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Research Article

Clients' Satisfaction with Health Services in the Consultation Clinics at Al-Hassan Al-Mujtaba Teaching Hospital in Karbala

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Abstract

Background: Client satisfaction is a key indicator of how well healthcare services meet patients' needs and expectations. As the first point of contact, outpatient departments significantly influence the overall patient experience. This study assesses client satisfaction with outpatient services at Al-Hassan Al-Mujtaba Teaching Hospital in Karbala, Iraq, offering insight into the perceived quality of care.
Methods: A cross-sectional study of 380 clients was conducted at Al-Hassan Al-Mujtaba Teaching Hospital using a structured questionnaire. Satisfaction was measured via 18 Likert-scale items. Data were analyzed with SPSS software using descriptive and non-parametric tests due to non-normal distribution.
Results: The overall client satisfaction rate was 81.16%, with a 95% confidence interval ranging from 79.96% to 82.37%. The majority of clients utilized direct access to consultation clinics rather than entering through referrals. Satisfaction was notably higher among male clients aged 35–54, especially those with primary education, belonging to the middle socioeconomic group, and who were unemployed or self-employed. Cleanliness of the hospital received the highest satisfaction score (93.6%), whereas the lowest score was associated with the waiting time for diagnostic tests (63.2%).
Conclusions: Most clients attending the hospital's consultation clinics reported satisfaction with the services provided. Key factors influencing outpatient satisfaction included demographic characteristics, hygiene standards, and waiting times. To address these areas, hospital management could increase staffing during peak hours and implement digital systems for test result delivery. The findings highlight the need to reduce diagnostic delays and improve referral efficiency to boost client satisfaction.

Keywords: Satisfaction, Healthcare, Outpatient, Hospital, Karbala

Introduction

A healthcare system comprises the coordinated network of people, institutions, and resources that provide services to meet a population's health needs. As defined by the World Health Organization (WHO), it includes all activities aimed at promoting, restoring, or maintaining health, not limited to publicly funded institutions [1]. Over the past five decades, Iraq's healthcare system has evolved significantly in response to political instability and economic shifts. It was originally structured as a capital-based, hospital-centered model offering free curative services to the public [2].

Client satisfaction is a key measure of healthcare quality, indicating how well services align with patient expectations and needs [3]. As central stakeholders in the health system [4], clients' perceptions spanning technical competence to interpersonal care strongly shape their overall experience [5]. Positive client experiences are linked to better health outcomes and greater trust in the healthcare system, making feedback vital for quality improvement efforts [6]. Satisfaction is a multifaceted concept shaped by factors such as accessibility, staff availability, service coordination, wait times, provider communication, and the care environment [7-8].

Client satisfaction is commonly assessed through structured interviews, focus groups, surveys, and input from advocacy groups, offering both qualitative and quantitative insights [9]. Consultation clinics serve as ideal settings for such evaluations, given their high patient turnover, brief encounters, and limited interventions. Whether within hospitals

or primary healthcare centers, satisfaction in these settings is a reliable measure of system responsiveness [10-11]. Al-Hassan Al-Mujtaba Teaching Hospital was selected for this study due to its status as the largest and most recently established public hospital in Karbala Governorate, serving a broad and diverse population. Located in the Al-Hur District, approximately 7 kilometers from the Imam Hussein Shrine, the hospital was constructed beginning in 2009 and officially commenced operations on July 21, 2021.

This study aims to assess the level of client satisfaction with the quality of services provided at Al-Hassan Al-Mujtaba Teaching Hospital in Karbala Governorate and to identify the key factors influencing satisfaction based on the study findings.

Materials and Methods

Study design and setting

An analytical cross-sectional study was conducted among 380 participants of varying ages and both genders (121 males and 259 females) who attended the outpatient consultation clinics at Al-Hassan Al-Mujtaba Teaching Hospital. It is a questionnaire-based study. The study was conducted in Karbala Governorate, located in central Iraq, from May 1st to August 31st, 2024.

