

Investigating the impact of social health on patients satisfaction with services in Neiriz city hospital in 2017

Seyed Mostafa Jalali¹, Parviz Aghayii Barzabad^{2*}, Iravan Masoudi Asl³

¹Department of Healthcare Management, Marvdasht Branch, Islamic Azad University, Marvdasht, IRAN.

²Assistant Professor, Department of Medical Education Management, Cellular and Molecular Research Center, Yasuj University of Medical Sciences, Yasuj, IRAN.

³PhD of Health Services Mngement, Associate Professor, Majlis Research Center, Tehran, IRAN.

Email: aghaieparv@gmail.com

Abstract

Background: Health is a multi-dimensional concept and the World Health Organization has referred to its four physical, psychological, spiritual and social dimensions. Social health along with physical and mental health is one of the components of health. Therefore, the aim of this study was to determine the effect of social health on patients' satisfaction with services at the Nairobi Hospital in 2017. **Methodology:** This study is a descriptive survey that was carried out in 1966 on 196 patients hospitalized in different parts of the hospital of Nairobi. The data collection tool in this study included patients' demographic information, Keys social health questionnaire, and patients' satisfaction with incoming services. Data analysis was performed using descriptive statistics (percentage, standard deviation and average). **Results:** Of the six hypotheses, there was not a significant relationship between social participation and patients' satisfaction with health care services. Between variables (social participation) and (satisfaction of patients) is less than 1.96 (0.846), the lack of meaningful effect (social participation) on patient satisfaction. **Conclusion:** In this study, the level of different and higher expectations of patients was one of the important and influential factors in the results, which made the patients' satisfaction level to be lower than the average level.

Key Word: Satisfaction, social health, patients

*Address for Correspondence:

Dr. Parviz Aghayii Barzabad, Assistant Professor, Department of Medical Education Management, Cellular and Molecular Research Center, Yasuj University of Medical Sciences, Yasuj, IRAN.

Email: aghaieparv@gmail.com

Received Date: 10/12/2018 Revised Date: 03/01/2019 Accepted Date: 17/01/2019

DOI: <https://doi.org/10.26611/1011915>

Access this article online

Quick Response Code:	Website: www.medpulse.in
	Accessed Date: 22 January 2019

INTRODUCTION

Patient Satisfaction Index is one of the indicators of health care quality that is defined as fulfilling physical needs by providing professional care, psychological, social support, satisfaction of care and assurance of

comprehensive and comprehensive patient care services.¹ Patient's satisfaction is a mental and unique phenomenon that influences factors such as the examination, acceptance, treatment, care and provision of therapeutic and welfare needs during treatment and the location of treatment, as well as previous experiences of the patient, education level and knowledge of it². Tucker and Adams (2001) found that patient satisfaction was influenced by the Awami population, such as caring, empathy, assurance and accountability. Also, Chahal and Mehta³ stated that patient satisfaction was dependent on physician care, nursing care, physical maintenance, and internal facilities Both in the private and public health sectors⁴ Patients expect to have easy access to medical and nursing services; their care and treatment needs to be carried out promptly and without delay and with the necessary skill, high accuracy and continuity. They are

