

EVALUATION OF PATIENT SATISFACTION OF HOSPITALIZED SERVICES AFTER HEALTH SYSTEM EVOLUTION PLAN IN THE FIELD OF TREATMENT IN IRAN

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Published online: 01 January 2018

ABSTRACT

Satisfaction of patients is so important that the WHO is one of the five indicators of quality of health services and is one of the main indicators of the effectiveness of the health system. The aim of this study was to determine the satisfaction of patients following the implementation of the Health System Development Plan Not.

Methods: This is a cross-sectional descriptive study that was conducted in the emergency department of Al-Zahra University of Medical Sciences from November 2016 to June 2017. 200 patients over 18 years old, 24 hours after admission, with stable physical conditions, Had the ability to read and write, lack of mental disorders, physical-mental disabilities and being cleared by available sampling method. Patients who were ill, unsatisfied and confused questionnaires were excluded from the study. Satisfaction of patients was collected by interview using a questionnaire. Data were analyzed using descriptive and inferential statistics in SPSS 19 software.

Results: Patients' satisfaction with the health system development plan was 56.3%, 47.4%, physical environment 58.4%, drug delivery 76.6%, and unofficial payment Physicians 41.6% and satisfaction of doctors, nurses and the therapeutic team were 59.5%, 58.3%, and 57.7% respectively. The total satisfaction score of patients from the health system development plan was 57 ± 18.1 .

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doi: <http://dx.doi.org/10.4314/jfas.v10i1.39>



The total satisfaction score of patients with their hospital stay was directly related ($P = 0.02$).

Conclusion: According to the results of this study, the most satisfaction with the availability of drugs was 76.6%, and the least of them was due to the unofficial payment and unofficial payments to doctors with 41.6%. Therefore, the implementation of the Health System Development Plan has been able to increase the degree of satisfaction of patients.

Key words: Satisfaction, Health System Reform, Patients, Iran

INTRODUCTION

Across the world, health service delivery systems are under increasing pressure to improve performance. In other words, controlling costs while maintaining high quality of services and improving access to services is one of the major goals of health care delivery systems (1). In the meantime, improving health system performance can increase welfare, standard of living and economic growth in any country (2). In a comprehensive study done by Shadpour in 2006 in the field of reforming the health system of the Islamic Republic of Iran, it has been stated that reforming the health system is necessary for the continued accountability of this system to the needs of society (3).

Undoubtedly, reforms in the health system of Iran, as well as all health systems in the world, have been inevitable despite the many achievements in recent decades. The main causes of the need for reforms in the health system of Iran can be epidemiologic changes (increased non communicable diseases and accidents), demographic changes, increased health costs, inequalities in receiving services, paying for costs, and management challenges and Health at different levels. Therefore, in view of the emergence of these factors, the reform of the health system in Iran aimed at dealing with a series of targeted and continuous changes to improve efficiency, establishing justice for people's access to health services, protecting people against financial risk from the disease Forms of sustainable financing and reform of the payment system began in 2002 (4).

In the meantime, one of the most important tasks in the field of health system reform, carried out by the Ministry of Health and Medical Education, is the Health System Development Plan. The Ministry of Health and Medical Education as the main custodian of the health system in Iran, in accordance with its general duties and missions and health-related legal provisions, in the fifth development plan and the 11th government plans for the reform of the health system from May 2014 April 2014. (5) Similar to any other project that is difficult to implement in a large country such as Iran, such a population and area is difficult to

implement. Of course, planning this plan, according to experts, has strengths and weaknesses (6).

The health care reform plan consists of eight service packages, which respectively include the first service package for reducing hospitalization rates, the second service package, support for physicians' survival in deprived areas, the third service package, the presence of specialist physicians residing in government hospitals Fourth Service Package, Hoteling Quality Improvement, Fifth Service Package, Quality of Visiting Services, Sixth Service Package, Natural Vaginal Extension Program, Seventh Service Package, Physical Protection Program for Patients with Advanced Therapies, Specific and Negative, and finally, Eighth Service Package Emergency Air Conditioning (5).

Increasing the accountability of the health system, reducing the direct payment of people's pocket, reducing the percentage of households that are suffering from overweight for health services, improving the outcomes of emergency patients and increasing the normal delivery of pregnancy are the ultimate goals of this plan (7). The three basic approaches the plan is to protect human money, to establish justice in access to health services and to improve the quality of services (4).