The study sample consisted of clients attending various consultation clinics at the hospital, including internal medicine, general surgery, obstetrics and gynecology, urology, ophthalmology, dermatology, rheumatology, psychiatry, oncology, orthopedic surgery, neurosurgery, neuromedicine, otolaryngology (ENT), and other specialties. The sample was selected using a systematic random sampling method, in which every eleventh client attending the consultation clinics was included in the study. Interviews were conducted in the waiting area of the hospital's consultation clinics with clients who agreed to participate in the study. They were informed about the goal of the study and the questions they would be answering on the questionnaire. The questionnaire was reviewed by experts and pilot-tested on a small sample of clients (n=20) to ensure clarity. Clients were selected from different consultation clinics on the same day. Provided there were at least 10 clients in the waiting room, some clients might refuse to participate, or not. The response rate was excellent; only 10 clients from all participants (390) refused to participate, either due to a lack of time or their health conditions. To minimize interviewer bias, interviews were conducted by trained healthcare professionals not affiliated with the clinics under study.

Additionally, three clients were excluded from the study, as they were referred to the hospital consultant solely for the purpose of obtaining sick leave. Consequently, the final sample comprised 380 participants.

The sample size was calculated by the equation [12]:

$$n = \frac{Z^2 P(1-P)}{D^2} = \frac{1.96^2 * 0.5 * (1-0.5)}{0.05^2} = \frac{0.96}{0.0025} = 348$$

Where:

n: Sample size.

Z: Statistic corresponding (1.96) to level of confidence 95%.

P: The expected prevalence from medical administration records assumed at 50%.

D: Degree of precision calculated at (5%).

Data collection tool

A questionnaire was developed following a thorough review of the relevant literature [13-15]. It was initially drafted in English and subsequently translated into Arabic to accommodate the participants' language preferences. Following minor revisions, it was reviewed and validated by three specialists in community and family medicine.

The questionnaire consisted of three sections. The first section collected personal, social, and demographic information, including age, gender, marital status, educational level, monthly income, place of residence, occupation, and frequency of hospital visits. The second section focused on consultation experiences and the hospital's overall performance. It included 18 questions addressing various aspects such as service quality, staff cooperation, medical and nursing care, diagnostic testing, and treatment. Respondents were asked to rate their level of satisfaction using a Likert scale with the following response options: completely satisfied, satisfied, neutral, dissatisfied, completely dissatisfied, and prefer not to answer. The third section included an open-ended question that invited clients to provide suggestions for improving the hospital's healthcare services.

Scoring system and level of satisfaction

Each of the 18 satisfaction items in the questionnaire was rated on a 5-point Likert scale, ranging from 1 (strongly dissatisfied) to 5 (strongly satisfied). To calculate the overall satisfaction score for each respondent, the total score across all 18 items was summed (maximum possible score = 90), then divided by 90 and multiplied by 100 to yield a percentage. Similarly, the satisfaction level for each individual item was expressed as a percentage by dividing the mean score of that item by 5 and multiplying by 100.

Ethical consideration

Ethical approval for this study was obtained on February 13, 2024, from the Karbala Health Directorate, Training and Human Development Center, Research and Knowledge Management Division (Approval No. 496). A facilitation letter was subsequently issued and forwarded to the Karbala Training Center for Arab Board Students, Family Medicine, and Al-Hassan Al-Mujtaba Teaching Hospital. During the data collection phase, the study protocol was further reviewed and approved by the Ethical Committee for Medicines. Verbal informed consent was obtained from all participants after providing them with a clear explanation of the study's purpose and objectives. Participants were assured of the confidentiality of their responses and the anonymity of their personal information.

Statistical analysis

Data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS), version 24.0 for Windows. Descriptive statistics were presented as frequencies, percentages, and means ± standard deviations, and illustrated in appropriate tables and graphs. The Kolmogorov–Smirnov test was used to assess data normality and indicated that the data were not normally distributed. Accordingly, non-parametric tests were applied: the Mann–Whitney U test was used for comparisons between two groups, and the Kruskal–Wallis test for comparisons among three or more groups. A p-value of less than 0.05 was considered statistically significant.

