Factors Affecting Patient Satisfaction with Home Healthcare Services Provided by Taif Mental Health Hospital

Faiz Saeed Almalki [*]

[*] King Abdulaziz university

Abstract- The research aimed to identify factors influencing patient satisfaction with home treatment provided by a mental health hospital in Taif. A survey study was conducted with 105 patients receiving home care. Patients were highly satisfied with the care, and the general satisfaction mean was 4.27 ± 0.46. The study found a weak statistically significant relationship between patient-staff interaction and general satisfaction (correlation coefficient = 0.389, p-value=0). A similar weak correlation was found between continuity of care and general satisfaction (correlation coefficient = 0.189, p-value=0.054). However, there was no statistically significant correlation between accessibility of care and general satisfaction (correlation coefficient = 0.005, p-value=0.962). The study recommends further research on additional variables like service quality, social, and cultural factors affecting service provision. The study also suggests improvements in visit time utilization, answering calls, and medication availability.

Index Terms- Cancers, Cancer biomarkers, Early detection, Prognosis, Circulating tumor cells, Liquid Biopsy, Exosomal Proteins, Circulating Tumor DNA (ctDNA).

I. INTRODUCTION

This research focuses on patient satisfaction with home healthcare services provided by Taif mental health hospital in Saudi Arabia. The demand for mental health services has risen significantly in the country, leading to the adoption of home-based care programs as a cost-effective alternative to hospital admissions for mental health patients. These programs play a crucial role in improving patients' quality of life, reducing hospital bed shortages, and providing continuous comprehensive healthcare. However, a key challenge faced by home-based healthcare services is the low level of patient satisfaction, which can negatively impact healthcare outcomes and patient compliance.

The primary research problem addressed in this study is the low level of patient satisfaction with home-based care services offered by Taif mental health hospital. Understanding the factors influencing patient satisfaction is vital for enhancing the quality of home healthcare services and analyzing the impact of patient satisfaction on healthcare outcomes. This research aims to identify these factors, improve the quality of home healthcare, assess patient reactions based on satisfaction, and provide recommendations for enhancing patient satisfaction with home-based care.

The significance of this study lies in evaluating patient perceptions of healthcare quality, exploring factors that affect satisfaction, and examining the outcomes of home healthcare services provided by Taif mental health hospital. By identifying challenges and limitations in achieving high patient satisfaction, this research can contribute to the improvement of home-based care services in the mental health sector. For data collection, a quantitative methodology will be used, and a questionnaire will be completed through telephone interviews with patients. The study will analyze the collected data using SPSS to identify correlations and trends related to patient satisfaction with home healthcare.

The research will seek to answer specific questions, such as the impact of continuity of care, accessibility of care, and patient-staff interaction on patient satisfaction with home healthcare services. The study will be organized into six chapters, covering Introduction, Literature Review, Research Methodology, Data Analysis and Results, Discussion, and Conclusion and Recommendations. Each chapter will delve into various aspects of patient satisfaction with home healthcare services at Taif mental health hospital, providing valuable insights for healthcare providers and policymakers in the field.

II.   LITERATURE REVIEW

Healthcare delivery systems and practices have evolved over the years. This fact has led to significant changes in the development of healthcare. For example, the establishment of corporate hospitals equipped with modern medical technology, and the participation of third parties, such as insurance companies, corporations, and governments, has resulted in increased awareness of patients' rights and an increase in litigation. Furthermore, the high availability of health information requires consistent research on patient satisfaction (Prakash, 2018). These aspects increase the demand for quality health care and pressure medical institutions to enhance the quality of their services. As a result, measuring patient satisfaction has become an essential consideration for public health policymakers, healthcare facility managers, and physicians. Therefore, maximizing research and understanding patient needs is critical for home healthcare management to address patient satisfaction issues.

Patient satisfaction is a positive reaction to the product or service provided, based on expectations and emotional responses. Healthcare facilities view patients as customers and aim to meet their needs for quality services (Vaz, 2018; Prakash, 2018). Measuring patient satisfaction improves healthcare quality, providing opportunities for improvement and strategic decision-making (Castle et al., 2005). Studies show high satisfaction rates with home healthcare services, with communication, person-centered care, and physician availability influencing satisfaction (Senitan et al., 2018; Alhelali et al., 2015; Giménez-Díez et al., 2020; Mötteli et al., 2020).

Measuring patient satisfaction is vital for improving communication with patients and evaluating the effectiveness of existing strategies in home healthcare (Kim, 2018). It helps identify innovative ways to meet customer demands and enhances internal processes, attracting and retaining mentally ill patients, and reducing unnecessary costs (Ofili, 2014). Patient satisfaction also fosters trust in the patient-doctor relationship, leading to better cooperation and health outcomes (Cosma et al., 2020).

Research assessing customer satisfaction is motivated by regulatory pressure and market demand mismatches, leading to patient-centric changes in healthcare services (Ofili, 2014). Patient satisfaction surveys help identify and resolve potential issues, mitigating risks for home healthcare institutions (Vaz, 2018).

Patient satisfaction in healthcare has limitations due to the lack of a standardized measure. It is a multi-faceted concept influenced by diverse factors based on patient perceptions and expectations (Abusalem et al., 2012). Different healthcare centers use various measures like surveys and interviews, making it challenging to analyze patient satisfaction. Additionally, patient satisfaction varies based on individual preferences and the unique home care environments, making it more complex to assess (Abusalem et al., 2012).

