



المنهل
ALMANHAL

نبع المعرفة

THE SOURCE OF KNOWLEDGE



Actual dissertation cover is not available

غلاف الرسالة غير متوفر

**MEDICAL TOURISM OF YEMENIS PATIENTS ATTENDING
JORDAN HEALTH CARE SERVICES, 2007**

By

Ali Mohammed Ali Khalil

Supervisor

Dr. Farouk Shakhathreh, Prof.

**This thesis was submitted in partial fulfilment of the requirements for the Master's
Degree of Science in Public Health**

**Faculty of Graduate Studies
The University of Jordan**

MAY, 2008

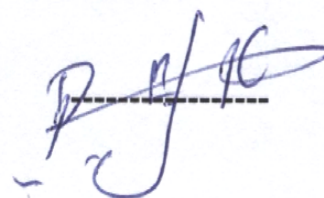
Committee Decision

This Thesis (**Medical Tourism of Yemenis Patients Attending Jordan Health Care Services, 2007**) was successfully defended and approved on

Examination Committee

Signature

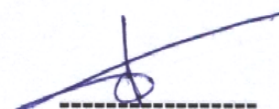
Dr. Farouk Mohammad Shakhathreh, Chairmen
Professor of Community Medicine/Epidemiology



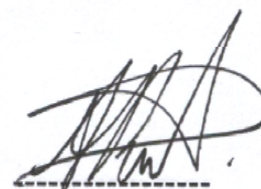
Dr. Abdel-Karim Al-Qudah, Member
Professor of pediatrics



Dr. Mu'taz Qasem Al-Ramahi, Member
Assistant Professor of obstetrics and Gynecology



Dr. Atallah zayed rabi Atallah, Member
Professor of Environmental Health
(Jordan University of science and Technology)



DEDICATION

With the completion of this work I wish to dedicate it to all who have assisted me either practically or spiritually along the way...

Special dedication to all my family especially my wife, for making my master possible...

ACKNOWLEDGEMENT

With the completion of this work I wish to acknowledge all who have assisted me along the way specially Professor Dr. Farouk Shakhathreh, my supervisor, for helping me to complete the whole journey of my thesis.

LIST OF CONTENTS

Subject	Page
Committee Decision	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
LIST OF CONTENTS	v
LIST OF TABLES	vii
LIST OF ABBREVIATIONS	ix
LIST OF APPENDICES	x
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Study Background	1
1.2 The Situation in Yemen	4
1.3 The Statement of the Problem	5
1.4 Importance of the Study	6
1.5 Study Objectives	7
CHAPTER TWO: LITERATURE REVIEW	8
2.1 What is the patient satisfaction?	9
2.2 What is patient expectation of health services?	9
2.3 What factors determine patient satisfaction?	10
2.4 Quality dimensions in medical care	11
2.5 Review of Selected Literature from Jordan and Neighbouring Countries	12
Patient Satisfaction and Demographic Variables	12
Patients' Satisfaction and Treatment Variables	13
Patients' Satisfaction and Attitude of Medical Workers	13
Patients' Satisfaction and Hospital Services	14
Patients' Satisfaction and their Expectations	15
CHAPTER THREE: MATERIAL AND METHODS	16
3.1 Study Design	16
3.2 Setting	16
3.3 Population and Sample	16
3.4 Data Collection Procedure	17
3.5 Study Instrument	18
3.6 Validity of the Questionnaire	21
3.7 Statistical Techniques	21
3.8 Ethical considerations	22
3.9 Limitations of the study	22
CHAPTER FOUR: RESULTS	23
4.1 The Sample Characteristics	23
4.2 The Treatment Profile	25
4.3 Perceived Reasons for choosing Jordan for Treatments	28

Subject	Page
4.4 Main Problems Encountered in Jordan	29
4.5 Reasons for Choosing Other Countries for Treatment	29
4.6 Patients' Satisfaction	30
4.7 Patients expectations	41
4.8 Patients Recommendations for Others	42
4.9 Patients satisfaction on the Cost of Treatment and Accommodation	42
4.10 Key Workers Interviews	44
4.11 The Relationship between Yemeni Patients Satisfaction and Demographic Variables	46
CHAPTER FIVE: DISCUSSION	48
5.1 Introduction	48
5.2 Sample Characteristics	49
5.3 Reasons for Choosing Jordan for Medical treatment	51
5.4 Patients' Satisfaction	52
5.5 Problems Patients Face in Jordan	59
5.6 The possible reasons that have led to the drop in the number of Yemeni patients visiting Jordan for treatments	60
5.7 The Suggestions for Improvement of Yemeni Medical Tourism	61
5.8 The Relationship between Patient Satisfaction and Demographic Variables	62
CHAPTER SIX: CONCLUSIONS	63
RECOMMENDATIONS	65
REFERENCES	66
Appendix (1): patients Questionnaire	69
Appendix (2): Key Workers Questionnaire	78
Appendix (3): patients Questionnaire in Arabic	79
Appendix (4): Key Workers Questionnaire in Arabic	87
Abstract in Arabic	88

LIST OF TABLES

No. of Table	Title of Table	Page
1	Distribution of patients according to Demographic Variables	23
2	Distribution of patients according to Type of Hospitals and Health Insurance	25
3	Distribution of patients according to Main Health Problems	25
4	Distribution of patients according to Type of Treatment Received, Place of Treatment, Duration of Hospitalization and Number of Admissions to Hospitals	26
5	Distribution of patients according to Duration of Stay in Jordan, the Cost of Treatment and the Cost of Residence	27
6	Distribution of patients according to Their Perceived Reasons for choosing Jordan of treatment	28
7	Distribution of Patients According to Their Main Problems Encountered in Jordan	29
8	Distribution of Patients According to Their Perceived Reasons for choosing other countries for treatment	29
9	Distribution of Patients According to Their Perceived opinions about Physicians' Attributes	30
10	Distribution of Patients According to Their Perceived opinions about Communication with Physicians and Confidence in Physicians	31
11	Distribution of Patients According to Their Perceived Opinions about Nurses Attributes	32
12	Distribution of Patients According to Their Perceived Opinions about Communication with Nurses, Confidence in Nurses and Adequacy of Nurses in the ward	33
13	Distribution of Patients According to Their Perceived Opinions about the Quality of Services provided by Paramedical	34
14	Distribution of Patients According to Their Perceived Opinions about the Quality of services provided Admission and Accounting Departments	35
15	Distribution of Patients According to Their Perceived Opinions of the Suitability Standard Level, Quality of Food and Quality of Medical Equipments in the Hospitals.	36
16	Distribution of Patients According to Their Perceived Opinions about Cleanliness of Hospitals	37
17	Distribution of Patients According to Their Perceived Opinions about the Outcome of Treatment, Overall Quality of Care and Level of Medical Services in Jordan	38
18	Distribution of Patients According to Their Perceived Opinions about Treatment with Respect and Dignity	39
19	Distribution of Patients According to Their Perceived Opinions about Non Medical Services	40
20	Distribution of Patients According to Their Expectations of the Quality of Medical Services in Jordan	41
21	Distribution of Patients According to Their Advices to Others to	42

No. of Table	Title of Table	Page
	Seek Treatment in Jordan	
22	Distribution of Patients According to Their Advices to Others to Get Treatment from the Same Hospital that They Were Treated In	42
23	Distribution of Patients According to Their Perceived Opinions about the Cost of Treatment and Residence in Jordan	42
24	Reasons for decrease in Yemeni medical tourists to Jordan as perceived by key workers	44
25	Suggestions of the key workers toward improving Yemeni medical tourism to Jordan	45
26	The Relationship between Yemeni Patients' Satisfaction with Health Care Services in Jordan and Demographic Variables	46

LIST OF ABBREVIATIONS

WHO:	World Health Organization
HCS:	Health Care Services
MOH:	Ministry Of Health
OPD:	Outpatients Departments
NHA:	National Health Account

LIST OF APPENDICES

No. of Appendix	Title of Appendix	Page
1	Patients Questionnaire	69
2	Key Workers Questionnaire	78
3	Patients Questionnaire in Arabic	79
4	Key Workers Questionnaire in Arabic	87

MEDICAL TOURISM OF YEMENIS PATIENTS ATTENDING JORDAN HEALTH CARE SERVICES, 2007

By

Ali Mohammed Ali Khalil

Supervisor

Dr. Farouk Shakhatreh, Prof.

ABSTRACT

Introduction: Jordan is considered as one of the few places which can provide both a combination of quality health services and superior tourist facilities. Medical tourism in Jordan provides several benefits including a good source of foreign currency and enhancement of internal and external tourism.

Objectives: The main objective of this survey is to identify the reasons that have led to the drop in the number of Yemeni patients visiting Jordan for treatment over the past few years, and to identify levels of satisfaction among Yemeni patients in Jordan's health care services in 2007. In view of the lack of research literature, this survey is the first to address the topic of medical tourism of Yemeni patients in Jordan.

Material and Methods: A two-part study was conducted. The first part was a cross-sectional study using survey methodology to explore levels of satisfaction in health care system and daily life in Jordan among Yemeni patients treated in Jordan during the period from June to September 2007.

The second part was a structured interview with key workers involved in the field of medical tourism, both in Yemen and Jordan, to investigate the reasons that have led to a decrease in the number of Yemeni patients coming to Jordan for treatment over the past few year, and to suggest programs and strategies that can improve Yemeni medical tourism to Jordan.

Results: The total number of the patients that were involved in the study was 324, 76.5% were males and the mean of the age of the study sample was 42 years. Most of study sample (86.7%) was treated in private hospitals while (13.3%) were in public hospitals. Most Yemeni patients were satisfied with Jordanian health care services (88.1%). Financial exploitation of some Yemeni patients by some doctors, lack of compliance with the prices assessed by the Ministry of Health in Jordan, and increase in the cost of treatment and accommodation in Jordan are the most common reasons that have led to a decrease in the number of Yemeni medical tourists to Jordan during the last few years.

Conclusions: Most Yemeni patients are satisfied with Jordanian health care services.

Recommendations: There should be direct supervision by Jordan MOH over the treatment of Yemeni patients in Jordanian hospitals.

CHAPTER ONE

INTRODUCTION

1.1 Study Background

Medical tourism, an important offshoot of the international travel industry, is defined as “the act of travelling to other countries for medical, dental, and surgical care” (Wikipedia Contributors, 2007). It is also referred to as “medical travel”, “health tourism” or “medical value travel”.

Medical tourists journey to other countries to obtain medical care while at the same time exploring, vacationing, and fully experiencing the attractions of the countries they are visiting. Because of relatively low-cost travel, this seemingly privileged tourist package is not restricted to wealthy members of society.

Many factors have led to the recent increase in popularity of medical tourism: the high cost of health care in industrialized nations, ease and affordability of international travel, and the improvement of technology and standards of care in many countries of the world. Significantly lower costs and better health care are usually the primary motivation. For example, the cost of surgery in India, Thailand and South Africa can be one tenth of what it is in the United States or Western Europe. (El Taguri, 2007; Borman, 2004) Some medical tourists travel abroad because procedures are immediately available there, or a particular treatment is not available in their own country. Promotion and advertisement worldwide for medical tourism is carried out by governments and businesses in countries like Cuba, Costa Rica, Hungary, India, Jordan, Lithuania, Malaysia, Thailand, Belgium, and many other countries.(Wikipedia Contributors, 2007).

Each country endeavours to attract individuals and parties interested in medical tourism as well as developing programs to facilitate it. Medical tourists may seek essential

services such as cancer treatment, brain surgery and transplants, or they may opt for complementary or 'elective' products such as cosmetic surgery (Goldstein, 2004). However, medical tourism is not always viewed positively. In places like USA, where most people have insurance and an access to quality health care, medical tourism is perceived as risky, because people fear surgical complications, malpractice and infectious diseases while undergoing treatment in other countries (Seth, 2006). On the other hand, some hospitals in certain countries gain the confidence of their customers by providing hospital accreditation from international bodies located in the United States.

India, which is a popular tourist destination, is experiencing a fast-growing medical tourism industry. Some of the best hospitals and treatment centres, which ordinary holidaymakers can take advantage of, are found there. India has become a favoured destination for people from USA, UK and Europe because of its comparatively superior infrastructure and medical technology (Hutchinson, 2005).

The most common treatment is represented in heart surgery, knee transplant, cosmetic surgery and dental care (Borman, 2004).

In India, medical treatment is not only fast but also less costly compared to costs in USA or Europe. Government and private sector studies in India estimate that medical tourism could bring 2.2\$ billion into the country by 2012. The reports estimate that medical tourism to India is growing by 30% a year (Marcelo, 2003). The economics of medical tourism is an example of how India is benefiting from globalization and outsourcing. It is also a new form of consumer diplomacy, whereby foreign patients who receive medical services in India help the country promote itself as a business and tourist destination (WHO, 2005).

All growing industries ultimately face competition. Although India hosts a large number of medical tourists from industrialized as well as neighbouring countries, it is facing

intensive regional competition from Malaysia, Singapore and Thailand, (Hutchinson, 2005).

Dubai, a luxury lifestyle centre attracting businesses, arts and festivals, has become a world player in the medical tourist industry in the Middle East. The Dubai Health Care City, which is expected to open by 2010, will be the largest international medical centre between Europe and Southeast Asia.

Jordan has also been the hallmark for excellence in health care for more than 50 years in the Middle East. Medical tourism has become one of its most important attractions with subsequent economic gains for the country. Jordan boasts some of the best hospitals, top quality health care services, and highly skilled, reputable and leading physicians. Consequently an increasing number of patients from neighbouring countries are taking advantage of Jordan's high quality medical care facilities.

The term medical therapeutic tourism suggests that both medical services and tourist attractions are being catered for. In this respect, Jordan strongly fulfils all aspects of this touristic spectrum. By providing exclusive medical services, including a large number of specialized hospitals and top- of-the-range medical clinics, it satisfies the medical requirements of potential patients. The general expansion of the tourist industry with a boom in hotels, resorts and restaurants has also aided in the growth of medical tourism by providing many services and attractions to tourists (Al-Hindi, 2006). However, nowadays Jordan is also facing stiff competition from countries in the region from Egypt, Turkey, Lebanon and other Gulf countries that have invested huge sums of money to become the medical vanguards of the Middle East.

Jordan nevertheless has remained strongly competitive and has promoted facilities and attractions for prospective Arab patients. For example, in 1999 The Department of Health Tourism of the Ministry of Health established an office at the Queen Alia

International Airport to aid incoming patients. This service offers quicker immigration desk processing, brochures on all hospitals, tourist sites and direct transportation to the hospital of choice for patients. As well as this some hospitals have endeavoured to gain their customers' trust and confidence by obtaining hospital accreditation from international bodies located in the United States.

