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Satisfaction among Patients Attending Outpatient Clinics at a General Hospital in Cairo, Egypt

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Abstract

Patient satisfaction is a crucial indicator of healthcare quality and a core component of patient-centered care. It helps identify strengths and weaknesses within healthcare systems, guiding improvements in service delivery and patient outcomes. The current study was conducted to assess patient satisfaction with outpatient clinic services at a general hospital in Cairo and identify its relationships with sociodemographic factors.

Methods:

This cross-sectional study included 459 patients attending outpatient clinics at a general hospital in Cairo Governorate. Data were collected using the Patient Satisfaction Questionnaire (PSQ-18), which covers seven domains: general satisfaction, technical quality, interpersonal manners, communication, financial aspects, time spent with the doctor, and accessibility and convenience. Statistical analysis was performed using SPSS.

Results:

The overall mean satisfaction score was 4.03 ± 0.82. The highest satisfaction was reported for interpersonal manners (4.55 ± 0.62) and communication (4.45 ± 0.63), while the lowest scores were observed in financial aspects (2.92 ± 0.48) and time spent with the doctor (2.96 ± 0.79). Significant associations were found between satisfaction and factors such as education level, employment status, and marital status.

Conclusion: The study revealed generally high patient satisfaction, especially with communication, interpersonal manner, and clinical facilities. However, financial concerns and waiting times were noted as areas for improvement. Satisfaction varies by marital status, education, and employment, but not by gender. These findings highlight the need for patient-centered service improvements and suggest further research through broader, multi-center studies. Efforts to improve consultation time and address financial barriers could enhance overall satisfaction.

Keywords: Patient satisfaction, PSQ-18, quality of care, outpatient clinics, Egypt

Introduction

Good health and well-being constitute one of the 17 Sustainable Development Goals (SDGs) adopted by the United Nations in 2015 as part of the 2030 Agenda, with a specific focus on ensuring healthy lives and promoting well-being for all at all ages (SDG 3). As part of the global effort to monitor progress, the World Health Organization (WHO) included patient satisfaction in its 2018 updated global reference list of 100 core health indicators, recognizing it as a vital measure of healthcare quality and system responsiveness ***(Liu and Mao, 2019)***.

Although there is no universally agreed-upon definition of patient satisfaction, it is commonly understood as the patient's evaluation of their healthcare experience, shaped by both the actual care received and individual expectations, values, and sociodemographic factors ***(Alsayali et al., 2019).*** Increasingly, patient satisfaction is viewed as a key indicator of healthcare system performance, offering valuable insights into service quality, accessibility, and provider–patient interactions ***(Boquiren et al., 2015).*** Studies by ***Chahal and Mehta (2013)*** and ***Naidu (2009)*** have emphasized the role of service delivery attributes such as provider communication, technical competence, and facility environment in shaping patient perceptions and satisfaction. Furthermore, ***Ali (2016)*** highlighted how sociodemographic factors such as age, gender, education, marital status, income, and place of residence significantly influence satisfaction levels, indicating the need for context-specific strategies to improve health services.

In line with these frameworks and global priorities, the current study was undertaken to assess patient satisfaction and its associated factors among individuals attending outpatient clinics at a general hospital. By analyzing the various dimensions of satisfaction and identifying demographic and service-related determinants, the study aims to provide evidence-based insights that can inform health system improvement strategies. The findings are intended to support policymakers in addressing service delivery gaps and enhancing the quality of outpatient care in the hospital setting.

Participants and Methods

Study Design and Setting

This was an exploratory health systems research study conducted among a sample of patients attending outpatient clinics at a tertiary healthcare facility. The objective was to assess patient satisfaction with the facilities, services, and treatment received at these outpatient clinics.The study was conducted in a selected general hospital with an average patient flow of 250 patients per day. The hospital operates from 9:00 AM to 1:00 PM and from 3:00 PM to 5:00 PM, six days a week.
Sample size and sampling technique]

Open Epi was used to calculate the required sample size (***Dean et al., 2013).*** Available at: https://www.open epi.com) Using the following formula (n= [DEFF*Np (1-p)]/[(d2/Z21-/2*(N-1) +p*(1-p)]) n = required sample size Z_(a/2) = 2.57(99% CI), P = prevalence of the outcome (client satisfaction 47.7%) (Ganasegeran et al., 2015), N= Population size (for finite population correction factor or fpc), d = margin of error; 0.05, DEFF=Design effect (for cluster surveys, here assumed to be 1). With precision of 5%, a 95% confidence interval, and an 80% power, the minimal sample size required should account for 377 participants. Adding 20% to compensate for potential nonresponse, the minimal sample size was estimated to be 459 participants.

