



Assessing patient satisfaction with Sudanese doctors

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Dear editor

Patients' satisfaction has long been considered as an important factor when gauging health outcome and quality of care in both developed and developing countries (1) and constitutes a substantial indicator of the health care quality (2). Researches have shown that satisfied patients are more likely to develop a good relationship with the health system, leading to improving compliance, continuity of care and ultimately better health outcome (3).

Identification of patient' needs and evaluation of the health services provided are the starting points of a patient-centered approach in providing health care (4). In recent years, the health system of Sudan has undergone some reforms and has established an extensive health infrastructure in both the public and private sectors (5). In Sudan, people of different social classes take treatment from different health providers such as public, private, and military hospitals for different reasons including economic condition, health knowledge, and socio-demographic determinants. Cultural practices may influence people to choose the particular healthcare service providers.

We aimed, in this study, at assessing the patients' satisfaction with their treating doctors, in the internal medicine program, and identifying the areas that need more emphasis in the training of the residents. A cross-sectional facility-based study was conducted on Wed Madani, a teaching

hospital, 200 kilometre south to Khartoum, Sudan from June to September 2017.

The patients were accessed through a validated self-administered questionnaire. The selection of the participants within the selected training centers was done by systematic sampling. The sample size was 389 patients.

All the respondents (n=389) agreed to participate in this study giving a response rate of 100%. The majority of patients under study were women, two hundred thirty-eight (62.2%), and the greatest number of respondents belonged to the age group 46-52, (47.8%).

The overall patients' satisfaction rate was 257 (66.1%), and the dissatisfaction rate was 132 (33.9%). The areas for satisfaction were the residents' respect for what the patients said, 77.4% (n=301), maintaining privacy when conducting physical examination, 68.4 (n=266), and the explanations that residents provided about the results of their treatment 78.9% (n=307). The areas behind the dissatisfaction were: residents did not listen carefully to their patients, 73.77% (n=287), residents did not make the patients understand their instruction to take the drugs, 85.8% (n=334), residents did not spend enough time on the patients 94.08% (n=366), and residents did not explain to them the purpose of the investigation they requested 76.60% (n=298).

This study showed that there was a relationship between the level of education and satisfaction,

where the satisfaction was low in highly educated patients. Females were less satisfied than males. There was no association between patients' satisfaction and the employment and marital status. Regarding the monthly income, those with low income were most satisfied compared to those with high income. This may be due to the fact that those with high income took their treatment in the private sector, where there was no crowdedness compared to that in the public hospitals most of the time.

There are several factors that lead to patients' satisfaction. The findings are in agreement with another study which showed that the reasons behind the high level of satisfaction were residents' respect for what the patients say, and maintaining the privacy and confidentiality of their patients (6).

On the other hand, there are several reasons that decrease the level of satisfaction including the residents' lack of spending adequate time for listening to the patient's complaints and medical problems. This is in accordance with the findings of a similar study conducted in Pakistan (7).

The results of this study could be very useful in the planning and delivery of training for residents in Sudan and the region.

This study has some limitations, one of which is that we depended on self-reports from

respondents speaking for themselves or their parents (for illiterate participants). This may have introduced surrogate bias.

Conflict of Interest: None declared.

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