Does the same doctor check you every time you come to the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

3. Did the service provider (doctor) ask you general questions in the beginning of the session about your situation in family, school, your interests, etc.?) Before the beginning of medical condition?

- a. Yes b. No c. Do not know d. I do not want to answer

4. Did the doctor Perform a clinical/physical examination for you?

- a. Yes b. No c. Do not know d. I do not want to answer

5. Did service provider request any laboratory examinations for you?

- a. Yes b. No c. Do not know d. I do not want to answer

6. Did the service provider ask you about the medical history (the previous medical problems)?

- a. Yes b. No c. Do not know d. I do not want to answer

7. Did the service provider listen to you well?

- a. Yes b. No c. Do not know d. I do not want to answer

8. Did the service provider provide you with sufficient information about your health status and solutions for the problems you are suffering from?

- a. Yes b. No c. Do not know d. I do not want to answer

9. Did the service provider answer your questions?

- a. Yes b. No c. Do not know d. I do not want to answer

10. Did the doctor explain the findings of laboratory examinations?

- a. Yes b. No c. Do not know d. I do not want to answer

11. Did the doctor involve in a review of alternative medicine?

- a. Yes b. No c. Do not know d. I do not want to answer

12. Did the doctor involve you in drafting the home treatment plan?

- a. Yes b. No c. Do not know d. I do not want to answer

13. Did any member of your family attend awareness lectures to help you in your illness?

- a. Yes b. No c. Do not know d. I do not want to answer

14. Did you hear that the hospital holds an educational workshop/lecture for the people of the region? Society?

- a. Yes b. No c. Do not know d. I do not want to answer

15. Did the doctor ask you to bring a member of your family with you to help you make the treatment decisions?

- a. Yes b. No c. Do not know d. I do not want to answer

16. Have you been indicated how the login will take place?

- a. Yes b. No c. Do not know d. I do not want to answer

17. How long it takes to login?

- a. 5-15 minutes b. 16-30 minutes c. 31-45 minutes d. 46-60 minutes
e. 61-90 minutes f. More than 90 minutes g. Cannot remember
h. I do not want to answer

18. Did you feel pain when you come to clinic/hospital ?

- a. Yes b. No c. Do not know d. I do not want to answer

19. Have you been asked about the level of pain at that time?

- a. Yes b. No c. Do not know d. I do not want to answer

20. Did the doctor care to relieve your pain at that time?

- a. Yes b. No c. Do not know d. I do not want to answer

21. Did you that doctor/nurse discriminate/treat others better than you?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, give an example.....

22. Do you think prices of services are high?

- a. Yes b. No c. Do not know d. I do not want to answer

23. With the exception of the prescribed fees, did anyone ask you to pay any amount, gifts or benefits for your treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, give an example.....

24. Did you feel any nepotism or patronage while you were in the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, give an example.....

25. Is there easy transportation to the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

26. Was the attest to clinic/laboratory/ pharmacy easy? (signboards)

- a. Yes b. No c. Do not know d. I do not want to answer

27. Do you think the hospital staff is well qualified to treat you well?

- a. Yes b. No c. Do not know d. I do not want to answer

28. Has any misconduct been made against you by staff of this hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, give an example.....

29. Do you think the numbers of staff are sufficient to carry out their tasks?

- a. Yes b. No c. Do not know d. I do not want to answer

30. Have you seen the doctor/ nurse wash his hands before he examined you?

- a. Yes b. No c. Do not know d. I do not want to answer

31. Is there a hand sanitizer in the hospital/clinic that can be used by patients and hanging on the wall?

- a. Yes b. No c. Do not know d. I do not want to answer

32. Is drinking water available?

- a. Yes b. No c. Do not know d. I do not want to answer

33. If there was a fire, god forbid, do you know where the emergency exits are?

- a. Yes b. No c. Do not know d. I do not want to answer

34. Are there enough seating chairs available?

- a. Yes b. No c. Do not know d. I do not want to answer

35. Do you have a medical file in the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

36. Has your medical file been extracted during this visit?

- a. Yes b. No c. Do not know d. I do not want to answer

37. Do you find your file every time you come for treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

38. Have you seen the service provider while he is writing information about him during this visit?

- a. Yes b. No c. Do not know d. I do not want to answer

39. With the exception of doctor/ nurse, is there any stranger in the clinic during your examination?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, who was that person?