Home healthcare services in Saudi Arabia refer to the medical treatment provided by a specialized team of professionals employed by the Ministry of Health. (Algamdi, 2017). Home healthcare's overarching goal is to deliver high-quality medical treatment to patients in the comfort of their own homes while respecting their cherished cultural and religious practices. Late in 2010, hospitals in Saudi Arabia began participating in a program to offer HHC services to patients, allowing them to receive continuous, comprehensive treatment in the comfort of their homes. Patients who are eligible for this treatment can avoid hospitalization. (Rana Alhelali, 2020).

The Central Board for Accreditation of Healthcare Institutions (CBAHI) is developing an accreditation program for home-based care services in the Kingdom (CBAHI, 2021). They can draw from the successful implementation of the Joint Commission International (JCI) standards used worldwide, including the United States, to improve care quality and manage risks (The Joint Commission, par 1-2).

Home healthcare, especially for the elderly with mental health issues, has been growing due to cost-effectiveness and improved access (Auerswald, 2014). However, limited funding and incomplete facilities pose challenges for expanding and improving services (Valusek, 2022). Addressing these issues can enhance patient satisfaction and quality of care in home healthcare.

To reduce costs and improve patient outcomes, home healthcare facilities are adopting telemonitoring systems. These ICT systems allow close monitoring of patients' health status through regular updates. Wearable devices with sensors, like gloves, watches, and bracelets, are used to assess blood pressure and heartbeat, providing rapid diagnostics and patient-centered care. Research shows that telemonitoring technologies increase patient satisfaction, improve diabetes control, and enhance the quality and safety of home-based care (Smith, 2012).

Home healthcare facilities deploy telemonitoring systems to reduce costs and improve patient outcomes. These ICT systems and wearable devices with sensors allow close monitoring and rapid diagnostics from home. Research by Smith (2012) highlights the need for increased physician-patient interaction, which can be achieved through telemonitoring. It enhances self-management, improves care quality, and boosts patient satisfaction in home-based care settings.

Algamdi (2017) studied factors influencing elderly patient satisfaction with home healthcare facilities in Al-Baha City. The research included 222 patients and found that age, satisfaction, service continuity, and interpersonal relationships significantly affected patient satisfaction, while gender and educational level had a lesser impact.

Interpersonal relationships play a crucial role in patient satisfaction and treatment outcomes (Hussain et al., 2019). Effective communication between doctors and patients fosters a positive treatment experience and encourages patient compliance with medical guidance. Research by Stockdale et al. (2018) also highlights the importance of communication, with better patient-provider interactions leading to higher satisfaction rates. Additionally, Mekoth et al. (2012) suggest that a close physician-patient relationship, built on knowledge, trust, loyalty, and appreciation, contributes to long-term care satisfaction. Moreover, physician conduct, technical skills, and the ability to involve patients in healthcare decision-making influence overall patient satisfaction (Senitan et al., 2018).

Continuity of care, the quality related to time, plays a crucial role in patient satisfaction, especially for individuals with severe mental illnesses. Research by Miton et al. (2005) showed a positive correlation between continuity of care, quality of life, and service satisfaction in this patient population, highlighting the significance of efforts to improve continuity within and between mental health services.

In-home care environments for patients with mental health conditions have shown to enhance satisfaction due to the continuity of care and high physician support. Fortin et al. (2017) found that patients receiving help from case managers in a home-based setting reported higher satisfaction levels compared to those hospitalized, who experienced a higher level of unmet needs. Telehealth technology has also emerged as a valuable tool to improve continuity of care in home-based settings. Studies, such as the one conducted by Polinski et al. (2015), have shown that telehealth services lead to increased patient satisfaction, primarily attributed to convenience and perceived high-quality care.

Banaser et al. (2016) found that patients' satisfaction with cancer treatment in Saudi Arabian wards is influenced by the quality of physicians' and nurses' interpersonal skills and patients' access to care. Convenient service, as emphasized by Vaz (2018), is essential for patients seeking home care, including quick visits to specific doctors and easy access to necessary information. Regular follow-ups by healthcare providers can enhance patient satisfaction in home care settings (Vaz, 2018).

Patient satisfaction assessment can be conducted through both qualitative and quantitative methods. Quantitative measures, utilizing standardized questionnaires like the Patient Satisfaction Questionnaire (PSQ-18), are commonly used for data gathering (Castle et al., 2005). These instruments must be reliable and valid to effectively gather patient feedback (Berkowitz, 2016). The PSQ-18, known for its high reliability and validity, is recommended for measuring patient satisfaction (Al-Abri & Al-Balushi, 2014). Patient satisfaction is considered a crucial indicator of healthcare quality, and utilizing appropriate measurement methods, such as the PSQ-18, can help improve mental health treatment quality (Fernandes et al., 2020).

In psychiatric settings, various satisfaction instruments have been utilized to evaluate patient satisfaction after treatment. Studies have shown that different satisfaction questionnaires, both psychiatric-specific and generic, can provide valuable insights into patient satisfaction (Peytremann-Bridevaux et al., 2006). For home-based care, the need for a reliable patient satisfaction scale has been highlighted. Existing frameworks often focus on limited variables, emphasizing the importance of adopting psychometrically appropriate scales to enhance patient satisfaction in home-based care settings (Abusalem et al., 2012). Implementing valid and reliable measures for patient satisfaction in both psychiatric and home-based care can significantly contribute to improving healthcare quality and identifying areas for improvement.