Health system reforms in other countries have been conducted with similar objectives. Developed countries such as China, Turkey, Thailand, South Korea, Mexico and Brazil have made extensive reforms to achieve the ultimate goal of any health system, which is the preservation and promotion of the health of the community, and most of these countries, the population Have benefited from a comprehensive package of prevention, promotion, treatment and rehabilitation services (7).

In examining the results of health reforms in Turkey, it has been shown that these reforms have had a significant impact on aspects such as increased access, availability and quality of services provided, so that the general public and practitioners consider the newly transformed system (8) In China, the assessment of health system reforms also reflected the improvement of rural and urban health and improved performance indicators such as accessibility, equity and quality (9).

In reviewing the results of the health system reform in Taiwan, it became clear that National Health Insurance (NHI) is one of the most popular social programs that have been made in Taiwan since, which greatly increases the financial protection against unexpected medical costs and ensures access to health services. However, healthcare reform is still an unfinished plan. Despite the high level of satisfaction, Taiwan's health care system is now facing

increasing pressures for new reforms, due to factors such as the rapid growth of Taiwan population, increased elderly, economic recession and other factors (10).

The plan for the development of the health system in Iran, due to the strengths, weaknesses and threats, needs to be reviewed and reassessed. Program evaluation is one of the cornerstones of their success and is one of the most important management functions. Therefore, it is essential that all programs are evaluated and judged on their implementation and achievements, so that, if necessary, Existing deficiencies are being addressed (11, 9). Today, as human and technological advancement progresses, human expectations have grown as customers receiving services or goods. Therefore, it can be said that the advancement of organizations depends on keeping up with the changing needs of customers and the success of their satisfaction. Evidence suggests that health care moves towards the customer. Patients and their dependents have the right to be aware of the standard care and costs (12).

Satisfaction assessment in health management, in addition to providing the information needed to improve the level of health care services due to the effect of psychological and mental factors on health, also increases the level of health of people indirectly (13). On the other hand, satisfaction of patients with the way providing health services is so important that one of the five indicators of health care quality is one of the five World Health Organization indicators and one of the main indicators of health system effectiveness (15, 16).

Since 1984, under the approval of the National Organization for the Provision of Health Services in the United States, all US health centers have been obliged to use the views of patients to control, evaluate and revise programs and to intervene in the revision of the programs (17). In Iran, since 2011, the Ministry of Health has, in line with its main mission, obliged all hospitals to periodically measure patient satisfaction and interventions to increase satisfaction of clients (18). To assess the effectiveness of the health system reform plan, this important indicator can also be used.

Current performance of public hospitals as a major part of providing hospital care services, both in terms of beds, types and levels of health care services, and the challenges that these centers have in terms of crisis support and disaster, are challenged. . Among the parts of a hospital, the emergency department is considered to be the heart of this medical center. As a result, 78% of patients referred to hospitals are emergency patients (19). Since the emergency department has a duty to accept and provide medical care to any person in an emergency and without discrimination, 24 hours a day 7 days a week, especially in emergencies and life threatening (20). Its main goal is to provide high quality services in the shortest possible time (14).

How to provide services in this area is a symbol of the general condition of service provision in that hospital. Although emergency departments can never draw the satisfaction of all, it is possible to study most important factors affecting satisfaction, most patients are often satisfied (21).

Assessing the health system development plan as a major change in the health care system and its impact on different aspects of the system is very important. In fact, the evaluation of this plan by the Ministry of Health as a responsible organization for implementing this plan and other government agencies can be valuable and valuable. But appraisal of the project by organizations and other individuals is also helpful. Lobbying conducted by individuals outside the organization is called external evaluation or external evaluation, and has a high degree of impartiality (22). because it can address the shortcomings of the plan Clarifying and helping to eliminate defects and improve the efficiency of the project. With regard to the above mentioned, the importance of the development of the health system with the aim of improving the provision of health services to patients is clear and clear, and for assessing the success of any plan, evaluation of that plan is the most important solution. Therefore, considering satisfaction of patients as one of the most important indicators for assessing the effectiveness of the health system seems necessary, and since hospitals are the most important and the largest providers of health services, and between the departments of a department hospital the emergency department is considered to be the heart of this medical center. Therefore, we decided to examine the satisfaction of patients after implementing the health system development plan. The aim of this study was to evaluate patients' satisfaction with hospital services after the development of health system in Iran.