40. Do you feel privacy when doctor examined you?

- a. Yes b. No c. Do not know d. I do not want to answer

41. Does the doctor/ nurse show you respect when you come for examination?

- a. Yes b. No c. Do not know d. I do not want to answer

42. Have you felt that receiving the service in the hospital is safe, (security services)?

- a. Yes b. No c. Do not know d. I do not want to answer

43. Is there is a complaints and suggestions box in the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

44. Have you filed a complaint or suggestion?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, has your complaint been answered?

45. Is there special parking for cars owned by respondents with disabilities?

- a. Yes b. No c. Do not know d. I do not want to answer

46. Are there special facilities for people with disabilities such as ramp?

- a. Yes b. No c. Do not know d. I do not want to answer

47. Do you think medicines are always available in the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

48. Does the pharmacist prescribe for you how to use the medicine each time?

- a. Yes b. No c. Do not know d. I do not want to answer

49. Had the pharmacist give you a prescription for taking medicines not available from another hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

50. Does the doctor refer you to a specialist if the need arises?

- a. Yes b. No c. Do not know d. I do not want to answer

51. Did you get the service you came for?

- a. Yes b. No c. Do not know d. I do not want to answer

52. Would you advise others to come to this hospital for treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

Kindly, explain why.....

53. Do you think there is a waste in resources such as (medicines, detergents, consumables, electricity and water.....)?

- a. Yes b. No c. Do not know d. I do not want to answer

54. Have you ever seen waste in use of resources?

- a. Yes b. No c. Do not know d. I do not want to answer

In the case of answer with yes, give an example.....

The second part of the questionnaire

The following questions measure the extent of your satisfaction about some matters and services provided for you during this visit to the hospital, I will ask you several questions and kindly give a number ranging from 1-4 where #4 is strongly satisfied and #1 dissatisfied.

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

55. How satisfied are you with the facility of entering the hospital?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

56. How satisfied are you with provider of admission service?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

57. How satisfied are you with the level of care provided by the doctor?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

58. How satisfied are you with the doctor's treatment?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

59. How satisfied are you with the care provided by the nurse?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

60. How satisfied are you with the nurse's personal treatment?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

61. How satisfied are you with the pain relief?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

62. How satisfied are you with the waiting time for different services?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

63. How satisfied are you with the treatment of non-medical staffs of the hospital?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

64. How satisfied are you with the response of the nurse when you request assistance or when you called them?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

65. How satisfied are you with the treatment of the pharmacist?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

66. How satisfied are you with the Cleanliness of the Hospital's Bathrooms?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

67. How satisfied are you with the Hospital's Facilities Cleanliness?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

68. How satisfied are you with the Entertainment, Education, and Teaching in Hospital (the rooms, the sheets, curtains, and the Corridors)?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

69. How satisfied are you with the availability of apparatus and the necessary Equipment?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

70. How satisfied are you with the food?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

71. In General, how satisfied are you with the provided services in the Hospital?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

72. How can you assess the services in such Hospital? (You can choose several choices)

- a. They are reliable b. They are of a high quality c. useful d. Distinctive
e. Meaningful /Benefit f. Expensive g. Impractical h. Inefficient
i. Low Quality j. Unreliable

73. To what extent do you trust that service providers at such hospital will make the Right Medical Decisions for your interest?