There are barely any studies in Saudi Arabia examining the satisfaction of mentally ill patients, in addition, the present circumstance of home healthcare services for mentally ill patients in Taif city has not been extensively evaluated. In conclusion, these studies can help authorities formulate new strategies for delivering home care based on patient requirements. Finally, as a pioneering study of its kind in Saudi Arabia, specifically in Taif, it is a basis for future research. Consequently, this research needs to cover a gap in the existing literature.

III. METHODS

This study focuses on evaluating patient satisfaction with home health services provided by mental health hospitals in Taif through a descriptive and quantitative approach. The quantitative research method involves gathering extensive data from representative samples of the population to examine specific variables, while the descriptive aspect aims to describe the tendencies of the studied group (Black, 1999).

The research design consists of two main parts. Firstly, the conceptual study incorporates a theoretical analysis of variables derived from existing literature surveys. The theoretical study's significance lies in its capacity to explain and predict outcomes (Black, 1999).

The quantitative methods encompass observations and content analysis, aiming to understand the relationships between different factors (Balnaves & Caputi, 2001).

Secondly, the applied research phase involves the creation of a survey questionnaire distributed to a representative sample of the study population. During this stage, the frequency distribution, central tendency, measurements, and dispersion of variables will be described. Descriptive statistics such as averages, frequencies, percentages, and correlations will be utilized, complemented by graphical representations like tables, bars, and pie charts (Berry, 2005). This combination of descriptive statistics and visual aids enhances the comprehension of quantitative study results (Black, 1999).

The scale used in this study comprises four dimensions, each consisting of multiple items aimed at measuring patient satisfaction with specific aspects of healthcare services, namely general satisfaction, continuity, accessibility, and interaction with healthcare services. The scale employs a 5-point Likert scale, with code (1) representing "Strongly Disagree," code (2) for "Disagree," code (3) for "Uncertain," code (4) for "Agree," and code (5) for "Strongly Agree.".

Code	Range	Grade
5	4.3 to 5.0	Strongly agree
4	3.5 to 4.2	Agree
3	2.7 to 3.4	Uncertain
2	1.9 to 2.6	Disagree
1	1 to 1.8	Strongly disagree

Table 1 presents the range and grade of patient scores based on the 5-point Likert scale. A score of 5 indicates "Strongly Agree" within the range of 4.3 to 5.0, while a score of 4 represents "Agree" within the range of 3.5 to 4.2, and so forth.

The research sample consisted of 105 respondents, and the researcher conducted telephone interviews to complete 105 questionnaires with recruited patients. The statements used in the study were adapted from the patient satisfaction questionnaire PSQ-18 developed by Rand Corporation. This self-administered measure of patient satisfaction includes 18 items that indirectly address general satisfaction, continuity, accessibility of healthcare services, and interactions with the home healthcare team. Respondents ranked their level of agreement with each statement using the 5-point Likert scale.

The questionnaire, originally in English, was translated into Arabic by the researcher. It collected sociodemographic information about each respondent and assessed their level of satisfaction with home healthcare services across various dimensions. Specific dimensions included general satisfaction, continuity of healthcare services, accessibility to healthcare services, and interactions with the healthcare team. Each dimension was measured using several statements, and respondents rated their agreement or disagreement with each statement on the Likert scale, providing valuable insights into patient satisfaction with home health services.

The use of reliable and valid instruments to assess patient satisfaction is crucial in healthcare research. One such instrument is the 5-point Likert questionnaire, known as PSQ-18, developed by the Rand Corporation. Its primary objective is to evaluate patients' satisfaction with healthcare services, encompassing various domains, including communication with healthcare providers, continuity of care, and accessibility to services (Al-Abri & Al-Balushi, 2014). The development process of the questionnaire involved a comprehensive literature review and expert input to ensure content validity. Furthermore, its strong correlation with other patient satisfaction measures demonstrates its good convergent validity.

The 5-point Likert questionnaire developed by the Rand Corporation exhibits commendable validity and reliability for measuring patient satisfaction. Its content validity is bolstered by its meticulous development process, while its strong internal consistency and test-retest reliability make it suitable for healthcare settings (Al-Abri & Al-Balushi, 2014). The questionnaire's high internal consistency, with Cronbach's alpha values ranging from 0.73 to 0.91 for various subscales, indicates that the items within each subscale effectively measure the same underlying construct, thus providing a reliable measure of patient satisfaction (Shaban, 2010). Validity, as emphasized by Shirley and Sanders (2016), is essential to ensure that the 5-point Likert questionnaire accurately captures patients' satisfaction with healthcare services. By utilizing this robust instrument, researchers and healthcare practitioners can gain valuable insights into patients' experiences and perceptions of the care they receive.

Having a robust sample technique is essential regardless of the survey strategy, as emphasized by Crow et al. (2002), who advocate random selection of the target population as the most effective way to ensure a representative sample of potential respondents. In this study, the sample unit comprised both Saudi and non-Saudi mentally ill patients receiving home health services from Taif mental hospital. The research population initially included 213 active patients availing of this service; however, 69 patients with impaired

judgment were excluded based on psychological diagnosis, resulting in a total population of 144 eligible participants. From this pool, a sample size of 105 respondents was randomly chosen, encompassing patients who received home healthcare services in 2023, thus forming the sampling frame. The researcher employed Raosoft's Sample Size Calculator (Raosoft, Inc, 2020) to determine the appropriate sample size, considering a margin of error (M.E.) of 5% and a confidence level (CL) of 95%. This meticulous approach to sampling ensures the accuracy and validity of the study's findings, providing valuable insights into patient satisfaction with home health services in the context of Taif mental hospital.

