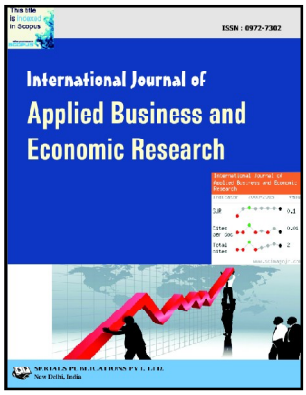

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Perceptions of Expatriates on Patient Satisfaction and Their Health Status in Saudi Arabia: Implications for Effectiveness Outcomes Research

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Abstract: The current study aims to evaluate patients' health status and level of satisfaction with health care services in Saudi Arabia. The aim of this particular study was to analyze selected demographic characteristics of health status of expatriate patients in Saudi Arabia. Five specific characteristics were analyzed: gender, age group, educational qualification, occupational status and healthcare spending. A structured questionnaire was used, to score the responses to classify the patient satisfaction determinants. SPSS was used to analyze data, Chi-square test was administered to understand association between demographic characteristics and health status. Among all the variables, a significant association in self-rated health status was found among in terms of age ($x2 = 178.178$, $p = <0.001$**), gender ($x2 = 18.022$, $p=<0.001$**), educational qualification ($x2 = 68.456$, $p = <0.001$**), occupational status ($x2= 19.891$, $p = 0.001$) and healthcare spending ($x2 = 11.310$, $p = 0.004$). In general, it is seen that expectations of care was the factor that had the strongest influence on patient satisfaction and healthcare quality.

Key Words: Patient Satisfaction, Self-Rated Health Status, Chi-Square Test, Healthcare Services

INTRODUCTION

For the efficient delivery of healthcare, healthcare organizations are investing in effectiveness outcomes research to improve patient outcomes and quality. Healthcare industry is one of the important business sectors of nation economy. This research is established on quantitative data and is descriptive in nature. The questionnaire was adopted as per requirement of the study and distributed. The sample size was 535. For the analysis chi-square was used. To fulfill the customers' needs, the organizations are compelled to achieve continuous improvement on the performance in terms of cost reducing, improving customer satisfaction and quality and market effectiveness.

STATEMENT OF THE PROBLEM

Nowadays healthcare sector is focused on that how they can effectively put into practice its strategies and goals/plans to accomplish its objectives in its direction of its mission and vision. There are insignificant number of students which investigates this area. To fulfill this need, this research tries to analyze how the management can implement in healthcare settings in Saudi Arabia and to check how it is effective for its performance and how it can affect the health status of expatriate population in Saudi Arabia.

OBJECTIVE

To explore association among demographic characteristics and health status of the expatriate patients in Saudi Arabia.

LITERATURE REVIEW

Nowadays, the health care sector is doing solid efforts to make sure a higher patient satisfaction, as it is vital in predicting healthcare quality. Patient satisfaction is a top priority issue in Saudi Arabian healthcare sector. As a matter of highest importance, Saudi Arabian government has given major concern to the advancement of health care services at all levels: primary, secondary and tertiary, the health of the Saudi population has significantly progressed in recent decades. According to O'Connor, Shewchuk and Carney (1994), "it's the patient's perspective that increasingly is being viewed as a meaningful indicator of health services quality and may, in fact, represent the most important perspective." According to Petersen (1998), "it is not relevant whether the patient is right or wrong, what is important is how the patient observed even though the caregiver's perception of reality may be quite different".

EFFECT OF PATIENT DEMOGRAPHICS ON HEALTH STATUS AND HEALTHCARE QUALITY

Webster *et al.,* 1993 found that consumer demographic characteristics have a considerable effect on their quality expectations for professional services and not for non-professional services. Katherine and Hathcote (1994) also studied the demographic variables and findings indicated that only three characteristics, race, marital status and income produced marked differences.

Several researchers examined the correlation between demographic factors such as age, gender, health status, marital status and level of education with patient satisfaction, however each one were differing depends on varying factors and places.

SAMPLE DESIGN

Data were collected from 535 expatriates in KSA. The sample size was arrived at based on a pilot study. A simple random sampling method was adopted for the selection of the respondents. The respondents consisted of 390 males and 145 females. Likert's scale was mostly used as a scale of measurement of satisfaction. In this study, association between five demographic variables, gender, age group, educational qualification, occupational status and healthcare spending, were studied.

RESEARCH METHODOLOGY

This particular study used a structured questionnaire comprises of six parts. Likert scale was used to answer rating in order of strongly disagree to strongly agree (1 to 5). Chi-square test was performed to test the significance of association in responses among the respondents. The data were collected from both primary and secondary sources. The data collected were analyzed and modified according to the hypothesis and objectives of the study.

VALIDITY OF THE INSTRUMENT

The validity of this instrument is studied and Cronbach's Alpha test was conducted to check data reliability. The reliability value was greater than 0.8 which was more than 0.7. So, the data and instrument (questionnaire) was valid and reliable.