The number of patients interviewed per selected clinic was determined using probability proportional to size, based on the daily average patient load in these clinics. Inclusion criteria: Patients of both sexes who had completed their outpatient clinic visit and were willing to provide informed consent for participation.Patients under 18 years of age were excluded from the study.

Data collection tool

A structured interview questionnaire was used for data collection. This questionnaire consisted of the following sections:

- The first section covered the following socio-demographic characteristics: age, gender, occupation, education, residence, and marital status, etc.
- The second section focused on patients' satisfaction using the Patient Satisfaction Questionnaire (PSQ). The PSQ was originally developed by Ware and his colleagues (1976). A more recent version of the questionnaire is PSQ-18, which measures global satisfaction with medical care as well as satisfaction with six aspects of care. The PSQ-18 is comprised of eighteen items grouped into seven dimensions: general satisfaction (2 items), technical quality (4 items), interpersonal manner (2 items), communication (2 items), financial aspects (2 items), time spent with doctor (2 items), and accessibility and convenience (4 items) ***(Chahal and Mehta, 2013; Naidu, 2009).***

These items were scored on a five-point Likert scale ranging from one (strongly agree) to five (strongly disagree). The PSQ-18 takes approximately 3-4 minutes to complete. The PSQ-18 yields separate scores for each of seven different subscales: General Satisfaction (Items 3 and 17); Technical Quality (Items 2, 4, 6, and 14); Interpersonal Manner (Items 10 and 11); Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with Doctor (Items 12 and 15); Accessibility and convenience (Items 8, 9, 16, and 18). Some PSQ-18 items are worded so that agreement reflects satisfaction with medical care, whereas other items were worded so that agreement reflects dissatisfaction with medical care. Scores for all scales range from 1 to 5, where higher scores indicate greater satisfaction. The original form was translated by two language experts into Arabic and back translated to English by another two independent language experts.

Pilot Testing

The questionnaire was piloted on 10% of the total sample size (not included in the final sample) as per standard practice. Necessary modifications were made based on the results. The content was validated by four Public Health faculty members, and further refinements were implemented accordingly.

Ethical Considerations

The study protocol received ethical approval (26-2024) from the Ethical Review Board of the Military Medical Academy. Participants were approached personally and fully informed about the study’s purpose, methods, and potential implications. Written informed consent was obtained before participation. The study objectives and the voluntary nature of participation were clearly stated on the cover page of the questionnaire. Participants were assured that their decision to participate or not would not affect their access to healthcare services.

Statistical Analysis

The collected data was revised, coded, processed and analyzed using SPSS program (Statistical Package for Social Science) for windows version 24 (SPSS Inc., Chicago, IL, USA).

Categorical variables were expressed in frequency and percentages. Chi-square and Fisher's exact tests were applied as appropriate. Continuous variables were tested for normality and were expressed using mean, median, and standard deviation and inter quartile range. The independent t-test, Mann-Whitney, and other tests of significance were used for comparison. A p value <0.05 was considered significant ***(Kirkwood and Sterne, 2003).***

Results

Table (1)

Sociodemographic characteristics of the enrolled participants (N = 459)

Sociodemographic characteristics	n	%
Gender		
Male	423	92.2
Female	36	7.8
Marital Status		
Single	94	20.5
Married	327	71.2
Widowed	36	7.9
Divorced	2	0.4
Education		
Illiterate	53	11.5
Primary - Preparatory	136	29.6
Secondary - Diploma	230	50.2
Intermediate Education (Technical Institute)	18	3.9
University Graduate -Higher Studies	22	4.8
Employment		
Unemployed	83	18.1
Employed	336	73.2
Retired	38	8.3
Student	2	0.4
Residence Near or Far from Unit		
Near	182	39.7
Far	277	60.3
Age Mean±sd (min-max)	47± 16.2 (17-84)	

As shown in Table 1, the study population consisted predominantly of male participants (92.2%), with a mean age of 47 ± 16.2 years. The majority were married (71.2%), while educational attainment varied half had completed secondary education or held a diploma (50.2%), and 29.6% had only primary or preparatory education. Regarding employment status, most participants were employed (73.2%), followed by unemployed (18.1%), retired (8.3%), and a small percentage of students (0.4%).