Results

A total of 380 participants who attended the consultation clinics at Al-Hassan Al-Mujtaba Teaching Hospital in Karbala City were included in the study. The findings revealed that more than half of the participants (50.8%) were under the age of 35 years. Females constituted the majority of the sample, representing 68.2% of the participants. Approximately one quarter (26.6%) reported having a high monthly income. Less than one third (29.7%) indicated that it was their first visit to the hospital. Regarding access to consultation services, 76.1% of participants visited the clinics directly, while only 23.9% accessed the services through referral (Table 1).

Respondents were primarily the clients themselves (63.9%) of the total participants, whereas the rest (36.1%) were the relatives of the clients who participated in the study. The client's relative who accompanied or represented them was identified as a parent in 48% of cases, as presented in Table 1 and illustrated in Figure 1.

With respect to the consultation clinics attended, the highest proportions of participants in the present study were from Internal Medicine (17%), Rheumatology (12%), and Ophthalmology (10%) (Figure 2).

Regarding the second part of the questionnaire, which included 18 satisfaction-related items, the internal consistency reliability was confirmed with a Cronbach's Alpha coefficient of 0.809. The study findings indicated that the highest satisfaction levels were associated with the general cleanliness of the hospital building (93.6%), the overall condition of the hospital environment, including gardens and seating areas (91.6%), and the cooperation of hospital staff (87.2%). In contrast, the lowest satisfaction scores were reported for waiting time for diagnostic tests (63.2%), followed by waiting time to access the consultation clinics (65.0%) (Table 2).

Regarding investigations, a total of 373 tests were performed for 290 participants in the study. Blood tests were the most frequently reported investigations (n = 113), followed by X-rays (n = 61) and ultrasound examinations (n = 48). Among those who underwent blood testing, 54% of clients expressed dissatisfaction with the waiting time. In contrast, only 3 clients reported dissatisfaction with the waiting times for both X-ray and ultrasound procedures, as illustrated in Figure 3. Other investigations performed included general stool examination, stool test for *Helicobacter pylori*, DEXA scan, histopathology testing, and echocardiography.

As shown in Figure 4, the overall mean satisfaction score was 4.06 ± 0.60, with a 95% confidence interval ranging from 3.99 to 4.12. The corresponding overall mean satisfaction score percentage was 81.16% (95% CI: 79.96%–82.37%).

Data analysis revealed that female participants reported significantly lower satisfaction scores compared to their male counterparts ($p < 0.001$). Additionally, clients themselves expressed lower satisfaction levels compared to responses provided by their accompanying relatives ($p = 0.029$), as presented in Table 3. The analysis revealed a statistically significant association between clients' educational level and their mean satisfaction scores ($p = 0.012$), with higher educational attainment corresponding to lower satisfaction levels. Similarly, a significant difference was observed in relation to clients' occupational status, where employed individuals reported lower satisfaction scores compared to those in other occupational categories ($p < 0.001$) (Table 3).

In the third section of the questionnaire, which featured an open-ended question inviting suggestions for improving healthcare services, 25.3% of participants responded with various recommendations. The most frequently cited suggestion was the activation of the referral system from primary health centers, reported by 27 participants. Additional suggestions are summarized in Table 4. It is noteworthy that some participants provided more than one recommendation.

Table 1: Socio-demographic characteristics of clients attending the consultation clinics at Al-Hassan Al-Mujtaba Teaching Hospital, Karbala City

Characteristics	Categories	Frequency (%)
Age (years)	Below 25	76 (20.0%)
	25-34	136 (35.8%)
	35-44	65 (17.1%)
	45-54	57 (15.0%)
	55 and above	46 (12.1%)
	Mean ± SD	35.94 ± 13.96
Sex	Female	259 (68.2%)
	Male	121 (31.8%)
Client	Client himself	243 (63.9%)
	Relative	137 (36.1%)
Education	Illiterate	25 (6.6%)
	Primary/ read & write	109 (28.7%)
	Secondary	105 (27.6%)
	College and higher	141 (37.1%)
Residence	Rural	35 (9.2%)
	Urban	326 (85.8%)
	Slums	5 (1.3%)
	From other province	14 (3.7%)
Marital status	Married	239 (62.9%)
	Single	110 (28.9%)
	Divorced/ widow	31 (8.2%)
Economics statuses	High	101 (26.6%)
	Medium	212 (55.8%)
	Low	67 (17.6%)
Occupation	Housewife	127 (33.4%)
	Employee	133 (35.0%)
	Self-employed	44 (11.6%)
	Retired / unemployed	28 (7.4%)
	Student	48 (12.6%)
Number of visits	First	113 (29.7%)
	Second	57 (15.0%)
	Third	33 (8.7%)
	Frequent visits	177 (46.6%)
Consultation access system	Direct	289 (76.1%)
	Referral	91 (23.9%)

