

Improve The Quality Of Health Care System And Externally Their Role In Primary Healthcare Programmers' In Makah At Saudi Arabia 2023

Raid Abdullah Mohammed Al Madi¹, Nawal Fisal Alhoudy², Shaya Ali Suwaydi³, Abdullah Fahad Abdullah Albahli⁴, FAHAD Ghali AL Muhammadi⁵, Majed Mahdi Almutairi⁶, Nouf Mahdi Ayes Al Motery⁷, Khalid Abdulrahman Alotaibi⁸, Abdulaziz Nasser Alquaydhib⁹, Khalid Abdullah Saud Bin Shuqayr¹⁰, Layla Mohammed Alotibi¹¹, Raed Salem Basodan¹²

Abstract:

Background:

*This article discusses the healthcare system in the Kingdom of Saudi Arabia with emphasis on its level of development, structure, implementation of total quality management (TQM) and the future challenges. Saudi Arabia is the largest state in the Middle East and, due to its oil wealth, the country is a major force in the Arab world . The impact of Saudi health care quality system on the standard of services providing in primary healthcare centers the health care quality is the degree of the health care service for people and populations increase the chance of desired health outcomes . Health care services in Saudi Arabia have been given a high priority by the government. During the past few decades, health and health services have improved greatly in terms of quantity and quality. “Although many nations have seen sizable growth in their health care systems, probably no other nation (other than Saudi Arabia) of large geographic expanse and population has, in comparable time, achieved so much on a broad national scale, with a relatively high level of care made available to virtually all segments of the population in Makah . **Aim of the study:** Improve the Quality of health care system, and externally their role in primary healthcare programmes in Makah at Saudi Arabia 2023 . **Method:** A cross-sectional study design . The current study was conducted male and female in primary health care centers in Makah , the study randomly sampled . The total sample size will be (500) participated . female and male . **Results:** the majority of participants have correlation between Quality of health care and Patient satisfaction about level of health care show that is a significant correlation between Quality of health care toward Patient satisfaction about level of health care where $r= 0.771$ and $p\text{-value} < 0.001$ while Correlation between the Quality of the*

¹Specialist Nursing, Dawadmi General Hospital

²physiotherapist, Al-Rain General Hospital

³Physical therapy, Damad General Hospital

⁴Anesthesia technician, Al-Rifaya General Hospital in Jamsh

⁵Nursing, Hira General Hospitals

⁶nurse, b h c Mashrefa

⁷Barzan, Nursing technician

⁸Social Worker, Afif General Hospital

⁹BioMedical Technology, Maternity and Children's Hospital in Al-Kharj

¹⁰Specialist Nursing, Al Quwayyah General Hospital

¹¹Specialist - Nursing, Al-Muzahmiya General Hospital

¹²Anesthesia technician, Alnoor specialist hospital, Saudi Arabia.

facility and Patient satisfaction about level of health care show that is a significant where $r= 0.746$ and $p\text{-value} < 0.001$. **Conclusion:** There is substantial variation in the quality of Saudi primary care services. In order to improve quality, there is a need to improve the management and organization of primary care services. Professional development strategies are also needed to improve the knowledge and skills of staff, healthcare infrastructure, whereas TQM, which is the heartbeat of the health service delivery, has not been effectively implemented. The study will conclude by some recommendations that will, hopefully, assist to overcome these challenges.

Key words: impact, quality, Saudi, primary, health care, centers.

INTRODUCTION.

BACKGROUND

Health care quality is that the degree to that health care service for people and populations increase the chance of desired health outcomes [1]. Patients' satisfaction has long been considered as an important component when measuring health outcome and quality of care in both developed and developing countries. [2]

Describes the essential role of quality within the delivery of health care services. As nations arrange to achieve universal health coverage by 2030, there's a growing acknowledgement that optimum health care cannot be delivered by merely making certain existence of infrastructure, medical providers and health care suppliers. Improvement in health provision needs a deliberate concentrate on quality of health services, that involves providing effective, safe, people-centred care that's timely, equitable, integrated and economical. Quality of care is that the degree to that health services for people and populations increase the probability of desired health outcomes and are in line with current professional information. [3]

Saudi health care system definition Health care in Saudi Arabia is classified as a national health care system during which the government provides health care services through variety of state agencies. Within the context of the state the role of the Saudi Arabia, there's a growing role and enlarged participation from the personal sector within the provision of health care services.[4]

Also constitutes a significant indicator of the health care quality. [5] Therefore, patients' satisfaction is considered as an important measure to evaluate the quality of health services and can predict both compliance and utilization [6]. The function of health care services is to improve the health status of the population. [7]

The ability to formulate and apply practical strategies to retain and attract more Saudis into the medical and health professions, particularly nursing, is a clear priority for effective reform of the Saudi health care system. Many efforts have been taken by the government to teach and train Saudis for health professional jobs. Since 1958, a number of medical, nursing and health schools have been opened around the nation to meet this goal [8]

The Kingdom of Saudi Arabia (KSA) is a high-income developing country with a landmass. It has experienced rapid urbanization. The vastness of the country impacts the accessibility, quality and equity of healthcare service delivery. Oil-derived wealth has funded free public sector services, including Saudi health care system reform [9]. Apart from private colleges and institutes, there are a total of 73 colleges for medicine, health and nursing as well as 4 health institutes in Saudi Arabia. [10]

Efforts to establish such colleges are in accordance with training programmers that aim to substitute the largely expatriate workforce with qualified Saudi Arabian nationals in all sectors, including health. [11] This strategy could improve the skills of current employees, raise the quality of health care. [12]

The population of Saudi Arabia has expanded rapidly in the past few decades from approximately 7.3 million people in 1975 to approximately 24.6 million in 2005.2 Two factors that affect healthcare services are the large present of foreign workers in the country and the high percentage of young people. About 25% of the population, or about 6.1 million people, are considered foreign nationals. Also, 40% of the population is under the age of 15 years and only 3.5% of the population over the age of 65.3 As will be seen, the presence and number of these foreign nationals and demographics profoundly affect the future shape and direction of the Saudi healthcare system. [10]

Health care quality is that the degree to that health care service for people and populations and conjointly appointment programming systems are utilized by primary and specialty care clinics to manage access to service suppliers, likewise as by hospitals to schedule elective surgeries. several factors have an effect on the performance of appointment systems together with arrival and repair time variability, patient and supplier preferences, out there data technology and therefore the expertise level of the scheduling workers. Additionally, a vital bottleneck lies within the application of Industrial Engineering and Operations. [13]

Material and Method

Has be selected randomly sampled a varied sample of the participants. The questionnaire results has been collected in the period from 2023 the total has be (500) participates .

Study Design:

A cross-sectional study to determine the relationship between the quality Saudi health care system and the satisfaction of Saudi people .

Study Area:

Makkah is the holiest spot on Earth. It is the birthplace of the Prophet Mohammad and the principal place of the pilgrims to perform Umrah and Hajj. It is located in the western area in Kingdom of Saudi Arabia and called the Holy Capital. The present study has be conducted in primary health care centers in Makkah .

Study Sampling :

The current study has be conducted at Makkah the study randomly sampled. They has be collected from the Saudi healthcare center and more specifically in according to the inclusion, exclusion criteria shown

Inclusion criteria :

Age 20 -60

Male and female.

Agree to participated

Exclusion criteria :

Primary healthcare centers not have quality system.

Primary healthcare centers refused to participate in the research .

Tool of Data Collection :

Self-report Questionnaire with health centers patient at the time of our team visits the centers.

A questionnaire has be developed by the researcher to collect the needed data. It included two parts :

Tool (I) Questionnaire the first part deals with demographic data such as. Gender, marital status, age .

The second part concerns with

Tool (II): the quality Saudi health care system has been assessed by a questionnaire that was previously determined to have good reliability examines how satisfied the Saudi People are with their public sector healthcare services.

3. Content Validity and reliability :

Tools have been submitted to: quality panel to test the content validity. Modification has been carried out according to the panel judgment on the clarity of sentences and appropriateness of content. A pilot study has been carried out on 10% of the total sample to check the clarity of items, determine the feasibility of the study and estimate the time of data collection and then modifications have been made according to pilot study results. Sample included in the pilot has been excluded from the study .

Field of Work :

- the Saudi health care system related information records of the list of Saudi health care centers has been identified by their record number and names.
- The researcher introduced himself to each staff in the centers

Ethical Considerations :

This study has been conducted under the approval from the administrator's in Saudi health care centers and more specifically at Makkah. A participant has been given explanations about the purpose of the study, Confidentiality of participants' information has been assured, and the data were accessed only by the investigators involved in the study.

Data Analysis:

Collected data has been coded and tabulated using a personal computer then has been statistical package for social science (SPSS) version 20 was used to analyse these data. Chi- square to compare level was considered at $p > 0.05$.

Budget

It was self-funded.