The assessment of patient satisfaction with home healthcare provided by Taif Mental Health Hospital is a crucial indicator for healthcare providers to evaluate service quality and therapy effectiveness. It serves as a fundamental objective in care services, often monitored as a key performance indicator by health organizations. Two significant independent variables impacting patient satisfaction are continuity of care and accessibility of services. Ensuring continuous and steady home healthcare builds trust between patients and healthcare providers, especially crucial for mentally ill patients. Efforts to improve continuity within and between mental health services have shown positive relationships with quality of life and service satisfaction for individuals with severe psychiatric issues (Miton et al., 2005).

The accessibility of comprehensive home care services is essential in enhancing care quality and achieving positive outcomes. Patients seek the convenience of treatment in their homes, and healthcare providers should ensure quick and easy access to standard quality care. Long wait times and consistent check-ups by doctors and nurses can significantly influence patient satisfaction (Vaz, 2018). Another critical variable is patient-staff interaction, where solid relationships built on trust, respect, friendliness, and good communication enhance the quality of home healthcare. A positive doctor-patient relationship has been shown to affect treatment outcomes and patient compliance with medical guidance (Hussain et al., 2019). Assessing these independent variables through a carefully designed questionnaire can provide valuable insights into patient satisfaction levels and help healthcare providers improve the overall quality of home healthcare services.

The study was approved by the Research Ethics Committee (IRB registration number HAP-02-T-067) and received permission from Taif Mental Hospital's Continuous Training and Research Department. Participants had the choice to withdraw without providing a reason, and their data was treated confidentially with informed consent.

To ensure confidentiality, questionnaires were sealed without names, and data was pseudonymized. Personal copies were stored securely, and computer data was password-protected. Strict monitoring was maintained for data security.

IV.   RESULTS

Descriptive statistics (total, mean, mode, median, S.D.)

Table 2 shows the sociodemographic information about the participants. (n=105)

		N	N %
Sex	Male	47	44.8%
	Female	58	55.2%
Nationality	Saudi	87	82.9%
	Non-Saudi	18	17.1%
Age group	18-30	15	14.3%
	31-40	21	20.0%
	41-50	13	12.4%
	51-60	24	22.9%
	61-70	26	24.8%
	More than 70	6	5.7%
Health problem	Depression	24	22.9%
	Phobia	2	1.9%
	Bipolar	17	16.2%
	Autism	8	7.6%
	Anxiety	18	17.1%
	Parkinson's	5	4.8%
	Schizophrenia	12	11.4%
	Emotional disorder	6	5.7%
	Personality disorder	7	6.7%
	Dissocial disorder	5	4.8%
	Post-traumatic stress disorder	1	1.0%

The total number of study participants was 105. More than half (55.2%) constituted the female population. Most participants (82.9%) were Saudi, while 17.1% were non-Saudi. Nearly one-quarter of the non-Saudi study participants were in the age group of 61-70 years old. Depression (22.9%), anxiety (17.1%), and bipolar disorders (16.2%) were the most common underlying health problems.

Table 3 General satisfaction of the participants.

	Strong disagree		Disagree		Uncertain		Agree		Strong agree		Mean
	N	N %	N	N %	N	N %	N	N %	N	N %	
I would recommend these home services to my family and friends	0	0.0%	3z	2.9%	3	2.9%	48	45.7%	51	48.6%	4.4
I would use these home healthcare services again if I needed care	0	0.0%	0	0.0%	4	3.8%	81	77.1%	20	19.0%	4.15
I was satisfied with the services provided	1	1.0%	2	1.9%	7	6.7%	54	51.4%	41	39.0%	4.26

Table 4 The subscale of the continuity of care.

	Strong disagree		Disagree		Uncertain		Agree		Strong agree		Mean
	N	N %	N	N %	N	N %	N	N %	N	N %	
The home care team coordinated all aspects of my care	2	1.9%	3	2.9%	45	42.9%	34	32.4%	21	20.0%	3.66
The home care team kept my doctor informed about my care	0	0.0%	7	6.7%	61	58.1%	33	31.4%	4	3.8%	3.32
I received regular follow-up visits	0	0.0%	0	0.0%	2	1.9%	27	25.7%	76	72.4%	4.7

The visit time should be longer	0	0.0%	0	0.0%	1	1.0%	20	19.0%	84	80.0%	4.79
I can get home care services whenever I need them	19	18.1%	26	24.8%	45	42.9%	15	14.3%	0	0.0%	2.53

Table 5 The subscale of accessibility of care.

	Strong disagree		Disagree		Uncertain		Agree		Strong agree		Mean
	N	N %	N	N %	N	N %	N	N %	N	N %	
When I called home healthcare, I received help easily	14	13.3%	34	32.4%	40	38.1%	16	15.2%	1	1.0%	2.58
I have to wait too long to get emergency service	0	0.0%	10	9.5%	20	19.0%	51	48.6%	24	22.9%	3.85
If I have a medical question, I will contact a home care team	0	0.0%	4	3.8%	29	27.6%	51	48.6%	21	20.0%	3.85
I can get drugs treatment easily	0	0.0%	14	13.3%	46	43.8%	44	41.9%	1	1.0%	3.3

Table 6 The subscale of patient-staff interaction.