MATERIALS AND METHODS

The present study is a cross-sectional descriptive-analytic study. In this study, 200 patients were discharged from the emergency department, who were selected by convenience and convenience. Emergency department of al-Zahra hospital was selected as the research area because it has one of the largest and most crowded emergency rooms at Isfahan University of Medical Sciences and the variety of patients and services needed in this emergency is very high and maybe the impact of implementing the health system reform plan can be better measured. Therefore, this study was conducted in this environment from October 2016 to May 2017 for 8 months.

All patients who had been hospitalized for 24 hours, had a stable physical condition and were above the age of 18 years, had no known psychiatric disorder or physical-mental disabilities,

had the ability to read and write, were cleared from the emergency department They were willing to participate in the study. During the study, patients who were ill and unable to continue to work for any reason were dissatisfied with the continuation of the study with the continuation of the research, and the questionable questionnaire (missed 3 or more questions) was excluded from the study (23,21, 18,17, 7).

The satisfaction rate of 200 patients eligible for the study was evaluated during the morning, evening and night shifts by self-report and interview. Patients 'Satisfaction Questionnaire was used to assess patients' satisfaction with hospital services received by them. Validity and reliability of this questionnaire were approved by the Ministry of Health of the Islamic Republic of Iran and used to assess patients' satisfaction with the September 2014 poll and many subsequent surveys (5, 23).

The questionnaire consists of two parts. The first part contains information on the patient's personal profile, such as full name and contact information, age, gender, marital status and degree, number of visits, type of health insurance and supplementary insurance, type of hospitalization, number of visits, income, Previously, they were admitted to this hospital, and finally they became familiar with the health promotion plan. The second part includes questions about satisfaction rate of patients from the health promotion plan in five areas related to the admission process, the length of admission to the hospital (doctors, nurses, pharmacies and supplies, joint questions of the treatment team, physical environment and complaints management), the clearance process, the franchise And unofficial payments to doctors and overall patient experience in the hospital. Likert Response Spectrum "I do not know To Be Completely succeeded" and Positive and Negative Phrases and Measure the Internal Attitude of Patients toward Implementation of Health Promotion Plan.

To describe the data from mean and standard deviation and to determine the factors affecting patient satisfaction following the implementation of health system reform plan, Pearson correlation coefficient, independent t-test and one-way ANOVA test were used. Data were analyzed by SPSS software version 19 and $P \leq 0.05$ values were considered statistically significant.

FINDINGS

According to the results, 118 (59.1%) of the patients were male and 82 (40.9%) were female. The mean age of the patients was 53.7 ± 20.1 . At least 18 years and maximum 95 years. The mean hospitalization time was 8.4 ± 6.1 and the minimum hospital stay was 1 day and maximum 9 days. Most of them are housewives (60people, 30.3%), married (160people,

80.8%), with a high school diploma (77 people, 38.9%) with a monthly income of 500,000 to 1 million (92 people, 46.5%).

In assessing the information about the overall satisfaction and satisfaction of patients in the hospital during the time of their admission, the overall satisfaction score of 57 out of 100 with a standard deviation of 18.1 was the highest satisfaction with the availability of the drug with a satisfactory score 71.6 out of 100 scores with a standard deviation of 17.1 and the least of them were related to the unpaid franchise and unpaid payment to doctors with a satisfaction score of 41.6 with a standard deviation of 20.8. (Table 1)

Table 1. The overall satisfaction score of the patients under study and its domains (100) from the Health System Development Plan

Area	Standard deviation ± average	Minimum	Maximum
Satisfaction with the acceptance process	56.3± 23.2	0	100
Satisfaction with the doctor	59.5± 23.3	11	100
Satisfaction with nurses	58.3 ± 23.5	0	100
Satisfaction with drug delivery	71.6 ± 17.1	0	100
Satisfaction with the Therapeutic Team	57.7 ± 25.6	0	100
Satisfaction with the physical environment	58.4 ± 22.1	8	100
Satisfaction with the clearance process	47.4 ± 34.8	0	100
Satisfaction with franchising and unofficial payment to doctors	41.6 ± 20.8	0	100
Overall Satisfaction Score	57 ± 18.1	18	100

The overall satisfaction score of patients with age, level of education and monthly income was not statistically significant ($P > 0.05$), but had a direct relationship with their hospitalization period ($P = 0.02$). Also, there was a significant difference between the average satisfaction score of patients with different occupations ($P = 0.02$). The highest satisfaction

score was related to the unemployed patients and the lowest satisfaction with the student patients (Table 2).