willing to be well-informed, trustworthy, have a good relationship with mutual understanding. Accordingly, the ability and competence of patient-care skills and having appropriate communication skills and employee knowledge have contributed greatly to satisfying patients. The patient is the main focus of the hospital and all hospital services are performed for him, and his satisfaction indicates to some extent the proper service, and this satisfaction is not achieved by high technology, but rather by the behavior and performance of the staff⁵. Disease is not only a physiological problem, but in the event of a severe deterioration, an inclination is also considered in the natural process of affairs, and the outcome is undesirable at the individual and social levels. Various illnesses and disabilities in the current society should be considered as social issues in the new world, and noticed that no social issue is completely independent and distinct, but always in terms of cause, effect and The correction or improvement method relates to many other issues. It's been a long time since it was believed that the patient is just one patient, the idea of a sick society is from a kind of sight and non-personality to a human being. Human being is a social being. The common spirit of the community can be distressed by many factors and the health of the community is compromised; there is no doubt that individual illness can lead to community illness⁶. The concept of social health has been raised by the World Health Organization as one of the health dimensions of recent years, which means that only physical and mental health is not enough to achieve full health, but social well-being⁷. There is no single thinking for social health. Perhaps the social dimension of health is the most complex and controversial dimension of health. Social health definitions are summarized in three approaches: Social health is as an aspect of the individual's health, along with physical and mental health, social health as social determinants of health, social health as a healthy society⁸. The social dimension of health includes levels of inhibition Social performance, social function, and the ability to recognize each person as a member of a larger society. In general, social health is concerned with how a person is interacting in a social network. The importance of social health is such that socially successful individuals can successfully cope with the problems of performing major social roles⁹. The health of the individual is the foundation of the health of the community. The two are so interconnected that they cannot be separated from each other. The health status of individuals in a variety of ways affects the health of others and their emotions and socioeconomic and social indicators. Hence, providing health to people in the community is both a responsibility of the government and a public duty. Health needs in the context of social

developments at the global and national levels indicate a number of shortcomings, and it is common practice that health and physical aspects of health are more widely considered in health matters, but mental and social dimensions of health are not considered much. The phenomenon of epidemiological transmission is taking place and has changed the health problems of the face, and what will be major in the 21st and 21st centuries and years will be psychosocial, behavioral, and social disorders that replace the disease Infectious and contagious¹⁰. In fact, reflecting on the current state of the society and considering the growing human communication, it is felt that the disruptive factors of balance, calmness and health of individuals and the causes of social and psychological crises increase and become complex, and mutually The sense of individual and social need has been added to social health. Obviously, conditional health is indispensable for social roles, and humans can fully function if they feel that they feel that they are healthy and that they feel healthy as well. Therefore, any attempt to achieve social and psychological well-being, both individual and social needs, requires an introduction to the meaning and concept of social health and how to measure it and ways to improve it⁶. One of the most important variables that affect the health of the population is satisfaction. Satisfaction is a concept that has become very important in health care. In recent decades, patients' satisfaction with the delivery of health services has become more and more important, and the central role of patients in determining the quality of services has been provided, and efforts have been made to improve health more than ever¹¹. Patient's dissatisfaction and unnoticed treatment of her patients will improve the patient's health and outcome. In health centers, paying attention to patients' opinions and wishes and satisfying them is a qualitative indicator because these opinions lead to innovation and promote quality of service and health rehabilitation. Hospitals evaluate their performance by using patient satisfaction index and compare it with other hospitals¹². The importance of this issue has been accepted as one of the implications of providing health services at the community level, and efforts to evaluate it have been increasing. This issue is so important that some researchers point out the most important point in addressing the issue of health services by providing tools for assessing and recognizing the needs and quality of access to community health services, and even in advanced countries, patient satisfaction is recognized as a decisive indicator in assessing the quality of health care centers. The city of Neiriz, a population of about 45,000 people, faces numerous challenges, including reducing patients' satisfaction, increasing the burden of referral

patients and its disproportionality with existing facilities and forces, prolonging appointment time and The total of these factors can affect the social health of the referrals. In the future, failure to identify patients' expectations may lead to more dissatisfaction with the provided care and inappropriate use of health facilities. Therefore, in this research, we aim to overcome social health and its impact on patients' satisfaction with health services in Shahdai Shahidary Hospital, Neiriz.

METHODOLOGY

The present study is a descriptive survey. The statistical population of the present study is all male and female patients referring to emergency department of Shohada Hospital in Neiriz city who were transferred from emergency department to hospital and older than 15 years of age. The daily hours for research were from 8 am to 6 pm, and during this period, each patient who was transferred from the emergency department to the hospital departments was studied. In this research, a questionnaire was used to collect data. The research questionnaire consists of three parts: the first part of the demographic information of patients includes questions about the age of the sex education level of income and so on. The second part is the Social Health Questionnaire, developed by Keys in 1998. The third part relates to patient satisfaction questionnaire from received services. For this purpose, the Emergency Satisfaction Questionnaire, prepared by the Ministry of Healthcare and Medical

Education and the Emergency Department of the country, is used and is used in all hospitals affiliated to the Ministry of Health. Descriptive statistics (average, frequency, cumulative percent) were used to analyze the collected data from the questionnaire.