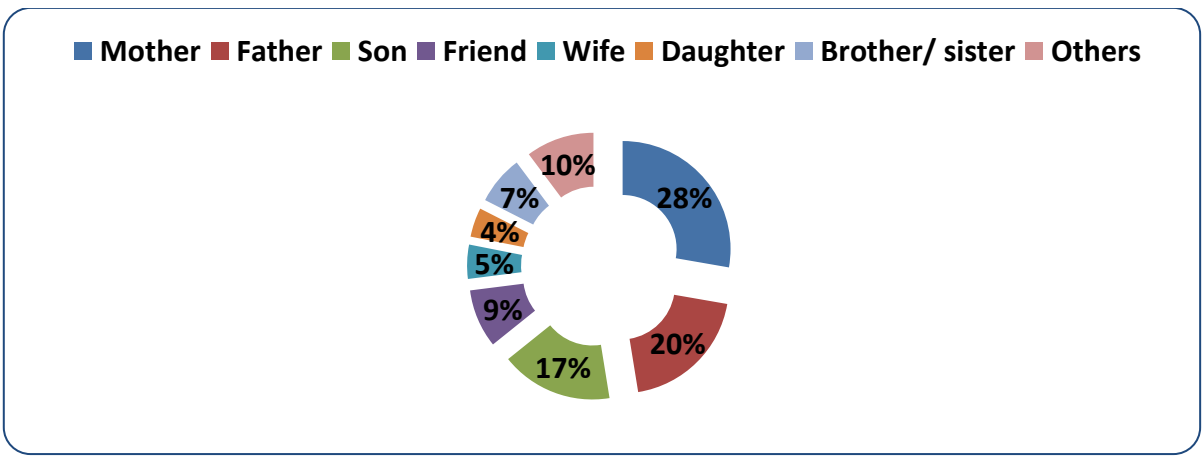

Figure 1: Relative association with the clients.

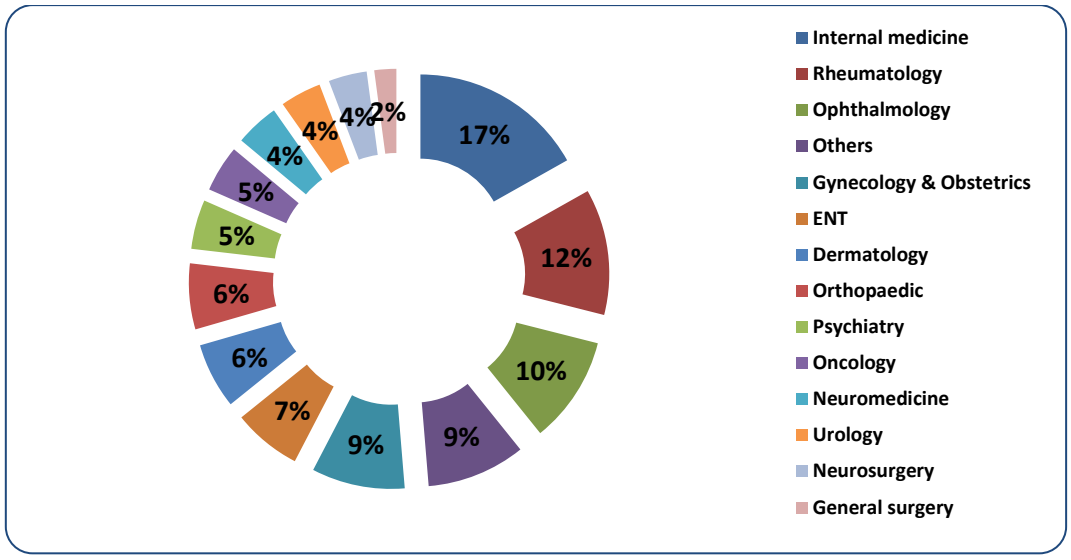

Figure 2: Proportions of clients' access to consulting clinics

Table 2: Mean satisfaction scores and percentage of satisfaction for each domain of the questionnaire