Table 2. Comparison of the relationship between total satisfaction score of patients with age, hospitalization, education level and income level

Variable	Total satisfaction rating of patients	
	Pearson Correlation Coefficient	
	P	R
Age	0.22	0.089
Length of hospitalization	0.02	0.283
Level of Education	0.24	0.085
Monthly earnings	0.69	-0.036

The mean of overall satisfaction score among male and female patients and patients with and without a history of hospitalization was not statistically significant with $P = 0.20$ and $P = 0.22$, respectively. However, the mean total satisfaction score in married patients was significantly higher than $P = 0.01$ than single patients (Table 3).

Table 3. Comparison of the mean total satisfaction score of patients by gender, marital status and previous history of admission

Variable		Total satisfaction rating of patients	Independent T test result	
		Standard deviation \pm average	t	P - value
Sex	Man	58.7 \pm 17.2	1.29	0.20
	Female	55.3 \pm 18.3		
marital status	Married	58.9 \pm 18.1	2.53	0.01
	Single	50.6 \pm 16.7		
History of admission	has it	57.9 \pm 17.6	1.23	0.22
	does not have	54.7 \pm 18.1		

DISCUSSION

Although in the past years paying attention to the quantity of health care services has been the priority of the health sector's major health plans, today the main concern of policy makers in the world is to assess the needs and quality of people's access to good health services (14). Therefore, the Health System Development Plan aimed at improving the performance of the health system from 2014 in Iran was implemented and as satisfaction of health service users as one of the important indicators determining the quality of services provided is of special importance and is used to make large-scale decision making and program design (13). Therefore, the aim of this study was to determine patients' satisfaction following the implementation of health system reform in Iran.

According to the findings of this study, most hospitalized patients (57%) are satisfied with the implementation of the healthcare reform plan in Iran. Other countries such as Iran, after years of health system management, have concluded that their health system needs reforms and changes. The satisfaction rate of health system reform in Mexico and Turkey was reported as 91.7% and 77.6% (two thirds respectively), which had a higher satisfaction rate than the health care system in Iran (8, 24). Other studies in Iran have had similar results with the present study. In a study by Power & Partners, one year after the implementation of the health system reform plan in May 2015, 48% of patients and relatives were satisfied with the implementation of the health care reform plan (7). Shariati et al. regarding the satisfaction rate of patients, nurses and companions, implementation of the health system reform plan, complete satisfaction of patients was 9% and their relative satisfaction was 57.5% (5). In the study of Goudarzian and colleagues, the majority of patients (50.2%) had a satisfactory level of satisfaction (23).

According to many studies, patients' satisfaction is influenced by several factors such as cultural, social, economic, personality and demographic characteristics such as age, sex, and education level (25). Therefore, in this study The impact of factors such as age, sex, occupation, marital status, level of education, frequency of visits, type of health insurance and supplementary insurance, type of hospitalization and number of visits, income, were previously admitted to the hospital, and finally the way of familiarizing patients with the developmental plan Health Was investigated.

According to the results of this study, there was no significant relationship between satisfaction of patients with age, sex, level of education and monthly income. Some studies have reported the effect of gender, age, and level of education on patients' satisfaction, and vice versa, some other studies of gender, age, and educational level have shown that the

patients reported satisfaction (18, 21, 26, and 23). Also, in many studies conducted in Iran and other countries, the satisfaction rate of patients with an increase in their level of education was inverse, with the highest degree of dissatisfaction among people with university education (7, 27). It is not consistent with the results of this study, which can be due to differences in research environment and different samples. But Roudbari believes that those with low levels of education have a lower level of expectation from the hospital and have higher satisfaction, but those with a higher level of education have higher expectations and therefore less satisfaction (28). But in the present study, patients with the highest level of education had the highest number of patients (77 cases, 38.9%), but this relationship was not observed.

