KARBALA
JOURNAL OF MEDICINE

Perception of Medical Staff Performance by Patients in Al-Ramadi Hospitals

Yaseen T. Sarhan[1]

[1]*College of Medicine, Anbar University, Anbar, Iraq*

Abstract

Background: Patients' perceptions regarding physician's performance and communication abilities can serve as a valuable indicator of the quality of healthcare services rendered. This study aims to evaluate the performance of medical staff in Al-Ramadi Hospitals from the viewpoint of patients.

Methods: A cross-sectional study was conducted from 7 December 2022, to 29 January 2023, at Al-Ramadi Teaching Hospital and the Maternity and Child Teaching Hospital, encompassing both public and private sectors. A random sample of 150 patients (67 males and 83 females) was selected for participation. Data collection was facilitated through a structured questionnaire that gathered socio-demographic information alongside details pertinent to the hospital stay.

Results: The average age of the participants was 43.5±19.7 years. Males and females represent 44.7% and 55.3% of the total patients, respectively. A bout 68.0% of participants evaluated the overall performance of the medical staff as agree, while 26.7% rated it as neutral, 4.0% as disagree, and only 1.3% considered their performance and communication skills to be strongly agree.

Conclusions: Patients rated the performance and communication abilities of physicians as satisfactory.

Keywords: AL-Ramadi Hospitals, Patients perception, Staff performance..

Introduction

Patient satisfaction is one of the most important objectives of the medical staff in the hospital, and it is an effective indicator to evaluate their performance [1]. Communication with patients is a core clinical skill for doctors in practical medicine. It has been employed to assess the quality of healthcare [2-3]. Previous studies showed that satisfied patients are more likely to develop trusting relationships with medical staff and that will achieve a high level of cooperation and compliance [4-5]. Medical staff should respect the autonomy of patients and have the ability to communicate effectively with them. Such behavior has many respects including greeting the patient, introducing himself, listening to the patient completely to get a medical history, allowing him to talk about his condition, encouraging the patient to ask about his condition, answering his questions about the diagnosis and the options of treatment, explaining the problem and prognosis with giving therapeutic options to the patient [6].

Literature review revealed that medical practice should have the following characteristics: honesty, integrity, compassion, keeping with current medical advances, respect for patient autonomy, and communication effectively with patients [7-8]. Patients report higher levels of satisfaction influenced by the social and emotional dynamics of their interactions with healthcare professionals. They desire politeness and more kindness, care, and the demonstration of compassion and empathy. Establishing emotional security and fostering trust in their caregivers are crucial for alleviating feelings of vulnerability and anxiety. Generally, patients prefer a friendly demeanor from both doctors and staff [9]. Good communication doctors with patients involves listening effectively, allowing patients to finish statements, giving information with effective questioning skills, providing information using effective explanatory skills, assessing patient's understanding of the problem and desire for more information, involving patients in decision-making, building and maintaining a therapeutic relationship with patients and show caring and respectful behaviors [10].

Interpersonal skills are fundamentally characterized by several key components including demonstrating respect and engaging with patients in a manner that reflects their preferences for treatment; actively listening to patients through both verbal and nonverbal communication methods; being fully attentive and present during interactions with patients; and fostering a genuine caring attitude that encompasses not only the alleviation of suffering but also an interest in the patients' perspectives, values, and concerns [11]. Physicians must have strong communication and interpersonal skills to foster trust-oriented relationships with patients, which can lead to numerous advantages [12–14]. The most important thing that every patient should have is an equal chance to have good care and full attention. Factors related to a patient that can affect communication with the doctors usually include his knowledge, attitude, gender, age, race, and level of education [15]. If there is miscommunication between them, it could be due to the doctor's or patient's issues like when the doctors do not spend enough time to understand the problems, do not show interest, do not give full attention, and do not let the patient understand his condition and the way to get treatment [16–19]. The aim of this study is to assess patients' perceptions of the value of publicly performing medical staff in general teaching hospitals.