Question no.	Satisfaction questions	Completely satisfied	Satisfied	Neutral	Dissatisfied	Completely dissatisfied	No answer	Mean score	percent satisfied
1.	Easy access to the hospital location (roads, transportation)	161 (42.4)	107 (28.2)	71 (18.7)	27 (7.1)	13 (3.4)	1 (0.3)	3.99±1.10	79.8%
2.	The general condition of the hospital building (gardens, seating areas)	268 (70.5)	80 (21.1)	18 (4.7)	7 (1.8)	5 (1.3)	2 (0.5)	4.58±0.78	91.6%
3.	General cleanliness of the hospital building	286 (75.3)	68 (17.9)	25 (6.6)	1 (0.3)	0 (0)	0 (0)	4.68±0.60	93.6%
4.	Toilet cleanliness and suitability for use	135 (35.5)	59 (15.5)	39 (10.3)	22 (5.8)	30 (7.9)	95 (25)	3.87±1.36	77.4%
5.	Hospital employee Cooperation	192 (50.5)	130 (34.2)	48 (12.6)	1 (0.3)	3 (0.8)	6 (1.6)	4.36±0.77	87.2%
6.	Convenient and coordinate of entry to the hospital consultation	175 (46.1)	110 (28.9)	59 (15.5)	6 (1.6)	17 (4.5)	13 (3.4)	4.14±1.05	82.8%
7.	Waiting place to enter the hospital consultation	193 (50.8)	102 (26.8)	62 (16.3)	12 (3.2)	11 (2.9)	0 (0)	4.19±1.01	83.8%
8.	Waiting time to enter the hospital consultation	96 (25.3)	75 (19.7)	108 (28.4)	18 (4.7)	78 (20.5)	5 (1.3)	3.25±1.43	65.0%
9.	Do you think that the service pricing amount is appropriate with the service and treatment provided by the hospital?	198 (52.1)	101 (26.6)	42 (11.1)	5 (1.3)	15 (3.9)	19 (5)	4.28±1.01	85.6%
10.	The doctor's cooperation and attention to your health condition	213 (56.1)	93 (24.5)	45 (11.8)	3 (0.8)	18 (4.7)	8 (2.1)	4.29±1.04	85.8%
11.	The doctor's explanation of the treatment options and plan and the purpose of performing the tests	191 (50.3)	92 (24.2)	47 (12.4)	18 (4.7)	19 (5)	13 (3.4)	4.14±1.14	82.8%
12.	Privacy in the doctor's room during the examination	136 (35.8)	100 (26.3)	60 (15.8)	38 (10)	35 (9.2)	11 (2.9)	3.72±1.31	74.4%
13.	Did the doctor answer your questions about your health condition?	192 (50.5)	94 (24.7)	52 (13.7)	14 (3.7)	12 (3.2)	16 (4.2)	4.21±1.04	84.2%
14.	The time you spent with the doctor explaining the health condition, examination and treatment	129 (33.9)	120 (31.6)	52 (13.7)	29 (7.6)	37 (9.7)	13 (3.4)	3.75±1.29	75.0%
15.	The nursing staff's cooperation and explanation of the procedure they provide to you	172 (45.3)	142 (37.4)	22 (5.8)	9 (2.4)	14 (3.7)	21 (5.5)	4.25±0.97	85.0%
16.	Waiting time to get medications	119 (31.3)	101 (26.6)	39 (10.3)	21 (5.5)	25 (6.6)	75 (19.7)	3.88±1.23	77.6%
17.	The pharmacist's cooperation and explanation of the method of taking the treatment and side effects (if present)	132 (34.7)	101 (26.6)	33 (8.7)	16 (4.2)	9 (2.4)	89 (23.4)	4.14±1.03	82.8%
18.	Waiting time for tests	47 (12.4)	101 (26.6)	51 (13.4)	29 (7.6)	60 (15.8)	92 (24.2)	3.16±1.39	63.2%