Result

Table (1) the distribution of Socio-demographic data in study group

	N	%
Age		
Less than 30	180	36
30-45	170	34
45-50	125	25
More than 50	25	5
Gender		
Male	293	58.6
Female	207	41.4
Level of education		
Primary	165	33

Intermediate	150	30
Secondary	110	22
High education	75	15
Marital status		
Married	275	55
Not married	225	45
Economic level		
Low	175	35
Average	125	25
High	200	40

Regarding age the majority of participant was age (30) year's (36.0%) , while participant the age between (30-45) years were (34.0%) while the age between (45- 50) years were (25%) but the age more than (50) years were (5%) .

Regarding gender show the majority of our participants male were (58.6 %) but the females were (41.4%) .

Regarding the majority of our participants were at Primary level were constitutes (33%). but intermediate education (30%) while secondary education were (22%) but high education were (15%).

Regarding the marital status the majority of participant married were (55.0%) while not married were (45%) .

Regarding the economic level the majority of them had income high were (40%) while low level were (35%) but the average level were (25%) .

Table (2) the distribution of Patient Satisfaction about level of health care

		Patient satisfaction about level of health care						% of agreement	Chi-square	
		Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree	X ²		P-value	
1	Doctors use computerized medical records	N	21	70	158	151	100	69.56	131.060	0.000
		%	4.2%	14.0%	31.6%	30.2%	20.0%			
2	The center's working hours are appropriate	N	24	56	157	174	89	69.92	165.580	0.000
		%	4.8%	11.2%	31.4%	34.8%	17.8%			
3	The ease of transferring the	N	16	63	148	181	92	70.8	173.540	0.000
		%	3.2%	12.6%	29.6%	36.2%	18.4%			

	patient from the center to the hospital									
4	The center calls me if I cannot attend the follow-up appointment	N	24	52	138	189	97	71.32	174.540	0.000
		%	4.8%	10.4%	27.6%	37.8%	19.4%			
5	The center provides all necessary vaccinations	N	23	63	139	186	89	70.2	163.360	0.000
		%	4.6%	12.6%	27.8%	37.2%	17.8%			
6	All my family members are provided with a medical examination	N	21	52	154	186	87	70.64	190.260	0.000
		%	4.2%	10.4%	30.8%	37.2%	17.4%			
7	There is an appropriate number of employees to perform all appropriate tasks on each visit	N	17	44	162	191	86	71.4	223.460	0.000
		%	3.4%	8.8%	32.4%	38.2%	17.2%			
8	On every visit to the center, the temperature, weight and blood pressure are measured	N	16	40	142	214	88	72.72	255.600	0.000
		%	3.2%	8.0%	28.4%	42.8%	17.6%			
9	The center provides a health education service that allows	N	17	49	148	200	86	71.56	219.900	0.000
		%	3.4%	9.8%	29.6%	40.0%	17.2%			

	me to understand the disease, its treatment and prevention									
10	The required medicine can be obtained from the center's pharmacy	N	26	43	127	221	83	71.68	243.840	0.000
		%	5.2%	8.6%	25.4%	44.2%	16.6%			
11	I can get the results of the laboratory analyzes at an appropriate time	N	23	44	132	200	101	72.48	200.900	0.000
		%	4.6%	8.8%	26.4%	40.0%	20.2%			
12	I will be provided with information about the services available in the health center	N	16	53	141	190	100	72.2	190.460	0.000
		%	3.2%	10.6%	28.2%	38.0%	20.0%			
13	I am confident that I can obtain the required primary health care services	N	14	45	148	212	81	72.04	256.300	0.000
		%	2.8%	9.0%	29.6%	42.4%	16.2%			
14	Adequate / adequate care is provided to children	N	17	46	135	198	104	73.04	206.500	0.000
		%	3.4%	9.2%	27.0%	39.6%	20.8%			
15	I am facing a problem in the language of communic	N	23	43	144	200	90	71.64	212.140	0.000
		%	4.6%	8.6%	28.8%	40.0%	18.0%			

	ation with staff at the health center									
16	My medical file is extracted on every visit	N	23	41	142	198	96	72.12	207.940	0.000
		%	4.6%	8.2%	28.4%	39.6%	19.2%			
17	I have a bad previous experience	N	20	51	143	190	96	71.64	187.660	0.000
		%	4.0%	10.2%	28.6%	38.0%	19.2%			
18	He had to wait too long to see a doctor	N	14	46	154	191	95	72.28	215.340	0.000
		%	2.8%	9.2%	30.8%	38.2%	19.0%			
19	There are services that take into account people with special needs and the elderly	N	19	41	155	188	97	72.12	208.200	0.000
		%	3.8%	8.2%	31.0%	37.6%	19.4%			
20	The dental clinic provides basic services. (Teeth cleaning, fillings, non-surgical dislocation , nerve removal, health education(N	28	39	160	198	75	70.12	227.340	0.000
		%	5.6%	7.8%	32.0%	39.6%	15.0%			
21	Pregnancy visits are regularly followed up by the pregnant clinic	N	17	58	163	169	93	70.52	174.320	0.000
		%	3.4%	11.6%	32.6%	33.8%	18.6%			
22	Visits of patients with pressure,	N	21	52	179	167	81	69.4	196.360	0.000
		%	4.2%	10.4%	35.8%	33.4%	16.2%			

	diabetes and asthma are monitored regularly									
23	The center provides radiology services upon request by the doctor	N	14	61	170	162	93	70.36	177.100	0.000
		%	2.8%	12.2%	34.0%	32.4%	18.6%			

Regarding to doctors use computerized medical records Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (131.060) the % of agreement were (69.56%) While percentage answer strongly disagree and disagree were (18.2%) While strongly agree and agree were (50.2 %) but don't know where (31.6%).

Regarding the center's working hours are appropriate Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (165.580) the % of agreement were (69.92%) While percentage answer strongly disagree and disagree were (16.0%) While strongly agree and agree were (52.6 %) but don't know where (31.4%).

Regarding The ease of transferring the patient from the center to the hospital Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (173.540) the % of agreement were (70.8%) . While percentage answer strongly disagree and disagree were (15.8%) While strongly agree and agree were (54.6 %) but don't know where (29.6 %).

Regarding The center calls me if I cannot attend the follow-up appointment Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (174.540) the % of agreement were (71.32%) . While percentage answer strongly disagree and disagree were (15.2%) While strongly agree and agree were (57.2 %) but don't know where (27.6 %).

Regarding The center provides all necessary vaccinations Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (163.360) the % of agreement were (70.2%) . While percentage answer strongly disagree and disagree were (17.2%) While strongly agree and agree were (55.0 %) but don't know where (27.8 %).

Regarding All my family members are provided with a medical examination Show that significant relation between the Patient satisfaction about level of health care and were p-value <0.000 and Chi-square (190.260) the % of agreement were (70.64%) . While percentage answer strongly disagree and disagree were (14.6%) While strongly agree and agree were (54.6 %) but don't know where (30.8 %).

Regarding There is an appropriate number of employees to perform all appropriate tasks on each visit Show that significant relation between the Patient satisfaction about level of health care and were p-value <0.000 and Chi-square (223.460) the % of agreement were (71.4%) . While percentage answer strongly disagree and disagree were (12.2%) While strongly agree and agree were (55.4 %) but don't know where (32.4 %).

Regarding on every visit to the center, the temperature, weight and blood pressure are measured Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (255.600) the % of agreement were (72.72%) . While percentage answer strongly disagree and disagree were (11.2%) While strongly agree and agree were (60.4 %) but don't know where (28.4 %).

Regarding The center provides a health education service that allows me to understand the disease, its treatment and prevention Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (219.900) the % of agreement were (71.56%) . While percentage answer strongly disagree and disagree were (13.2%) While strongly agree and agree were (57.2 %) but don't know where (29.6%).

Regarding the required medicine can be obtained from the center's pharmacy Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (243.840) the % of agreement were (71.68%) . While percentage answer strongly disagree and disagree were (13.8%) While strongly agree and agree were (60.8 %) but don't know where (25.4%).

Regarding I can get the results of the laboratory analyzes at an appropriate time Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (200.900) the % of agreement were (72.48%) . While percentage answer strongly disagree and disagree were (13.4%) While strongly agree and agree were (60.2 %) but don't know where (26.4 %).

Regarding I will be provided with information about the services available in the health center Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (190.460) the % of agreement were (72.2%) . While percentage answer strongly disagree and disagree were (13.8%) While strongly agree and agree were (58.0 %) but don't know where (28.2 %).

Regarding I am confident that I can obtain the required primary health care services Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (256.300) the % of agreement were (72.04%) . While percentage answer strongly disagree and disagree were (11.8%) While strongly agree and agree were (58.6 %) but don't know where (29.6 %).

Regarding Adequate / adequate care is provided to children Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (206.500) the % of agreement were (73.04%) . While percentage answer strongly disagree and disagree were (12.6%) While strongly agree and agree were (59.4 %) but don't know where (27.0 %).

Regarding I am facing a problem in the language of communication with staff at the health center Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (212.140) the % of agreement were (71.64%) . While percentage answer strongly disagree and disagree were (13.2%) While strongly agree and agree were (58.0 %) but don't know where (28.8 %).