- a. I strongly trust their decisions b. I trust most of their decisions
c. I trust their decisions a bit d. I never trust their decisions

74. Kindly, Explain the reasons for that.....

75. In your opinion what are the most issues that the Hospital Management shall do to improve the Service?

76. Mention Positives Attitudes that you like in the Hospital?

77. Mention Negative Attitudes that you do not like in the Hospital?

78. What is your favorite Section? Why?

79. Mention something that the Hospital Lacks and want to be in the hospital?

Annexes

Annex 2:

Questionnaire to measure the satisfaction of beneficiaries / hospital clients

Form #: /	Name of Researcher:
Name of Hospital :	Governorate :
	Date : ----/----/ 2017
Reviewed By :	Data Entered on :

Hello, I am _____ and I working on a project with Ministry of Health and Rasheed for Integrity and Transparency to conduct a research to measure the beneficiaries satisfaction of Health Services that are provided in Hospitals and to know more about the current situation from the Hospital's patient point of view. This Research will enable Ministry of Health to improve the services that are provided. Do you agree to answer to an interview within 10 minutes? Note that your participation to this research is optional and your refusal to participate would not entail a loss of services that are provided to you. All information that you will give will be treated as confidential. Do you have any questions?
(Listen to the Clients/Auditing Questions and answer them.)

Do you agree to participate in this research?

a- Yes (I complete the interview with the client)

b- No (I thank the client and finish the interview)

Now I would like to ask you some questions about your experience in this hospital and during these visits in particular.

The First Part of the Questionnaire

The Name of Client (if he/she does not mind): -----

The phone number of client (if he/she does not mind): -----

1- How old are you (in years)? ----- years old.

2- Sex of Client: Male / female

3- Place of Residency/Area :

4- Nationality of Client Jordanian Syrian Gaza Resident Other Arab Countries Foreign Countries :

5- Insurance Type Civil Military Solvent Insolvent (Social Development or Poor Areas)

6- What is the Highest Education Certificate that you have got?

- a- No education
- b- Primary school
- c- Preparatory school
- d- Secondary school
- e- Intermediate college
- f- Master degree / PhD.
- g- University Bachelor

7- Where do you work?

- a- Student / research
- b- Governmental Employee
- c- In the Private Sector
- d- In the Army / Security
- e- No work
- f- Non-Governmental Organization
- g- Other mentions it

8- What is your marital status (are you married)?

- A. married
- b. single
- c. divorced
- d. widowed

9- Why you choose this hospital specifically to get Health Services?

- a. Advised by one of my relatives
- b. Advised by a friend or a colleague
- c. Because it is near to my residency place
- d. For Health Insurance
- e. I do not want to answer
- f. Other reasons

Define:

10- Is this the first visit to hospital?

- a. Yes
- b. No

11- Since how long are you coming to this Hospital?

- a. less than 6 months
- b. since 6-12 months
- c. 1-2 year
- d. several years.

1. Are you at liberty to choose the same service provider / the Doctor or change him?

- a. Yes
- b. No
- c. Do not know
- d. I do not want to answer

2. Does the same doctor check you every time you go to the Clinic or the Hospital?

- a. Yes
- b. No
- c. Do not know
- d. I do not want to answer

3. Did the Service Provider ask you general questions about the beginning of the session about your family status, school, your interests, etc. (before starting a Medical or pathological Condition?)

- a. Yes
- b. No
- c. Do not know
- d. I do not want to answer

4. Did the doctor perform a clinical or physical examination to you?

- a. Yes
- b. No
- c. Do not know
- d. I do not want to answer

5. Did the Service Provider request any laboratory tests for you?

- a. Yes b. No c. Do not know d. I do not want to answer

6. Did the Service Provider ask you about the Medical History (Previous Medical Problems)?

- a. Yes b. No c. Do not know d. I do not want to answer

7. Did the Service Provider hear you well?

- a. Yes b. No c. Do not know d. I do not want to answer

8. Did the Service Provider provide you with sufficient information about your health status and solutions to the problems that you are suffered from?