Official figures estimate that within the past three years, the health sector has been generating around \$600 million annually in hospital fees from foreign patients alone (Al-Hindi, 2006).

The ministry of health in Jordan initiated a medical tourism plan in 2004 which aimed for a \$1 billion annual income by 2010 with the help of public and private sectors. The objective was for Jordan to become the health vacation destination of the Middle East within six years.

1.2 The Situation in Yemen

Despite significant recent improvements in its health care system and the presence of qualified hospitals, Yemen still encounters a major challenge in improving its health services. Poverty, low participation in education, high illiteracy rates, limited access to potable water and proper sanitation, all contribute to the poor health situation of its population. Because less than half of the population have access to basic health services, the incidence of injuries and chronic diseases such as cancer and heart diseases is on the rise. Yemen's health indicators, therefore, are among the lowest in the Middle East (Yemen NHA, 2005).

Because of the shortage of adequate health care facilities, Yemenis have to seek better health services abroad. Due to the close political, social and cultural ties between the two countries, Jordan has become one of the most important destinations for Yemeni patients looking for treatment abroad.

The influx of Yemeni patients to Jordan started in the 1980's, and subsequently Jordan has received tens of thousands of Yemeni patients seeking treatment in mostly private hospitals. Yemeni patients come to Jordan for treatment for various ailments, some of which are difficult to treat and the treatment is not always affordable in Yemen such as cancer, heart diseases, and renal failure. Some patients come for minor illnesses that can be treated in Yemen, but patients prefer to go abroad for better care, with an added bonus of a vacation.

According to the Ministry of Health in Jordan, the latest figures show that more than 108,000 multi-national persons entered Jordan for medical reasons in 2005, Yemenis patients constituting 34% of the total.

During the nineties the number of the Yemenis patients who entered Jordan for medical reasons was about sixty thousands per year. In the last five years, the number of Yemeni patients has decreased dramatically. Moreover, during 2005 the number of Yemenis patients was about 36000 and during 2006 the number was about 39000 patients (Alhinawy, 2007).

1.3 The Statement of the Problem

In recent decades, determining the level of patient satisfaction has been found to be the most useful criteria in obtaining patients' views regarding the provision of adequate medical care. This is based on two major principles: patients are the best source of information on qualitative and quantitative medical services provided, and patients' views are determining factors in planning and evaluating satisfaction (Brown, 1993). Measuring the level of patient satisfaction is important because it serves as an indicator of overall success in terms of how well the organization is meeting the needs of its target population.

The purpose of this study is to determine the level of satisfaction among Yemeni patients attending Jordan's health care services in 2007.

1.4 Importance of the Study

Yemeni medical tourists have, up to the present time, represented a high percentage of the total number of medical tourists who come to Jordan. There is, however, a current trend whereby prospective Yemeni patients are showing preference for other countries resulting in a decrease in the numbers visiting Jordan with obvious detrimental economic effects.

At the same time Yemen and Jordan have continued to maintain close social and political ties, and with Jordan's growing hospitality/medical tourism industry, there is a desire to preserve relationships by hosting Yemeni patients and offering the latest medical technology, under the supervision of the most qualified doctors in the various specialities.

There are no accurate statistical data or previous studies covering the number of Yemeni patients in Jordan and their medical problems. Therefore, this study focuses on obtaining information on all aspects of treatment of Yemeni patients in Jordan, which will become a baseline for further studies addressing this topic. It is anticipated that the recommendation of this study may lead a joint committee of the two countries to draw future plans to improve the quality of the health services provided to Yemeni patients in Jordan, and to solve the problems that Yemeni patients encounter.

1.5 Objectives:

1. To clarify and assess what makes Yemeni patients choose Jordan for health tourism.
2. To identify levels of satisfaction in Jordan's health care system (doctors, nurses, paramedical, and room services) and in daily life (accommodation, cost) among Yemeni patients who have been treated in Jordan.
3. To investigate the reasons those have led to the drop in the number of Yemeni patients visiting Jordan for treatment.
4. To investigate the relationship between Yemeni patients satisfaction in Jordan health care services and demographic variables (age, gender, educational level, marital status, monthly income and presence of insurance).
5. To suggest programs and strategies that can improve Yemeni medical tourism to Jordan.

CHAPTER TWO

LITERATURE REVIEW

There is a growing interest in many countries in assessing and ensuring quality of health care. It is also being increasingly recognised that consumer satisfaction should be taken into account as part of the assessment of quality of care (Al-Eisa et al., 2005). Thus, it has been argued that evaluation of health care should not only focus upon measures of clinical effectiveness and economics, but also upon measures of social acceptability to the consumers of health care.

2.1 What is the patient satisfaction?

In general, satisfaction is a person's feeling of pleasure or disappointment resulting from comparing a product performance or (outcome) in relation to his or her expectation. If performance falls short of his/her expectation, the customer is said to be “dissatisfied”. The customer is “satisfied” if the performance matches his/her expectation. If the performance exceeds one’s expectations, then the customer is said to be “highly satisfied”. Family members, referral doctors, suppliers, and employees are categorized as customers in hospitals and health centres. The most directly affected by the excellence of health services are the patients, who are classified as “clients”, “customers” or “beneficiaries”.

Interest in assessing patient satisfaction within health care services arose with the consumer movement of the 1960s (Ferris et al., 1992). Over a period of 25 years, health service researchers determined that satisfied and dissatisfied patients behave differently; this finding has established the usefulness of learning how consumers feel about the services they receive. Not surprisingly, satisfied patients are more likely to remain with the physician, keep appointments, comply with treatment, refer other patients to that physician and use the services. Furthermore, satisfaction is very highly associated with

the willingness to recommend the hospitals where patients received treatment (Jenkinson, 2002). Such behavioural consequences of patient satisfaction should result in better medical care provision and improved outcomes, but only if satisfaction correlates primarily with high quality health care.

Patient satisfaction data may also be utilized by business coalitions and organizations such as health insurance plans, which may evaluate health care organizations according to the level of patient satisfaction. Such business enterprises could thereby extend further support to the particular health care organization contributing to its long term success. Thus, fostering and maintaining customer support is one of the factors that might contribute towards the organization's growth (Bell et al., 1997).

2.2 What is patient expectation of health services?

Patients expect good medical and nursing care, short waiting time, excellent hospitality, personal attention, courteous behaviour, affordable charges, cleanliness, good coordination, staff member cooperation, effective communication, information and transparency in charges and procedures. Patients also want to be treated with dignity and respect (Brown, 1995).

2.3 What factors determine patient satisfaction?

Various methods have been used to assess the adequacy of patients' utilization of health services in general, and of primary health care services in particular. Patient's satisfaction has remained an important indicator of the efficient utilization of health services.

The following are the main determinants of patient's satisfaction (Mohammed, H.A and Alttom, A.R, 2005):-

1. Socio-demographic characteristics – age, race, income, ethnicity, educational level and marital status.

2. Patient's health condition.
3. Service provider – quality of care, waiting time, hospital ward cleanliness and nutrition.
4. Continuity of care – staff interpersonal skills, staff attitudes, effective communication between patient and carers.
5. Technical expertise – staff competence, hospital equipment.
6. Congruence between desired and received intervention and medical procedure.

Other factors influencing satisfaction with medical care include confidence in the system and a positive outlook on life in general. The physician remains a key element in patient satisfaction. (Al-Eisa et al., 2005).

2.4 Quality dimensions in medical care

Medical quality is a diverse subject, which spectrum covers complex technical elements such as correct diagnosis, appropriate intervention and effective treatments and interpersonal elements such as good communication, patient satisfaction and consideration for patients' preferences (Gill, 1993). It is not sufficient, therefore, to consider only the technical competence of care providers.

Rather, a high quality service is one that provides holistic effective care and is delivered humanely and efficiently. Good medical quality consists of technical competence as well the correct decisions and appropriateness of interventions, audit and evidence-based medicine.

Ovretveit (1990) stated that: "Professional quality has two parts:-

- (1) Whether the service meets the professionally assessed needs of its clients; and (2) Whether the service correctly selects and carries out the techniques and procedures which professionals believe meet the needs of clients".

Brown (1995) describes nine quality dimensions of health service delivery:

1. **Effectiveness** - The degree to which the desired which results (outcomes) of care are achieved through appropriate diagnosis and treatment
2. **Efficiency** - The ratio of the outputs of services to the associated costs of producing those services (taking into consideration both material and time resources).
3. **Technical competence** - The degree tasks are carried out by health workers and facilities that meet expectations of technical quality (according to clinical guidelines).
4. **Interpersonal relations** - Level of respect, courtesy, responsiveness, empathy, effective listening, and communication between clinic personnel and clients.
5. **Access to service** - The degree to which health care services are unrestricted by geographic, economic, social, organizational, or linguistic barriers.
6. **Safety** - The level of trust, confidentiality, and privacy in services, and the degree to which the risks of injury, infection, or other harmful side effects are minimized.
7. **Continuity** - The degree to which consistent and constant care is provided, including the value of visiting the same provider and continuing treatment.
8. **Physical aspects** - The physical appearance of the facility and the level of cleanliness, comfort, and amenities offered.
9. **Choice** - As appropriate and feasible, client choice of provider, insurance plan, or treatment.

2.5 Review of Selected Literature from Jordan and Neighbouring Countries

Patient Satisfaction and Demographic Variables

It has been shown that a patient's age, education, occupation and ethnic group are inconsistently correlated with satisfaction with the technical and interpersonal aspects of health care. When a relationship is found, it is reported to be weak. (Ferris et al., 1992)

A study to evaluate patients' satisfaction with primary health care centres in the capital health region of Kuwait was carried out in 2005 (Al-Eisa et al). Results showed a good satisfaction rate, the highest being for pharmacy services and the lowest for health centre buildings. Subjects aged 50 years and over showed the highest overall satisfaction. Male subjects and those who had completed primary school showed the highest overall satisfaction. Other socio-demographic characteristics were not significantly related to overall satisfaction scores.

A further study in Egypt aimed to identify factors associated with patient satisfaction with primary health care services in two health districts. This study showed that mostly women used primary health care services. Patient satisfaction was high for accessibility, waiting area conditions and performance of doctors and nurses. Dissatisfaction centred on the availability of prescribed drugs and laboratory analysis. Additionally, the level of privacy in the consultation rooms was described as unsatisfactory by 33% of patients. No association was determined between overall patient satisfaction with services received and age, gender, and educational level (Gad Allah et al., 2003).

Ibrahim et al., (2004), however, demonstrated a relationship with patients' education and their level of satisfaction with emergency services at the Al Ain Hospital. The questionnaire focused on general aspects of care, personal aspects of care and technical quality of care. The analysis showed that most of the patients were "satisfied" with the reception area. They were "very satisfied" with equipment, cleanliness, sheets, beds,

examination rooms, and the length of time it took to obtain test results from the X-ray and laboratory departments. The analysis also concluded that a highly educated patient is less satisfied because of her/his high expectation. A patient who has a lower level of education has showed more satisfaction with services because of his/her low level of expectation.

Patients' Satisfaction and Treatment Variables

In many studies researchers found that the treatment variable is more important than demographic variables when assessing patients' satisfaction.

Bahrampour and Zolal (2005) conducted a study to determine the level of satisfaction in hospitals in Iran, and factors affecting satisfaction. They found that less than 50% of patients were satisfied. There was no significant relationship between patient satisfaction and gender, but there was a significant relationship between satisfaction and type of hospital, ward, education level, history of hospitalization, need for medical services, health status and duration of hospitalization. They concluded that patients with poor health status were less satisfied than patients with better health status.

Patients' Satisfaction and Attitude of Medical Workers

Many studies have found that concise communication between doctor and patient in the form of adequate and comprehensive explanation of the medical problem is directly related to increased patient satisfaction (Ferris et al., 1992).

Al-Doghaiter(2004) studied inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia, and found the highest average satisfaction score was for admission and the lowest for communication. Among service items, the highest mean score was for physicians enquiring about patients' condition and opinions when planning care and the lowest for physicians asking for opinions about care quality and problems. Female and less educated patients were more satisfied

with their care than male and educated patients. Male surgical and medical ward patients were the most dissatisfied with physicians' services.

Patients' Satisfaction and Hospital Services

Adwan and Abedlhalim (1997) investigated patient satisfaction with medical care services in Jordanian hospitals. They found that hospital cleanliness, availability of health insurance, and medical workers attitude were the predominant factors that determined patient satisfaction.

A study conducted in Sudan of patients attending emergency departments of the Federal Teaching Hospital revealed high levels of satisfaction with staff (especially doctors) performance. However, low levels of satisfaction were noted in other areas of health services like cleanliness, toilets, food services and cost (.Mohammed, H. A and Alttom, A.R, 2005).

The Partners for Health Reform Plus in Jordan (a USAID flagship project for health policy and health system strengthening) implemented a patient satisfaction survey of 471 Ministry of Health (MOH) hospital adult inpatients. This was the first comprehensive survey in Jordan of patients' opinions on topics such as physician gender; patient safety; quality of meals; management of pain; level of privacy; hospital admission process; condition of hospital facilities; and level of communication with physicians and nurses. Patients were generally satisfied with the admission process, safety and privacy issues, and the cleanliness of their rooms. They were also satisfied with physicians and nurses professional expertise. However, they expressed dissatisfaction with the cleanliness of hospital common facilities, the noise level in the wards at night (especially among patients in obstetrics/gynaecology departments), and management of pain. Patients also elaborated that many physicians and nurses failed to

communicate medical issues such as diagnosis, treatment options, length of hospital stay, and length of recovery (Banks et al., 2005).

Another study in Jordan focused on criteria patients use when making their choice of private hospitals in Jordan. This study concluded that the criteria differ significantly as to the importance of their choice of hospital. Quality of care in emergency services and the hospital setting were found to be of high importance whereas physicians' advice and relatives' advice were of low importance. No significant differences among these criteria were found which could be attributed to patients' demographic characteristics except gender (Nusirat, 1998).

Patients' Satisfaction and their Expectations

Patient satisfaction was mainly influenced by patient expectation of received care even after adjustment for socio-demographic variables. While assessment of patient satisfaction is useful as a monitoring indicator for overall health care delivery performance, there is a need to examine client expectations and tailor services accordingly since satisfaction measures can only diagnose a problem, while expectation assessment can identify clients' needs (Mawajdeh et al., 2001).