Regarding my medical file is extracted on every visit Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (207.940) the % of agreement were (72.12%) . While percentage answer strongly disagree and disagree were (12.8%) While strongly agree and agree were (58.8 %) but don't know where (28.4 %).

Regarding I have a bad previous experience Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (187.660) the % of agreement were (71.64%) . While percentage answer strongly disagree and disagree were (14.2%) While strongly agree and agree were (57.2 %) but don't know where (28.6%).

Regarding he had to wait too long to see a doctor Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (215.340) the % of agreement were (72.28%) . While percentage answer strongly disagree and disagree were (12.0%) While strongly agree and agree were (57.2 %) but don't know where (30.8%).

Regarding There are services that take into account people with special needs and the elderly Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (208.200) the % of agreement were (72.12%) . While percentage answer strongly disagree and disagree were (12.0%) While strongly agree and agree were (57.0 %) but don't know where (31.0 %).

Regarding the dental clinic provides basic services. (Teeth cleaning, fillings, non-surgical dislocation, nerve removal, health education) Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (190.460) the % of agreement were (72.2%) . While percentage answer strongly disagree and disagree were (13.8%) While strongly agree and agree were (58.0 %) but don't know where (28.2 %).

Regarding I am confident that I can obtain the required primary health care services Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (227.340) the % of agreement were (70.12%) . While percentage answer strongly disagree and disagree were (13.4%) While strongly agree and agree were (54.6 %) but don't know where (32.0 %).

Regarding pregnancy visits are regularly followed up by the pregnant clinic Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (174.320) the % of agreement were (70.52%) . While percentage answer strongly disagree and disagree were (15.0%) While strongly agree and agree were (52.4 %) but don't know where (32.6 %).

Regarding Visits of patients with pressure, diabetes and asthma are monitored regularly Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (196.360) the % of agreement were (69. 4%) . While percentage answer strongly disagree and disagree were (14.6%) While strongly agree and agree were (49.6 %) but don't know where (35.8 %).

Regarding The center provides radiology services upon request by the doctor Show that significant relation between the Patient satisfaction about level of health care were p-value <0.000 and Chi-square (177.100) the % of agreement were (70.36%) . While percentage answer strongly disagree and disagree were (21.0%) While strongly agree and agree were (51.0 %) but don't know where (34.0 %)

Information regarding the quality of health care in primary health centers

Table (3) Distribution the Quality of health care .

		Quality of health care					% of agreement	Chi-square		
		Strongly disagree	Disagree	Do n't Know	Agree	Strongly Agree		X ²	P-value	
1	What is your judgment on the competencies and treatment skills of doctors?	N	18	78	198	151	55	65.88	214.380	0.000
		%	3.6%	15.6%	39.6%	30.2%	11.0%			
2	What is your judgment on the competencies, skills and professional capabilities of the nursing?	N	19	60	180	156	85	69.12	179.220	0.000
		%	3.8%	12.0%	36.0%	31.2%	17.0%			
3	What is your judgment on the competencies and treatment skills of doctors?	N	27	64	170	160	79	68	155.660	0.000
		%	5.4%	12.8%	34.0%	32.0%	15.8%			
4	What is your judgment on the	N	17	57	199	157	70	68.24		0.000

competencies, skills and professional capabilities of the nursing?	%	3.4%	11.4%	39.8%	31.4%	14.0%	226.880

Regarding What is your judgment on the competencies and treatment skills of doctors Show that significant relation between Quality of health care and the competencies and treatment skills of doctors were p-value <0.000 and Chi-square (214.380) the % of agreement were (65.88%) . While percentage answer strongly disagree and disagree were (19.2%) While strongly agree and agree were (41.2 %) but don't know where (39.6%).

Regarding What is your judgment on the competencies, skills and professional capabilities of the nursing Show that significant relation between Quality of health care and the competencies and the competencies, skills and professional capabilities of the nursing were p-value <0.000 and Chi-square (179.220) the % of agreement were (69.12%) . While percentage answer strongly disagree and disagree were (15.8%) While strongly agree and agree were (48.2 %) but don't know where (36.0%).

Regarding What is your judgment on the competencies and treatment skills of doctors Show that significant relation between Quality of health care and the competencies and the competencies and treatment skills of doctors were p-value <0.000 and Chi-square (155.660) the % of agreement were (68%) . While percentage answer strongly disagree and disagree were (18.6%) While strongly agree and agree were (47.8 %) but don't know where (34.0%).

Regarding What is your judgment on the competencies, skills and professional capabilities of the nursing Show that significant relation between Quality of health care and the competencies and the competencies skills and professional capabilities of the nursing were p-value <0.000 and Chi-square (226.880) the % of agreement were (68.24%) . While percentage answer strongly disagree and disagree were (14.8%) While strongly agree and agree were (45.4 %) but don't know where (39.8%).

Table (4) Distribution the Quality of facility .

		Quality of the Facility					% of agreement	Chi-square		
		Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		X ²	P-value	
1	What is your ruling on the cleanliness of the center in general?	N	19	92	135	187	67	67.64	165.080	0.000
	%	3.8%	18.4%	27.0%	37.4%	13.4%				
2	What is your ruling on the cleanliness of the bathrooms?	N	18	69	134	204	75	69.96	202.820	0.000
	%	3.6%	13.8%	26.8%	40.8%	15.0%				
3		N	11	69	141	206	73	70.44		

	What is your ruling on the cleanliness of the detection room?	%	2.2%	13.8%	28.2%	41.2%	14.6%		225.280	0.000
4	How did you find the equipment in the waiting area for the auditors and other facilities?	N	12	60	133	215	80	71.64	240.580	0.000
		%	2.4%	12.0%	26.6%	43.0%	16.0%			
5	What is your ruling on the cleanliness of the center in general?	N	8	65	137	206	84	71.72	225.500	0.000
		%	1.6%	13.0%	27.4%	41.2%	16.8%			
6	What is your ruling on bathroom cleanliness?	N	17	62	130	228	63	70.32	269.860	0.000
		%	3.4%	12.4%	26.0%	45.6%	12.6%			
7	What is your judgment about the cleanliness of the detection room?	N	13	67	139	204	77	70.6	215.240	0.000
		%	2.6%	13.4%	27.8%	40.8%	15.4%			
8	How did you find the equipment in the waiting area for the auditors	N	16	69	135	206	74	70.12	211.540	0.000
		%	3.2%	13.8%	27.0%	41.2%	14.8%			

and other facilities ?									
------------------------	--	--	--	--	--	--	--	--	--

Regarding What is your ruling on the cleanliness of the center in general Show that significant relation between Quality of the Facility and the cleanliness of the center in general were p-value <0.000 and Chi-square (165.080) the % of agreement were (67.64%) . While percentage answer strongly disagree and disagree were (22.2%) While strongly agree and agree were (50.8%) but don't know where (27.0%) .

Regarding What is your ruling on the cleanliness of the bathrooms Show that significant relation between Quality of the Facility and the cleanliness of the bathrooms were p-value <0.000 and Chi-square (202.820) the % of agreement were (69.96%) . While percentage answer strongly disagree and disagree were (17.4%) While strongly agree and agree were (55.8%) but don't know where (26.8%) .

Regarding What is your ruling on the cleanliness of the detection room Show that significant relation between Quality of the Facility and the cleanliness of the detection room were p-value <0.000 and Chi-square (225.280) the % of agreement were (70.44%) . While percentage answer strongly disagree and disagree were (16.0%) While strongly agree and agree were (55.8%) but don't know where (28.2%) .

Regarding How did you find the equipment in the waiting area for the auditors and other facilities Show that significant relation between Quality of the Facility and you find the equipment in the waiting area for the auditors and other facilities were p-value <0.000 and Chi-square (240.580) the % of agreement were (71.64%) . While percentage answer strongly disagree and disagree were (14.4%) While strongly agree and agree were (59.0%) but don't know where (26.6%) .

Regarding What is your ruling on the cleanliness of the center in general Show that significant relation between Quality of the Facility and the cleanliness of the center in general were p-value <0.000 and Chi-square (225.500) the % of agreement were (71.72%) . While percentage answer strongly disagree and disagree were (14.6%) While strongly agree and agree were (58.0%) but don't know where (27.4%) .

Regarding What is your ruling on the cleanliness of the center in general Show that significant relation between Quality of the Facility and the cleanliness of the center in general were p-value <0.000 and Chi-square (269.860) the % of agreement were (70.32%) . While percentage answer strongly disagree and disagree were (15.8%) While strongly agree and agree were (58.2%) but don't know where (26.0%)

Regarding What is your ruling on bathroom cleanliness Show that significant relation between Quality of the Facility and the bathroom cleanliness were p-value <0.000 and Chi-square (269.860) the % of agreement were (70.32%) . While percentage answer strongly disagree and disagree were (15.8%) While strongly agree and agree were (58.2%) but don't know where (26.0%)

Regarding What is your judgment about the cleanliness of the detection room Show that significant relation between Quality of the Facility and cleanliness of the detection room were p-value <0.000 and Chi-square (215.240) the % of agreement were (70.6%) . While percentage answer strongly disagree and disagree were (16.0%) While strongly agree and agree were (56.2%) but don't know where (27.8%)

Regarding How did you find the equipment in the waiting area for the auditors and other facilities Show that significant relation between Quality of the Facility and find the equipment in the waiting area for the auditors and other facilities were p-value <0.000 and Chi-square (211.540) the % of agreement were (70.12%) . While percentage answer strongly disagree and disagree were (17.0%) While strongly agree and agree were (56.2%) but don't know where (27.0%)

Table (5) Distribution the Patients satisfaction about social and behavioural characteristics .