	Strong disagree		Disagree		Uncertain		Agree		Strong agree		Mean
	N	N %	N	N %	N	N %	N	N %	N	N %	
All home care team members were courteous	0	0.0%	0	0.0%	2	1.9%	29	27.6%	74	70.5%	4.69
The instructions from the clinical team helped	0	0.0%	3	2.9%	17	16.2%	43	41.0%	42	40.0%	4.18
The home care team respects me	0	0.0%	0	0.0%	15	14.3%	28	26.7%	62	59.0%	4.45
The home care team listens carefully to what I have to say	0	0.0%	2	1.9%	56	53.3%	36	34.3%	11	10.5%	3.53

The home care team sometimes ignores what I tell them	16	15.2%	58	55.2%	13	12.4%	14	13.3%	4	3.8%	2.35
All home care teams understand my problem	1	1.0%	9	8.6%	30	28.6%	59	56.2%	6	5.7%	3.57

The mean of the general patient's satisfaction with the care provided was 4.27 ± 0.46. Nearly half of them (48.6%) would strongly recommend these home services to their family and friends, and about 77% claimed they would use these services again when needed. About half of the patients (51.4%) were satisfied with the services.

On further questioning the continuity of healthcare services, this domain's mean was 3.09 ± 0.33. Most participants (42.9%) were uncertain whether the home care team coordinated all aspects of their care. Only 20% strongly agreed that it coordinated all aspects of their care. Nearly a third (31.4%) agreed that the home care team kept their doctor Informed about their care. Most participants (72.4%) strongly agreed that they receive regular follow-up visits. However, around 80% claimed that these follow-up visits should be longer, while only 14.3% could get home care services whenever needed.

Regarding the accessibility of healthcare services, the mean of this domain was 2.97 ± 0.4. About 13.3% of the study participants strongly disagreed about receiving help when they called home healthcare services. Moreover, nearly half of them had to wait too long to receive emergency services. On the other hand, when having a medical question, 48.6% of the patients would contact a home care team. Of the participants, 41.9% agreed they get the drug treatment easily.

The mean of the patient-staff interactions was 4.01 ± 0.35, with 70.5% strongly agreeing that all home care team members were courteous, while 40% agreed that the instructions from the clinical team had helped them. The majority (59%) strongly agreed that they had received respect from the team. However, more than half (53.3%) were unsure whether the team had listened carefully to what they said. About 55% disagreed that the team members ignored what they were telling them. On the other hand, the majority (56.2%) agreed that the team understood their problems.

Inferential statistics (Spearman's rho)

Table 7 Correlation between variables

Spearman's rho		General satisfaction
Continuity of healthcare services	Correlation Coefficient	0.189
	p-value	0.054
Accessibility to healthcare services	Correlation Coefficient	0.005
	p-value	0.962
Patient-staff interaction	Correlation Coefficient	0.389
	p-value	0

Inferential statistics (Spearman's rho) shows a statistically weak positive correlation between the dependent variable (general satisfaction) and the independent variable (patient-staff interaction). In addition, a weak positive correlation exists between general satisfaction and healthcare continuity. However, there is no statistically significant correlation between general satisfaction and accessibility to healthcare services.

This study has tested three alternative hypotheses by Spearman's rho test:

- The first hypothesis is; the patient-staff interaction has a statistically positive relationship with the general satisfaction of patients; the result of the study was; a correlation coefficient = 0.389 and p-value=0. This result shows there is a weak statistically correlation between the two variables.

- The second hypothesis tested in this study is that the continuity of care has a statistically significant relationship with the general satisfaction of patients; In the result of this study was the correlation coefficient = 0.189 and p-value= 0.054. This revealed a weak statistical correlation between the dependent variable, general satisfaction, and the independent variable, continuity of care.

- The third hypothesis tested in this study is; the accessibility of care has a statistically significant relationship with the general satisfaction of patients; the study's result shows no significant correlation between the two variables, with the correlation coefficient = 0.005 and p-value=0.962.

There was a statistically significant association as females was associated with higher general satisfaction ($p<0.001$). Similarly, an association between nationality and the subscale of accessibility to healthcare services was found. Furthermore, it pointed out that being non-Saudi nationality is linked to a higher level of satisfaction toward accessibility to healthcare services ($p = 0.012$). Finally, people over 70 years old tend to score higher in the subscale of continuity of healthcare services compared to the age group of 51-60, which was associated with the lowest level of satisfaction in the same subscale ($p<0.016$).

V.   DISCUSSION

Patient satisfaction in home health care serves as a predictor of care quality, offering valuable feedback to healthcare providers. It encompasses perceived requirements, care expectations, and experiences, making it a dynamic concept of study. Many attempts have been made to create a valid scale for assessing satisfaction with home healthcare services. The current study at Taif Mental Health Hospital aimed to determine patient satisfaction levels and identify influencing factors. The mean general satisfaction was 4.27 (SD = 0.46), higher than one study's findings (3.47) but slightly less than another (4.52), which focused on home palliative care for elderly patients. Differences in disease nature, patient management, and expectations justified the varied satisfaction levels. The use of doctor-based services in the Algamdi (2017) study possibly contributed to higher efficiency. Only a small percentage (1%) expressed strong dissatisfaction in this study.