A study was conducted on patients visiting the emergency department at King Hussein Medical centre, Amman, Jordan, over two months, April and May 2006 to determine patient's experiences and expectations from the health care services within the emergency department, and to improve those services and achieve patient satisfaction.

The study came to the conclusion that patient expectation surveys have an important role in the provision of emergency medicine (Al Issa, 2007).

CHAPTER THREE

Material and methods

3.1 Study Design

A cross-sectional survey design was used to meet the objectives of the study. Using this design made it possible to obtain information from Yemeni patients treated in Jordanian hospitals and analyzing their satisfaction with the Jordanian health care services.

3.2 Setting

The sample was obtained from the Yemeni patients who attended Yemen embassy in Jordan. Many Yemeni patients visit the embassy after completing treatment for documentation of their medical reports because they need documentations of their report for official processes. It is believed that the embassy was the most suitable place to obtain a sample of Yemeni patients who were treated in different Jordanians hospitals or outpatient clinics.

3.3 Population and Sample

The study population was all Yemeni patients who had visited the Yemeni embassy during the period from June to September 2007.

All Yemeni patients visiting the Yemeni embassy in Jordan for documentation of their reports receive serial numbers. Patient selection was based on probability sampling methods (systematic sample) where every other patient was selected. The first patients would have been selected randomly.

The total sample size was calculated based on the following:

1. The estimated number of Yemeni patients, who had visited Yemen embassy in Jordan for documentation of their reports and received serial numbers was about 200 patients per month.

2. Confidence level was 95%.
3. Margin of error (precision) of 0.05

$$N = \frac{Z^2 (p \times q)}{D^2} \quad (\text{Day and Graham, 1991})$$

N = sample size

Z = value at a confidence interval of (95%) = 1.96

P = assumed prevalence of the satisfaction with health services in Jordan = 50%

q = 1-p = 50%

d = margin of error = 0.05

According to the above equation and calculation, the estimated number of the sample size was 384 patients, questionnaires were distributed to all of them, but 324 subjects completed the questionnaires and 60 patients failed to complete the questionnaires so the response rate was 84.3%.

The second group of the study consisted of seven key workers involved in the medical tourism, four key workers from Jordan as following: The manager of the Medical Tourism Department in the Ministry of Health in Jordan, Deputy Manager of the Medical Tourism Department in the Ministry of Health in Jordan, The Chairmen of The Private Hospital Association, The Manager of Jordan Hospital and three key workers from Yemen as following: The Ambassador of Yemen in Jordan, The Medical Attach of Yemen in Jordan, and The Manager of the Public Relation in the Ministry of Health in Yemen.

3.4 Data Collection Procedure

Data collection took place during a period of three months from mid June 2007 to mid September 2007. Information gathering was carried out either directly by the researcher presenting the questionnaire individually to each respondent or through an assistant who

had received adequate training by the researcher to collect the necessary information to complete the questionnaires.

3.5 Study Instrument

In this cross-sectional survey, two questionnaires were used to carry out data collection, the first questionnaire is for the patients, and the second questionnaire is for key workers involved in medical tourism.

For the first questionnaire: The patient's questionnaire contained the following parts:

1. Covering letter explaining the purpose of the study, instruction and assuring the confidential coverage of the participants, their identities were not required, and they responded voluntarily.
2. Demographic variables: age, gender, marital status, education, income and medical insurance.
3. Treatment profile at Jordan: participants medical problems, type of treatment received, place of treatment, duration of hospitalization and cost of treatment. Cost of overall stay in Jordan was added to this section.
4. Open-ended questions: to determine what makes Yemeni patients choose Jordan for medical tourism, to investigate the types of problems that Yemeni patients face during their stay in Jordan, and to elicit patients' opinions about the causes of the decrease in medical tourism by Yemeni patients to Jordan.
5. Closed-ended questions: this part of the questionnaire covers areas of patient satisfaction with Jordanian health care service and daily life. Appropriate items were adapted from questionnaires used in international investigations conducted among patient's satisfaction studies (Hastings et al 2005; Ferris et al., 1992; Ware et al 1983). As following:
 - Patients' Satisfaction with cost of treatment and accommodation.

- Patient's Satisfaction with physicians' professionalism

Four physicians' attributes were examined in this study:

- Communication skills - which include clear and concise answers to patients' queries, explanation and clarification of patients' situation.
- Technical skills and experience.
- Level of attention and care given by the physicians.
- Level of respect and dignity given by physicians.

Patients' trust and confidence in the physicians was also examined.

- Patients' Satisfaction with nurses' professionalism

Five aspects of nursing were examined in this study:

- Communication skills.
- Sufficient numbers of nurses in the hospitals.
- Coordination between physicians and nurses.
- Level of nurses' care and attention given.
- Level of respect and dignity given by nurses.

In addition to these, patients' trust and confidence in nurses were examined.

- Patients' Satisfaction with paramedical services.

Three paramedical services provided in the hospitals were examined in the study:

- Quality of the services provided by radiologists.
- Quality of the services provided by laboratories.
- Quality of the services provided by pharmacies.

- Patients' Satisfaction with administrative services

Two administrative services in the hospitals were examined:

- A. Quality of services provided by admission employees, including interpersonal relationship with patients and admission waiting time on admission.
- B. Quality of services provided by accountants.
- Patients' satisfaction with hospital services

Three hospital services were examined in this study:

- A. Level of comfort in the hospitals, including absence of noise and safety in the room and building.
- B. Cleanness of the hospital rooms.
- C. Quality of food in the hospital.
- Patients' Satisfaction with External Hospital Services

Six external hospital services were examined to determine the level of satisfaction of Yemeni patients who participated in the study:

- A. Residence.
- B. Transportation.
- C. Communication
- D. Restaurants
- E. Food
- F. Tourist places
- Patients' Satisfaction with quality of medical equipment.
- Patients' satisfaction with overall quality of care.
- Patients' satisfaction regarding level of respect and dignity.
- Patients' satisfaction with the treatment outcome.

- Patients' opinion on the level of medical services in Jordan.
- Level of expectations of the patients about the level of medical services.
- Giving advice to others to seek treatment in Jordan
- Giving advice regarding hospital where treatment was received

Patients were asked to state their satisfaction with the health care services and daily life on a 5-point scale (where 5=excellent and 1=poor). (**Annex 1**)

The second questionnaire was developed by the researcher for the key workers involved in medical tourism and it included two open-ended questions as following:

1. What are the reasons that led to decrease Yemenis medical tourist to Jordan over the last few years?
 2. What do you suggest to increase Yemeni medical tourism to Jordan?
- (**Annex 2**)

3.6 Validity of the Questionnaire

Face validity of the questionnaire was determined by the researcher through reviewing literature. Further content validity was carried out through an expert panel (doctors and supervisor) who commented on the comprehensiveness and appropriateness of questions. Their comments were taken into consideration and the questionnaire was revised accordingly. The instrument was piloted on a sample of 20 Yemeni patients feedback from this pilot study was useful in improving questions.

3.7 Statistical Techniques:

In order to achieve the study objective, and investigate its hypotheses, many statistical techniques were used such as frequencies, means, and standard deviations to explore the distribution of the study variables. In addition to that, Chi-square test used to investigate

the relevant hypotheses, and the results depend on the p-value of the test as follow: if the p-value was equal or lower than 0.05, it means there is a significant association between two variables, while the p-value was higher than 0.05, it means there is no significant association between two variables.

3.8 Ethical considerations

1. Prior approval from the ambassador of Yemen in Jordan was obtained to conduct this study.
2. Prior approval from the scientific committee in the faculty of medicine and the graduate studies department to conduct this study.
3. All the identification data were confidential and prior approval from the participants were obtained.

3.9 Limitations of the study

- 1- Patients lack the experience and knowledge of how to assess accurately the technical competence of medical, nursing and technical personnel.
- 2- The sample size of the key workers was small.
- 3- The female number in the sample size was small.

CHAPTER FOUR

RESULTS

This study aims to investigate the level of satisfaction among Yemeni patients attending Jordan health care services in 2007, and to investigate the obstacles that affect medical tourism of Yemeni patients in Jordan.

4.1 The Sample Characteristics:

Table (1): Distribution of Patients According to Demographic Variables

Age in Years	Frequency	%
1-20	21	6.5
21-30	46	14.2
31-40	68	21.0
41-50	110	34.0
51-60	52	16.0
More than 60	27	8.3
Gender		
Male	248	76.5
Female	76	23.5
Marital Status		
Single	42	13.1
Married	265	82.5
Other	14	4.4
Education		
Illiterate	30	9.3
Below secondary	51	15.7
Secondary	88	27.1
Bachelor	110	34.0
Higher education	19	5.9
Other	26	8.0

Employment		
Public sector	176	56.0
Private sector	57	18.2
Unemployed	38	12.1
Other	43	13.7
Monthly Income		
Below 100 \$	54	17.9
100-200 \$	136	45.3
201-400 \$	66	21.9
401-800 \$	19	6.3
More than 800 \$	26	8.6
Total	301*	100

* The difference between the original sample size and the total is due to missing values.

Table (1) shows that the highest percent (34.0%) of the sample was in the age group of 41–50 years, while the lowest percent (6.5%) of them was in the age group of 1-20 years. In addition to that, the table reveals that most patients in the study sample were more than 40 years of age (58.3 %). The mean age of the study population was 42 years. The same table shows also that three quarters of the study population were males (76.5 %). Most of the study population are married (82.5 %), whereas (13.5 %) of them are single. It shows also that the highest percent of the study population had bachelor degree (34.0%), and about one tenth of them were illiterate (9.3%).

The same table reveals that, most of the study population (56.1%) work for the Yemeni government, while 18.2% of participants work for the private sector. It is worth mentioning that 12.1 % were unemployed. Also most of the study population (63.2 %) has a monthly income of \$ 200 or less while 8.6% earn more than \$ 800 monthly. The monthly income level mean of the study population was \$ 268.

4.2 The Treatment Profile

Table (2): Distribution of Patients According to Type of Hospitals and Health Insurance

Hospital	Frequency	%
Public	31	13.3
Private	202	86.7
Total	233*	100
Insurance	Frequency	%
Insured	84	25.9
Not insured	240	74.1
Total	324	100

* The difference between the original sample size and the total is due to missing values.

Table (2) shows that most of study population (86.7%) was treated in private hospitals while 13.3% were treated in public hospitals. About three quartiles of patients (74.1%) were not covered by any type of health insurance.

Table (3): Distribution of Patients According to Main Health Problems

Health problem	Frequency	%
Internal diseases include liver disease, kidney, GIT, pulmonary, rheumatology and neurological diseases	83	29.5
Heart diseases	54	19.1
Cancer	49	17.4
Orthopaedics	41	14.5
Surgical procedures, burns , ENT, urology	28	9.9
Eye problems.	20	7.1
Other problems	7	2.5
Non Response	42	13
Total	282	100

Health problems were classified into seven categories as shown in table (3). About 30 % of Yemeni patients have internal diseases, 19.1% have heart diseases, 17.4% have cancer, and 14.5% have orthopaedic problems. Diseases that require surgical procedures burns, ENT problems urology, eye problems and others constitute the rest (19.5%).

Table (4): Distribution of Patients According to Type of Treatment Received, Place of Treatment, Duration of Hospitalization and Number of Admissions to Hospitals

Type of treatment	Frequency	%
Medical treatment	159	58
Surgical treatment	114	42
Total	273*	100
Place of treatment		
Hospital	293	90.4
Private clinic	31	9.6
Total	324	100
Duration of hospitalization		
1-7 days	156	59.3
8-15 days	45	17.1
16-21 days	11	4.2
More than 21 days	51	19.4
Total	263*	100
Admission to hospital		
Once	135	51.9
Twice	45	17.3
Three times	31	11.9
Four times	21	8.1
More than five times	28	10.8
Total	260*	100

* The difference between the original sample size and the total is due to missing values.

Regarding the type of medical treatment received, table (4) shows that 58% of Yemeni patients in Jordan received medical treatment without surgical intervention, while 42 % received surgical treatment.

Regarding to place of treatment of Yemeni population, the same table shows that the majority of Yemeni patients were treated in hospitals (90.4%), while only 9.6% were treated in outpatients' clinics.

Concerning the period of hospitalization, the same table shows that the majority of patients (59.3%) stayed in hospital for seven days or less, while 19.4% stayed for more than three weeks. Mean duration of hospitalization was 5 days.

Regarding the number of admissions to hospitals, the same table reveals that most Yemeni patients who were treated in hospitals (51.9%) were admitted only once, whereas 30.8% were admitted three times or more.

Table (5): Distribution of Patients According to Duration of Stay in Jordan, the Cost of Treatment and the Cost of Residence

Period in Jordan	Frequency	%
1-7days	48	15.6
8-15 days	80	26.0
16-21 days	50	16.2
22-28 days	22	7.1
More than 28 days	108	35.1
Total	308*	100
Cost of Treatment	Frequency	%
\$2,000 and less	83	32.2
\$2,001-\$4,000	56	21.7
\$4,001-\$6,000	32	12.4
\$6,001-\$10,000	42	16.3
More than \$10,000	45	17.4
Total	258*	100
Cost of Residence	Frequency	%
\$1,000 and less	85	31.7
\$1,001-\$2,000	60	22.4
\$2,001-\$3,000	52	19.4
\$3,001-\$5,000	36	13.4
More than \$5,000	35	13.1
Total	268*	100

* The difference between the original sample size and the total is due to missing values.

Concerning the duration of stay in Jordan, table (5) shows that around one third (35.1%) of Yemeni patients remained in Jordan for more than 28 days, while more than one quarter (26%) remained 8-10 days in Jordan. In addition to that, the mean duration of stay in Jordan was (20.6) days.

Concerning the cost of treatment of Yemeni patients, the same table shows that one third of Yemeni patients had spent \$ 2,000 or less for their treatment, and one half of them had spent more than \$ 4,000. In addition to that, the mean of cost of treatment was \$ 5511.

Regarding the cost of residence in Jordan, the same table shows that most Yemeni patients (54.1%) had spent \$2,000 or less on residence cost while 26.5% had spent more than \$ 3,000. In addition to that, the mean of the residence cost in Jordan was \$ 4992.