			Patients satisfaction about social and behavioural characteristics					% of agreement	Chi-square	
			Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		X ²	P-value
1	What is your judgment on the quantity and quality of information that the doctor provided you with regard to the course of therapeutic analyze carried out?	N	21	103	143	157	76	66.56	119.240	0.000
		%	4.2%	20.6%	28.6%	31.4%	15.2%			
2	What is your judgment about the availability of time for the doctor to hear you?	N	13	90	142	165	90	69.16	137.580	0.000
		%	2.6%	18.0%	28.4%	33.0%	18.0%			
3	What is your judgment on the extent to which nurses have had time to hear you?	N	10	87	130	165	108	70.96	134.580	0.000
		%	2.0%	17.4%	26.0%	33.0%	21.6%			
4		N	14	92	152	143	99	68.84		

	What is your judgment on the way doctors treat you during your visit to the center?	%	2.8%	18.4%	30.4%	28.6%	19.8%		120.140	0.000
5	What is your judgment on the nurses' style towards you during your visit to the center?	N	16	115	121	148	100	68.04	100.260	0.000
		%	3.2%	23.0%	24.2%	29.6%	20.0%			
6	Respecting rules and regulations such as (no smoking, calmness)?	N	12	93	141	156	98	69.4	126.140	0.000
		%	2.4%	18.6%	28.2%	31.2%	19.6%			
7	What is your assessment of the extent to which doctors respect your customs, customs and traditions?	N	14	101	133	147	105	69.12	107.200	0.000
		%	2.8%	20.2%	26.6%	29.4%	21.0%			
8	How would you rate nurses' observa	N	14	93	128	152	113	70.28	111.020	0.000
		%	2.8%	18.6%	25.6%	30.4%	22.6%			

	ence of your customs, customs and traditions?									
9	Have you noticed a quick response from doctors to answer your inquiries ?	N	14	84	146	149	107	70.04	122.180	0.000
		%	2.8%	16.8%	29.2%	29.8%	21.4%			
10	Have you noticed a rapid response from nurses to answer your inquiries ?	N	11	96	124	176	93	69.76	143.380	0.000
		%	2.2%	19.2%	24.8%	35.2%	18.6%			
11	Overall, are you satisfied with the level of care your doctor gave?	N	15	96	137	160	92	68.72	122.740	0.000
		%	3.0%	19.2%	27.4%	32.0%	18.4%			
12	Overall, are you satisfied with the level of care the nurse provided ?	N	21	87	129	165	98	69.28	114.800	0.000
		%	4.2%	17.4%	25.8%	33.0%	19.6%			

Regarding What is your judgment on the quantity and quality of information that the doctor provided you with regard to the course of therapeutic analyze carried out Show that significant relation between Patients satisfaction about social and behavioural characteristics and the quantity and quality of information that the doctor provided you with regard to the course of therapeutic analyze carried out were p-value <0.000 and Chi-square

(119.240) the % of agreement were (66.56%) . While percentage answer strongly disagree and disagree were (24.8%) While strongly agree and agree were (46.6 %) but don't know where (28.6%)

Regarding What is your judgment about the availability of time for the doctor to hear you Show that significant relation between Patients satisfaction about social and behavioural characteristics and the availability of time for the doctor to hear you were p-value <0.000 and Chi-square (137.580) the % of agreement were (69.16%) . While percentage answer strongly disagree and disagree were (20.6%) While strongly agree and agree were (51.0 %) but don't know where (28.4%)

Regarding What is your judgment on the extent to which nurses have had time to hear you Show that significant relation between Patients satisfaction about social and behavioural characteristics and the extent to which nurses have had time to hear you were p-value <0.000 and Chi-square (134.580) the % of agreement were (70.96%) . While percentage answer strongly disagree and disagree were (19 .4%) While strongly agree and agree were (54.6 %) but don't know where (26.0%)

Regarding What is your judgment on the way doctors treat you during your visit to the center Show that significant relation between Patients satisfaction about social and behavioural characteristics and the way doctors treat you during your visit to the center were p-value <0.000 and Chi-square (120.140) the % of agreement were (68.84%) . While percentage answer strongly disagree and disagree were (21 .2%) While strongly agree and agree were (48.4 %) but don't know where (30.4%)

Regarding What is your judgment on the nurses' style towards you during your visit to the center Show that significant relation between Patients satisfaction about social and behavioural characteristics and the nurses' style towards you during your visit to the center were p-value <0.000 and Chi-square (100.260) the % of agreement were (68.04%) . While percentage answer strongly disagree and disagree were (26 .2%) While strongly agree and agree were (49.6 %) but don't know where (23.0%)

Regarding Respecting rules and regulations such as (no smoking, calmness) Show that significant relation between Patients satisfaction about social and behavioural characteristics and Respecting rules and regulations were p-value <0.000 and Chi-square (126.140) the % of agreement were (69.4%) . While percentage answer strongly disagree and disagree were (21 .0%) While strongly agree and agree were (50.8 %) but don't know where (28.2%)

Regarding What is your assessment of the extent to which doctors respect your customs, customs and traditions Show that significant relation between Patients satisfaction about social and behavioural characteristics and assessment of the extent to which doctors respect your customs were p-value <0.000 and Chi-square (107.200) the % of agreement were (69.12%) . While percentage answer strongly disagree and disagree were (23 .0%) While strongly agree and agree were (50.4 %) but don't know where (26.6%)

Regarding How would you rate nurses' observance of your customs, customs and traditions Show that significant relation between Patients satisfaction about social and behavioural characteristics and rate nurses' observance of your customs, customs and traditions were p-value <0.000 and Chi-square (111.020) the % of agreement were (70.28%) . While percentage answer strongly disagree and disagree were (21 .4%) While strongly agree and agree were (53.0 %) but don't know where (25.6%)

Regarding Have you noticed a quick response from doctors to answer your inquiries Show that significant relation between Patients satisfaction about social and behavioural characteristics and noticed a quick response from doctors to answer your inquiries were p-value <0.000 and Chi-square (122.180) the % of agreement were (70.04%) . While percentage answer strongly disagree and disagree were (19 .6%) While strongly agree and agree were (51.2 %) but don't know where (29.2%)

Regarding Have you noticed a rapid response from nurses to answer your inquiries Show that significant relation between Patients satisfaction about social and behavioural characteristics and rapid response from nurses to answer your inquiries were p-value <0.000 and Chi-square (143.380) the % of agreement were (69.76%) . While percentage

answer strongly disagree and disagree were (21.4%) While strongly agree and agree were (53.8%) but don't know where (24.8%)

Regarding overall, are you satisfied with the level of care your doctor gave Show that significant relation between Patients satisfaction about social and behavioural characteristics and satisfied with the level of care your doctor gave were p-value <0.000 and Chi-square (122.740) the % of agreement were (68.72%). While percentage answer strongly disagree and disagree were (21.2%) While strongly agree and agree were (50.4%) but don't know where (27.4%)

Regarding Overall, are you satisfied with the level of care the nurse provided Show that significant relation between Patients satisfaction about social and behavioural characteristics and satisfied with the level of care the nurse provided were p-value <0.000 and Chi-square (114.800) the % of agreement were (69.28%). While percentage answer strongly disagree and disagree were (21.6%) While strongly agree and agree were (52.6%) but don't know where (25.8%)

Table (6) Distribution the Patients satisfaction in the following matters to improve patient care

	Weak		Average		High		Score	
	N	%	N	%	N	%	Range	Mean±SD
Patient satisfaction about level of health care	25	5.0	305	61	170	34	50-102	81.988±8.381
Quality of health care	30	6.0	303	60.6	167	33.4	8-20.	13.5620±2.208
Quality of the Facility	25	5.0	293	58.6	182	36.4	17-37.	28.122±4.263
Patients satisfaction about social and behavioral characteristics	4	0.8	366	73.2	130	26	28-57	41.50±5.738

Regarding Patient satisfaction about level of health care these study results showed that the majority of participants were average satisfaction proportions (61%) while high satisfaction were (34%) but the weak satisfaction proportions (5.0%) While The Range (50 – 102) Mean +SD (81.988±8.381).

Regarding Quality of health care these study results showed that the majority of participants were average satisfaction proportions (60.6%) while high satisfaction were (33.14%) but the weak satisfaction proportions (6.0%) While The Range (8 –20) Mean +SD (13.5620±2.208).

Regarding Quality of the Facility these study results showed that the majority of participants were average satisfaction proportions (58.6%) while high satisfaction were (36.4%) but the weak satisfaction proportions (5.0%) While The Range (17-37) Mean +SD (28.122±4.263).