In my study, the first hypothesis focused on the relationship between patient-staff interaction and general patient satisfaction. The findings revealed a statistically weak positive correlation with a correlation coefficient of 0.389 and a p-value of zero, supporting similar conclusions from previous studies. For instance, Santomassino et al. (2012) observed that a higher level of care involving specialized practice nurses and a multidisciplinary team, along with regular follow-up visits, led to increased patient satisfaction and reduced hospital readmissions. Positive patient-staff contact experiences directly influenced overall treatment satisfaction and contributed to better treatment outcomes.

Moreover, research in KSA's oncology healthcare system (Banaser et al., 2016) and a separate study (Stockdale et al., 2018) both highlighted the crucial role of effective patient-staff interactions in driving patient satisfaction. Communication between patients and providers played a significant role, with interpersonal and efficient communication accounting for a considerable portion of satisfaction scores (81%). These findings underscore the significance of patient-staff interaction as a key determinant of overall patient satisfaction, independent of other variables.

Continuity of care emerged as a crucial factor influencing general satisfaction in previous studies (Chapter 2). While this study provided some support for this claim, the correlation coefficient was 0.189 with a p-value of 0.054, indicating a weak statistical association between general satisfaction and continuity of care. Another study highlighted that patients with severe mental illness reported higher satisfaction levels when continuity of care was present, suggesting its effectiveness in reducing hospital readmissions (Miton et al., 2005). Regular follow-up visits and consistent service provision were found to be essential in patient satisfaction. Additionally, Fortin et al. (2017) discovered that individuals with mental health issues preferred home-based care due to the continuity of care and a high level of medical assistance, leading to greater satisfaction.

In contrast to two prior studies in Chapter 2, this study found no significant relationship between access to care and satisfaction levels (correlation coefficient of 0.005 and p-value of 0.962). Surprisingly, participants rated accessibility to healthcare services low, with a mean score of 2.97, indicating uncertainty or disagreement about easy access to home healthcare services when needed. This negative finding may impact patients' willingness to engage with the service provision, as highlighted by Vaz (2018), who emphasized that long wait times and inconsistent check-ups by doctors and nurses in home care can lead to patient dissatisfaction. On a positive note, another study (Banaser et al., 2016) concluded that physicians' and nurses' clinical efficiency, interpersonal interactions, and access to healthcare positively contribute to patient satisfaction with cancer ward treatment in Saudi Arabia

VI.   CONCLUSION

The study found a weak correlation between patient satisfaction and continuity of care and patient-staff interaction. There was no significant correlation between patient satisfaction and healthcare accessibility. Despite this, the majority of participants reported high satisfaction with home healthcare services. The study suggests the need for further research with a larger sample size and exploration of additional factors that influence patient satisfaction. The findings have implications for healthcare policies and services, calling for patient-centered care practices and better communication skills among healthcare professionals. Future research should consider qualitative studies to understand cultural factors' impact on patient care and satisfaction. Overall, the study highlights the importance of interpersonal care and the subjective nature of patient satisfaction.

VII.   REFERENCES

[1]   Abusalem, S., Myers, J. A., & Aljeesh, Y. (2012). Patient satisfaction in home health care. Journal of Clinical Nursing, 22(17-18), pp. 2426–2435. https://doi.org/10.1111/j.1365-2702.2012.04211.x

[2]   Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool for Quality Improvement. Oman Medical Journal, 29(1), 3–7. https://doi.org/10.5001/omj.2014.02

[3]   Al-Surimi, K., Al-harbi, I., El-Metwally, A., & Badri, M. (2019). Quality of life among home healthcare patients in Saudi Arabia: Household-based survey. Health and Quality of Life Outcomes, 17(1). https://doi.org/10.1186/s12955-019-1095-z

[4]   Alamri, Y. (2016). Mental illness in Saudi Arabia: Stigma and acceptability. International Journal of Social Psychiatry, 62(3), 306–307. https://doi.org/10.1177/0020764016628896

[5]   Alarabi, s. (2021). Bed crisis in Taif's mental health hospital. . . Saudi Jazette. .

[6]   Algamdi, S. J. (2017). Older patients' satisfaction with home health care services in Al-Baha region, Saudi Arabia (dissertation).

[7]   Alhelali, R. A. (-1, November 30). Principals of home health care in Saudi Arabia. Journal of Nursing & Care. Retrieved April 14, 2022, from https://www.hilarispublisher.com/proceedings/principals-of-home-health-care-in-saudi-arabia-17555.html

[8]   Alhelali, R. A., McNabb, S. J. N., & Memish, Z. A. (2015). Evaluation of Home Respiratory therapy delivered to patients in the Ministry of Health's Home Medical Program (HMP) and administered through the Madinah HMP Center, Kingdom of Saudi Arabia, 2013. Journal of Epidemiology and Global Health, 6(1), 19. https://doi.org/10.1016/j.jegh.2015.07.006

[9]   Almoajel, A. (2016). The Quality of Home Healthcare Service in Riyadh/Saudi Arabia. Asian Journal of Natural & Applied Sciences, p. 5.