4.3 Perceived Reasons for choosing Jordan for Treatments

Table (6): Distribution of Patients According to Their Perceived Reasons for Choosing Jordan for Treatment

Reasons for choosing Jordan	Frequency	%
It is renowned for its excellent physicians and therapeutic options	202	74.6
Completion of previous treatment	28	10.3
An existing health agreement between Jordan and Yemen	18	6.6
Ease of travel to Jordan	14	5.2
Referral by a physician in Yemen	9	3.3
Non Response	53	16.4
Total	271	100

Regarding the reasons of choosing Jordan, table (6) shows that three quartiles of Yemeni patients selected Jordan for treatment because it is well-known for its excellent physicians and therapeutic options. About ten percent of patients selected Jordan to complete previous treatment. Health agreement between Jordan and Yemen, Easy travelling to Jordan as well as referral by a physician in Yemen were mentioned by 6.6%, 5.2 % and 3.3 % respectively.

4.4 Main Problems Encountered in Jordan

Table (7): Distribution of Patients According to Their Main Problems Encountered in Jordan

Problems	Frequency	%
Unethical behaviour by some doctors*	131	49.7
Financial problems due to the rise in the cost of treatment and residence	58	22.1
Transportation problems e.g. improper treatment by taxi drivers, and unknown addresses	32	12.2
Inability to locate physicians	29	11.0
Lack of suitable housing	6	2.3
Other problems	7	2.7
Non response	61	18.8
Total	263	100

Problems encountered in Jordan were classified into six categories as shown in table (7). About half of Yemeni patients (49.7%) have experiencing in Jordan is unethical behaviour of some doctors. Financial problems due to the rise in the cost of treatment and residence are encountered by 22.1%. Transportation problems, inability to locate physicians, and lack of suitable housing were mentioned by 12.2 %, 11.0 % and 2.3 % respectively.

4.5 Reasons for Choosing Other Countries for Treatment

Table (8): Distribution of Patients According to Their Perceived Reasons for Choosing Other Countries for Treatment

Reasons	Frequency	%
High cost of treatment and accommodation in Jordan compared to other Arab states	178	74.8
Special circumstances of each case	25	10.5
Physicians abusing Jordan's reputation	13	5.5
Renowned doctors in other countries are better than those in Jordan	11	4.6
Tourist facilities in other countries are better than in Jordan	1	0.4
Non response	96	29.6
Total	228	100

* Unethical behaviour: patients remarked that the main interest of some doctors was "only the money". Some doctors don't deal with patients humanely. Finally some doctors may undertake unnecessary surgical operations just for financial gain.

The reasons perceived for choosing other countries were classified into five categories as shown in table (8). The table reveals that three quarters of participants perceived that the high cost of treatment and accommodation in Jordan compared to other Arab states is the most important reason for why Yemeni patients travel to other countries seeking medical care. About one Tenth gave individual or special circumstances as the reason. Other perceived reasons were mentioned by less than one tenth of study population included physicians abusing Jordan's reputation 5.5%, renowned doctors in other countries are better than those in Jordan 4.6%, and tourist facilities in other countries are better than in Jordan was mentioned by less than 1% of the participants.

4.6 Patients' Satisfaction

- Patients' Satisfaction with health care providers.

1. Patient's satisfaction with physicians' professionalism

Table (9): Distribution of Patients According to Their Perceived opinions about Physicians' Attributes.

Physicians attributes		Frequency	%
Explanation and clarification of the medical condition	Excellent	178	55.5
	Very good	95	29.6
	Good	36	11.2
	Fair	8	2.5
	Poor	4	1.2
	Total	321*	100
Technical skills and experience of Physicians	Excellent	194	60.2
	Very good	103	32.0
	Good	24	7.5
	Fair	-	-
	Poor	1	0.3
	Total	322	100
Level of attention and care by physicians	Excellent	183	56.8
	Very good	85	26.4
	Good	41	12.7
	Fair	6	1.9
	Poor	7	2.2
	Total	322	100

Physicians attributes		Frequency	%
Level of respect for patients	Excellent	201	62.8
	Very good	82	25.6
	Good	24	7.5
	Fair	12	3.8
	Poor	1	0.3
	Total	320*	100

* The difference between the original sample size and the total is due to missing values.

Physicians attribute in terms of explanation and clarification of patients' situation, technical skills and experience, level of attention and care given by the physicians and level of respect and dignity towards patients by physicians were classified into five points scale (excellent, very good, good, fair and poor) as shown by table (9) and was evaluated by Yemeni patients.

The table reveals that 85.1% stated that doctors' explanation and clarification of their situation was "excellent" and "very good".

Also the same table shows that most Yemeni patients (92.2%) revealed that doctors' expertise and experience were "excellent" or "very good".

In addition 83.25% of patients stated that the level of attention and care by physicians was "excellent" or "very good". Finally about 90% of patients responded that the respect level toward patients by physicians was "excellent" or "very good".

Table (10): Distribution of Patients According to Their Perceived opinions about Communication with Physicians and Confidence in Physicians

		Frequency	%
Good communication with Physicians	Yes always	215	67.0
	Yes, sometimes	94	29.3
	No	12	3.7
	Total	321*	100
Trust and confidence in Physicians	Yes always	250	77.6
	Yes, sometimes	67	20.8
	No	5	1.6
	Total	322*	100

* The difference between the original sample size and the total is due to missing values.

Table (10) shows that the two third (67%) of Yemeni patients always received a clear explanation from their doctors, whereas only 3.7% of patients said that they did not get clear communication at all. Also the same table reveals that the majority of Yemeni patients (77.6%) always had trust and confidence in their doctors, while 1.6% stated that they had no confidence at all.

1. Patients' Satisfaction with Nurses' Professionalism.

Table (11): Distribution of Patients According to Their Perceived Opinions about Nurses Attributes

		Frequency	%
Coordination between physicians and nurses	Excellent	144	45.8
	Very good	105	33.3
	Good	42	13.3
	Fair	7	2.2
	Poor	7	2.2
	I don't know	10	3.2
	Total	315*	100
Attention and care to patients	Excellent	128	41.3
	Very good	113	36.5
	Good	49	15.8
	Fair	10	3.2
	Poor	10	3.2
	I don't know	-	-
	Total	310*	100
level of respect for patients	Excellent	135	43.0
	Very good	115	36.6
	Good	49	15.6
	Fair	11	3.5
	Poor	4	1.3
	I don't know	-	-
	Total	314*	100

* The difference between the original sample size and the total is due to missing values.

Nurses attributes in terms of the coordination level between physicians and nurses, level of attention and care to patients and level of respect for patients were evaluated by Yemeni patients and were classified into five point scale (excellent, very good, good, fair and poor), Table (11) shows that the coordination level between physicians and nurses was perceived as "excellent" or "very good" by the majority of Yemeni patients (79.1%). In addition, the level of attention and care by nurses was seen as "excellent"

and “very good” by 77.8% of patients. 79.6% stated that the nurses’ respect for patients was “excellent” or “very good”, and only 1.3 % indicates that the nurses' level of respect was poor.

Table (12): Distribution of Patients According to Their Perceived Opinions about Communication with Nurses, Confidence in Nurses and Adequacy of Nurses in the Ward

		Frequency	%
Comprehensible Communication with Nurses	Yes always	151	47.4
	Yes, sometimes	144	45.1
	No	18	5.6
	I had no need to ask	6	1.9
	Total	319*	100
Trust and confidence in nurses	Yes always	172	54.1
	Yes, sometimes	129	40.6
	No	17	5.3
	Total	318*	100
Adequacy of number of nurses in the ward	Adequate number always	225	74.3
	Adequate number sometimes	60	19.8
	Not enough nurses	18	5.9
	Total	303*	100

* The difference between the original sample size and the total is due to missing values.

Comprehensible communication with nurses, Trust and confidence in nurses and Adequacy of number of nurses as perceived by patients in the ward were evaluated by Yemeni patients as shown in Table (12)

The table shows that 47.4% of Yemeni patients had always received explicit answers for their queries. At the same time, 6 % didn't receive any explicit answer from the nurses.

Regarding the trust and confidence in nurses, the table reveals that 54.1% of Yemeni patients “always” had trust and confidence in nurses and only 5.3% had no trust and confidence in nurses.

Regarding the adequacy of number of Nurses as perceived by Yemeni patients in the ward, the table shows that three quarters of the Yemeni patients (74.3%) mentioned the number of nurses in the ward was “always” adequate, whereas 5.9% stated that the number of nurse in the ward was not enough.

3. Patients’ Satisfaction with paramedical Services.

Table (13): Distribution of Patients According to Their Perceived Opinions about the Quality of Services provided by Paramedical

		Frequency	%
Quality of services provided by employees in the Radiology department	Excellent	134	43.1
	Very good	96	30.9
	Good	48	15.4
	Fair	11	3.5
	Poor	9	2.9
	I don’t know	13	4.2
	Total	311*	100
Quality of services provided by employees in the Laboratories	Excellent	141	45.4
	Very good	106	34.2
	Good	38	12.3
	Fair	8	2.6
	Poor	4	1.3
	I don’t know	13	4.2
	Total	310*	100
Quality of services provided by employees in the Pharmacy	Excellent	133	43.5
	Very good	121	39.7
	Good	27	8.9
	Fair	15	4.9
	Poor	9	3.0
	I don’t know	-	-
	Total	305*	100

* The difference between the original sample size and the total is due to missing values.

The quality of services provided by employees in the radiology department, the laboratory, and the pharmacy) was classified into five points scale (excellent, very good, good, fair, and poor) and was evaluated by Yemeni patients as shown in Table (13).

The table indicates that the quality of medical services provided by (Radiology, Laboratories and Pharmacy) were “excellent” and “very good” as stated by a high % of Yemeni patients (74%, 79.6%, and 83.2%) respectively.

4. Patients' Satisfaction with Administrative services.

Table (14): Distribution of Patients According to Their Perceived Opinions about the Quality of Services Provided by Admission and Accounting Departments

		Frequency	%
Quality of services provided by admissions department	Excellent	123	39.9
	Very good	116	37.5
	Good	49	15.9
	Fair	16	5.2
	Poor	5	1.5
	Total	309*	100
Quality of services provided by the accounting department	Excellent	110	35.7
	Very good	89	28.8
	Good	56	18.1
	Fair	35	11.3
	Poor	19	6.1
	Total	309*	100

* The difference between the original sample size and the total is due to missing values.

The Quality of services provided by employees in the admission and the accounting departments was classified into five points scale (excellent, very good, good, fair and poor) and was evaluated by Yemeni patients as shown in Table (14).

The table shows that the quality of services provided by the admission and accounting departments was “excellent” and “very good”, as stated by the majority of Yemeni patients 77.4%, 64.5% respectively.

- **Patients' Satisfaction with Hospital Services.**

Table (15): Distribution of Patients According to Their Perceived Opinions of the Comfort Level, Quality of Food and Quality of Medical Equipments in the Hospitals.

Comfort Level	Frequency	%
Excellent	134	44.4
Very good	107	35.4
Good	48	15.9
Fair	9	3.0
Poor	4	1.3
Total	302*	100
Quality of Food		
Excellent	106	35.7
Very good	96	32.3
Good	55	18.5
Fair	26	8.8
Poor	14	4.7
Total	297*	100
Quality of Medical Equipments		
Excellent	171	53.9
Very good	93	29.2
Good	26	8.2
Fair	2	0.6
Poor	2	0.6
I don't know	24	7.5
Total	318*	100

* The difference between the original sample size and the total is due to missing values.

Hospital services in term of suitability standard level, quality of food and quality of medical equipments were classified into five points scale (excellent, very good, good, fair and poor) and evaluated by Yemeni patients, Table (15) shows that the majority of patients (79.8%) stated that the suitability standard level at the hospitals was between “excellent” and “very good”. Only 4.3% of patients stated it was “fair” or “poor”.

Concerning the quality of food in hospitals the same table shows that the quality of food was “excellent” or “very good”, according to the majority of patients (68.0%), whereas 4.7 % stated that the quality of food was “poor”.

Concerning the quality of medical equipments in the hospitals the same table shows that quality of medical equipment in hospitals was judged to be “excellent” and “very good” according to 83.1% of participants.

Table (16): Distribution of Patients According to Their Perceived Opinions of the Cleanliness of Hospitals

Cleanliness of Hospitals	Frequency	%
Very clean	179	59.3
Clean	106	35.1
Not very clean	13	4.3
Not at all clean	4	1.3
Total	302*	100

Regarding the cleanliness of hospitals, Table (16) shows that the hospital rooms were clean as stated by the majority of Yemeni patients (94.4%). Only 5.6% indicated that the rooms were not very clean or not at all clean.

- **Patients' Satisfaction with the Outcome of Treatment, Overall Quality of Care and Level of Medical Services in Jordan.**

Table (17): Distribution of Patients According to Their Perceived Opinions about the Outcome of Treatment, Overall Quality of Care and Level of Medical Services in Jordan.

Outcome of Treatment	Frequency	%
Excellent	126	39.1
Very good	130	40.5
Good	40	12.4
Fair	12	3.7
Poor	14	4.3
Total	322*	100
Overall Quality of Care		
Excellent	154	48.3
Very good	121	37.9
Good	36	11.3
Fair	6	1.9
Poor	2	0.6
I don't know	-	-
Total	319*	100
Level of Medical Services in Jordan		
Excellent	185	57.4
Very good	100	31.1
Good	28	8.7
Fair	6	1.9
Poor	3	.9
Total	322*	100

* The difference between the original sample size and the total is due to missing values.

The outcomes of treatment, overall quality of care and level of medical services in Jordan were classified into five points scale (excellent, very good, good, fair and poor) and were evaluated by Yemeni patients, Table (17) shows that the outcome of medical intervention was “excellent” and “very good”, according to 79.6% of Yemeni patients, while only 8.0% of them mentioned it was “fair” or “poor”.

Concerning the overall quality of care, the same table shows the overall quality of care was judged to be “excellent” and “very good” according to 86.2% of participants.

Concerning the level of medical services in Jordan, the same table shows that shows that 88.5% revealed that the level of medical services in Jordan was “excellent” or “very good”. While only 2.8% mentioned it was “fair” or “poor”.

- **Patients' Satisfaction regarding Level of Respect and Dignity in the Hospitals.**

Table (18) Distribution of Patients According to Their Perceived Opinions about Treatment with Respect and Dignity

	Frequency	%
Yes, always	238	74.8
Yes, sometimes	69	21.7
No	11	3.5
Total	318*	100

* The difference between the original sample size and the total is due to missing values.

Regarding the treatment with respect and dignity in the hospital as perceived by Yemeni patients, table (18) indicates that most of Yemeni patients 96.5% mentioned they were treated with respect and dignity in hospitals, and only 3.5 % stated that they received treatment without respect and dignity.