Regarding Patients satisfaction about social and behavioral characteristics these study results showed that the majority of participants were average satisfaction proportions (73.2%) while high satisfaction were (26%) but the weak satisfaction proportions (0.8%) While The Range (28 –57) Mean +SD (41.50±5.738).

Figure (1) Distribution the Patients satisfaction in the following matters to improve patient care

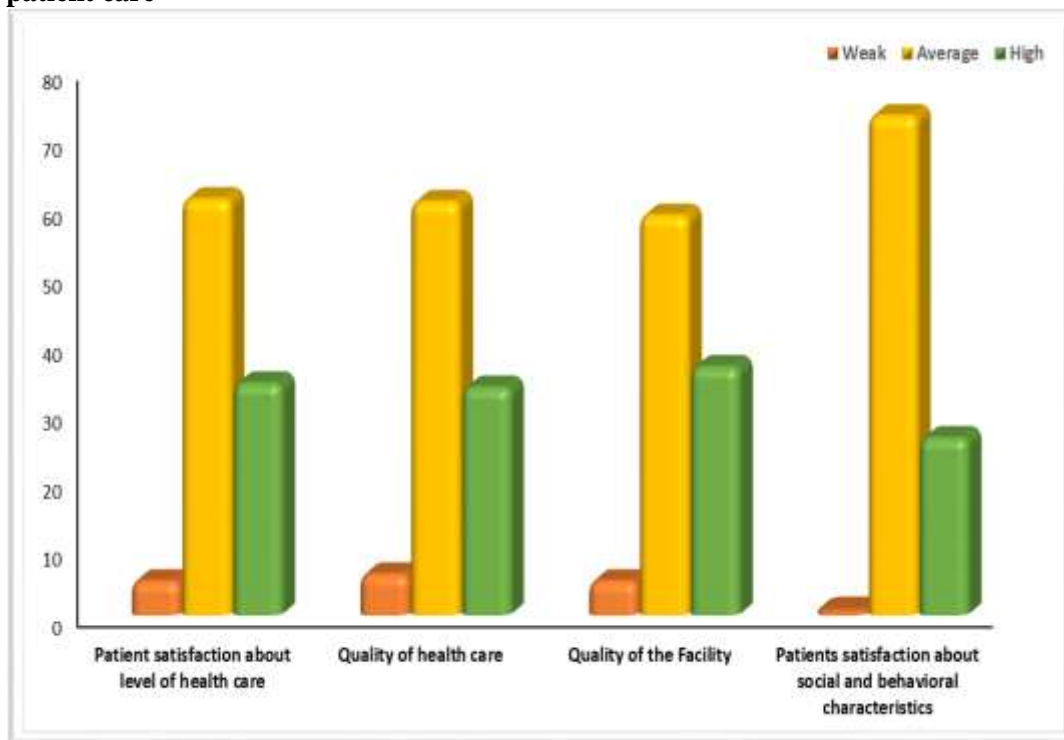


Figure (1) Distribution the Patients satisfaction in the following matters to improve patient care

Table (7) correlation between the Quality of health care , health facility and Patients satisfaction about level of health care , social and behavioral characteristics .

Correlations	Quality of health care		Quality of the Facility	
	r	P-value	r	P-value
Patient satisfaction about level of health care	0.771	<0.001*	0.746	<0.001*
Patients satisfaction about social and behavioral characteristics	0.719	<0.001*	0.746	<0.001*

Regarding Correlation between Quality of health care and Patient satisfaction about level of health care show that is a significant correlation between Quality of health care toward Patient satisfaction about level of health care where $r= 0.771$ and $p\text{-value} <0.001$ while Correlation between the Quality of the facility and Patient satisfaction about level of health care show that is a significant where $r= 0.746$ and $p\text{-value} <0.001$.

Regarding Correlation between Quality of health care and Patients satisfaction about social and behavioral characteristics show that is a significant correlation between Quality of health care toward Patients satisfaction about social and behavioral characteristics where $r= 0.719$ and $p\text{-value} <0.001$ while Correlation between the Quality of the facility and

Patients satisfaction about social and behavioral characteristics show that is a significant where $r= 0.746$ and $p\text{-value} < 0.001$

Table (8) distribute of the Relation of Patient satisfaction about level of health care and demographic data. (age, gender, Level of education , Marital status , economic level).

Demographic data		N	Patient satisfaction about level of health care		F or T	ANOVA or T-test	
			Mean	± SD		test value	P-value
Age	Less than 30	180	72.872	± 3.541	F	1207.540	<0.001*
	30-45	170	82.853	± 2.762			
	45-50	125	90.872	± 2.229			
	More than 50	25	97.320	± 1.725			
Gender	Male	293	82.055	± 8.377	T	0.211	0.833
	Female	207	81.894	± 8.405			
Level of education	Primary	165	72.448	± 3.390	F	1480.053	<0.001*
	Intermediate	150	81.447	± 2.484			
	Secondary	110	88.464	± 1.595			
	High education	75	94.560	± 2.440			
Marital status	Married	275	81.480	± 7.364	T	-1.500	0.134
	Not married	225	82.609	± 9.457			
Economic level	Low	175	72.726	± 3.481	F	1327.200	<0.001*
	Average	125	81.352	± 2.115			
	High	200	90.490	± 3.794			

Regarding age Show that is significant relation between Patient satisfaction about level of health care were $F = (1207.540)$ and $p\text{-value} < 0.001$ and Mean \pm SD (97.320 \pm 1.725) in age more than (55) years followed by Mean \pm SD (90.872 \pm 2.229) in age between (45- 50) years while Mean \pm SD (82.853 \pm 2.762) in age between (30-45) years but show in the age less than (30) Mean \pm SD (72.872 \pm 3.541).

Regarding gender Show that is no significant relation between Patient satisfaction about level of health care and gender were $T= (0.211)$ and $p\text{-value} < 0.833$ and Mean \pm SD (82.055 \pm 8.377) in male but female (81.894 \pm 8.405) .

Regarding Level of education show that is significant relation between Patient satisfaction about level of health care and level of education were $F= (1480.053)$ and $p\text{-value} < 0.001$ and Mean \pm SD (94.560 \pm 2.440) in High education but secondary the Mean \pm SD (88.464 \pm 1.595) and Intermediate the Mean \pm SD (81.447 \pm 2.484) while Primary the Mean \pm SD (72.448 \pm 3.390).

Regarding Marital status show that is no significant relation between Patient satisfaction about level of health care and Marital status were $T= (-1.500)$ and $p\text{-value} < 0.134$ and Mean \pm SD (82.609 \pm 9.457) in not married but married the Mean \pm SD (81.480 \pm 7.364) .

Regarding Economic Level show that is significant relation between Patient satisfaction about level of health care and Economic Level were $F= (1327.200)$ and $p\text{-value} < 0.001$ and Mean \pm SD (90.490 \pm 3.794) in high economic level but average of economic level the Mean \pm SD (81.352 \pm 2.115) while the low economic level the Mean \pm SD (72.726 \pm 3.481) .

Figure (2) Distribution of the Relation of Patient satisfaction about level of health care and demographic data . (age, gender, Level of education , Marital status , economic level).

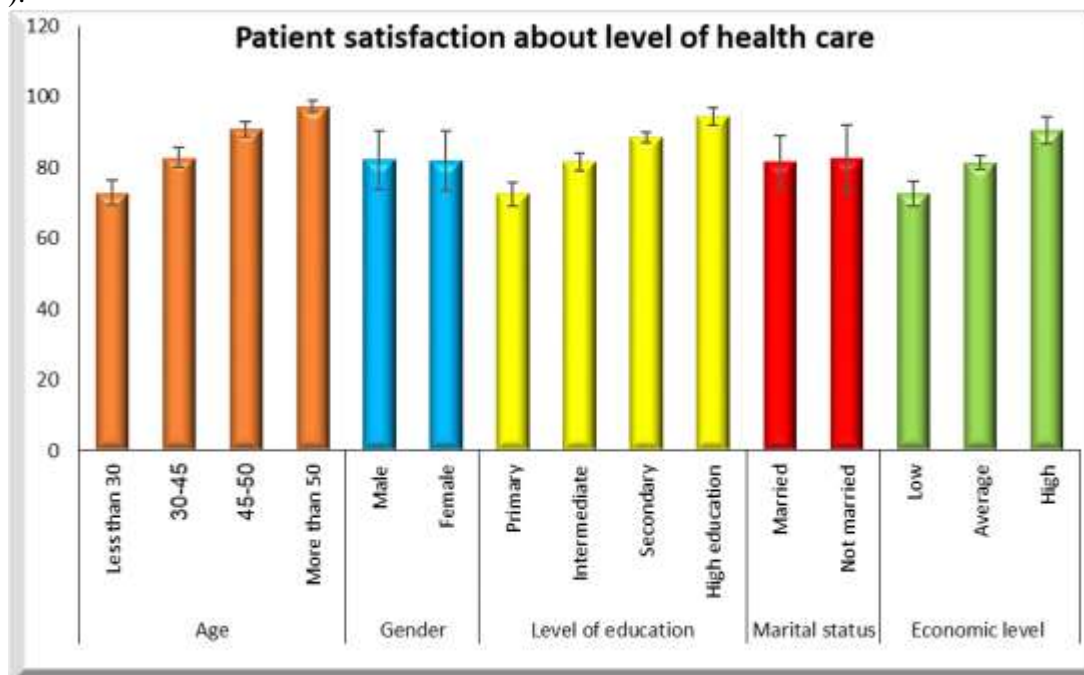


Figure (2) distribute of the Relation of Patient satisfaction about level of health care and demographic data.