- a. Yes b. No c. Do not know d. I do not want to answer

9. Did the Service Provider answer all your questions?

- a. Yes b. No c. Do not know d. I do not want to answer

10. Did the doctor explain the results of Laboratory tests?

- a. Yes b. No c. Do not know d. I do not want to answer

11. Did your doctor involve you in reviewing the Therapeutic Alternatives?

- a. Yes b. No c. Do not know d. I do not want to answer

12. Did you doctor involve you in a home treatment plan?

- a. Yes b. No c. Do not know d. I do not want to answer

13. Did any member of your family attend awareness sessions to help you with your illness?

- a. Yes b. No c. Do not know d. I do not want to answer

14. Did you hear that the Hospital held a workshop or an Educational Lecture for the residents of the area? The Society?

- a. Yes b. No c. Do not know d. I do not want to answer

15. Did the doctor ask you to bring a member of your family with you to help make Therapeutic Decisions?

- a. Yes b. No c. Do not know d. I do not want to answer

16. Does the doctor usually present during your visit?

- a. Yes b. No c. Do not know d. I do not want to answer

17. Have you been indicated about the date of the next visit?

- a. Yes b. No c. Do not know d. I do not want to answer

18. Did the nurse measure your height, weight, and/or pressure?

- a. Yes b. No c. Do not know d. I do not want to answer

19. Did the nurse ask you general questions about the beginning of the session (your status in the family, school, your interests, etc...) before starting the medical or Pathological Condition?

- a. Yes b. No c. Do not know d. I do not want to answer

20. Were you felt pain once during your attendance in a clinic or a hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

21. Have you been asked about the Pain Level at that time?

- a. Yes b. No c. Do not know d. I do not want to answer

22. Did the doctor care to ease your pain at that time?

- a. Yes b. No c. Do not know d. I do not want to answer

23. How long was the waiting time before you have got the service that you came for today? (Since your arrival till your examination)

- a. Yes b. No c. Do not know d. I do not want to answer

24. Did you feel that the doctor or the nurse discriminated or treated the others better than you?

- a. Yes b. No c. Do not know d. I do not want to answer

(In case of yes answer, give an example)

25. Do you think that the Services Are Expensive?

- a. Yes b. No c. Do not know d. I do not want to answer

26. With the exception of the prescribed fees, did anyone ask you about any amount, gifts or benefits for your treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

27. Did you feel any favoritism or medium during your presence to receive the service in the Hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

(In case of yes answer, give an example)

28. Is there any easy transportation for the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

29. Was the inference to the Clinic, the Lab or the Pharmacy easy? (Sign boards)

- a. Yes b. No c. Do not know d. I do not want to answer

30. Do you think that the Hospital staff is qualified enough to treat you well?

- a. Yes b. No c. Do not know d. I do not want to answer

31. Have any erratic behaviors been made against you by the staff of this Hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

In case of yes answer, give an example

32. Do you think the Staff numbers are enough to carry out their tasks?

- a. Yes b. No c. Do not know d. I do not want to answer

33. Did you see the doctor or the nurse washed their hands before they examined you?

- a. Yes b. No c. Do not know d. I do not want to answer

34. Are there in the hospital or the clinic hand sanitized solutions that the clients can use (and hanged on the wall)?

- a. Yes b. No c. Do not know d. I do not want to answer

35. Is there available drinking water?

- a. Yes b. No c. Do not know d. I do not want to answer

36. If there was a fire –god forbid – do you know where the emergency exists are?

- a. Yes b. No c. Do not know d. I do not want to answer

37. Are there enough available seating chairs in the hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

38. Do you have a medical file in the Hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

39. Was your medical file extracted during this visit?

- a. Yes b. No c. Do not know d. I do not want to answer

40. Do you find you file every time you attend the treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

41. Have you seen the service provider and he is writing the information about him during this visit?

- a. Yes b. No c. Do not know d. I do not want to answer

42. With the exception of the doctor or the nurse, was there any stranger in the clinic during your examination?

- a. Yes b. No c. Do not know d. I do not want to answer

In case of yes answer, who was that person?