[10]   Almoajel, A. (2020). Quality of palliative care: Perspective of healthcare providers at a tertiary hospital in Riyadh, Saudi Arabia. Journal of Religion and Health, 59(5), 2442–2457. https://doi.org/10.1007/s10943-020-00998-6

[11]   Al-Subaie, A. S., Al-Habeeb, A. H., & Altwaijri, Y. A. (2020). Overview of the Saudi national mental health survey. International Journal of Methods in Psychiatric Research, 29(3). https://doi.org/10.1002/mpr.1835

[12]   Auerswald, P. E. (2014). Healthcare in the home: How distributed health service delivery can reduce costs and improve outcomes. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.2533523

[13]   Balnaves, M., & Caputi, P. (2001). Introduction to quantitative research methods. https://doi.org/10.4135/9781849209380

[14]   Banaser, M. S., Stoddart, K., & Cunningham, N. (2016). Patient satisfaction in Oncology Ward settings in Saudi Arabia: A mixed methods study (dissertation).

[15] Berkowitz, B. (2016). The patient experience and patient satisfaction: Measurement of a complex dynamic. OJIN: The Online Journal of Issues in Nursing, 21(1). https://doi.org/10.3912/ojin.vol21no01man01

[16] Black, T. R. (1999). Doing quantitative research in the Social Sciences: An integrated approach to research design, Measurement, and Statistics. Sage.

[17] Castle, N. G., Brown, J., Hepner, K. A., & Hays, R. D. (2005). Review the literature on survey instruments to collect data on hospital patients' perceptions of care. Health Services Research, 40(6p2), 1996–2017. https://doi.org/10.1111/j.1475-6773.2005.00475.x

[18] Clever, S. L., Jin, L., Levinson, W., & Meltzer, D. O. (2008). Does doctor-patient communication affect patient satisfaction with hospital care? Results of an analysis with a novel instrumental variable. Health Services Research, 43(5p1), 1505–1519. https://doi.org/10.1111/j.1475-6773.2008.00849.x

[19] Cosma, S. A., Bota, M., Fleşeriu, C., Morgovan, C., Văleanu, M., & Cosma, D. (2020). Measuring patients' perception and satisfaction with the Romanian Healthcare System. Sustainability, 12(4), 1612. https://doi.org/10.3390/su12041612

[20] Crickmore, K. D., & Engelke, M. K. (2010). The relationship between patient satisfaction and patient-and-family-centered care (thesis). East Carolina University, Greenville, NC.

[21] Crow, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L., & Thomas, H. (2002). The measurement of satisfaction with healthcare: Implications for practice from a systematic review of the literature. Health Technology Assessment, 6(32). https://doi.org/10.3310/hta6320

[22] Fernandes, S., Fond, G., Zendjidjian, X. Y., Baumstarck, K., Lançon, C., Berna, F., Schurhoff, F., Aouizerate, B., Henry, C., Etain, B., Samalin, L., Leboyer, M., Llorca, P.-M., Coldefy, M., Auquier, P., & Boyer, L. (2020). Measuring the patient experience of mental health care: A systematic and critical review of patient-reported experience measures. Patient Preference and Adherence, Volume 14, 2147–2161. https://doi.org/10.2147/ppa.s255264

[23] Fortin, M., Bamvita, J.-M., & Fleury, M.-J. (2017). Patient satisfaction with mental health services based on Andersen's behavioral model. The Canadian Journal of Psychiatry, 63(2), 103–114. https://doi.org/10.1177/0706743717737030

[24] Giménez-Díez, D., Maldonado Alía, R., Rodríguez Jiménez, S., Granel, N., Torrent Solà, L., & Bernabeu-Tamayo, M. D. (2019). Treating mental health crises at home: Patient satisfaction with home nursing care. Journal of Psychiatric and Mental Health Nursing, 27(3), 246–257. https://doi.org/10.1111/jpm.12573

[25] Home care. The Joint Commission. (n.d.). Retrieved March 12, 2022, from https://www.jointcommission.org/accreditation-and-certification/health-care-settings/home-care/

[26] Home Healthcare Services Accreditation Program. CBAHI. (n.d.). Retrieved March 12, 2022, from https://portal.cbahi.gov.sa/english/future-programs/home-healthcare-services-accreditation-program

[27] Hussain, A., Sial, M., Usman, S., Hwang, J., Jiang, Y., & Shafiq, A. (2019). What factors affect patient satisfaction in public sector hospitals: Evidence from an emerging economy. International Journal of Environmental Research and Public Health, 16(6), 994. https://doi.org/10.3390/ijerph16060994

[28] Kim, S. (2018). Measurement and implementation of patient satisfaction in the healthcare industry: Part 2. SSRN Electronic Journal. https://doi.org/10.2139/ssrn.3531811

[29] Lavrakas, P. (2008). Encyclopedia of survey research methods. https://doi.org/10.4135/9781412963947

[30] Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. (2019). Patient satisfaction with health care services; an application of physician's behavior as a moderator. International Journal of Environmental Research and Public Health, 16(18), 3318. https://doi.org/10.3390/ijerph16183318

[31] Mekoth, N., George, B. P., Dalvi, V., Rajanala, N., & Nizomadinov, K. (2012). Service quality in the Public Sector Hospitals: A study in India. Hospital Topics, 90(1), 16–22. https://doi.org/10.1080/00185868.2012.661322

[32] Mitton, C. R., Adair, C. E., McDougall, G. M., & Marcoux, G. (2005). Continuity of care and health care costs among persons with severe mental illness. Psychiatric Services, 56(9), 1070–1076. https://doi.org/10.1176/appi.ps.56.9.1070