- **Patients' Satisfaction with External Hospital Services.**

Table (19): Distribution of Patients According to Their Perceived Opinions about Non Medical Services

Opinions about		Frequency	%
Residence	Excellent	63	19.7
	Very good	102	31.9
	Good	82	25.6
	Fair	53	16.6
	Poor	11	3.4
	I don't know	9	2.8
	Total	320*	100
Transportation	Excellent	74	23.4
	Very good	77	24.5
	Good	75	23.7
	Fair	51	16.1
	Poor	39	12.3
	I don't know	-	-
	Total	316*	100
Communication	Excellent	94	29.5
	Very good	90	28.3
	Good	56	17.6
	Fair	28	8.8
	Poor	25	7.9
	I don't know	25	7.9
	Total	318*	100
Restaurant	Excellent	68	21.5
	Very good	71	22.4
	Good	88	27.7
	Fair	41	12.9
	Poor	19	6.0
	I don't know	30	9.5
	Total	317*	100
Food	Excellent	65	20.3
	Very good	86	26.9
	Good	89	27.8
	Fair	43	13.4
	Poor	17	5.3
	I don't know	20	6.3
	Total	320*	100
Shopping	Excellent	50	15.9
	Very good	63	20.0
	Good	92	29.2
	Fair	55	17.5
	Poor	14	4.4
	I don't know	41	13.0

Opinions about		Frequency	%
	Total	315*	100
Tourism	Excellent	59	19.2
	Very good	59	19.2
	Good	60	19.5
	Fair	18	5.9
	Poor	17	5.5
	I don't know	94	30.7
	Total	307*	100

* The difference between the original sample size and the total is due to missing values.

External hospital services in terms of residence, transportation, communications, restaurants, food, shopping, and tourism), were classified into five points scales (excellent, very good, good, fair and poor) and were evaluated by patients, Table (19) shows that respondents judged most facilities in Jordan as “excellent”, “very good” as follows: residence (51.6%), transportation (47.9%), communication (57.8%), food (43.9%), restaurants (47.2%), shopping (35.9%), and tourism (38.4%).

4.7 Patients expectations

Table (20): Distribution of Patients According to Their Expectations of the Quality of Medical Services in Jordan

	Frequency	%
Exceeded expectations	122	38.1
Met expectations	160	50.0
Below expectation	38	11.9
Total	320*	100

* The difference between the original sample size and the total is due to missing values.

Comparing the quality of health care services in Jordan in relation to patients' expectation was classified into three categories (exceeded expectations, met expectations and below expectations) and was evaluated by patients, table (20) reveals that 88.1% of Yemeni patients demonstrated that they had received health care which was above or had met their expectations.

4.8 Patients Recommendations for Others

Table (21): Distribution of Patients According to Their Advices to Others to Seek Treatment in Jordan

	Frequency	%
Yes	265	82.3
No	57	17.7
Total	322*	100

* The difference between the original sample size and the total is due to missing values.

Relating to giving advice to others to seek treatment in Jordan, Table (21) shows that most Yemeni patients (82.3%) would advise other Yemenis to come to Jordan for treatment.

Table (22) Distribution of Patients According to Their Advices to Others to Get Treatment from the Same Hospital that They Were Treated In

	Frequency	%
Yes	270	84.1
No	51	15.9
Total	321*	100

* The difference between the original sample size and the total is due to missing values.

Regarding to giving advices to others to get treatment from the same hospital that they were treated in, Table (22) shows that most Yemeni patients (84.1%) would advise their relatives and friends to go to the hospitals where they had received treatment.

4.9 Patients satisfaction with the Cost of Treatment and Accommodation

Table (23): Distribution of Patients According to Their Perceived Opinions about the Cost of Treatment and Residence in Jordan

Opinion about		Frequency	%
Treatment cost	Very expensive	166	53.4
	Expensive	108	34.7
	Fair	36	11.6
	Cheap	1	0.3
	Total	311*	100
Residence cost	Very expensive	169	52.8
	Expensive	116	36.3
	Fair	34	10.6
	Cheap	1	0.3
	Total	320*	100

* The difference between the original sample size and the total is due to missing values.

Perceived opinions about the cost of treatment and residence in Jordan were classified into four categories (very expensive, expensive, fair and cheap), Table (23) shows that the overwhelming majority of Yemeni patients (88.1%) revealed that treatment cost in Jordan was “expensive” or “very expensive”, whereas 11.9% stated that it was fair and cheap. Also the same table reveals that the majority of Yemeni patients (89.1%) remarked that accommodation in Jordan was “expensive” or “very expensive”, but 10.9% of them were “fair and cheap”.

4.10 Key Workers Interviews

The second part of the study was in the form of structured interviews with key workers in the field of medical tourism in Jordan and Yemen. They were asked two open-end questions regarding their views about: The reasons for the decrease in the number of Yemeni medical tourists to Jordan over the past few years; and their suggestions regarding the programs and strategies that may improve Yemeni medical tourism to Jordan; The researcher interviewed seven persons interested in medical tourism. The result of the interviews is as follows

Table (24): Reasons for decrease in Yemeni medical tourists to Jordan as perceived by key workers

	No.
Financial exploitation of patients by some doctors - as a result Jordan's reputation in the health care system was tarnished.	6
Non-compliance by some doctors and hospitals with the price lists recommended by Jordan's Ministry of Health	6
Increasing cost of living index in Jordan	4
Stiff competition from Egyptian health care systems	4
Absence of professional co-ordination with patients and absence of patient follow-up	4
Improvement of Yemen health care system	1
Impaired reciprocal visits of medical legations between Yemen and Jordan	1
Lack of involvement by Jordan's medical attaché in Yemen	1

Table no (24) reveals that the financial exploitation of some Yemeni patients by some doctors and non- compliance with the price list set up by Jordan's Ministry of Health are the most common reasons that have led to a decrease in the number of Yemeni medical tourists. Other important reasons were increasing cost of living index in Jordan, stiff competition from Egyptian health care systems, absence of professional co-ordination with patients and absence of patient follow-up, improvement of Yemen health care system, impaired reciprocal visits of medical legations between Yemen and Jordan, and lack of involvement by Jordan's medical attaché in Yemen.

Table (25): Suggestions of the key workers toward improving Yemeni medical tourism to Jordan

	No.
Direct supervision from the Ministry of Health in Jordan over the treatment of Yemeni patients in Jordanian hospitals, there should be a responsible body in the Ministry for treatment and follow-up.	5
Efficient monitoring of the cost of the treatment.	5
Increase of the role of the multi media to introduce Yemeni patients to medical tourism in Jordan	3
Create protocols and agreements between Yemeni institutions and Ministry of Health in Jordan	2
Activations of reciprocal visits of medical legations between Yemen and Jordan	2
Activation of the role of the Jordanian medical attaché in Yemen and medical attaché of the Yemeni Republic in Jordan	2
Imposition of a boycott against any doctor or hospital charged with misconduct.	1
Presence of regulations for medical accountability	1

Concerning to suggestions by the key workers regarding programs and strategies that can improve Yemeni medical tourism to Jordan, Table (25) shows that most notably: direct supervision from the Ministry of Health in Jordan over the treatment of Yemeni patients in Jordanian hospitals, there should be responsible body in the Ministry for treatment and follow-up, efficient monitoring of the cost of the treatment, Increase of the role of the multi media to introduce Yemeni patients to medical tourism in Jordan, create protocols and agreements between Yemeni institutions and Ministry of Health in Jordan, activation of reciprocal visits of medical legations between Yemen and Jordan, activation of the role of the Jordanian medical attaché in Yemen and medical attachments of the Yemeni Republic in Jordan, imposition of a boycott against any doctor or hospital charged with misconduct, and presence of regulations for medical accountability.

4.11 The Relationship between Yemeni Patients Satisfaction and Demographic Variables:

Table (26): The Relationship between Yemeni Patients' Satisfaction with Health Care Services in Jordan and Their Demographic Variables

Variables		Satisfaction					P-value
		Excellent	Very good	Good	Fair	Poor	
Age No. (%)	1–20 yrs	9(42.9%)	7(33.3%)	4(19.0%)	1(5.0%)	-	0.518
	21–30 yrs	21(45.6%)	19(41.3%)	3(6.5%)	2(4.3%)	1(2.2%)	
	31–40 yrs	36(54.5%)	23(34.8%)	7(10.6%)	-	-	
	41–50 yrs	49(45.3%)	41(40.0%)	16(17.3%)	1(.9%)	1(.9%)	
	51–60 yrs	27(52.9%)	21(41.2%)	3(5.9%)	-	-	
	More than 60	12(44.4%)	10(37.0%)	3(11.1%)	2(7.4%)	-	
Educational Level NO. (%)	Illiterate	11(36.7%)	15(50.0%)	3 (10.0%)	-	1(3.3%)	0.065
	Less than secondary	23(45.1%)	22(43.1%)	6(11.8%)	-	-	
	Secondary	39(44.8%)	37(42.5%)	10(11.5%)	1(1.1%)	-	
	Bachelor	50(47.2%)	36(34.0%)	15(14.2%)	5(4.7%)	-	
	Higher education	14(73.7%)	5(26.3%)	-	-	-	
Gender NO. (%)	Male	115(46.9%)	91(37.1%)	32(13.1%)	6(2.4%)	1(.4%)	0.097
	Female	39(52.7%)	30(40.5%)	4(5.4%)	-	1(1.4%)	
Marital status NO. (%)	Single	19(45.2%)	17(40.5%)	5(11.9%)	1(2.4%)	-	0.425
	Married	125(48.1%)	98(37.7%)	31(11.9%)	5(1.9%)	1(.4%)	
	Others	8(57.1%)	5(35.7%)	-	-	1(7.1%)	
Monthly Income NO. (%)	Less than 100 \$	18(33.3%)	31(57.4%)	4(7.4%)	-	1(1.9%)	0.091
	100-200 \$	68(50.4%)	42(31.1%)	21(15.6%)	4(2.9%)	-	
	201-400 \$	30(47.6%)	26(41.3%)	6(9.5%)	1(1.6%)	-	
	401-800 \$	10(52.6%)	7(36.8%)	2(10.5%)	-	-	
	More than 800 \$	13(52%)	10(40.0)	1(4.0%)	-	1(4%)	

Variables		Satisfaction					P-value
		Excellent	Very good	Good	Fair	Poor	
Presence of insurance NO. (%)	Insured	45(55.6%)	26(32.1%)	8(9.9%)	-	2(2.4%)	0.023
	Not insured	109(45.8%)	95(39.9%)	28(11.8%)	6(2.5%)	-	
Place of Treatment NO. (%)	Hospital	143(48.8%)	107(36.5%)	38(13.0%)	4(1.4%)	1(.3%)	0.290
	Outpatients Clinics	16(51.6%)	10(32.2%)	3(9.7%)	1(3.2%)	1(3.2%)	

Table (26) shows that there is a statistical significant association between Yemeni patients satisfaction with Jordanian health services and presence of insurance, ($P= 0.023$)

The other variables in the table (age, educational level, gender, marital status, monthly income and place of treatment) were not significantly associated with level of satisfaction (P-value more than 0 .05).

CHAPTER FIVE

DISCUSSION

5.1 Introduction

Jordan is considered one of the few places which can provide both a combination of quality health services and superior tourist facilities. The integration of therapy and tourism is currently a growing factor in Jordan's economy. It provides several benefits including a good source of foreign currency and enhancement of internal and external tourism.

The main purpose of this survey is to identify the reasons that have led to the decrease of medical tourism by Yemeni patients over the past few years, and to identify levels of satisfactions among Yemeni patients attending Jordan health care services in 2007. In view of the lack of research literature, this survey is the first to address the topic of medical tourism of Yemeni patients in Jordan.

To investigate these subjects, a two-part study was conducted. The first part was a cross-sectional study using survey methodology to explore levels of satisfaction in the health care system (doctors, nurses, paramedical, and room services), and daily life (accommodation, cost) among Yemeni patients treated in Jordan in 2007. The second part was a structured interview with key workers in the field of medical tourism, both in Yemen and Jordan, to investigate the reasons that have led to a decrease in the number of Yemeni patients coming to Jordan for treatment, and to suggest programs and strategies that can improve Yemeni medical tourism to Jordan. The study findings can potentially provide valuable initial evidence about issues relating to medical tourism in Jordan, and provide foundations for further research in Jordan.

5.2 Sample Characteristics

- **Response Rates**

The response rates were calculated from a group of 384 Yemeni patients and a total of 324 completed the questionnaire. The overall response rate achieved was 84%, which provides evidence of the reliability of the findings. Data collection from the Yemeni embassy in Amman was extremely helpful and showed a lot of interest by the participants.

Many of the respondents wrote their emails at the bottom of the questionnaire, and asked that the findings of the study be emailed to them. Some also made suggestions about ways to improve medical tourism in Jordan

- **Demographic variables of the sample study**

The number of males in the study sample was more than female; this may be attributed to ease of travel for men in general, in addition to social and cultural reasons. The results of the study are consistent with some study findings (Al-Eisa, 2005 and Ibrahim, T. K. et al., 2004), but inconsistent with others (Banks et al., 2005; Mohammed, H.A, and Alttom, A.R, 2005; and Gad Allah et al., 2003). This inconsistency may be attributed to the difference in the nature of the sample study. Most of the participants in the study sample were married. The results of this study are consistent with other studies (Banks, et al., 2005; Al-Eisa, 2005 and Gad Allah et al., 2003).

The educational level was adequately represented in the study sample. The highest level was a bachelor's degree (n=110, 34%), which suggests that the choice of Jordan for medical treatment was knowledge-based. In addition to that, most of respondents (52.2%) had high school education or less. These results are inconsistent with the Banks, et al., (2005) study, which may be explained by the fact that the present study

sample mainly consisted of Yemeni patients, mostly from the private sector, whereas the Banks et al sample study were Jordanian patients from the public sector.

Most of the study sample (n=190, 63.1%) earn \$200 monthly or less, whereas (n=26, 8.6%) earn more than \$ 800 monthly. This reflects the distribution of income among Yemenis. As predicted, medical tourism among Yemeni patients is not restricted to rich people only. The frequency of income is adequately represented in the study sample.

Most of the study sample was not insured despite the fact that they are government employees, and this reflects the lack of adequate insurance systems in Yemen.

• **Treatment Profile of the Sample Study**

The health problems of the Yemeni patients in this study are a representation of the distribution of diseases in the Yemeni patients attending Jordan health care services. The high proportion of medical problems necessitating surgical intervention reflects the severity of the cases and preference for surgery as a form of treatment by some doctors in the private sector.