43. Did you feel the privacy while your doctor examined you?

- a. Yes b. No c. Do not know d. I do not want to answer

44. Did the doctor or the nurse show you feel respect during your visit to him?

- a. Yes b. No c. Do not know d. I do not want to answer

45. Did you feel that receiving services in the hospital is safe (Security Services)?

- a. Yes b. No c. Do not know d. I do not want to answer

46. Is there a complaints and suggestions box in the Hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

47. Have you made a complaint or suggestion?

- a. Yes b. No c. Do not know d. I do not want to answer

In case of yes answer, who was that person?

48. Is there special parking for Special Needs Cars?

- a. Yes b. No c. Do not know d. I do not want to answer

49. Are there special facilities for people with disabilities such as ramp?

- a. Yes b. No c. Do not know d. I do not want to answer

50. Do you think that medicines are always available in the Hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

51. Does the pharmacist describe how to use the medicine every time?

- a. Yes b. No c. Do not know d. I do not want to answer

52. Did the pharmacist give you a prescription for taking medicines not available from another hospital?

- a. Yes b. No c. Do not know d. I do not want to answer

53. Does the doctor usually refer you to a specialist if a need arises?

- a. Yes b. No c. Do not know d. I do not want to answer

54. Did you get the service you came for?

- a. Yes b. No c. Do not know d. I do not want to answer

55. Will you advise the others to come to this hospital for treatment?

- a. Yes b. No c. Do not know d. I do not want to answer

Kindly explain the reasons for that

56. Do you think there is a waste of resources (such as medicines, detergents, consumables, electricity, and water...)?

- a. Yes b. No c. Do not know d. I do not want to answer

57. Do you think there is a waste of resources (such as medicines, detergents, consumables, electricity, and water...)?

- a. Yes b. No c. Do not know d. I do not want to answer

58. Have you noticed a waste of resources?

- a. Yes b. No c. Do not know d. I do not want to answer

In case of yes answer, give an example

The second part of the questionnaire

The following questions measure the extent of your satisfaction about some matters and services provided for you during this visit to the hospital, I will ask you several questions and kindly give a number ranging from 1-4 where #4 is strongly satisfied and #1 dissatisfied.

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

59. How satisfied are you with the care that the doctor provides

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

60. How satisfied are you with the treatment of the doctor?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

61. How satisfied are you with the Care Level that the nurse provides?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

62. How satisfied are you with the personal treatment of the nurse?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

63. How satisfied are you with the Pain Relief Procedures?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

64. How satisfied are you with the waiting time for different services?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

65. How satisfied are you with the treatment of Non-medical personnel?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

66. How satisfied are you with nursing response when you ask for help or when you called them?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

67. How Satisfied are you with the treatment of the pharmacist?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

68. How satisfied are you with the cleanliness of the Hospital's bathrooms?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

69. How satisfied are you with cleanliness of clinics facilities/ hospital (rooms, curtains and corridors)?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

70. How satisfied are you with entertainments, education and learning in clinics/hospital (television, internet and lounge)?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

71. How satisfied are you with the availability of necessary tools and equipment?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

72. Overall, how satisfied are you with provided services in the hospital?

- a. Strongly satisfied b. satisfied c. dissatisfied d. strongly dissatisfied

73. How do you evaluate the service in this hospital? (multiple answers are allowed)

- a. Useful b. With high quality c. Useful d. Excellent e. High yielding / beneficial
f. High price g. Impractical h. Inneffective i. Low quality j. Unreliable

74. To which extent do you trust that service providers in this hospital will take the right medical decisions for you?

- a. Extremely trust in their decisions b. Trust of more of their decisions
c. Trust of less of their decisions d. Never trust in their decisions

75. Kindly explain why.....

76. In your opinion, what are the most important things that the hospital management should do to improve the service?

77. Kindly, mention positive attitudes you liked in the hospital?

78. Kindly, mention negative attitudes you disliked in the hospital?

79. What is the best department you liked? And why?

80. Kindly, mention something the hospital is missing and you want to be there?







معاً للقضاء على الفساد
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