[33] Mreła, A., & Sokołov, O. (2018). Formal methods for assessing patient satisfaction in a patient-doctor relationship. Advances in Healthcare Information Systems and Administration, 201–219. https://doi.org/10.4018/978-1-5225-3946-9.ch011

[34] Mreła, A., & Sokołov, O. (2018). Formal methods for assessing patient satisfaction in a patient-doctor relationship. Advances in Healthcare Information Systems and Administration, 201–219. https://doi.org/10.4018/978-1-5225-3946-9.ch011

[35] Mötteli S;Schori D;Menekse J;Jäger M;Vetter S; (n.d.). Patients' experiences and satisfaction with home treatment for acute mental illness: A mixed-methods retrospective study. Journal of mental health (Abingdon, England). Retrieved February 28, 2023, from https://pubmed.ncbi.nlm.nih.gov/32772614/

[36] Mötteli, S., Schori, D., Menekse, J., Jäger, M., & Vetter, S. (2020). Patients' experiences and satisfaction with home treatment for acute mental illness: A mixed-methods retrospective study. Journal of Mental Health, 31(6), 757–764. https://doi.org/10.1080/09638237.2020.1803233

[37] Ofili, & Onyeka Uche. (2014). Patient Satisfaction in Healthcare Delivery--A Review of Current Approaches and Methods. European Scientific Journal.

[38] PatientEngagementHIT. (2019, December 18). Patient satisfaction and HCAHPS: What it means for providers. PatientEngagementHIT. Retrieved March 12, 2022, from https://patientengagementhit.com/features/patient-satisfaction-and-hcahps-what-it-means-for-providers

[39] Peytremann-Bridevaux, I., Scherer, F., Peer, L., Cathieni, F., Bonsack, C., Cléopas, A., Kolly, V., Perneger, T. V., & Burnand, B. (2006). Satisfaction of patients hospitalized in psychiatric hospitals: A randomized comparison of two psychiatric-specific and one generic satisfaction questionnaire. BMC Health Services Research, 6(1). https://doi.org/10.1186/1472-6963-6-108

[40] Polinski, J. M., Barker, T., Gagliano, N., Sussman, A., Brennan, T. A., & Shrank, W. H. (2015). Patients' satisfaction with and preference for telehealth visits. Journal of General Internal Medicine, 31(3), 269–275. https://doi.org/10.1007/s11606-015-3489-x

[41] Prakash, B. (2018). Patient satisfaction. ACS(I) Textbook of Cutaneous and Aesthetic Surgery (2 Volumes), 1319–1319. https://doi.org/10.5005/jp/books/14122_132

[42] Santomassino, M., Costantini, G. D., McDermott, M., Primiano, D., Slyer, J. T., & Singleton, J. K. (2012). A systematic review on the effectiveness of continuity of care and its role in patient satisfaction and decreased hospital readmissions in the adult patient receiving home care services. JBI Library of Systematic Reviews, 10(21), 1214–1259. https://doi.org/10.11124/jbisrir-2012-56

[43] Semyonov-Tal, K., & Lewin-Epstein, N. (2021). The importance of combining open-ended and closed-ended questions when conducting patient satisfaction surveys in Hospitals. Health Policy OPEN, p. 2, 100033. https://doi.org/10.1016/j.hpopen.2021.100033

[44] Senitan, M., Alhaiti, A. H., & Gillespie, J. (2018). Patient satisfaction and experience of primary care in Saudi Arabia: A systematic review. International Journal for Quality in Health Care, 30(10), 751–759. https://doi.org/10.1093/intqhc/mzy104

[45] Smith, S. (2012). Changing illness perceptions: A randomized controlled trial of a psychological, family-based intervention to improve outcomes in type 2 diabetes. Http://Isrctn.org/>. https://doi.org/10.1186/isrctn62219234

[46] Solaim, L. S., & Okpaku, S. O. (2021). Mental health care in Saudi Arabia. Innovations in Global Mental Health, 383–393. https://doi.org/10.1007/978-3-030-57296-9_153

[47] Stockdale, S. E., Rose, D., Darling, J. E., Meredith, L. S., Helfrich, C. D., Dresselhaus, T. R., Roos, P., & Rubenstein, L. V. (2018). Communication among team members within the patient-centered medical home and patient satisfaction with providers. Medical Care, 56(6), 491–496. https://doi.org/10.1097/mlr.0000000000000914

[48] Sulaiman, ., & Musnadi, S. (2018). Customer relationship management, customer satisfaction and its impact on customer loyalty. Proceedings of the 7th International Conference on Multidisciplinary Research. https://doi.org/10.5220/0008892606920698

[49] Valusek, K. (n.d.). Economics of Home Health Care in an accountable health care system. SOPHIA. Retrieved March 12, 2022, from https://sophia.stkate.edu/dnp_projects/48/

[50] Vaz, N. F. (2018). Patient satisfaction. Advances in Healthcare Information Systems and Administration, pp. 186–200. https://doi.org/10.4018/978-1-5225-3946-9.ch010

[51] Walliman, N. (2006, March 10). Social Research Methods. Google Books. Retrieved March 12, 2023, from https://books.google.com/books/about/Social_Research_Methods.html?id=eeuo9yZDDrcC

Authors

First Author – Faiz Saeed Almalki, Healthcare administration Master degree, King Abdulaziz university, drfssm@hotmail.com.

Correspondence Author – Faiz Saeed Almalki, drfssm@hotmail.com.