RESULTS

69% of the sample is male and 31% of them are women. 38% of the sample was 20-30 years old, 13% of the sample was 31-40 years old, 25% of them were between 41-50 years old and 24% were between 60- 51 years old. Of the 17% of the sample, there was a lower diploma, 30% of the research sample, 24% of them was graduate students, 14% of whom had master's degree and 15% had a doctorate.41% of the sample were single and 59% were married. The questionnaire of this study was divided into six sections including 7 questions for the variable "social cohesion", 7 questions for the variable "social acceptance", 6 questions for the variable "social participation", 6 for the variable "social flourishing", 5 for the variable "social solidarity" "And 11 questions were also classified for the" patient satisfaction "variable. Descriptive information the questions 1-7 of the questionnaire, which was related to the measurement of the social cohesion variable, indicates that the average of all questions as well as the total average (3.511) was higher than 3 (theoretical average), which indicates the appropriate status of the research samples in the connection with this variable.

Table 1: descriptive indicators of social coherence variable

questions	frequency of responses					total frequency	average	standard deviation	total average
	very low	Low	moderate	high	very high				
	1	2	3	4	5				
1	14	74	81	27	0	196	3.62	.811	
2	7	39	41	96	13	196	3.35	.989	
3	14	59	75	48	0	196	3.80	.892	
4	7	47	81	40	21	196	3.11	1.004	3.511
5	74	61	20	41	0	196	3.14	1.141	
6	21	68	67	21	19	196	3.74	1.099	
7	19	62	70	25	20	196	3.82	1.102	

The descriptive information of questions 8 to 14 of the questionnaire, which was related to the measure of social acceptance variable, indicates that the average of all questions as well as the total average (3.386) was higher than 3 (mean theoretical), which indicates the appropriate status of the research samples in connection with this variable. The descriptive information of questions 8 to 14 of the questionnaire, which was related to the measure of social acceptance variable, indicates that the average of all questions as well as the total average (3.386) was higher than 3 (mean theoretical), which indicates the appropriate status of the research samples in connection with this variable.

Table 2: descriptive indicators of social acceptance variable

questions	social acceptance					total frequency	average	standard deviation	total average
	frequency of responses								
	very low 1	low 2	Moderate 3	high 4	very high 5				
8	19	68	76	13	20	196	3.72	1.067	3.386
9	19	75	47	42	13	196	2.77	1.097	
10	13	62	88	27	6	196	3.75	.885	
11	0	27	61	62	46	196	3.65	.989	
12	7	19	88	62	20	196	3.35	.919	
13	0	39	68	63	26	196	3.39	.951	
14	0	61	67	61	7	196	3.07	.874	

As it can be seen, descriptive information of the 15 to 20 questionnaires, which relates to the easurement of the social participation variable, indicates that the average of all questions as well as the total average (3.148) was higher than 3 (mean theoretical), indicating the status It suits the research samples associated with this variable.

Table 3: descriptive indicators of social participation variable

questions	social participation					total frequency	average	standard deviation	total average
	frequency of responses								
	very low 1	low 2	Moderate 3	high 4	Very high 5				
15	0	61	60	54	21	196	3.18	.994	3.148
16	79	55	41	21	0	196	2.02	1.023	
17	0	40	96	40	20	196	3.20	.882	
18	0	13	68	63	52	196	3.79	.914	
19	0	20	81	69	26	196	3.52	.850	
20	33	13	62	62	26	196	3.18	1.250	

The descriptive information of questions 21-26 of the questionnaire, which was related to the measurement of the social prosperity variable, indicates that the mean of all questions as well as the total average (3.282) was higher than 3 (theoretical average), which indicates the appropriate status of the research samples in connection with this variable.