Regarding the relationship between the history of hospitalization and satisfaction, there was no statistically significant relationship between the total satisfaction score of patients with a history of admission and those without a history of admission. Nemati Dopiani et al., like the present study, did not find any difference in the level of satisfaction of those with a history of admission compared to those without a history of admission. But the study of Masoud et al. has resulted in a different outcome. According to Nemati Dopiani (17), Masoud et al. Believe that many of the expectations are shaped by previous experiences and those who have a history of previous admission can be satisfied by adjusting their expectations from the treatment centers get more.

Concerning the relationship between marital satisfaction and marital status, the results of this study indicate a significant relationship between marital satisfaction and satisfaction among married patients significantly higher than single patients. Goudarzian et al. Reported higher satisfaction rates in married patients than single patients (23). In examining the results, there was a significant relationship between the mean total satisfaction score of patients with different occupations. So that the average total satisfaction score in unemployed patients was significantly higher than others. In a study by Nepal at Dopiani et al. (17), the results showed that the satisfaction rate of the employed patients was higher than other patients, which is not consistent with the results of the present study. Perhaps the reason for the higher satisfaction of the unemployed is the lower paid rate of patients in the new health system than the previous health system, since unemployed people have lower income levels, thus, they will be more satisfied with lower costs of medical treatment. One of the goals of the health care reform plan in Iran was to reduce the cost of patients.

In the study of the areas related to the health system development plan, the highest satisfaction with the provision of drugs and essentials was obtained from 71.6 out of 100 with a standard deviation of 17.1. Various other studies, such as Ahmadi et al, Roudbari et al, and

Ebrahimnia and colleagues, reported satisfaction with the availability of drugs and medical equipment (78.6%, 70.5% and 75% respectively). According to the results of this study (13, 14, and 28). The main reason for the higher satisfaction of patients with the provision of drugs and supplies to other areas is that Alzahra Hospital is one of the largest academic centers. Therefore, it was expected that many medical equipment and equipment would be equipped with a high percentage of patients from the facilities and equipment of the physician. The requirements are satisfied. Also, according to the plan for the development of the health system, all hospitals were required to supply all the medical and therapeutic items.

In the present study, the satisfaction of the physician and nurse and the therapeutic team were 59.5%, 58.3%, 57.7%, respectively, which indicates that the doctors and paramedics have a fairly acceptable attitude towards the patients in this hospital. Wright et al., In their study on the satisfaction rate of emergency attendants about waiting time, quality of service, and the manner in which the personnel of the staff of the treatment, said that the nurses of this department can have a significant role in establishing a good relationship with patients and having appropriate treatment. To improve the satisfaction rate of emergency department patients (29). Other studies such as Ahmadi et al. (81%), Soleimanpour et al (86.6%), and Mousavi et al. (83.6%) also had satisfaction. Patients report high doctors (13, 21, 30). which indicates that the doctor's satisfaction score was higher in other centers than in the present study.

Goudarzian et al. Reported satisfaction of nurses after implementation of the health system development plan in Mazandaran province (62.8%) (23). While Uremia satisfaction rate of nurses after the implementation of the development plan with the score of 85.7% in the second place contract (30). But Hashemi et al. In their study in 2014 after the development of the health system in Shohada-e-Tajrish Hospital stated that the lowest satisfaction was in morning shift (40.1%), evening (44.4%) and night (44.2%) before the implementation of the plan and in the morning shift (42.1%), evening (42.7%) and night (46.6%) after the implementation of the plan for the nursing staff (6). The degree of satisfaction from the health care team to the public health centers (31,13,32), lack of staffing staff, especially nursing staff (18,32), nurses' dissatisfaction with their working conditions (5), as well as more informed Patients enjoy their rights over the past and increase their expectations (5.18) and collisions Inappropriate nursing staff (32).

Another important factor in patient satisfaction in the medical environment is the satisfaction of the physical environment and the availability of comfort equipment such as the presence of parking, a suitable space for staying or resting companions, a convenient and relaxed physical

environment for the patient and their families (33). In this study, the satisfaction level of physical environment was 58.4%. In the study of Goodarzian et al., This evaluated the satisfaction rate of patients admitted to teaching hospitals in Mazandaran province and its related factors, the health system development plan. The lowest satisfaction with food quality was (49.7%) (23). Also in the study of Mousavi and his colleagues in the educational and therapeutic centers of Uremia University of Medical Sciences in 1994. Also, the lowest satisfaction rate was from hotel services (51.2%) (30), which indicates the relative satisfaction of various health centers in Iran regarding the medical environment and hospitality. The reason for the lack of satisfaction can be due to the high number of visitors and, as a result of the crowded, lack of sufficient physical space to wait and sit, high noise, lack of facilities and amenities such as heating system, cooling, ventilation ... and higher level of expectations of the referrals (13).