Table (9) distribute of the Relation of Quality of health care and demographic data. (age, gender, Level of education , Marital status , economic level).

		N	Quality of health care		F or T	ANOVA or T-test	
			Mean	± SD		test value	P-value
Age	Less than 30	180	11.800	± 1.786	F	176.557	<0.001*
	30-45	170	13.624	± 1.082			
	45-50	125	15.320	± 1.457			
	More than 50	25	17.040	± 2.389			
Gender	Male	293	13.631	± 2.198	T	0.839	0.402
	Female	207	13.464	± 2.207			
Level of education	Primary	165	11.709	± 1.781	F	173.871	<0.001*
	Intermediate	150	13.447	± 1.167			
	Secondary	110	14.682	± 1.040			
	High education	75	16.227	± 2.134			
Marital status	Married	275	13.429	± 1.957	T	-1.495	0.136
	Not married	225	13.724	± 2.461			
Economic level	Low	175	11.783	± 1.806	F	194.717	<0.001*
	Average	125	13.504	± 1.090			
	High	200	15.155	± 1.794			

Regarding age Show that is significant relation between Quality of health care were F = (176.557) and p-value <0.001 and Mean ± SD (17.040 ±2.389) in age more than (55)

years followed by Mean ± SD (15.320 ±1.457) in age between (45- 50) years while Mean ± SD (13.624 ±1.082) in age between (30-45) years but show in the age less than (30) Mean ± SD (11.800 ±1.786).

Regarding gender Show that is no significant relation between Quality of health care and gender were T= (0.839) and p-value <0.402 and Mean ± SD (13.631±2.198) in male but female (13.464 ±2.207).

Regarding Level of education show that is significant relation between Quality of health care and Level of education were F= (173.871) and p-value < 0.001 and Mean ± SD (16.227±2.134) in high education but secondary the Mean ± SD (14.682±1.040) and Intermediate the Mean ± SD (13.447 ±1.167) while Primary the Mean ± SD (11.709±1.781).

Regarding Marital status show that is no significant relation between Quality of health care and Marital status were T= (-1.495) and p-value < 0.136 and Mean ± SD (13.724 ±2.461) in not married but married the Mean ± SD (13.429±1.957).

Regarding Economic Level show that is significant relation between Quality of health care and Economic Level were F= (194.717) and p-value < 0.001 and Mean ± SD (15.155±1.794) in high economic level but average of economic level the Mean ± SD (13.504±1.090) while the low economic level the Mean ± SD (11.783±1.806).

Figure (3) Distribution of the Relation of Quality of health care and demographic data . (age, gender, Level of education , Marital status , economic level).

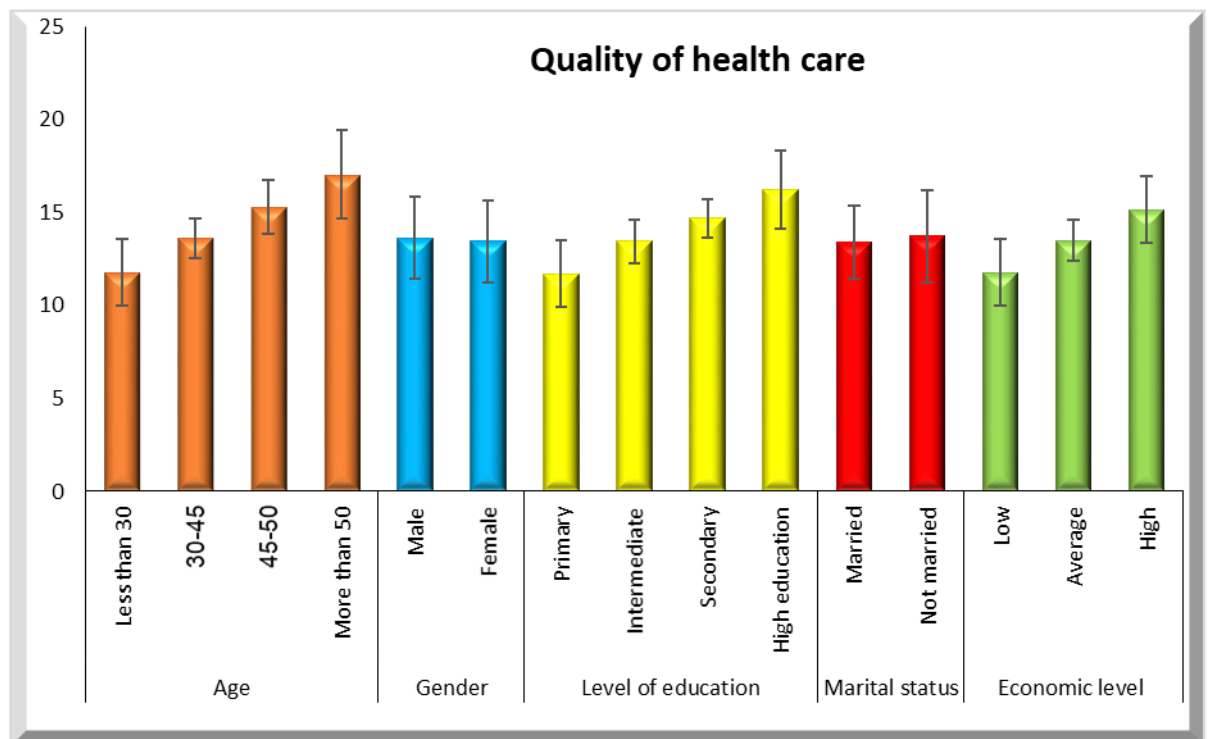


Figure (3) Distribution of the Relation of Quality of health care and demographic data . (age, gender, Level of education , Marital status , economic level).

Table (10) distribute of the Relation of Quality of the Facility and demographic data. (age, gender, Level of education , Marital status , economic level).

	N	Quality of the Facility		F or T	ANOVA or T-test	
		Mean	± SD		test value	P-value

Age	Less than 30	180	24.950	± 3.403	F	165.401	<0.001*
	30-45	170	27.771	± 2.227			
	45-50	125	32.064	± 2.951			
	More than 50	25	33.640	± 4.760			
Gender	Male	293	28.143	± 4.218	T	0.133	0.894
	Female	207	28.092	± 4.337			
Level of education	Primary	165	24.812	± 3.462	F	163.535	<0.001*
	Intermediate	150	27.273	± 2.030			
	Secondary	110	31.036	± 2.602			
	High education	75	32.827	± 4.098			
Marital status	Married	275	28.265	± 4.017	T	0.832	0.406
	Not married	225	27.947	± 4.549			
Economic level	Low	175	24.920	± 3.447	F	217.658	<0.001*
	Average	125	27.152	± 1.880			
	High	200	31.530	± 3.422			

Regarding age Show that is significant relation between Quality of the facility and age were $F = (165.401)$ and $p\text{-value} < 0.001$ and Mean \pm SD (33.640 ± 4.760) in age more than (55) years followed by Mean \pm SD (32.064 ± 2.951) in age between (45- 50) years while Mean \pm SD (27.771 ± 2.227) in age between (30-45) years but show in the age less than (30) Mean \pm SD (24.950 ± 3.403).

Regarding gender Show that is no significant relation between Quality of the facility and gender were $T = (0.133)$ and $p\text{-value} < 0.894$ and Mean \pm SD (28.143 ± 4.218) in male but female (28.092 ± 4.337).

Regarding Level of education show that is significant relation between Quality of the facility and Level of education were $F = (163.535)$ and $p\text{-value} < 0.001$ and Mean \pm SD (32.827 ± 4.098) in high education but secondary the Mean \pm SD (31.036 ± 2.602) and Intermediate the Mean \pm SD (27.273 ± 2.030) while Primary the Mean \pm SD (24.812 ± 3.462).

Regarding Marital status show that is no significant relation between Quality of the facility and Marital status were $T = (0.832)$ and $p\text{-value} < 0.406$ and Mean \pm SD (28.265 ± 4.017) in married but not married the Mean \pm SD (27.947 ± 4.549).

Regarding Economic Level show that is significant relation between Quality of the facility and Economic Level were $F = (217.658)$ and $p\text{-value} < 0.001$ and Mean \pm SD (31.530 ± 3.422) in high economic level but average of economic level the Mean \pm SD (27.152 ± 1.880) while the low economic level the Mean \pm SD (24.920 ± 3.447).

Figure (4) Distribution of the Relation of Quality of the facility care and demographic data . (age, gender, Level of education , Marital status , economic level).