Materials and Methods

A cross-divided study accompanied inside hospital training from 7 December 2022 to 29 January 2023. The survey was done at Al Ramadi Teaching Hospital and the Maternity and Child Teaching Hospital, containing two together public and private fields. The study focused on four fundamental wards: Internal Medicine, Surgery, Obstetrics and Gynecology, and Pediatrics. The sample amount was decided applying a value imbibing approach, settled the chance of inpatients in the restorative and surgical wards. -i acted the research on two common education wards in al- Ramadi city (Al Ramadi General Teaching Hospital – Maternity and Child Teaching Hospitals)

Patients

A total of 150 participants were contained in the study, amounting to 67 males and 83 women. The addition tests for shareholders consisted of persons the one were completely awake and keep verbally express their enthusiasm to compete. In cases place a patient sank to cooperate or did not meet fitness necessities, the next worthy patient was picked for inclusion. Select patients was conceded to clinic, resistant, alert, eligible, and ready and expelled loath to engage. The eligible subjects were examined (face-to face) apiece scientist subsequently, after explaining the study aims, Arabic – Language consent forms and facts sheets were given. Patents' were conversant that their concurrence to share and share information dressed as inscribed consent. This approach speeded conscription and ensured explain on partnership beliefs in the study.

Questionnaire

Data collection was conducted through direct face-to-face interviews. A validated Arabic version of the questionnaire was employed for this purpose. The information gathered adhered to specific criteria, including the patient's age, gender, educational background, occupation, hospital ward, referral source, type of illness (acute or chronic), length of hospital stay, and the frequency of previous hospitalizations. The questionnaire comprised 15 items assessing various dimensions of communication skills. Participants were instructed to evaluate each dimension using a five-point Likert scale. Were 5 score indicated strongly agree , 4 score indicated agree, 3 score indicated neutral, 2 score indicated disagree, while 1 score indicated strongly disagree [20].

Ethical approval

Ethical approval was obtained from the ethical committee of Author College No. 158 on 25 December 2023. Approval was secured from the hospital authorities to prior study implementation.

Statistical analysis

Data analysis was conducted utilizing the statistical package for the social sciences (SPSS) version 24.0 software. A chi square test was used for association for result interruption The p-value of ≤ 0.05 concerts as significant level.

Results

During the study ending, interviews were attended accompanying 150 patient's (67 males and 83 females) the one were permitted to Al-Ramadi Teaching Hospital and Maternity and Child Teaching Hospital. The mean age was (43.5 ±19.7 years) and most of them (36%) were in the age group (20-39 years). Over 50% of the patients had reduced instruction (uneducated and basic instruction), while only 17.3% had University instruction (Table 1).

Table 1: Socio-demographic characteristics of the participants

Variable	NO. (%)
Age groups (years)	
less than 20	15 (10)
20-39	54 (36)
40-59	47 (31.3)
60 and above	34 (22.7)
Gender	
Male	67 (44.7)
Female	83 (55.3)
Education	
Illiterate	46 (30.7)
Primary school	39 (26.0)
Middle school	20 (13.3)
High school	19 (12.7)
Institute or collage	26 (17.3)
Occupation	
Employee	29 (19.3)
Earner (free jobs)	17 (11.3)
Unemployed or retired	54 (36.0)
Other	50 (33.3)
Hospital	
Public	130 (86.7)
Private	20 (13.3)
Department	
Internal medicine	61 (40.7)
Surgery	57 (38.0)
Gynecology	25 (16.7)
Pediatric	7 (4.7)