SAMPLE CHARACTERISTICS

The profile of respondents are as follows:

Sample Distribution According to Demographic Variables

Attributes	*Categories*	*Frequency*	*Percentage (%)*
Gender	Male	390	72.9
	Female	145	27.1
Age Group (Years)	20 - 30	105	19.6
	31 - 40	137	25.6
	41 - 50	166	31.0
	51 - 60	127	23.7
Educational qualification	High School	27	5.0
	Diploma	112	20.9
	Bachelors	255	47.7
	Masters	141	26.4
Healthcare Spending	Insurance Partly	389	72.7
	Insurance Fully	146	27.3
Occupational Status	Professionals	356	66.5
	Non Professionals	105	19.6
	Laborers/Technicians	74	13.8
Monthly Income	Below 3000	104	19.4
	3001-7000	206	38.5
	7001-10000	148	27.7
	Above 10000	77	14.4

DESCRIPTIVE STATISTICS

Descriptive statistics, inclusive of mean and standard deviation, for each variable were computed. This preliminary analysis helped to better understand the underlying variables in this model. The mean and

standard deviation of opinion of respondents on determinants of satisfaction of healthcare services are given below in Table.

Mean and SD of Perception of Respondents

	Mean	*SD*
Medical Aspects of Care	37.62	5.11
Service Expectations	42.90	4.58
Performance of Service	35.69	4.60
Infrastructure and Setting	37.33	5.33
Expectations of Care	46.18	3.33
Patients' Attitudes towards Satisfaction	35.36	5.05

Based on mean score, Expectations of care (46.18) is the most important determinant on satisfaction of expatriates towards patient satisfaction, followed by Service expectations (42.90), Medical aspects of care (37.62), Infrastructure and settings (37.33), Performance of service (35.69), and the least factor is Patients' attitudes towards satisfaction (35.36). The difference in accessibility and availability of medical care decides each patient's attitudes towards satisfaction, and it varies from person to person.

RESEARCH QUESTION

Are there any association among the demographic variables and self-rated health status of respondents?

HYPOTHESIS

Null Hypothesis: There is no association among demographic variables (Gender, Age, Educational qualification, Occupational status, and Healthcare spending) and self-rated health status of patients on healthcare quality.

GENDER

Gender is an important factor in perceiving the satisfaction towards healthcare services. Researcher has analyzed the data to the importance of gender over patient satisfaction and service quality from the responses collected. The Chi- square test was applied to understand the association among genders with regard to health status. The result is exhibited below.

Gender	*Self-Rated Health Status*					
	Good	*Very Good*	*Excellent*	*Total*	*Chi-Square Value*	*p Value*
Male	176	186	28			
	(45.1)	(47.7)	(7.2)	390	18.022	< 0.001**
	[77.2]	[66.7]	[100]			
Female	52	93	0			
	(35.9)	(64.1)	(0)	145		
	[22.8]	[33.3]	[0]			
Total	228	279	28	535		

Note: Value within ( ) refers to Row Percentage & [ ] refers to Column Percentage
** Denotes significant at 1% level

Null hypothesis is rejected at 1 percent level of significance as p value is less than 0.01. So it is concluded that there is association between gender and self-rated health status. Based on the row percentage, males, 45.1 percent are having good self-rated health status, 47.7 percent have very good health status and 7.2 percent have excellent health status. The females, 35.9 percent are having good health status, and 64.1 percent have very good health status.

AGE GROUP

Chi-square test is conducted to understand the correlation among age group and health status. The result is given as follows:

Age Group (Years)	*Self-Rated Health Status*					
	Good	*Very Good*	*Excellent*	*Total*	*Chi- Square Value*	*P Value*
20 - 30	8	76	21			
	(7.6)	(72.4)	(20.0)	105	178.178	0.001**
	[3.5]	[27.2]	[75.0]			
31 - 40	35	102	0			
	(25.5)	(74.5)	(0.0)	137		
	[15.4]	[36.6]	[0.0]			
41 - 50	93	73	0			
	(56.0)	(44.0)	(0.0)	166		
	[40.8]	[26.2]	[0.0]			
51 - 60	92	28	7			
	(72.4)	(22.0)	(5.5)	127		
	[40.4]	[10.0]	[25.0]			
Total	228	279	28	535		

Note: Value within ( ) refers to Row Percentage & [ ] refers to Column Percentage
** Denotes Significant at 1% level

Since p value is less than 0.01, null hypothesis is rejected at 1 percent level of significance. Thus it is concluded that there is association between age group and health status of respondents. Based on the row percentage, age group of 20 - 30, 7.6 percent patients are reported good health status, 72.4 percent have very good health status and 20 percent have excellent health status. The age group of 31 – 40, 25.5 percent are having good health status, and 74.5 percent are having very good health status. The age group of 41 – 50, 56 percent are having good health status and 44 percent are having very good health status. The age group of 51 – 60, 72.4 percent are having good health status, 22 percent are having very good health status and 5.5 percent are having excellent health status. Hence age group of 51 – 60 reported good health status and age group of 21 – 30 are having excellent health status, because compared to elders, the younger people are more energetic and void of lifestyle diseases.