Table 4: descriptive indicators of social prosperity variable

questions	social prosperity					total frequency	Average	standard deviation	total average
	frequency of responses								
	very low1	low 2	Moderate 3	high 4	very high5				
21	23	50	15	77	31	196	3.22	1.308	3.282
22	21	40	43	61	31	196	3.21	1.241	
23	18	31	56	71	20	196	3.22	1.119	
24	8	52	33	89	14	196	3.25	1.054	
25	12	44	28	73	39	196	3.42	1.211	
26	15	47	18	82	37	196	3.37	1.236	

The descriptive information of questions 27 to 31 of the questionnaire, which was related to the measurement of the social correlation variable, indicates that the mean of all questions as well as the mean of total (3.1) was higher than 3 (theoretical average), which indicates the appropriate status of the research samples in connection with this variable.

Table 5: descriptive indicators of social correlation variable

questions	social correlation					total frequency	Average	standard deviation	total average
	frequency of responses								
	very low 1	low 2	Moderate 3	high 4	very high 5				
27	60	41	88	0	7	196	2.26	1.008	3.1
28	67	34	60	28	7	196	3.37	1.190	
29	88	34	60	7	7	196	3.04	1.107	
30	67	34	61	14	20	196	3.41	1.302	
31	66	35	60	13	22	196	3.42	1.300	

The descriptive information of questions 32 to 42 of the questionnaire, which relates to the patient's satisfaction variable, indicates that the average of all questions as well as the total average (3.199) was higher than 3 (mean theoretical), which indicates the proper status of the research samples in connection with this variable.

Table 6: descriptive indicators of patient satisfaction variable

questions	patient satisfaction					total frequency	average	standard deviation	total average
	frequency of responses								
	very low 1	low 2	Moderate 3	high 4	very high 5				
32	20	62	75	32	7	196	2.71	.975	
33	6	21	67	95	7	196	3.40	.840	
34	20	48	54	61	13	196	2.99	1.112	
35	53	74	41	21	7	196	3.27	1.080	
36	27	47	88	27	7	196	3.68	.990	
37	7	7	101	67	14	196	3.39	.814	3.199
38	14	42	93	41	6	196	2.90	.911	
39	4	12	75	99	6	196	3.48	.742	
40	17	40	61	65	13	196	3.09	1.071	
41	47	72	45	25	7	196	3.36	1.086	
42	17	33	99	40	7	196	2.92	.930	

DISCUSSION

The purpose of this study was to investigate the effect of social health and its dimensions on patients' satisfaction from management of health services in Neiriz Hospital. In this research, the effect of social health and its dimensions on patients' satisfaction from management of health services in the hospitals of Neiriz city has been tried. In this regard, by reviewing the research literature, a research model was developed by Keys (2004). Accordingly, six hypotheses were defined and tested and finally, five hypotheses were confirmed from the six hypotheses. Thus, the direct effect of social health on the satisfaction of patients from health services was confirmed; this result means that with increasing social health, patients' satisfaction with health services increases, so that by increasing one unit in social health, the satisfaction of Services also increase by 0.41 units. The result of this study is consistent with Larsen's theory and with Keys's theory¹³. Larsen defines social health as an individual's assessment of the quality of his relationships with the family and with others and social groups, and believes that social health scales measure part of the health of an individual, which indicates the individual's satisfaction or dissatisfaction with the life and the social environment and, in fact, includes the individual's internal responses, feeling and thinking and behavior²⁰. It was also found that among social dimensions of dimensions including social cohesion, social acceptance, social participation, social flourishing and social solidarity, only the dimension of social participation was rejected and four other dimensions were approved. According to the results of the first hypothesis,