Ninety percent of the study sample was admitted to hospitals, 59.3% were accommodated in the hospital for seven days and less, and 30.8% were admitted three times or more, which reflects the severity of the cases. Cancer patients were admitted several times to hospital for chemotherapy dosage, while 9.6% of the study sample was not admitted but treated in OPD.

Most of the study sample (n=202, 86%) received medical treatment in private hospitals. However, (n= 31,13,3 %) of them received the same treatment in public hospitals. This could be attributed to the ease and prompt processes in the private sector, considering that most of the insurance agreements are concluded within the private sector. That would reflect the big improvement in Jordanian private hospitals and their capability to attract foreign patients.

Around one third of Yemeni patients stayed in Jordan for more than one month. This led to an increase in the cost of stay for patients.

Forty six percent of Yemeni patients involved in the sample spent more than \$4,000 for treatment in Jordan, which is relatively high compared to the income of the study sample. Most Yemeni patients spent \$2,000 on the cost of residence in Jordan.

The above figures reflect the benefits of medical tourism to the Jordanian economy but highlight the huge expenditure Yemeni patients have to incur.

5.3 Reasons for Choosing Jordan for Medical treatment

The study as expected shows that most Yemeni patients (74.6%) selected Jordan for medical treatment because of its reputation for excellent physicians and therapeutic possibilities. About ten percent of the sample chose Jordan to complete their previous treatment, as many patients prefer to follow up with their doctors. Seven percent of the sample selected Jordan as a result of a health agreement between Jordan and Yemen. This small proportion reflects the weakness of the insurance companies' role in activating medical tourism between Yemen and Jordan, given the relative simplicity of travel to Jordan. Finally, because many Yemeni doctors graduated in Jordan, it is believed that Yemeni doctors prefer to refer patients to Jordan.

In spite of some obstacles that face Yemeni patients during their stay in Jordan, still the overall satisfaction rate is very high which indicate that Jordan is still a preferable country for medical tourism for Yemeni patients.

5.4 Patients' Satisfaction

- **Patients' Satisfaction with health care providers**

1. Patient's Satisfaction with Physicians' Professionalism

The results show that the overwhelming majority of Yemeni patients were given clear answers to their questions by their physicians, and the majority were highly satisfied with the level of explanation and clarification of their situation by their physicians. This reflects the professional communication skills of Jordanian physicians, and the highly educated Yemeni patients attending Jordanian health care services.

The majority of Yemeni patients were satisfied with the physicians' technical skills and experience, level of attention and care and level of the respect and dignity given. In addition, the majority of Yemeni patients had trust and confidence in the Jordanian physicians. Therefore, Yemeni patients showed satisfaction with the physicians' skills and professionalism, but in open-ended questions, many of them criticized the financial conduct of physicians and the high charges they imposed.

The findings are consistent with a previous study (Banks et al., 2005), which was done in Jordan and indicated that the medical expertise of physicians is well-respected by the Ministry of Health patients. However, significant gaps in communication exist between physicians and patients, and this might be because the majority of our study sample was treated in the private sector, whereas the results of the Banks et al. study were from the public sector. Also these findings were consistent with other studies conducted in other countries (Al- Eisa et al., 2005; Mohammed, H.A and Alttom, A.R, 2005; Al-Doghaither, 2004; Blazevska et al., 2004 and Gad Allah et al., 2003).

2. Patients' Satisfaction with Nurses' Professionalism

The results of the study indicate that Yemeni patients were satisfied with the aspects of nursing care, but in the aspect of communication skills of the nurses with the patients, only 47.4% of Yemeni patients had always received explicit answers for their queries, and this indicate that some nurses fell short of communicating effectively with patient.

When we compare between patients satisfaction with nursing care and patients satisfaction with physicians care we found that patients are more satisfied with physicians care. These findings are consistent with a previous study (Banks et al., 2005) conducted in Jordan. This indicated that many nurses fell short of communicating effectively with patients about medical issues. However, Banks et al. focused their study on the public sector, whereas the majority of our study sample was treated in the private sector. On the other hand these findings were consistent with other studies conducted in neighbouring countries (Al- Eisa et al., 2005; Mohammed H.A and Alttom, A.R, 2005 and Gad Allah et al., 2003).

3. Patients' Satisfaction with Paramedical Services

The results of the study reveal that most Yemeni patients were satisfied with the quality of services provided by paramedical personnel.

The results of this study are consistent with the study conducted in Jordan on the MOH patients (Banks et al., 2005), and with the other study carried out in other countries (Mohammed, H.A et al 2006 ;Al- Eisa, et al., 2005; Ibrahim, T.A, et al., 2004 ; and Gad Allah et al, 2003).

4. Patients' Satisfaction with Administrative Services

The results of the study reveal that most Yemeni patients were satisfied with the quality of services provided by administrative personnel; these findings are consistent with the study by Banks, et al., (2005), which found that 28% of respondents rated their

experience with the admissions process of the hospital as excellent, 43% as good to very good, while roughly 11 % as very poor to fair. However, these results are inconsistent with the study conducted in Sudan (Mohammed, H.A and Alttom, A.R, 2005), which revealed that a large proportion of the study population was less satisfied with receptionists' interaction. This inconsistency could be explained by the difference in the working environment between the two countries.

- **Patients' Satisfaction with Hospital Services**

The result of the study showed that most Yemeni patients were satisfied with the level of comfort during their period of stay in hospital; this is due to the fact that the majority of the study sample was treated in private hospitals, and services in Jordanian private hospitals are known to be excellent. This result is inconsistent with the study (Banks, et al., 2005) conducted in Jordan MOH inpatients. This revealed the most often-stated reason for patients facing sleeping difficulties at night was the noise level of other patients and their visitors. However, the result is consistent with other studies conducted in Poland; this indicated that most patients were satisfied with the comfort level in teaching hospitals (Blazevska et al., 2004) which indicate that Jordanian hospital services are comparable to those of Europe.

The majority of Yemeni patients were highly satisfied with the cleanness of the rooms. That reflects the quality of room services in the Jordanian hospitals. This result is consistent with the previous study conducted in Jordan, which indicated that approximately 58.1% of respondents rated the level of cleanliness of these areas from "good" to "excellent." (Banks et al., 2005) and also consistent with another study conducted in Poland which reveals that more than half of the patients (57.9%) , the tidiness and hygienic conditions of ambulatory care units were "very good" or "good" (40.4%) and less than 2% who indicated that conditions were "unsatisfactory".

(Blazevska et al., 2004). This indicates that the quality of the services in Jordan is comparable to that of Europe.

Most of the Yemeni patients were satisfied with food quality in the Jordanian hospitals and this is consistent with other studies (Banks, et al., 2005, and (Blazevska, et al., 2004), but inconsistent with a study conducted in Sudan (Mohammed, H.A and Alttom, A.R, 2005). This may be due to the difference in the nature of the services between the hospitals of the two countries.

Most Yemeni patients were satisfied with the medical equipment in the hospitals, which may be due to the patients drawing a comparison between the equipment in Jordan and Yemen. The conclusion is in favour of Jordanian hospitals.

This study is consistent with the study conducted in the United Arab Emirates which showed that most of the patients interviewed were very satisfied with the medical equipment (Ibrahim, T.K et al., 2004).

The conclusion is that Yemeni patients were generally satisfied with services in Jordanian hospitals.

- **Patients' Satisfaction Regarding Level of Respect and Dignity in the hospital**

The result of the study shows that most Yemeni patients felt they had received treatment in hospitals with respect and dignity (74.8%). This reflects that Jordanian medical personnel respect Yemeni patients' privacy, values and preferences, and patient's value and appreciate this. The result is consistent with the (Blazevska et al., 2004) study, which revealed that more than half of the patients reported being treated with dignity and confidentiality.

- **Patients' Satisfaction with the Outcome of Treatment**

Eighty percent of the respondents were "highly satisfied" with the outcome of the treatment in Jordanian health care services. This may reflect the correct diagnostic and

therapeutic modalities used in Jordanian health care services, with the resultant high level of satisfaction among patients.

- **Patients' Satisfaction with Overall Quality of Care**

Most Yemeni patients (79.6%) were highly satisfied with the overall quality of care provided in Jordan. The study shows that almost all the patients indicated they were satisfied with the amount of diagnostic and treatment procedures.

Also study result reveals that 38.1% of Yemeni patients received health care which was above their expectations, i.e. They were "highly satisfied" with the Jordanian health care services. Fifty percent of the patients received health care that met their expectations, i.e. they were "satisfied" with the Jordanian health care services. Only 11.9 % of the study population received health care below their expectations. Therefore, high percentages (88.1 %) of Yemeni patients were satisfied with Jordanian health care services. This indicates the advanced medical level within Jordan, and patients seem to value and appreciate the level of services being provided.

This result is consistent with another study (Banks et al., 2005,) that showed that when respondents were asked to rate their overall level of satisfaction with all services they received from hospitals, nearly 68% expressed their satisfaction with the level of services they had received; another 20% indicated that they were "extremely satisfied."

This is also consistent with another study (Blazevska et al., 2004), where three quarters of the patients were "completely satisfied" with the health care provided in the Ambulatory Care Units, and nine out of ten patients' assessed quality in the Ambulatory Care Units as "very good" or "good". Also this study is consistent with a study conducted in Egypt (Gad Allah et al., 2003) which revealed that patients' overall satisfaction regarding health care services provided at primary health care levels was about 98% in both study sites. This is consistent with a study conducted in Saudi Arabia

which reveals that 79% of the patients were satisfied with overall care. (Mahfouz et al., 2004).

However, this is inconsistent with a study conducted in Iran which revealed that 49.4% of patients were “not satisfied”, and 49.6% were “satisfied” (Bahrampour and Zolala, 2005), and this may be due to difference in the level of medical care between Jordan and Iran.

- **Patients’ Opinion on the Level of Medical Services in Jordan**

Overwhelmingly Yemeni patients (88, 5%) revealed that medical services in Jordan were “excellent” and “very good”. This may be the result of patients comparing Jordanian services to those in their country.

- **Patients’ Satisfaction with External Hospital Services**

The results indicate that most Yemeni patients were satisfied with the residence places. Also Yemeni patients were satisfied with transportation, but about 28% of the study population were not satisfied with taxi drivers, which justifies that in open ended questions some patients criticized taxi drivers’ inappropriate behaviour.

The study shows that 58% of the study population were satisfied with the level of tourism in Jordan, but about 31% of the study population said they didn’t know about tourism in Jordan. This may be due to the low educational level of some study population or lack of previous knowledge.

Yemenis patients were generally satisfied with external hospital services, which indicate that, as expected, Jordan strongly fulfils both entities of medical tourism by providing exclusive medical services beside extensive tourism services.

- **Patients satisfaction on the Cost of Treatment and Accommodation**

The study results show that the majority of Yemeni patients (88.1%) indicated that the cost of treatment in Jordan was “high” or “very expensive”, whereas only 11.9% revealed that it was “fair” or “inexpensive”. Also the same table reveals that the majority of Yemeni patients (89.1%) reported that accommodation cost in Jordan was “high” or “very expensive”, whereas 10.9% reported it was “fair” or “cheap”. This demonstrates that the majority of Yemeni patients are not satisfied with the cost of the treatment and residence in Jordan, because of the increase in cost of living index in Jordan. This is exacerbated by the fact that most of the participants in the study sample receive low monthly incomes. Such results are consistent with other studies conducted in Sudan which revealed only a small percentage of the study population was happy with the cost of treatment and accommodation (Mohammed, H.A and Alttom, A.R, 2004).

- **Patients Recommendations for others.**

Most of the Yemeni patients (82.3%) would advise other Yemenis to come to Jordan for medical treatment. This reflects the trust and confidence in Jordanian medical care services. This level of trust may stem from the outcome of patients’ treatment and experience in Jordan compared to other countries. Thus, Jordan still remains the favourite country for medical tourism for Yemeni patients.

Also most Yemeni patients (84.1%) would recommend the hospital where they were treated to their friends and relatives. This reflects the warm relationship generated between the patients and medical personnel in hospitals. The study is consistent with Banks, et al., 2005, study, which revealed that when patients were asked if they would recommend the hospital to friends or family members 76% indicated that they would. However, 21% of respondents stated they would not. Also the study is consistent with

another study (Blazevska et al., 2004), which revealed that the willingness of the patients to recommend the provider to their family and friends in general was at a very high level (up to 99%), which is related to such factors like staff behaviour, communication, information, patient's participation in decision making, waiting time, care, and hospital environment.

5.5 Problems Patients Face in Jordan

The study results reveal that the most common problems (49.7%) Yemeni patients face in Jordan was unethical behaviour, negligence by doctors, and lack of compassion. Patients complained that Jordanian doctors' main interest was pecuniary, treatment was very expensive, and the cost was not in line with the assessed prices. Some doctors carry out operations on patients for monetary gain, not for the patients' health benefits. Although some patients complained about neglect in care, most did not criticize the skills and competence of the doctors.

With regard to financial problems, 22.1% of the sample stated that these are due to the rise in the cost of treatment and Living. Some patients could not afford the hospital bills, and as previously stated low incomes are contributory factors.

Transport, inability to locate physician's addresses and the unprofessional attitude of taxi drivers were problematic. This demonstrates that taxi drivers are unskilled in this vital element of Jordanian medical tourism, which should be addressed and corrected by the concerned Ministry. Inadequate knowledge about qualified physicians and lack of suitable housing was also seen as a problem. This reflects the weakness of the role of the embassy of Yemen in guiding and following up Yemeni patients in Jordan.

5.6 The possible reasons that have led to the drop in the number of Yemeni patients visiting Jordan for treatments

Key workers indicated that the financial exploitation of some Yemeni patients by some doctors, and the lack of compliance with the prices assessed by the Ministry of Health in Jordan, are the most common reasons that have led to the decrease in the number of Yemeni medical tourists to Jordan in the last few years. This is consistent with the opinions of the patients about this issue. This may be due to the weak roles and regulations of the Ministry of Health in Jordan and the absence of regulatory inspection on physicians in the private sector.

As mentioned previously, physicians' abusing Jordan's reputation with some doctors being interested in financial gain rather than patients' benefits has become a deterrent for some patients to come to Jordan.

The second possible reason is the increase in cost of living in Jordan, and this is also stated by patients. Jordan is one of the most expensive countries in the region, which has led to the increase in living expenses as well as medical treatment. Cost of stay in Jordan has significantly increased in the last few years, especially during the past two years. The recent increase in the price of oil by the Jordanian government is a contributory factor. In addition, some doctors and hospitals don't abide by the prices assessed by the Ministry of Health in Jordan other medical practitioners financially abuse patients by conducting excessive investigations. All these factors have led to the increase in the cost of the treatment.