EDUCATIONAL QUALIFICATION

Chi-square test was applied to study the correlation of educational qualification of respondents with respect to their self-rated health status. The result is shown below.

Educational Qualification	*Self-Rated Health Status*			*Total*	*Chi-square Value*	*P Value*
	Good	*Very Good*	*Excellent*			
High School	13	14	0			
	(48.1)	(51.9)	(0.0)	27	68.456	< 0.001**
	[5.7]	[5.0]	[0.0]			
Diploma	20	77	15			
	(17.9)	(68.8)	(13.4)	112		
	[8.8]	[27.6]	[53.6]			
Bachelors	141	114	0			
	(55.3)	(44.7)	(0.0)	255		
	[61.8]	[40.9]	[0.0]			
Masters	54	74	13			
	(38.3)	(52.5)	(9.2)	141		
	[23.7]	[26.5]	[46.4]			
Total	228	279	28	535		

Note: Value within ( ) refers to Row Percentage & [ ] refers to Column Percentage

Null hypothesis is rejected at 1 percent level of significance, since p value is less than 0.01 and hence there is association of educational qualification with regard to the self-rated health status of respondents. Among those having high school education, 48.1 percent have good health status and 51.9 percent have very good health status. The diploma holders, 17.9 percent are having good, 68.8 percent have very good and 13.4 percent have excellent health status. Among bachelors, 55.3 percent have good and 44.7 percent have very good health status. Among masters, 38.3 percent are having good, 52.5 have very good and 9.2 percent are having excellent health status.

OCCUPATIONAL STATUS

Chi-square test was conducted to understand the association between occupational status with respect to health status of respondents and the result is as follows:

Occupational Status	*Self-Rated Health Status*			*Total*	*Chi-square Value*	*P Value*
	Good	*Very Good*	*Excellent*			
Professionals	167	176	13			
	(46.9)	(49.4)	(3.7)	356	19.891	0.001
	[73.2]	[63.1]	[46.4]			
Non professionals	42	58	5			
	(40.0)	(55.2)	(4.8)	105		
	[18.4]	[20.8]	[17.9]			
Laborers / Technicians	19	45	10			
	(25.7)	(60.8)	(13.5)	74		
	[8.3]	[16.1]	[35.7]			
Total	228	279	28	535		

Note: Value within ( ) refers to Row Percentage & [ ] refers to Column Percentage

Since p value is less than 0.01, null hypothesis is rejected at 1 percent level of significance. Hence there is significant association between health statuses with respect to occupational status. Based on the

row percentage, the professionals, 46.9 percent have good health status, 49.4 percent have very good and 3.7 percent have excellent health status. The laborers/technicians, 25.7 percent are having good health status, 60.8 percent have very good and 13.5 percent are having excellent health status. Compared to professionals, laborers/ technicians are having very good and excellent health status because they are doing more physical work than others.

HEALTHCARE SPENDING

Chi-square test was conducted to understand the association between healthcare spending with regard to self-rated health status of the respondents. The result is given below.

Healthcare Spending	*Self-Rated Health*			*Total*	*Chi-Square Value*	*P Value*
	Good	*Very Good*	*Excellent*			
Insurance	160	201	28			
Partly	(41.1)	(51.7)	(7.2)	389	11.310	0.004
	[70.2]	[72.0]	[100.0]			
Insurance	68	78	0			
Fully	(46.6)	(53.4)	(0.0)	146		
	[29.8]	[28.0]	[0.0]			
Total	228	279	28	535		

Note: Value within ( ) refers to Row Percentage & [ ] refers to Column Percentage

Since p value is less than 0.01, null hypothesis is rejected, with regard to healthcare spending of the respondents. Hence there is association between healthcare spending and health status of the respondents. Based on row percentage, insurance partly, 41.1 percent are having good health status, 51.7 have very good health status and 7.2 percent have excellent health status. The insurance fully, 46.6 percent have good health status and 53.4 percent have very good health status. Hence patients who are under full insurance coverage are having very good health status compared with those are getting insurance partly.

FINDINGS

The study results indicated that opinions on healthcare dimensions vary among expatriates. Expectations of care was the factor that had the strongest influence on patient satisfaction and healthcare quality.

It was evident from the analysis that there is association between the demographic characteristics (gender, age group, educational qualification, occupational status and healthcare spending) and self-rated health status of expatriate respondents.

LIMITATIONS AND FUTURE RESEARCH

While this study proved a significant association among demographic variables and self – rated health status, yet there are other factors that have need of to be addressed to improve the patient satisfaction and health status of the patients. The scope of this study excluded healthcare outside Saudi Arabia. Also this particular study was performed at a single state only; therefore, findings of this study cannot be generalized for the whole healthcare sectors in Saudi Arabia. This study was not generalizable internationally or relatable

to healthcare entities outside the hospital setting. Additional research including a global perspective or varying datasets may aid researchers in the assessment of other health conditions or resources.

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