Additional non-tabulated data revealed that first-time visitors comprised 72.5% of participants, compared to 27.5% were repeated visitors.

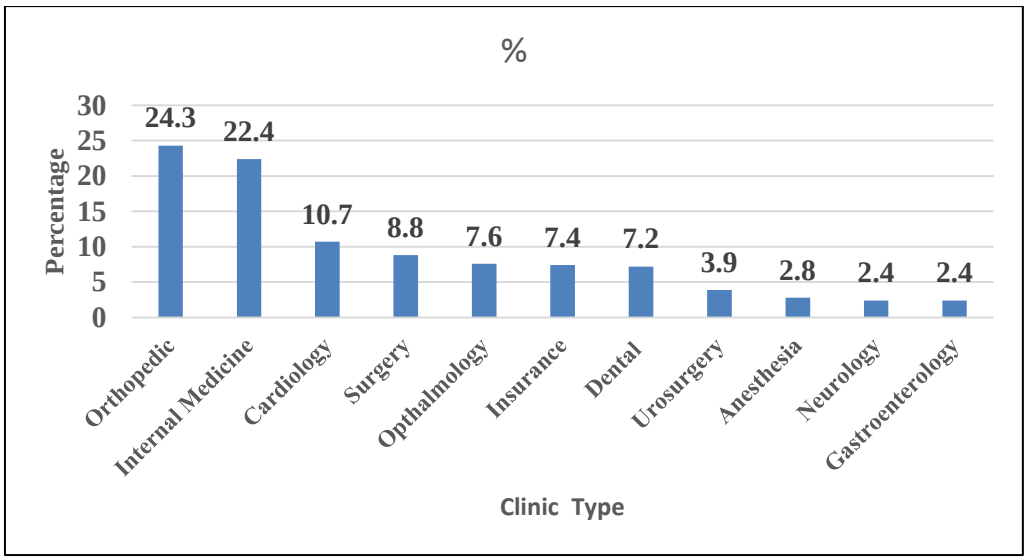

Figure (1):

Percent Distribution of the enrolled patients by Clinic Type (N = 459).

Figure 1 illustrates the clinic attendance distribution, with Orthopedic (24.3%), Internal Medicine (22.4%), and Cardiology (10.7%) representing the most frequented specialties.

Table (2)

Distribution of the enrolled patients by their responses to PSQ-18 Questionnaire- questions (N = 459)

PSQ-18 Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	n (%)	n(%)	n(%)	n(%)	n(%)
1. Do the doctors here explain why you need tests or any examinations?	302 (65.8)	146 (31.8)	11 (2.4)	0 (0)	0 (0)
2. Does the clinic have all the necessary equipment and supplies for your examination?	207 (45.1)	226 (49.2)	22 (4.8)	4 (0.8)	0 (0)
3. Are you satisfied with the level of service here at the clinic?	305 (66.4)	122 (26.6)	24 (5.2)	8 (1.7)	0 (0)
4. Do you sometimes doubt the diagnosis given by the doctors here?	15 (3.3)	53 (11.5)	17 (3.7)	37 (8.1)	336 (73.2)
5. Is the healthcare service here affordable and within your financial means?	130 (28.3)	207 (45.1)	34 (7.4)	38 (8.3)	49 (10.7)
6. Do you have to pay a lot to receive healthcare services?	2 (0.4)	14 (3.0)	39 (8.5)	180 (39.2)	224 (48.8)
7. Can you easily reach the specialist doctor for your health condition?	161 (35.1)	190 (41.4)	55 (11.9)	1 (0.2)	52 (11.3)
8. When you come to the clinic, does the doctor thoroughly examine all your complaints?	294 (64.0)	132 (28.7)	30 (6.5)	0 (0)	3 (0.6)
9. Do you experience long waiting times to receive healthcare services?	64 (13.9)	105 (22.9)	91 (19.8)	116 (25.3)	83 (18.1)
10. Do the doctors here prioritize money over providing healthcare services?	9 (1.9)	10 (2.2)	11 (2.4)	69 (15.0)	360 (78.4)
11. Do the doctors here treat you with kindness and respect?	282 (61.4)	140 (30.5)	0 (0)	24 (5.2)	11 (2.40)
12. Do the doctors here sometimes provide medical services too quickly?	186 (40.5)	141 (30.7)	74 (16.1)	43 (9.4)	10 (2.2)
13. Do the doctors here sometimes ignore your complaints or concerns?	31 (6.7)	0 (0)	25 (5.4)	159 (34.6)	244 (53.2)
14. Do you doubt the ability of the doctors here to treat you?	0 (0)	23 (5.0)	11 (2.4)	102 (22.2)	322 (70.1)
15. Do the doctors here give you enough time during the examination?	166 (36.2)	214 (46.6)	5 (1.1)	24 (5.2)	47 (10.2)
16. Was it difficult to book an appointment here at the clinic?	44 (9.6)	41 (8.9)	45 (9.8)	170 (37.0)	159 (34.6)
17. Are you dissatisfied with the healthcare services you receive here at the clinic?	94 (20.9)	23 (5.1)	54 (11.7)	146 (31.8)	142 (30.9)
18. Can you access healthcare services at any time you need?	250 (54.8)	165 (35.9)	12 (2.6)	17 (3.7)	15 (3.3)