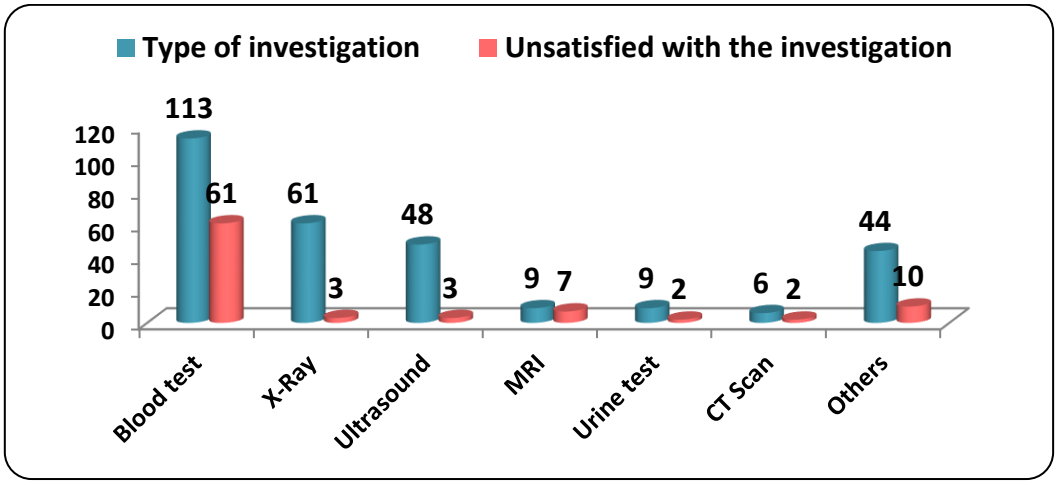

Figure 3: Frequency of investigations and dissatisfaction with it waiting time as reported by the clients to consulting clinics

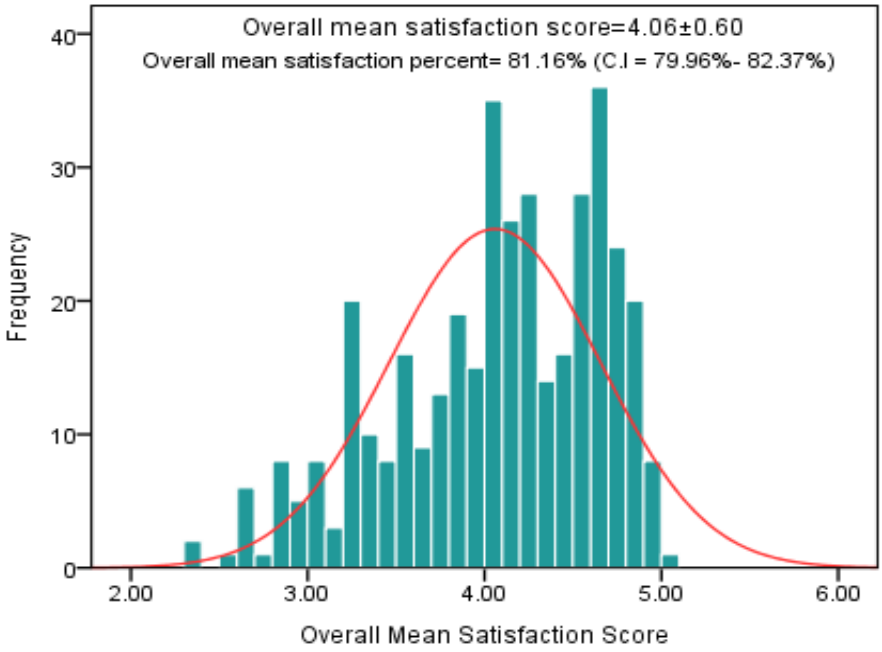

Figure 4: Histogram of the total mean satisfaction score among participants

Discussions

A critical aspect of evaluating satisfaction with medical services is ensuring that clients' needs and expectations are adequately addressed. At an operational level, the reputation and effectiveness of a healthcare organization in delivering therapeutic services can be significantly influenced by client satisfaction. Enhancing the quality of healthcare management remains a central objective of research, and client satisfaction serves as a key indicator in assessing and guiding improvements in the therapeutic services provided [3].