The third possible reason as perceived by key workers is stiff competition from the Egyptian health care system. Egypt has been trying to attract Yemeni medical tourists for the last few years by providing incentives such as large discounts in Egyptian hospitals and conducting conferences in Yemen to promote medical tourism in Egypt. Some patients think that renowned doctors in other countries are better than those in

Jordan; this reflects the stiff competition between countries to attract medical tourists and the important role of the media in medical tourism.

The fourth possible reason as perceived by the key worker is the absence of prior patient coordination, and absence of patient follow-up. This highlights the weak role of the Ministry of Health in Yemen and the role of the Yemeni embassy in Jordan in following-up their patients in Jordanian hospitals.

The other possible reason is the improvement of the Yemeni health care system. Many new hospitals have been opened in Yemen, and the medical level of those hospitals is satisfactory to some patients. In addition, a large number of newly qualified Yemeni physicians have returned to the country and are doing their best to improve the Yemeni health system.

Finally, patients think the tourism in general in other countries is better than in Jordan; this may reflect a shortage in promoting Jordanian tourist places.

5.7 The Suggestions for Improvement of Yemeni Medical Tourism to Jordan

Direct supervision from Jordan MOH of the treatment of Yemeni patients in Jordanian hospitals, in addition to creating a specialist body within the Ministry to follow up their treatment, the responsible body in the MOH is the Department of the Medical Tourism, which needs to be set up to follow up Yemeni patients.

Inspection of the costs of the treatment which needs enactment of regulations that preserve compliance of the hospitals and physicians with the assessed price list as well as regulations that allow medical accountability and imposition of a boycott against any doctor or hospital charged with misconduct, this sanction is meant to prevent recurrence of any misconduct.

Launch of the role of the media to introduce Yemeni patients to medical tourism in Jordan. The Ministry of Health in Jordan should implement campaigns to promote

medical tourism in Jordan on a regular basis, and should disseminate such campaigns through various media networks to attract medical tourists as well as establishment of protocols and agreements between Yemeni institutions and Jordan Ministry of Health. The purpose of these agreements is to coordinate the treatment of the patients in Jordanian hospitals and to enforce fixed prices and initiation of reciprocal visits of medical legations between Yemen and Jordan. Medical legations have an important role in the activation of medical tourism.

Substantiate the roles played by both the Jordanian and Yemeni medical attachés. Many patients criticize the weak role of attaches in providing services to the patients. There should be mutual coordination between the Yemeni medical attaché in Jordan, and responsible personnel in the Ministry of Health to follow up the treatment of the Yemeni patients in the Jordanian hospitals.

5.8 The Relationship between Patient Satisfaction and Demographic Variables

Six demographic variables were examined (age, educational level, gender, marital status, monthly income and the presence of medical insurance). The aim was to find the relationship between the variables and Yemeni patients' satisfaction with health services in Jordan.

This study found no statistical significance between Yemeni patients' satisfaction with health services in Jordan and their demographical variables except for the possession of medical insurance. This demonstrates that Yemeni patients are satisfied with all the dimensions of care in Jordan except for the cost. Therefore those patients who have medical insurance are completely satisfied with health services in Jordan.

The results of the study are consistent with the other studies which revealed no significant statistical association between patients' satisfaction and demographic variables (Al-Elisa, 2005; Bahrapour and Zolala, 2005; Ferris et al., 1992).

CHAPTER SIX

CONCLUSIONS

- From the findings in the previous chapters, this master's thesis has described aspects of medical tourism among Yemenis patients attending Jordanian health care services in 2007 to determine the level of satisfaction among them. The results also reflect the level of medical tourism in Jordan in general.
- 88.1% of Yemeni patients were satisfied with Jordanian health care services. This high percentage indicates that patients seem to value and appreciate the level of services being provided for them.
- Jordan strongly fulfils both entities of medical tourism by providing exclusive medical services beside attractive tourist services.
- Most of the Yemeni patients selected Jordan for medical treatment because it is well-known for its excellent physicians and therapeutic possibilities. The excellent reputation of the Jordanian medical system seems to be the determining factor for patients' preference of Jordan.
- The most common problems Yemeni patients face in Jordan are non-ethical behaviour by some doctors, the high cost of treatment in Jordan and some doctors not abiding by the assessed prices. Generally, however, patients did not criticize the skills and competence of the doctors.
- Financial exploitation of some Yemeni patients by some doctors, and lack of compliance with the prices assessed by the Ministry of Health in Jordan, and increase in the cost of treatment and accommodation in Jordan are the most common reasons that have led to a decrease in the number of Yemeni medical tourists to Jordan in the last few years.

- This study found no statistical significance between Yemeni patients' satisfaction with health services in Jordan and their demographical variables, except for the possession of insurance.

RECOMMENDATIONS

- 1- Direct supervision by Jordan MOH over the treatment of Yemeni patients in Jordanian hospitals. In addition the creation of a specialist body within the Ministry to follow up their treatment. The present responsible body in the MOH is the Department of the Medical Tourism, which needs to be set up to follow up Yemeni patients.
- 2- Inspection of the costs of treatment. This needs enactment of regulations that preserve compliance of the hospitals and physicians with the assessed price list. Regulations that allow medical accountability should be present.
- 3- Activation of the role of the multi media to introduce Yemeni patients to medical tourism in Jordan. The Ministry of Health in Jordan should implement regular campaigns on medical tourism in Jordan on a regular basis, and should disseminate such campaigns in the various media in an attempt to attract more medical tourists.
- 4- Presence of protocols and agreements between Yemeni institutions and Jordan Ministry of Health.
- 5- Activation of reciprocal visits of medical legations between Yemen and Jordan.
- 6- Activation of the role played by the medical attaché of Jordan in Yemen and medical attaché of the Yemeni republic in Jordan.
- 7- Imposing a boycott against any doctor or institution charged with unprofessional behaviour or misconduct''.
- 8- Further research is needed to investigate satisfaction in medical tourism in Jordan among other nationalities.

REFERENCES

- Adwan, Y., and Abedl-halim, A. (1997). Factors Associated with the Patient's Satisfaction for Services Provided by Hospitals in Jordan. **Al-Yarmouk Researches**, 13 (1), 303-319.
- Al-Doghaither, A.H. (2004). Inpatient satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia. **Eastern Mediterranean Health Journal**, 10 (3), 358 – 364.
- Al-Eisa, I., Al-Mutar, M.S., Radwan M.M., and Al-Terkit, A.M. (2005). Patients' Satisfaction with Primary Health Care Services at Capital Health Region, Kuwait. **Middle East Journal of Family Medicine**, 3 (3), 10-16.
- Alhinawy, R. **Ministry of health in Jordan**, Department of medical tourism (2007). Personal communication.
- Al-Hindi, L. (2006). Jordan seeks to become medical hot spot of Middle East, **Jordan Times**, Amman, 14 November, 2006.
- AL-Issa, A. (2007). Patient's Experiences and Expectations from an Emergency Department: A Survey of 4,392 Patients. **The Middle East Journal of Emergency Medicine**, 7 (2), 1-12.
- Bahrampour, A., and Zolala, F. (2005). Patient satisfaction and related factors in Kerman hospitals. **Eastern Mediterranean Health Journal**, 11(5/6), 905-913.
- Banks, D.A. and Halasa, Y. (2005). Patient Satisfaction and Pain Management in Ministry of Health Hospitals in Jordan. **The Partners for Health Reform plus Project**, Amman, Jordan.
- Bell, R., Krivich, M, J., and Boyd, M, S. (1997). Charting patient satisfaction. **Marketing Health Services**, 17 (2), 22 – 30.
- Blazevska, A., Vladickiene, J. and Xinxo, S. (2004). Patients' satisfaction with the health care services provided by Ambulatory Care Units. **Europhamili Aesculapius Professional Study**, Lodz, Poland.
- Borman, E. (2004). Health Tourism. **BMJ**, 328, 60 – 61, 10 January.
- Chinai, R., Goswami, R. (2007). Medical visas mark growth of Indian medical tourism, **Bulletin of the World Health Organization**, 85 (3), 161 – 244.
- Diprete Brown, L. (1995). Lessons learned in institutionalization of quality assurance programs: An international perspective. **International journal for Quality in Health Care**, 7 (4), 419-425.

Day, S.J., and Graham, D.F. (1991). Sample size estimation for comparing two or more groups. **Statistics in Medicine**, 10, 33-43.

El Taguri, A. (2007). Medical Tourism and the Libyan National Health Services. **Libyan Journal of Medicine**, 2, 1-4

Fan, V.S., Burman, M., McDonell, M.B., Fihn, S.D.(2005). Continuity of care and other determinants of patient satisfaction with primary care. **J Gen Intern Med**, 20 (3), 226 – 33.

Ferris, L.E., Williams, J.I., Llewellyn-Thomas, H.A., Basinski, A.S., Cohen, M.M. and Naylor, C.D. (1992).A guide to direct measures of patient satisfaction in clinical practice. **Health Services Research Group CMAJ**, 146 (10), 1727 – 1731.

Gadallah, M., Zaki, B. Rady, M. Anwer W. and Sallam, I. (2003). Patient satisfaction with primary health care services in two districts in lower and Upper Egypt. **East Mediterranean Health J**, 9, 422–430.

Goldstein, J. (2007). Go abroad for medical care, **The Miami Herald**. Mon, Sep. 24, 2007

Gill, M. (1993). Purchasing for quality: still in the starting blocks. **Quality in Health Care**, Vol. 2 (2), 179 – 182.

Hastings, A.M., French, D. P. Baker, R., Lilly, E., McKinley, R.K., and Manku-Scott, T. (2005). Reliability and validity of a new measure of patient satisfaction with out of hours primary medical care in the United Kingdom. **BMJ**, 314-193, 18 January.

Hutchinson, B. (2005). Medical Tourism Growing Worldwide. **University of Delaware**, Delaware, USA, 6, May.

Ibrahim, T.K., Al-Zubaidi, H. Alshamisi, K. and Khames, K. (2004). Patients Satisfaction in Emergency Department Services, **The Middle East Journal of Emergency Medicine**, 4 (2), 15-17.

Jenkinson, C., Coulter, A., Bruster, S., Richards, N., and Chandola, T. (2002). Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. **Qual Saf Health Care**, 11, 335–339.

Mahfouz, A.A., Al-Sharif, A.I. El-Gamal, M.N. and Kisha, A.H. (2004). Primary health care services utilization and satisfaction among the elderly in Asir region, Saudi Arabia. **Eastern Mediterranean Journal**, 10 (3), 365-371.

Marcelo, R. (2003). India Fosters Growing 'Medical Tourism' Sector. **The Financial Times**, 2 July.

Mawajdeh, S.M, Daabseh, K.A, Nasir, M.J. and Al-Qutob, R.J. (2001). Patients' expectation and satisfaction in different hospitals in Irbid, Jordan,. **Saudi Medical Journal**, 22 (7), 625-629.

Ministry of Public Health, Republic of Yemen (2000). **The National health account– Preliminary Report**. Sana'a, Yemen.

Mohammed, H.A., and Altom, A.R. (2005). Customers satisfaction with health services provided by Emergency Departments of Federal Teaching Hospital, Khartoum, **Sudanese Journal of Public Health**, 1(3), 207 – 212.

Nusairat, F. (1998). Patient's Criteria of Hospitals Services Choice in Private Sector of Jordan Source, **Al-Yarmouk Researches**, 14(1), 198 – 218.

Ovretveit, J. (1990). Quality Health Service. **Brunel Institute of Organisational and Social Studies**, Health Services Centre, London.

Seth, R. (2006). Medical Tourism Hidden dimensions, **Express Hospitality**, 16-30 June 2006

Scalise, D. (2004). Tools of Patient Satisfaction. **Hospital & Hospitals Network**, 78, 59 – 61.

Ware, J. E., and Davies, A.R. (1983). Behavioural consequences of consumer dissatisfaction with medical care. **Evaluation and Program Planning**, 6, 291–297.

Ware, J.E., Hays, R.D. (1988). Methods for measuring patient satisfaction with specific medical encounters. **Medical Care**, 26, 393 – 402.

Wikipedia contributors. (2007). Medical Tourism. **Medical tourism Wikipedia**, Retrieved October 18, 2007 from:
http://en.wikipedia.org/w/index.php?title=Medical_tourism&oldid=165390491

Appendix (1)

Instruments:

A- Patients Questionnaire will be designed and used for data collection. It will have the following sections:

1- Demographic variables:

- 1- Age :

- 2- Gender: ☐ Male ☐ Female

- 3- Marital status: ☐ Single ☐ Married ☐ Others

- 4- Address in Yemen (Governorates)

- 5- Educational level: ☐ Illiterate ☐ Less than Secondary
☐ Secondary ☐ Diploma
☐ BA ☐ Higher Education

- 6- Monthly income in USA dollars:
☐ Less than \$100 ☐ \$100- \$200 ☐ \$201-\$400
☐ \$401 - \$800 ☐ More than \$800

- 7- Employment status: ☐ Employed in Governmental Sector
☐ Employed in Private Sector,
☐ Unemployment

8- Insurance type: ☐ Insured ☐ Not Insured

9-Number of yours companions in Jordan:

- ☐ One Companion
☐ 2– 3 Companions
☐ More than 3 Companions
☐ None

2- Treatment profile:

1- Medical problem

2- Type of treatment

3-Place of treatment:

- ☐ In Hospital
☐ Outside Hospital

4-In case of admission to the hospital the followings will be documented:

- a- Hospital name in Jordan
 b- Length of stay in the hospital
 c- Number of admission to the hospital

5- Length of stay in Jordan

6- Cost of treatment

7- Cost of overall stay in Jordan:

3- Answer the following questions:

1-Why did you choose Jordan for your treatment?

.....

.....

.....

.....

.....

2-What problems did you face during your stay in Jordan?

.....

.....

.....

.....

.....

3- What is your opinion about the main reason that leads some Yemenis patients to travel to other Arab countries seeking for treatment (other than Jordan)?

.....

.....

.....

.....

.....

4- How would you rate the cost of your treatment?

☐ Very expensive ☐ Expensive ☐ Fair ☐ Cheap

☐ Very cheap

5- How would you rate the cost of your stay in Jordan?