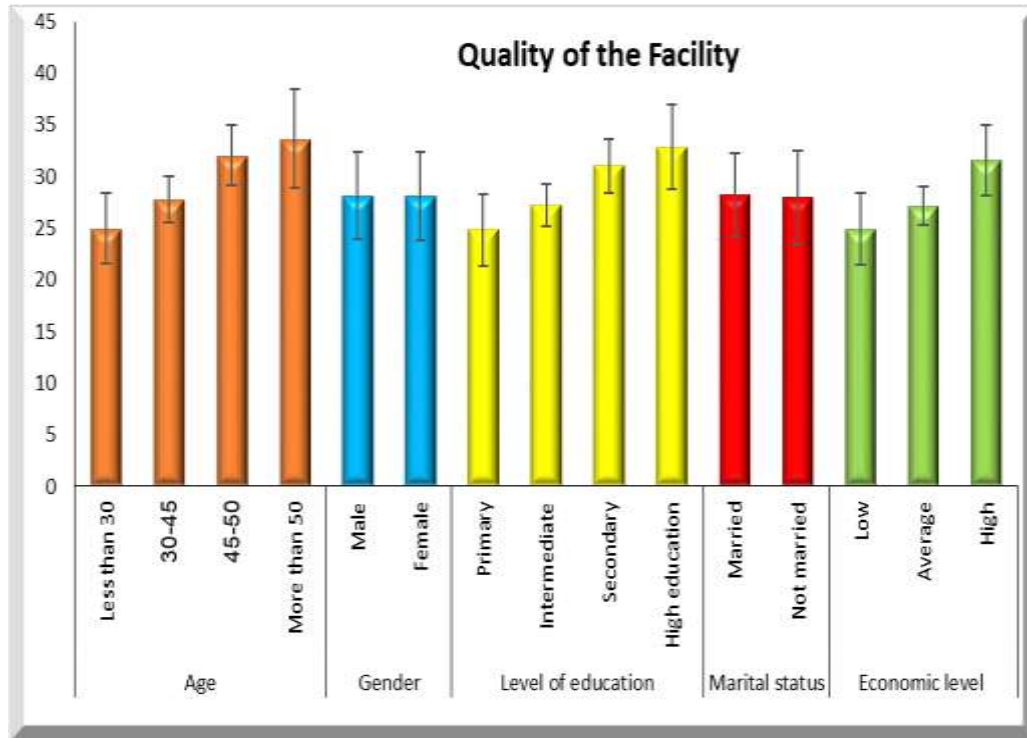


Figure (4) Distribution of the Relation of Quality of the facility care and demographic data

Table (11) distribute of the Patients satisfaction about social and behavioral characteristics and demographic data. (age, gender, Level of education , Marital status , economic level).

		N	Patients satisfaction about social and behavioral characteristics		F or T	ANOVA or T-test	
			Mean	± SD		test value	P-value
Age	Less than 30	180	37.656	± 4.101	F	118.774	0.000
	30-45	170	41.106	± 4.003			
	45-50	125	45.952	± 4.593			
	More than 50	25	49.760	± 7.155			
Gender	Male	293	41.775	± 5.723	T	1.237	0.217
	Female	207	41.130	± 5.754			
Level of education	Primary	165	37.430	± 4.049	F	119.103	0.000
	Intermediate	150	40.753	± 4.032			
	Secondary	110	44.136	± 4.163			
	High education	75	48.133	± 5.873			
Marital status	Married	275	41.407	± 5.231	T	-0.434	0.665
	Not married	225	41.631	± 6.314			
Economic level	Low	175	37.651	± 4.156	F	144.559	0.000
	Average	125	40.416	± 3.639			
	High	200	45.565	± 5.371			

Regarding age Show that is significant relation between Patients satisfaction about social and behavioral characteristics and age were $F = (118.774)$ and $p\text{-value} < 0.000$ and Mean \pm SD (49.760 ± 7.155) in age more than (55) years followed by Mean \pm SD (45.952 ± 4.593) in age between (45- 50) years while Mean \pm SD (41.106 ± 4.003) in age between (30-45) years but show in the age less than (30) Mean \pm SD (37.656 ± 4.101)).

Regarding gender Show that is no significant relation between Patients satisfaction about social and behavioral characteristics and gender were $T = (1.237)$ and $p\text{-value} < 0.217$ and Mean \pm SD (41.775 ± 5.723) in male but female (41.130 ± 5.754) .

Regarding Level of education show that is significant relation between Patients satisfaction about social and behavioral characteristics and Level of education were $F = (119.103)$ and $p\text{-value} < 0.000$ and Mean \pm SD (48.133 ± 5.873) in high education but secondary the Mean \pm SD (44.136 ± 4.163) and Intermediate the Mean \pm SD (40.753 ± 4.032) while Primary the Mean \pm SD (37.430 ± 4.049) .

Regarding Marital status show that is no significant relation between Patients satisfaction about social and behavioral characteristics and Marital status were $T = (-0.434)$ and $p\text{-value} < 0.665$ and Mean \pm SD (41.631 ± 6.314) in not but married the Mean \pm SD (41.407 ± 5.231) .

Regarding Economic Level show that is significant relation between Patients satisfaction about social and behavioral characteristics and Economic Level were $F = (144.559)$ and $p\text{-value} < 0.001$ and Mean \pm SD (45.565 ± 5.371) in high economic level but average of economic level the Mean \pm SD (40.416 ± 3.639) while the low economic level the Mean \pm SD (37.651 ± 4.156) .

Figure (5) Distribution of the Patients satisfaction about social and behavioral characteristics and demographic data . (age, gender, Level of education , Marital status , economic level) .

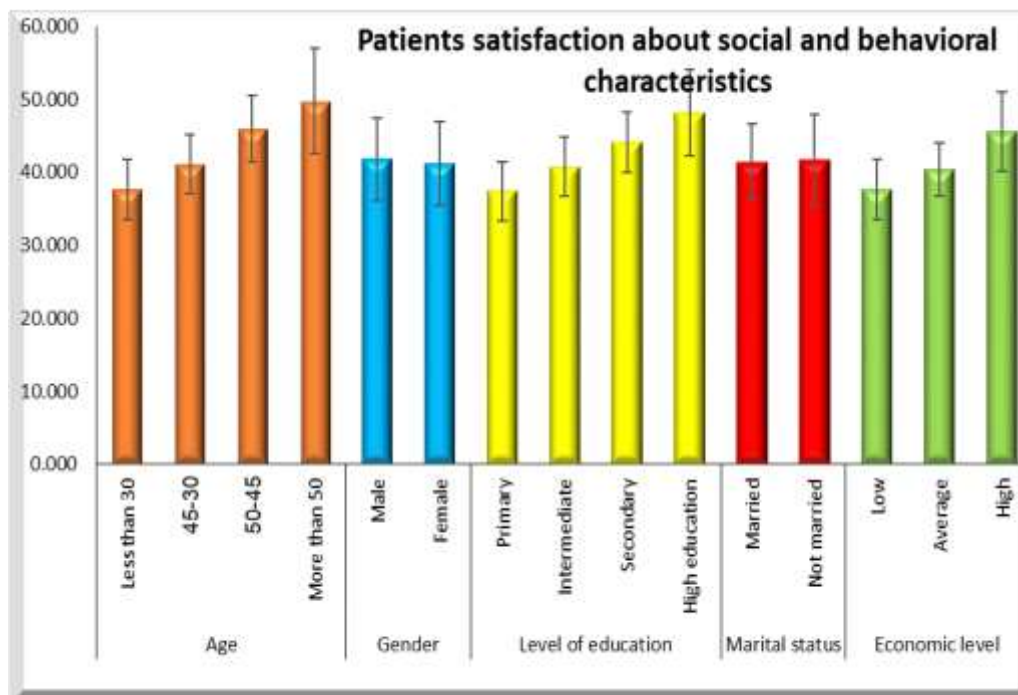


Figure (5) Distribution of the Patients satisfaction about social and behavioural characteristics and demographic data

Discussion.

The primary care program in Saudi Arabia is a pioneering program that has achieved considerable success within a few years of its establishment. This success is reflected in good access to and effectiveness of some traditional primary care services including Patient satisfaction about level of health care, Quality of health care and facility and Patients satisfaction about social and behavioral characteristics. [14] However, the results of this review point to substantial variations in quality of care .the majority of participants were in average satisfaction proportions for other aspects of care, mainly management .

In Saudi Arabia, there have been several attempts to promote evidence-based practice in primary care. However, these efforts have yet to achieve their potential due in part to poor dissemination of guidelines and poor professional development strategies. In some studies, doctors reported never having had any educational leave, and most did not have access to the internet. There is an increased belief that implementation of evidence-based clinical guidelines in primary care will contribute to improvement[15] .