Table 2 presents detailed responses to the PSQ-18 questionnaire, revealing generally positive perceptions of healthcare services. Patients reported particularly favorable experiences regarding doctor-patient communication, with 97.6% agreeing that physicians clearly explained the need for tests or examinations, and 92.7% feeling their complaints were thoroughly addressed. The quality of interpersonal care was also notable, as 91.9% of patients reported being treated with kindness and respect. Clinic facilities received strong approval, with 94.3% acknowledging the availability of necessary equipment and supplies. However, financial aspects emerged as a concern, with only 73.4% expressing satisfaction with service affordability. Waiting times generated mixed responses, with 36.8% considering them long and 43.4% disagreeing with this assessment. While over 70% of patients strongly expressed confidence in their doctors' diagnostic and treatment abilities, 53.2% strongly disagreed with the statement that doctors ignore patient concerns, suggesting some room for improvement in this area.

Regarding Satisfaction Scores and Sociodemographic Associations,

Table 3 demonstrates that the Interpersonal Manner scale achieved the highest mean satisfaction score (4.55 ± 0.62), closely followed by the Communication scale (4.45 ± 0.63). The overall mean PSQ-18 score was 3.81 ± 0.22.

Table (3)

Descriptive Statistics of PSQ-18 Scale Scores (N = 459)

PSQ-18 Scale	Mean	SD	Median	Min	Max	Q1	Q3	Range
General Satisfaction	4.03	0.82	4	2	5	3	5	3
Technical Quality	3.75	0.38	3.75	2.5	5	3.5	4	2.5
Interpersonal Manner	4.55	0.62	5	1	5	4.5	5	4
Communication	4.45	0.63	4.5	3	5	4	5	2
Financial Aspects	2.92	0.48	3	1	4.5	3	3	3.5
Time Spent with Doctor	2.96	0.79	3	0.5	5	3	3	4.5
Accessibility and Convenience	3.95	0.5	4	2.5	5	3.8	4.2	2.5
Total PSQ-18 Score	3.81	0.22	3.83	3.2	4.6	3.7	3.9	1.4

[1] Scores for all scales range from 1 to 5, where higher scores indicate greater satisfaction. [2] Mean scores represent the average of items within each subscale, not cumulative sums. [3] Q1 and Q3 represent the 25th and 75th percentiles, respectively. [4] Range is calculated as the difference between maximum and minimum values. [5] The Total PSQ-18 Score is the weighted average of all subscales. [6] SD = Standard Deviation

Analysis revealed significant associations between satisfaction levels and several sociodemo graphic factors. Marital status showed a strong correlation ($p<0.001$), with single patients reporting higher satisfaction (3.91 ± 0.20) than their married (3.78 ± 0.23) or widowed (3.77 ± 0.18) counterparts. Education level exhibited a non-linear relationship ($p<0.001$), as patients with intermediate education reported peak satisfaction (4.07 ± 0.24), while both illiterate (3.64 ± 0.23) and university-educated (3.65 ± 0.30) participants scored lower. Employment status also significantly influenced satisfaction ($p=0.011$), with employed individuals (3.83 ± 0.22) and students (4.20 ± 0.52) expressing greater satisfaction than unemployed participants (3.74 ± 0.22). No significant differences were observed based on gender ($p=0.447$), transportation mode ($p=0.199$), or visit type ($p=0.117$). (Table 4)

Table (4)

Sociodemo graphic Characteristics and Their Association with Overall Patient Satisfaction Scores