Although female participants constituted the majority of the study sample, male respondents demonstrated significantly higher satisfaction levels, as reflected by a notably higher mean satisfaction score. This disparity may be attributed to the broader range of health concerns commonly experienced by females, their dual roles as patients and caregivers, often accompanying children or relatives, and their potentially greater healthcare needs, which may result in lower satisfaction. This finding is consistent with previous studies conducted in Iraq, Saudi Arabia, and Ethiopia, which similarly reported lower satisfaction levels among female clients [16-18].

Participants with a primary level of education reported higher satisfaction with the healthcare services compared to those with higher educational attainment. This may be attributed to the fact that individuals with higher education often have elevated expectations concerning the quality and delivery of services. Similarly, satisfaction levels among employed individuals were lower than those in other occupational groups, which may also be linked to

their generally higher educational background and corresponding expectations. This finding aligns with previous research from Iraq [19] but contrasts with results from a study conducted in Riyadh, Saudi Arabia [20].

Table 3: Association between socio-demographic characteristics of clients and total mean satisfaction score.

Characteristics	Categories	Mean Satisfaction Score	Standard Deviation (SD)	p-value
Age (years)	Below 25	4.08	0.57	0.226
	25-34	3.94	0.67	
	35-44	4.18	0.51	
	45-54	4.18	0.44	
	55 and above	4.05	0.63	
Sex	Female	3.99	0.61	<0.001*
	Male	4.22	0.53	
Client	Patient	4.01	0.62	0.029*
	Relative	4.15	0.54	
Education	Illiterate	4.20	0.40	0.012*
	Primary/ read & write	4.27	0.42	
	Secondary	4.06	0.56	
	College and higher	3.87	0.71	
Residence	Rural	4.26	0.50	0.075
	Urban	4.03	0.61	
	Slums	4.09	0.38	
	From outside Karbala	4.31	0.43	
Marital status	Married	4.09	0.58	0.304
	Single	3.96	0.66	
	Divorced/ widow	4.15	0.41	
Monthly income	High	4.03	0.70	0.368
	Medium	4.09	0.57	
	Low	3.99	0.52	
Occupation	Housewife	4.17	0.52	<0.001*
	Employee	3.83	0.69	
	Self-employed	4.44	0.34	
	Retired / unemployed	4.04	0.51	
	Student	4.04	0.49	
Number of visits	First	4.08	0.67	0.089
	Second	4.18	0.42	
	Third	4.14	0.65	
	Frequent visits	3.99	0.58	
Consultation access system	Direct	4.07	0.60	0.787
	Referral	4.03	0.61	

* Significant P value of less than 0.05.Mann-Whitney test or Kruskal-Wallis test was used for abnormally distributed variables.

Table 4: Suggestions provided by clients for improving services at the consultation clinics (n = 96)

Clients' Suggestions for Service Improvement	Frequency (%)
Activating the referral system from primary health centers	27 (28.1%)
Establishing a cafeteria or restaurant within the hospital	9 (9.3%)
Providing designated parking for clients	9 (9.3%)
Increasing the number of doctors in consultations.	9 (9.3%)
Expanding consultation services to additional medical specialties	9 (9.3%)
Increasing access to essential diagnostic tests	6 (6.2%)
Paving the roads in front of the hospital entrance.	6 (6.2%)
Opening the evening emergency department in the hospital.	3 (3.1%)
Implementing an electronic access system for consultations	3 (3.1%)
Providing free consultation services for children	3 (3.1%)
Ensuring availability of essential medications	3 (3.1%)
Supplying additional diagnostic and therapeutic equipment (e.g., physical therapy devices)	3 (3.1%)
Reducing the cost of investigations in the private section	3 (3.1%)
Streamlining the process for obtaining consultation access cards	3 (3.1%)

Most survey respondents were clients, who reported lower satisfaction levels than accompanying relatives. This difference may reflect higher expectations among clients, as indicated by significantly higher mean score disparities. Iraq's healthcare system, structured from primary to tertiary care, has officially employed a referral system since the 1970s. Despite this, evidence suggests ongoing challenges in its implementation and effectiveness [21]. In this study, a relatively small proportion of clients accessed consultation services via referral, and those referred reported lower satisfaction possibly due to a preference for direct access and perceived delays associated with referrals. However, the difference in mean satisfaction scores between referred and non-referred clients was not statistically significant.