there is a positive and significant relationship between social cohesion and patients' satisfaction with health services. The results of inferential analysis suggest that considering the fact that the significant coefficient between variables (social cohesion) and (satisfaction of patients) is greater than 1.96 (7.739), the significance of the effect (social cohesion) on patient satisfaction. Also, the standard coefficient of the path between variables (social cohesion) and (satisfaction of patients) is equal to (0.583). Therefore, it can be concluded that social cohesion accounts for 58% of changes (satisfaction of patients) and has a positive and significant effect. This conclusion is consistent with the results of research by Abdullah Tabar and others (2007), Kengerlo (1387) (14 and 10) and confirms the results of the research. This hypothesis is in accordance with our theoretical framework, because according to the theoretical framework, social cohesion means that one feels part of society, belongs to it, shares it, and is supported by it. The existence of a meaningful relationship between social cohesion and satisfaction shows the direct impact of belonging to society on the degree of satisfaction with health services; So that it would be hoped to increase the level of satisfaction of health centers by increasing social support and creating affiliated factors and sharing people in social benefits and social benefits. According to the results of the second hypothesis, there is a positive and significant relationship between social acceptance and patients' satisfaction with health services. The results of inferential analysis suggest that considering the fact that the significant coefficient between the variables (social acceptance) and (satisfaction of patients) is 1.96 (2.553),

the meaningfulness of the effect (social acceptance) on patient satisfaction is. Also, the standard coefficient of the path between variables (social acceptance) and (satisfaction of patients) is equal to (0.206). Therefore, it can be concluded that (social acceptance) accounts for 21% of changes (satisfaction of patients) and has a positive and significant effect. This result is consistent with the results of the Laroche study (1998)¹⁵. These results are also consistent with our theoretical framework because, according to the theoretical framework, when individuals in the community are accepted by others and can accept others in social affairs, both psychologically and in terms of high social capital As a result, their satisfaction will be affected by this, as the trust between the patient and the treatment team members will result in increased patient satisfaction. Based on the results of the third hypothesis of the research, there is not a meaningful relationship between social participation and patients' satisfaction with health services. The results of inferential analysis suggest that considering the fact that the significant coefficient between variables (social participation) and (satisfaction of patients) is less than 1.96 (0.846), the lack of meaningfulness of the effect (social participation) on (satisfaction of patients) Be This conclusion is not consistent with the results of research by Abdullah Tabar and others (2007), Kengerlo (2008), and the results do not confirm the research^{14, 10}. Also, these results are not in accordance with our theoretical framework; because, according to the theoretical framework, if one does not consider himself to be an effective member of society, the society values his opinions, in other words, if patients participate in the process of their treatment and their satisfaction with the services received from the hospital increases. While it seems that the high expectations of patients before entering the hospital lead to a lack of participation in the treatment process, which reduces their satisfaction with the services they receive. It can also be deduced that patients are not able to identify the capabilities and facilities available to staff and health care centers due to lack of sufficient technical knowledge, and therefore they are expected to be inadequate in line with the actual capacity of the health center. As a result, the gap between what is and what was expected is to reduce their satisfaction with health care. Based on the results of the fourth hypothesis of the research, there is a positive and significant relationship between social prosperity and patient satisfaction with health services. The results of inferential analysis suggest that considering the fact that the significant coefficient between variables (social flourishing) and (satisfaction of patients) is greater than 1.96 (2.180), it indicates the significance of the effect (social flourishing) on (patient satisfaction). Also, the

standard coefficient of the path between variables (social flourishing) and (satisfaction of patients) is equal to (0.111). Therefore, it can be concluded that social prosperity account for 11% of changes (satisfaction of patients) and have a positive and significant effect. This conclusion is consistent with the results of research by Abdullah Tabar and others (2007), Kengerlo (2008) and confirms the results of this research^{14,10}. This hypothesis is in accordance with our theoretical framework, because according to the theoretical framework, social flourishing is the assessment of the potential power and the social evolutionary pathway and the belief that society is gradually evolving and has potential for positive development and through institutions Social and citizen identification. As one can expect, the level of satisfaction of people from health centers has increased with the coherence of society with the needs of individuals and according to the intellectual development of the community. According to the results of the fifth hypothesis of research, there is a positive and significant relationship between social solidarity and patients' satisfaction with health services. The results of inferential analysis suggest that considering the fact that the significant coefficient between variables (social solidarity) and (satisfaction of patients) is greater than 1.96 (7.548), it is significant that the effect (social correlation) on patient satisfaction. Also, the standard coefficient of path between variables (social correlation) and (satisfaction of patients) is equal to (0.445). Therefore, it can be concluded that social solidarity (45%) of changes (satisfaction of patients) is explained and has a positive and significant effect. This conclusion is consistent with the results of research by Abdullah Tabar and others (2007), Kengerlo (2008) and confirms the results of this research^{14,10}. This hypothesis is in accordance with our theoretical framework, because according to the theoretical framework, social solidarity is the understanding of the quality, organization and functioning of the social world. There is a significant relationship between social solidarity and satisfaction, the direct influence of the environment on the environment with the sense of competence and ability to manage the complex environment and the choice or creation of appropriate fields on the degree of satisfaction with health services.