Variable and Levels	N	Mean ± SD	Median (Min-Max)	P-value
Gender				
Male	423	3.82 ± 0.22	3.83 (3.17-4.56)	0.447
Female	36	3.75 ± 0.23	3.83 (3.17-4.17)	
Marital Status				
Single	94	3.91 ± 0.20	3.89 (3.56-4.56)	
Married	327	3.78 ± 0.23	3.78 (3.17-4.28)	
Widowed	36	3.77 ± 0.18	3.75 (3.44-4.22)	<0.001
Divorced	2	3.83 ± 0.00	3.83 (3.83-3.83)	
Education Level				
Illiterate	54	3.64 ± 0.23	3.66 (3.17-4.17)	
Primary/Preparatory	136	3.82 ± 0.19	3.78 (3.22-4.28)	
Secondary/Diploma	229	3.84 ± 0.20	3.83 (3.17-4.56)	<0.001
Intermediate	18	4.07 ± 0.24	4.17 (3.44-4.28)	
University/Higher	22	3.65 ± 0.30	3.78 (3.22-4.00)	
Employment				
Unemployed	83	3.74 ± 0.22	3.78 (3.17-4.22)	
Employed	331	3.83 ± 0.22	3.83 (3.17-4.33)	
Retired	38	3.77 ± 0.16	3.72 (3.44-4.22)	0.011
Student	2	4.20 ± 0.52	4.20 (3.83-4.56)	
Disabled	5	3.87 ± 0.17	3.78 (3.78-4.17)	
Transportation				
On Foot	25	3.78 ± 0.11	3.72 (3.61-4.00)	0.199
Any Transportation	434	3.81 ± 0.23	3.83 (3.17-4.56)	
Residence				
Near	182	3.86 ± 0.19	3.89 (3.44-4.33)	<0.001
Far	277	3.78 ± 0.24	3.78 (3.17-4.56)	
Visit Type				
First	126	3.79 ± 0.28	3.78 (3.22-4.56)	0.117
Repeated	333	3.82 ± 0.20	3.83 (3.17-4.28)	

Note: U = Mann-Whitney U test statistic; H = Kruskal-Wallis test statistic.

Significant p-values (< 0.05) are in bold.

Discussion

The current study findings revealed that the participants reported high satisfaction with the care they had received. Many participants referred to good experiences related to the interpersonal style of healthcare providers, expressing appreciation for respectful and compassionate treatment. Communication was also perceived favorably, with participants indicating clear explanation and careful listening by doctors. However, there were notable complaints concerning the cost of care, while others complained about a lack of adequate time spent with doctors. Levels of satisfaction appeared to vary based on personal characteristics such as education level, employment status, and marital status, suggesting that personal circumstances may influence attitudes towards healthcare services.

We noted high interpersonal satisfaction but persisting dissatisfaction with brief physician–patient interactions. The present study results align closely with ***Gokul et al. (2025)***, who reported high satisfaction with interpersonal aspects of care in Indian tertiary hospitals, though both studies identified time constraints with physicians as a persistent challenge. This consistency across different healthcare systems suggests that physician–patient time limitations may represent a universal concern in resource-constrained environments.

The strong performance in communication and interpersonal dimensions in our study mirrors findings by ***Abo Ali and Shehata (2019)*** in Egyptian health centers, where interpersonal manner received the highest satisfaction ratings. However, our results showed even higher satisfaction scores in these domains, potentially reflecting differences in patient populations or measurement approaches. Both studies nevertheless concur with the relative weakness in accessibility and technical quality dimensions compared to interpersonal aspects.

Interestingly, our overall satisfaction rates were higher than those of ***Sultan et al. (2022)***, possibly due to variations in healthcare systems or timing of measurement. This supports the idea that although some patterns of satisfaction are universal across settings, absolute levels of satisfaction are highly dependent on local context and service delivery models.

The current results are in accordance with ***Adhikari et al. (2021)***, who reported peak satisfaction among secondary-educated patients. We, however, also demonstrate a nonlinear association, in which both lower and higher educational levels are associated with lower satisfactionpotentially due to an "expectation gap," where either low health literacy or excessive expectations reduce satisfaction.

In the current study, we did not find any important gender differences. This contrasts with findings by ***Ibraheem et al. (2015)***, highlighting that the impact of gender may be context-dependent and influenced by healthcare system organization or cultural norms. Employment status also played a major role. As shown in the findings of ***Bhatt et al. (2024)*** and ***Aloh et al. (2020)***, students were the most satisfied, while unemployed patients were the least satisfied, indicating that economic stability and life stage may influence attitudes toward healthcare. Financial factors emerged as the poorest of the dimensions, which is consistent with findings by ***Poudel et al. (2020)*** in Nepal. This convergence across systems indicates a global struggle in balancing healthcare costs and quality.