The current study aimed to the impact of quality on the Saudi Health care system in primary health care centers in Makkah at Saudi Arabia. The level of patient Satisfaction about level of health care was high in % of agreement .These findings are higher than satisfaction of care of patients between the (69.56%,69.92,70.8,71.32,70.2,70.64,71.4,72.72,71.56,71.68,72.48,72.2,72.04,73.04, 71.64, 72.12,71.64, 72.28, 72.12 ,70.12,70.52, 69.4 and70.36) respectively .see Table (2) This is also higher than the finding from Riyadh (64.2%) in Saudi Arabia. [16] The patients' satisfaction in this study was lower than findings from Kuwait. [17]

in the Table (3 -4) included questions on the Information regarding the quality of health care and Quality of facility in primary health centers , participants' level of satisfaction These findings are % of agreement were (65.88 ,69.12)respectively .in the quality of facility The testing tool included 8 questions findings are % of agreement were (67.64 ,69.96 , 70.44 , 71.64 , 71.72 , 70.32 ,70.6 ,70.12)

Respectively The reasons behind high level of satisfaction may be partly due to the fact that Makkah is a city with of large population which is represented in relatively of large number of patients attending the PHC centers, which in turn enable of large health care providers to provide satisfactory health services for patients. This of large number of patients also facilitates good ties and relations between the care providers and the patients. The health care provision policy adopted by the kingdom which is based on the catchment areas also helps in strengthening this relationship. These results are in agreement with findings from Qatar the foremost necessary issue that drives patients' satisfaction is that the cleanliness, technical competencies of the employees of PHC centers and This is also higher than the finding from Riyadh (64.2%) in Saudi Arabia.[16] The patients' satisfaction in this study was lower than findings from Kuwait. [17] the most important factor that drives patients' satisfaction is the cleanliness, technical handling. This is often in line with the finding of Weber E et al and Merkouris et al. [18, 19] the reasons behind high level of satisfaction were cleanliness, competence of the staff along with respect and good handling. These finding are in line with other studies conducted in Saudi Arabia. [20, 21]

Responses to a question about 'patient satisfaction in the following matters Patient satisfaction about level of health care, Quality of health care, Quality of the Facility , Patients satisfaction about social and behavioral characteristics to improve patient care this provided data on patient satisfaction these study results showed that the majority of participants were average satisfaction proportions (61, 60.6 , 58.6 , 73.2) Respectively see table (6)

Correlation between Quality of health care and Patient satisfaction about level of health care show that is a significant correlation between Quality of health care toward Patient satisfaction about level of health care where $r = 0.771$ and $p\text{-value} < 0.001$ while Correlation

between the Quality of the facility and Patient satisfaction about level of health care show that is a significant where $r= 0.746$ and $p\text{-value} < 0.001$. see table (7)

The study showed that the respondents relation of patient satisfaction about level of health care and show that is significant relation between about level of health care , Quality of health care , Quality of the Facility , social , behavioral characteristics and demographic data (age, gender, Level of education , Marital status , economic level). See table (8 , 9, 10,11)

In the (KSA) Males were more satisfied than the females about the provided PHC centers' services. This finding contradicts a study conducted in Kuwait where females were more satisfied with the health services provided than the males.[17] This finding is also not in line with the findings of Stephen et al who found that males and females had the same level of satisfaction about the provided services.[16,22]

Conclusion

As a result of the continued attention to and support from the government, Saudi health services have advanced greatly over recent years in all levels of health services: primary, secondary and tertiary. Despite these achievements, health services, and in particular public sector health services, are still facing many challenges. These include: human resource development; separation of the MOH's multiple roles (financing, provision, control and supervision of health care delivery); diversifying financial sources; implementing the cooperative health insurance, privatization of public hospitals, effective management of chronic diseases; development of practical policies for national crises; establishment of an efficient national health information system and the introduction of e-health. In order to address these challenges and continue to improve the status of the Saudi health care system, As a consequence, the health of the Saudi population will improved markedly. The MOH will introduce many reforms to its services, with substantial emphasis on PHC. Quality indicators can be useful tools for quality improvement, however, when quality indicators are used to pay primary care providers in pay-for-performance systems. Quality indicators only reflect simplified measurable dimensions of more complex phenomena .

REFERENCES

1. Alanazi, S. M. J., Alobaidi, B. N., Bahussain, M. S., Althemaly, A. O., Alnahed, A. A. I., Alqurashi, A. M., ... & Almalki, M. S. (2023). Association Between Of Socioeconomic Status And Health-Related Expenditure On The Quality Primary Healthcare System Reform Saudi Arabia 2023. *Migration Letters*, 20(S1), 1892-1905.
2. Alqahtani, M., Alanazi, M., & Alsuwaidan, S. (2023). Patient Satisfaction with Primary Health Care Services in Riyadh City, Saudi Arabia. *International Journal of Clinical Medicine*, 14(8), 366-376.
3. Caswell, A., & Kenkre, J. (2021). Primary healthcare in Saudi Arabia: an evaluation of emergent health trends. *Global Journal on Quality and Safety in Healthcare*, 4(3), 96-104.
4. Almalki, M., FitzGerald, G., & Clark, M. (2011). Health care system in Saudi Arabia: an overview.
5. Alqahtani, J. M., Carsula, R. P., Alharbi, H. A., Alyousef, S. M., Baker, O. G., & Tumala, R. B. (2022). Barriers to implementing evidence-based practice among primary healthcare nurses in Saudi Arabia: A cross-sectional Study. *Nursing Reports*, 12(2), 313-323.
6. Senitan, M., & Gillespie, J. (2020). Health-care reform in Saudi Arabia: patient experience at primary health-care centers. *Journal of patient experience*, 7(4), 587-592.
7. Almujaidei, B., Adams, A., Alquaiz, A., Van Gurp, G., Schuster, T., & Andermann, A. (2022). Exploring social determinants of health in a Saudi Arabian primary health care setting: the need for a multidisciplinary approach. *International Journal for Equity in Health*, 21(1), 24.
8. Asmri, M. A., Almalki, M. J., Fitzgerald, G., & Clark, M. (2020). The public health care system and primary care services in Saudi Arabia: a system in transition. *Eastern Mediterranean Health Journal*, 26(4), 468-476.
9. Alkhamis, A. A. (2017). Critical analysis and review of the literature on healthcare privatization and its association with access to medical care in Saudi Arabia. *Journal of infection and public health*, 10(3), 258-268.

10. Al Khashan, H., Abogazalah, F., Alomary, S., Nahhas, M., Alwadey, A., Al-Khudhair, B., ... & Hassanein, M. (2021). Primary health care reform in Saudi Arabia: progress, challenges and prospects. *Eastern Mediterranean Health Journal*, 27(10), 1016-1026.
11. Al Saffer, Q., Al-Ghaith, T., Alshehri, A., Al-Mohammed, R., Al Homidi, S., Hamza, M. M., ... & Alazemi, N. (2021). The capacity of primary health care facilities in Saudi Arabia: infrastructure, services, drug availability, and human resources. *BMC health services research*, 21, 1-15.
12. Alkhamis, A. (2012). Health care system in Saudi Arabia: An overview. *Eastern Mediterranean Health Journal*, 18(10), 1078-1080.
13. Gupta, D., & Denton, B. (2008). Appointment scheduling in health care: Challenges and opportunities. *IIE transactions*, 40(9), 800-819.
14. Seddon, M. E., Marshall, M. N., Campbell, S. M., & Roland, M. O. (2001). Systematic review of studies of quality of clinical care in general practice in the UK, Australia and New Zealand. *BMJ Quality & Safety*, 10(3), 152-158.
15. Young, J. M., & Ward, J. E. (2001). Evidence-based medicine in general practice: beliefs and barriers among Australian GPs. *Journal of evaluation in clinical practice*, 7(2), 201-210.
16. Al-Jaber, A., & Da'ar, O. B. (2016). Primary health care centers, extent of challenges and demand for oral health care in Riyadh, Saudi Arabia. *BMC health services research*, 16(1), 628.
17. Al-Azmi, S. F., Mohammed, A. M., & Hanafi, M. I. (2006). Patients' satisfaction with primary health care in Kuwait after electronic medical record implementation. *J Egypt Public Health Assoc*, 81(5&6), 278-300.
18. Weber, A. S., Verjee, M. A., Musson, D., Iqbal, N. A., Mosleh, T. M., Zainel, A. A., & Al-Salamy, Y. (2011). Patient opinion of the doctor-patient relationship in a public hospital in Qatar. *Saudi Med J*, 32(3), 293-99.
19. Merkouris, A., Athini, E., Hatzimbalasi, M., Rovithis, M., & Papastavrou, E. (2013). Assessment of patient satisfaction in public hospitals in Cyprus: a descriptive study. *Health Science Journal*, 7(1).
20. Alshammari, F. (2014). Patient satisfaction in primary health care centers in Hail City, Saudi Arabia. *American Journal of Applied Sciences*, 11(8), 1234-1240.
21. Almoajel, A., Fetohi, E., & Alshamrani, A. (2014). Patient satisfaction with primary health care in Jubail City, Saudi Arabia. *World Journal of medical sciences*, 11(2), 255-264.
22. Margolis, S. A., Al-Marzouqi, S., Revel, T., & Reed, R. L. (2003). Patient satisfaction with primary health care services in the United Arab Emirates. *International journal for quality in health care*, 15(3), 241-249.