Satisfaction with the hospital's physical facilities varied, with over 90% of respondents expressing satisfaction with the general cleanliness of the hospital and the availability of gardens and seating areas, while satisfaction with the hospital's location was reported at below 80%. This high level of satisfaction with the physical environment may be attributed to the hospital's recent construction and the availability of modern amenities. Conversely, the lower satisfaction with the location likely reflects its peripheral setting within Karbala city. Previous studies have demonstrated a positive relationship between client satisfaction and the physical environment of healthcare facilities. This association is consistent with the findings of a study conducted in Malaysia [22]. Among the suggestions provided by clients for improving the hospital's physical facilities were the provision of a designated parking area for visitors and the paving of the road leading to the hospital entrance. These recommendations are both practical and achievable in improving accessibility and patient experience. Notably, the hospital already allows specific groups, such as cancer patients, dialysis recipients, and individuals with disabilities, to park within the premises. While satisfaction with toilet cleanliness was generally positive, it was lower than reported in a similar study from a consultation hospital in South India [23]. This difference may reflect issues such as facility overcrowding and inconsistent adherence to hygiene practices by some clients.

The study found that only 63.2% of clients were satisfied with the waiting time for medical test results. This dissatisfaction may stem from the inherently time-consuming diagnostic process, low public tolerance for delays, and the high daily patient volume exceeding 1,500 across all consultation clinics which contributes to overcrowding and prolonged wait times. In contrast, clients reported moderate satisfaction with the time taken to receive medications (77.6%), the duration of consultations with physicians (75%), and the waiting time to enter the consultation clinics (65%). Similar findings were reported in a study conducted at a government hospital in the United Arab Emirates (UAE), highlighting wait time as a critical factor influencing client satisfaction and a common source of dissatisfaction. Reducing average wait times for receiving care and test results may play a key role in enhancing client satisfaction and promoting loyalty to outpatient healthcare services [24].

Client satisfaction regarding privacy within the doctor's consultation room was reported at 74.4%. This relatively modest rate may be due to factors such as overcrowding, non-adherence to clinic protocols by clients, and the incomplete implementation of privacy measures within the hospital. The overall client satisfaction in the outpatient clinics was 81.16%, which is comparatively lower than the satisfaction rates reported in similar studies conducted in North India (98%) [25], Al-Jumhuri Hospital in Mosul (88%) [6], and Zagazig University Hospitals in Egypt (85%) [26-28]. These differences are likely attributable to variations in national development levels, demographic characteristics, healthcare infrastructure, hospital service quality, and the capacity of medical staff to effectively address the diverse and complex needs of clients.

Several participants offered suggestions to enhance the hospital's healthcare system and service delivery. The most common recommendation was to activate the referral system to alleviate overcrowding in consultation departments. Other notable suggestions included establishing an on-site cafeteria, improving client parking, increasing physician numbers, and expanding specialty services to reduce referrals to external hospitals.

Limitations of the study

Being cross-sectional, it captures satisfaction at a single point in time and cannot assess changes over time. Additionally, responses may be influenced by recall bias or social desirability bias. Finally, the study was conducted in a single hospital, which may limit generalizability to other healthcare settings.

Conclusions

The majority of clients expressed satisfaction with the standard of care they received in the hospital's consultation clinics. A higher level of satisfaction

was reported among male clients, those who attended the consultation clinics with a companion, individuals with primary education, and those who were unemployed. Clients expressed the highest satisfaction with the hospital's overall cleanliness, whereas the lowest satisfaction ratings were associated with waiting times for medical test results. The clients expressed a high degree of satisfaction with the care they received from nurses, pharmacists, and physicians, but they expressed dissatisfaction with the length of time to enter the hospital consultation and the wait times for medical tests. Frequent, regular feedback from clients is recommended to be part of the hospital's administrative activities.

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