CONCLUSION

In this study, the level of expectations and expectations of different and higher patients was one of the important and influential factors in the results which made the patients' satisfaction level to be lower than the average level. Therefore, it is suggested that hospital management, considering that satisfaction with more medical centers a

hospital management discussion is about addressing and satisfying patients' expectations of the health system in order to increase the effectiveness and ultimately patient satisfaction.

REFERENCES

1. Joolae, S., Hajibabae, F., Jafar Jalal, E., and Bahrani, N. Assessment of patient satisfaction from nursing care in hospitals of Iran University of Medical Sciences. *Journal of hayat*(2011). 17(1), 35-44
2. Ahmad, I., andud Din, S. Patients satisfaction from the health care services. *Gomal Journal of Medical Sciences*. (2010). 8(1).
3. Chahal, H. and Mehta, S. "Modeling patient satisfaction construct in the Indian health care context", *International Journal of Pharmaceutical and Healthcare Marketing* .(2013), Vol. 7 No. 1.
4. Johnson, D. M., Johnson, D. M., Russell, R. S., Russell, R. S., White, S. W., and White, S. W. Perceptions of care quality and the effect on patient satisfaction. *International Journal of Quality and Reliability Management*, (2016). 33(8), 1202-1229.
5. Ebrahimnia, M., Ameriun, A., AzizabadiFarahani, M., and HR, K. V. Satisfaction rate of hospitalized patients in military hospitals from presented services. *Journal Mil Med* (2010). 12(2), 101-105.
6. Rezaei, Nandeli, assessment of social health rate of dialysis patients of Imam Reza Hospital of Amol City and factors effective on it, thesis of Master's Degree, AllamehTabatabaei University, 2015
7. World Health Organization. WHO definition of Health. Available from:
<http://www.who.int/about/definition/en/print.html> (05.07.2016)
8. SAMIEE, M., RAFIEE, H., AMINI, R. M., and AKBARIAN, M. Social health of Iran: from a consensus-based definition to an evidence-based index. (2011)
9. Brown, S. J., Yelland, J. S., Sutherland, G. A., Baghurst, P. A., and Robinson, J. S. Stressful life events, social health issues and low birthweight in an Australian population-based birth cohort: challenges and opportunities in antenatal care. *BMC public health*(2011). 11(1), 196.
10. AbdollahTbar, Hadi, Coldi., Alireza, Mohagheghi Kamal, SeyedHosesein, SetarehForoozan, Ameneh, Salehi, Masoud, investigating social health of students, scientific research journal of social welfare, 2007. 8th year, No. 30,3
11. Rakhshidan, Ghader, investigating the relation between social health dimensions and patients satisfaction with management of health services in emergency department of Vali-e-Asr hospital of MeshkinShahr, master's degree thesis, AllamehTabatabaei University, 2015
12. Ahmadi, B., Ziwdar, M., andRafiei, S. Patients' satisfaction in first rank Hospitals of Tehran University of Medical Sciences: A cross-sectional study in 2009. *Journal of PayavardSalamat*. (2010). 4(2), 44-53.
13. Larson, J. S. The World Health Organization's definition of health: Social versus spiritual health. *Social Indicators Research*(1996). 181-192.
14. Kangarloo, Maryam, assessing social health of students in AllamehTabatabaei University, master's degree thesis, AllamehTabatabaei University, 2015
15. Larouche R. Determinants of college students' health-promoting lifestyles. *Clinical excellence for nurse practitioners: the international journal of NPACE*. 1998 Jan;2(1):35-44.
- 19.

Source of Support: None Declared
Conflict of Interest: None Declared