☐ Very expensive ☐ Expensive ☐ Fair ☐ Cheap

☐ Very cheap

6- Answer the questions related to the following personnel:

A- The physicians

1. When you had important questions to ask a physician, did you get answers that you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I had no need to ask

2. Did you have confidence and trust in the physicians?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

3. How would you rate the skills and competency of the physicians?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

4- How would you rate the care and attention received from your physicians?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

5- How would you rate the level of courtesy of the physicians?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

6- How would you rate doctor's explanation about your case to you?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

B- The nurses

1- When you had important questions to ask a nurse, did you get answers that you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ I had no need to ask

2- Did you have confidence and trust in the nurses treating you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

3- In your opinion, were there enough nurses on duty to care for you in hospital?

- ☐ There were always or nearly always enough nurses
- ☐ There were sometimes enough nurses
- ☐ There were rarely or never enough nurses

4- How would you rate how well the doctors and nurses worked together?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

5- How would you rate the overall care and attention received from the nurse?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

6- How would you rate the level of courtesy of the nurses?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

C- The paramedical:

1- How do you rate the overall services received from the Laboratory Workers?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2- How do you rate the overall services received from the Radiology Workers?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

3- How do you rate the overall services received from the pharmacist?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

D- The administrators:

1- How do you rate the overall care and attention received from the admission worker?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2- How do you rate the overall care and attention received from the Accounting Workers?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

7- Answer the following questions related to the Comfort, cleanliness and food in the hospital

1- How do you rate the overall comfort during your stay in the hospital?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2- In your opinion, how clean was the hospital room or ward you were in?

- ☐ Very clean
- ☐ Fairly clean
- ☐ Not very clean
- ☐ Not at all clean.

3-How would you rate the hospital food?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I did not have any hospital food

8- How would you rate the services outside the hospital in the form of?

A- Residence

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

B- Transportation

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

C- Communication

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

D- Restaurants

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

E- Food

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

F- Shopping

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

G- Tourist places

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

9- How would you rate the level of medical equipments of the hospital that you treated in?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

10- Overall, how would you rate the care you received?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

11- Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

12- Overall, how would you rate the outcome of your treatment?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

13-Overall, how would you rate the level of medicine in Jordan?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

14- Did the care you received meet your expectations?

- ☐ Yes, and exceeded my expectations.
- ☐ Yes met my expectations
- ☐ No, below my expectations

15- Would you recommend the hospital that you were treated in it to your friends and relatives?

- ☐ Yes
- ☐ No

16- Do you advice Yemenis patients planning to get treatment outside Yemen to come to Jordan?

- ☐ Yes
- ☐ No

Appendix (2)

B- Structured Interviews with key workers in the field of medical tourism in Jordan and Yemen. Two questions will be asked as follows:

1- What are the reasons that led to decrease Yemenis medical tourist to Jordan over the last few years?

.....

.....

.....

.....

.....

.....

2- What do you suggest to increase Yemeni medical tourism to Jordan?

.....

.....

.....

.....

.....

.....

.....

Appendix (3)

استبانة

السادة المحترمون،،،

هذه الاستبانة جزء من دراسة تهدف إلى " قياس مستوى رضا المرضى اليمنيين عن مستوى الخدمات الصحية في الأردن". ويتم تحضيرها كمتطلب من متطلبات الحصول على درجة الماجستير في تخصص الصحة العامة.

الرجاء مساعدة الباحث على انجازها من خلال تقديم إجابات صريحة ودقيقة على الأسئلة التي تتضمنها، مع الأخذ بعين الاعتبار أن الإجابات التي ستقدمونها ستعامل بسرية تامة ولغايات البحث العلمي فقط.

وتفضلوا بقبول فائق الاحترام،،

الباحث

د. علي محمد خليل

استبانة المريض

أولاً: المعلومات الشخصية

1- العمر بالسنوات (إذا كان أقل من سنة يكتب 1): ☐

2- الجنس: ☐ ذكر ☐ أنثى

3- الحالة الاجتماعية: ☐ أعزب/عزباء ☐ متزوج/متزوجة

☐ غير ذلك (حدد/حددي)

4- العنوان في اليمن (المحافظة):

5- المستوى التعليمي: ☐ غير متعلم ☐ أقل من التعليم الثانوي ☐ تعليم ثانوي

☐ بكالوريوس ☐ دراسات عليا

☐ أخرى (حدد/حددي)

6- طبيعة العمل: ☐ قطاع حكومي ☐ قطاع خاص ☐ لا أعمل

☐ أخرى (حدد/حددي)

7- الدخل الشهري بالدولار الأمريكي:

☐ أقل من 100 دولار ☐ 100-200 دولار ☐ 201-400 دولار

☐ 401-800 دولار ☐ أكثر من 800 دولار

8- التأمين الصحي: ☐ مؤمن ☐ غير مؤمن

9- عدد المرافقين لك في الأردن:

ثانياً: معلومات المعالجة:

1- ما هي مشكلتك الصحية؟

.....

2- ما نوع العلاج الذي تلقينته؟

.....

3- مكان العلاج: ☐ مستشفى ☐ عيادة خارجية

4- في حالة أدخلت إلى المستشفى:

أ- ما هو المستشفى الذي تعالجت فيه؟

ب- ما هي المدة التي أقمتها داخل المستشفى؟

ج- عدد مرات الدخول إلى المستشفى؟

5- ما هي المدة التي أقمتها في الأردن؟ (بالأيام)

6- ما هي التكلفة الكلية لعلاجك؟

7- ما هي التكلفة الكلية لإقامتك؟ (باستثناء العلاج)

ثالثاً: أجب عن الأسئلة التالية:

1- ما سبب اختيارك للأردن لتلقي العلاج فيها؟

.....

.....

.....

.....

2- ما هي المشاكل التي واجهتك أثناء إقامتك في الأردن؟

.....

.....

.....

.....

3- برأيك ما هو السبب الرئيسي الذي يجعل بعض المرضى اليمنيين يسافرون إلى دول عربية غير الأردن من أجل العلاج؟

.....

.....

.....

.....

4- ما هو رأيك في تكلفة علاجك؟

☐ مقبولة ☐ غالية ☐ غالية جداً ☐ رخيصة جداً ☐ رخيصة

5- ما هو رأيك في تكلفة إقامتك في الأردن؟

☐ مقبولة ☐ غالية ☐ غالية جداً ☐ رخيصة جداً ☐ رخيصة

6- أجب عن الأسئلة التالية المتعلقة بالأشخاص التاليين داخل المستشفى:

أ- الأطباء

1. عندما تقوم بسؤال الأطباء المعالجين هل تحصل منهم على اجابة تكون مفهومة

لك؟

☐ نعم دائماً ☐ نعم أحياناً ☐ لا ☐ لم تكن هناك حاجة للسؤال

2. هل كانت لديك ثقة واطمئنان في الاطباء المعالجين؟

☐ نعم دائماً ☐ نعم أحياناً ☐ لا

3. كيف تقيم مستوى المهارة والخبرة للاطباء المعالجين؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

4. بشكل عام كيف تقيم مستوى الرعاية والاهتمام بك من قبل الاطباء المعالجين؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

5. كيف تقيم مستوى احترام الأطباء المعالجين؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

6. كيف تقيم مستوى الشرح والتوضيح لحالتك من قبل الاطباء المعالجين؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

ب- المرضى

1. عندما تقوم بسؤال المرضى هل تحصل منهم على اجابة تكون مفهومة لك ؟

☐ نعم دائماً ☐ نعم أحياناً ☐ لا ☐ لم تكن هناك حاجة للسؤال

2. هل كانت لك ثقة واطمئنان في المرضى؟

☐ نعم دائماً ☐ نعم أحياناً ☐ لا

3. برأيك هل كان هناك عدد كاف من المرضى في القسم الذي كنت فيه في المستشفى للاهتمام بك ؟

☐ كان هناك دائماً عدد كاف ☐ كان هناك أحياناً عدد كاف

☐ كان هناك نادراً عدد كاف

4. كيف تقيم مستوى التنسيق بين الاطباء والمرضى؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

5. بشكل عام كيف تقيم مستوى الرعاية والاهتمام بك من قبل الممرضين ؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

6. كيف تقيم مستوى احترام الممرضين؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

ج-الفنيين :

1. كيف تقيم مستوى الخدمة التي قدمها لك العاملين في قسم الاشعة؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

2. كيف تقيم مستوى الخدمة التي قدمها لك العاملين في قسم المختبر؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

3. كيف تقيم مستوى الخدمة التي قدمها لك العاملين في الصديلية؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

د-الإداريين:

1. كيف تقيم مستوى الخدمة التي قدمها لك العاملين في قسم الادخال؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

2. كيف تقيم مستوى الخدمة التي قدمها لك العاملين في قسم المحاسبة؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

7- أجب عن الأسئلة التالية المتعلقة بالراحة والنظافة والغذاء في المستشفى؟

1. كيف تقيم بشكل عام مستوى الراحة اثناء اقامتك في المستشفى؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

2. برأيك كيف كان مستوى النظافة في غرفة المستشفى التي كنت فيها؟

☐ نظيفة جداً ☐ نظيفة ☐ نظيفة نوعاً ما ☐ ليست نظيفة

3. كيف تقيم الغذاء في المستشفى؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

8- كيف تقيم مستوى الخدمات خارج المستشفى في المجالات التالية؟

أ- مكان الإقامة

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

ب- المواصلات

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

ج- وسائل الاتصالات (كالهاتف والانترنت وخلافه)

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

د- المطاعم

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

هـ- الغذاء

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

و- التسوق

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

ز- الأماكن السياحية

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

9- كيف تقيم مستوى الأجهزة الطبية في المستشفى الذي تعالجت فيه؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف ☐ لا أعرف

10- بشكل عام كيف تقيم مستوى الرعاية الطبية التي قدمت لك؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

11- بشكل عام هل تشعر بانك تعالجت باحترام وتقدير في المستشفى؟

☐ نعم دائماً ☐ نعم أحياناً ☐ لا

12- بشكل عام كيف تقيم نتيجة علاجك؟

☐ ممتازة ☐ جيدة جداً ☐ جيدة ☐ مقبولة ☐ ضعيفة

13- بشكل عام كيف تقيم مستوى الطب في الاردن؟

☐ ممتاز ☐ جيد جداً ☐ جيد ☐ مقبول ☐ ضعيف

14- هل كانت الرعاية الصحية التي قدمت لك تتناسب مع توقعاتك؟

☐ نعم، وفاقته توقعاتي ☐ 2- نعم، ناسبه توقعاتي ☐ لا، أقل من توقعاتي

15- هل تنصح المرضى اليمينيين الذين يخططون للعلاج خارج اليمن المجيء الى الاردن لتلقي العلاج فيها؟

☐ نعم ☐ لا

16- هل توصي أصدقائك وأقاربك عند قدومهم الى الاردن للعلاج الذهاب الى المستشفى الذي تعالجت فيه؟

☐ نعم ☐ لا

Appendix (4)

ب) الأسئلة المتعلقة بالمقابلة مع الاشخاص اصحاب العلاقة في مجال
السياحة العلاجية في الأردن واليمن وسوف نسال السؤاليين التاليين:

1. ما الأسباب التي أدت إلى تناقص أعداد المرضى اليمنيين القادمين الى الاردن للعلاج
خلال السنوات الاخيرة ؟

.....

.....

.....

.....

.....

.....

2. ما هي الحلول التي تقترحها لزيادة أعداد المرضى اليمنيين القادمين إلى الأردن للعلاج؟

.....

.....

.....

.....

.....

.....

دراسة حول السياحة العلاجية في الاردن من خلال المرضى اليمنيين القادمين للعلاج

عام 2007

اعداد

على محمد على خليل

المشرف

الاستاذ الدكتور فاروق شخاترة

ملخص

المقدمة :

يعتبر الاردن من الاماكن القلائل التي توفر الخدمات الطبية المتميزة بالاضافة الى افضل الامكانيات السياحية الراقية وتعتبر السياحة العلاجية في الاردن مصدرا هام للعملة الصعبة بالاضافة الى دورها في تنشيط السياحة الخارجية والداخلية

الاهداف :

معرفة الاسباب التي ادت الى تناقص عدد المرضى اليمنيين الذين يزورون الاردن للعلاج خلال السنوات الاخيرة ولقياس مستوى الرضا لدى المرضى اليمنيين عن الخدمات الصحية في الاردن لعام 2007. وفي ضوء عدم وجود دراسات سابقة حول هذا الموضوع تعتبر هذه الدراسة هي الاولى من نوعها التي تتطرق الى الموضوع السياحة العلاجية للمرضى اليمنيين في الاردن

المنهجية وطرق البحث :

تتكون الدراسة من شقين :

الشق الاول وهو عبارة عن دراسة مقطعية لمعرفة مستويات الرضا لدى المرضى اليمنيين عن الخدمات الصحية والمعيشية اليومية للمرضى الذين تلقوا العلاج في الاردن خلال الفترة من يونيو الى سبتمبر 2007 م .

والشق الثاني من الدراسة هو عبارة عن مقابلة اجراها الباحث مع الاشخاص المعنيين في السياحة العلاجية وهم من اليمن والاردن وذلك لمعرفة اسباب التي ادت الى تناقص اعداد المرضى اليمنيين القادمين للعلاج خلال السنوات الاخيرة الماضية ولمعرفة الحلول والبرامج التي يقترحونها لتنشيط السياحة العلاجية للمرضى اليمنيين الى الاردن .

النتائج :

كان عدد المرضى الاجمالي الذين اشتركوا في الدراسة هو 324 مريضا , 76.5% منهم كانوا ذكور وكان المتوسط الحسابي للعمر في عينة الدراسة هو 42 سنة . معظم المرضى (86.7 %) تلقوا علاجهم في مستشفيات القطاع الخاص بينما (13.3) تلقوا العلاج في مستشفيات القطاع العام .معظم المرضى اليمنيين (88.1) من المرضى كانوا راضيين عن مستوى الخدمات الصحية في الاردن وكانت اهم الاسباب التى ادت الى تناقص اعداد المرضى هى الاستغلال المادى لبعض المرضى اليمنيين من قبل بعض الاطباء وعدم الالتزام بالاسعار المعتمدة من قبل وزارة الصحة الاردنية وارتفاع اسعار العلاج والمعيشة في الاردن.

الخلاصة :

خلصت الدراسة الى ان معظم المرضى اليمنيين راضون عن مستوى الخدمات الصحية في الاردن.

توصيات :

اوصت الدراسة بضرورة متابعة وزارة الصحة الاردنية لسير علاج المرضى اليمنيين في المستشفيات

الاردنية .