Satisfaction with the admission process was ranked sixth among the eight domains with a satisfaction score of 56.3%. Perhaps the reason for the lack of satisfaction in this area is the low level of patient tolerance for waiting time. This waiting time can take the time to receive counseling or registration for admission and receive health care and treatment (34). On the other hand, the rate of admission of patients requiring admission to state hospitals after the implementation of the health system development plan has significantly increased compared to the time before the implementation of the plan, and sometimes the vacancy of the bed and the long waiting period in the patient admission can affect the admission process. To give Ahmadi et al., In their study, considered the third cause of patients' dissatisfaction with emergency services related to the process of rapid admission and early admission (13).

In the process of discharge, the satisfaction rate was 47.4%, which was second only to the patients' dissatisfaction at the time of admission. In general, the behavior of employees in different services has a great influence on the satisfaction of service recipients. The behavior and treatment of staff with patients, such as guidance, interaction, and response to client requests during service delivery, are included (35). The satisfaction rate of acceptance and discharging services was 67.36% after the implementation of the health system reform plan by Mousavi et al. In this study, the reason for this was the centrality and referral of the al-Zahra supermarket hospital. The number of clients the figure is very high.

The lowest level of satisfaction in the area of franchising and unofficial payment to doctors was with 41.6%. One of the most important characteristics of a physician is the lack of attention to materials (36), as it is from the analysis of old texts. Informal or subordinate

payments are defined as costs that are received outside the formal tariff framework, and are a very common phenomenon (37).

For many years, the health system faces a discussion of the financial relationship between a physician and a patient and issues such as underlying money as an unflattering but current one. Undoubtedly, any unspecified financial relationship between a doctor and a patient will not only seriously damage the physician's and patient's treatment relationships, but will seriously damage the trust between the community and the medical group over time (36).

Statistics show that between 10% and 45% of the total pay-as-you-go payment for health services has been an informal payment in most low-income countries (37), for example, in Turkey Unofficial payments account for 25.5% of the total household pocket payments for health (38). In general, informal payments to doctors are common in most countries in Asia and Eastern Europe (39). One of the main goals of the health care reform plan was the lack of informal payment by patients during their treatment, and the system of payment to the medical system even more than before the implementation of the plan increased by several ten times Was associated. Nevertheless, the patient's satisfaction with informal payment is still low and may be a reason for revising and correcting the payment trends in the health system.

Perhaps due to the heterogeneity of the various findings in a number of the results of this study with other studies carried out in Iran after the implementation of the plan for the development of health system and other countries, it was impossible to carefully examine patients' satisfaction and the factors that influenced it in this study and for The definitive presentation of the causes and reasons for patients' dissatisfaction with the health system to help improve and change the plans for the development of the health system of qualitative studies is more helpful.

CONCLUSION

Overall, the results of this study indicate that the average satisfaction of patients from the implementation of different areas of the health system development plan is moderate (57). This means that based on the results of this study, implementation of the health system reform plan has been able to increase the degree of satisfaction of patients. In fact, satisfaction assessment of patients from implementation of the health system reform plan will help identify the factors affecting patient satisfaction, and also as patients as service recipients play a major role in improving the quality of the health care delivery system, increasing satisfaction They will be able to successfully implement this plan as well as improve the quality of the services they provide.

Conflict of interest:

There is no conflict of interest in this study.

ACKNOWLEDGMENT

This research was approved by the University of Medical Sciences with the code on is. For this purpose, the Assistant Professor of Research and Technology of the University of Medical Sciences has been honored to be financially aware and thankful to patients and patients' companions for participating in the research.

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How to cite this article:

Karami Z, Haghighat S, Ganji H, Yazdannik A. Evaluation of patient satisfaction of hospitalized services after health system evolution plan in the field of treatment in iran. J. Fundam. Appl. Sci., 2018, 10(1), 504-520.