Marital status results support those reported by ***Ganasegeran et al. (2015).*** Our detailed analysis found that single patients reported the highest satisfaction, while married and widowed individuals reported equivalent levels. This suggests that family responsibilities may affect healthcare experiences in ways that deserve further investigation. Geographic access had a significant influence on satisfaction, aligning with ***Kalaja (2023)*** and ***Maślach et al. (2020).*** Patients residing closer to the hospital reported greater satisfaction, empirically confirming earlier qualitative findings regarding the burden of travel. In conclusion the sociodemo graphic patterns identified can guide targeted interventions, emphasizing that while some drivers of satisfaction are generalizable, others require context-specific solutions. These insights contribute to the growing literature on patient experience in low-resource settings and provide a foundation for quality improvement initiatives that enhance both satisfaction and overall care quality. Moving forward, preserving strengths in communication while addressing structural and operational challenges will be critical to delivering equitable, patient-centered care.

Limitations

While the single-center design may limit the scope of generalization, the alignment of our findings with those from similar settings enhances their broader applicability. Although the cross-sectional nature of the study restricts causal interpretations, the observed patterns are consistent with established models of satisfaction, supporting the credibility of the results. Additionally, despite the predominance of male participants (92.2%), the lack of significant gender-based differences and the consistency with findings from other studies help to mitigate concerns about gender bias. Future research employing longitudinal and multi-center designs would be beneficial to further validate these findings.

Contributions

All authors equally participated in the conception and design of the work as well as analysis, workdrafting, interpretation, and revision. All Authors have read and approved the final manuscript.

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الرضا بين المرضى الذين يترددون على العيادات الخارجية في مستشفى عام بالقاهرة مصر

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الملخص العربى

الخلفية:
يعد رضا المرضى مؤشرًا هامًا على جودة الرعاية الصحية وعنصرًا أساسيًا في الرعاية المرتكزة على المريض. يساعد رضا المرضى في تحديد نقاط القوة والضعف داخل أنظمة الرعاية الصحية، مما يوجه التحسينات في تقديم الخدمات ونتائج المرضى. أُجريت الدراسة الحالية لتقييم رضا المرضى عن خدمات العيادات الخارجية في مستشفى عام بالقاهرة ولتحديد علاقته بالعوامل الاجتماعية والديموغرافية.

الطرق:
شملت هذه الدراسة الميدانية 459 مريضًا يحضرون إلى العيادات الخارجية في مستشفى عام بمحافظة القاهرة. تم جمع البيانات باستخدام استبيان رضا المرضى (PSQ-18) الذي يغطي سبعة مجالات: الرضا العام، الجودة التقنية، السلوك بين الأشخاص، التواصل، الجوانب المالية، الوقت الذي يقضيه المريض مع الطبيب، وسهولة الوصول والراحة. تم إجراء التحليل الإحصائي باستخدام برنامج.SPSS

النتائج:
بلغ متوسط درجة الرضا الكلي 4.03 ± 0.82. كان أعلى رضا للمجالات السلوكية بين الأشخاص (4.55 ± 0.62) والتواصل (4.45 ± 0.63)، في حين لوحظت أدنى الدرجات في الجوانب المالية (2.92 ± 0.48) والوقت الذي يقضيه المريض مع الطبيب (2.96 ± 0.79). وُجدت علاقات ذات دلالة إحصائية بين الرضا وعوامل مثل مستوى التعليم، والحالة الوظيفية، والحالة الاجتماعية.

الخلاصة:
كشفت الدراسة عن رضا عام مرتفع لدى المرضى، لا سيما في مجالات التواصل والسلوك بين الأشخاص والمرافق السريرية. ومع ذلك، لوحظت بعض المشكلات في الجوانب المالية وأوقات الانتظار والتي تحتاج إلى تحسين. يختلف مستوى الرضا حسب الحالة الاجتماعية والتعليم والعمل، ولا يختلف حسب الجنس. تسلط هذه النتائج الضوء على الحاجة إلى تحسين الخدمات المرتكزة على المريض وتقترح إجراء دراسات أوسع تشمل مراكز متعددة. يمكن أن تساهم الجهود المبذولة لتحسين وقت الاستشارة ومعالجة الحواجز المالية في تعزيز رضا المرضى بشكل عام.

الكلمات المفتاحية: رضا المرضى، PSQ-18، جودة الرعاية، العيادات الخارجية، مصر