Based on occupation, 19.3% were employed, and 36% were either retired or unemployed. Earners made up 11.3% of the total participants, whereas other participants such as housewives, students, and children made up 33.3% (Table 1). It also showed that 86.7% of the participants were selected from public wards, while 13.3% of them from private wards in hospitals. 78.7% of the participants were admitted to Al-Ramadi Teaching Hospital (Internal medicine and surgery departments) and 21.4% in maternity and child teaching hospitals (Table 1). The results of Table 2 revealed that 66% of the participants were referred by doctors, 34% were admitted as emergency cases, 62.7% were complaining of acute diseases, and 37.3% of them had chronic diseases. Patients' complaints include 10.7% diseases of the cardiovascular system (coronary heart disease (CHD), heart failure (HF), myocardial infarction (MI), angina, and hypertension), 17,3% genitourinary system (renal stones and renal failure), 10.7% respiratory (pneumonia and chronic obstructive pulmonary disease (COPD)), 2% endocrine (diabetes mellitus (DM), and thyroid), 8.7% surgical operations (hernia, anal fissure, and abscess), 22% gastrointestinal (Intestinal obstruction, appendicitis, cholecystitis, gastroenteritis, pancreatitis and

carcinoma of colon), 16.7% gynecology and obstetrics (cesarean section, vaginal delivery and hysterectomy), 6.7% neurological (brain tumor and stroke) and 5.3% injuries (head injury, fire shots, and fractures). The mean length of stay was 2.85 ± 3.2 days where most of them (88%) stayed less than 5 days and only 4.6% more than 9 days. Table 2 also showed the times of admission of the participants to the same hospital 46% of them were admitted for the first time and 54% of the participants had two or more admissions.

Table 2: Characteristic of study sample according to type of referral and disease, length of stay and number of admissions

Variable	NO. (%)
Referral by:	
Emergency	51 (34.0)
Doctors	99 (66.0)
Type of disease	
Acute	94 (62.7)
Chronic	56 (37.3)
Length of stay	
less than 5 days	132 (88.0)
5-9 days	11 (7.3)
10-14 days	5 (3.3)
15 days and more	2 (1.3)
Times of admission to the same hospital	
Once	69 (46.0)
Twice	42 (28.0)
Three and more	39 (26.0)

The highest percentage for strongly agree and agree performance of medical staff was for the trust in their treating physician (80.0%), attended by welcome patients in at a great distance, discussing the subjects respectively, appearance care and concern, and being ordinary with the patients and show empathy (70-79.9%) (Table 3). Paying attention and listening to them carefully, explaining the disease to the patients, and clearly answering their questions were scored by 60-69.9% of patients. Only 32-34% of patients rated the doctors' interest in asking about their families, social background, and financial status as strongly agree and agree, and 22-25% of them rated this item as disagree (Table 3). The result of Table 4 showed patients' perception of medical staff performance by age, gender, educational level, occupation, type of hospital, and department. Patients' gender did not show any significant difference in their perception. According to the age groups, the patients >40 years rated

this aspect as agree more than the younger groups. Also, younger patients rated the staff performance as neutral more than the patients >60 years old. No significant difference in the type of hospital. The level of patients' rating for medical staff performance was associated with their education level, where 60.9% and 59% of those with low education (illiterates and primary, respectively) perceived it as very agree in contrast. In addition, 80.8% of the participants with University education showed no significant association (P=0.238) but perceived it as agree (Table 4).

Table 5 showed patients' perceptions of medical staff performance by type of referral and disease, length of stay, and number of admissions. There were no significant differences in patients' perceptions whether admitted by specialists or through the emergency department, or whether they have acute or chronic diseases. The mean scores ranged from 1.85 to 3.07 which indicate an opinion of strongly agree to agree performance (Table 5).

Discussion

A competent physician is characterized not solely by their technical expertise but also by their ability to communicate effectively and engage interpersonally with patients. Many patients seek to establish a robust relationship with their healthcare provider [12]. The strong physician relationships are of greater importance during periods of serious illness [21]. The nature of the relationship between a patient and their physician can influence not only the emotional reactions of the patient but also their behavioral patterns and medical results [22]. Healthcare practitioners should strive to understand their patients' perceptions of them. Insights gained from patient feedback can elucidate which specific behaviors exhibited by physicians significantly influence patient satisfaction. The respondents in this study were mainly young adults (36% at age 20- 39 years), of low education. These findings are in accordance with the study of Abadel and Hattab (2014) who reported that generally, patients rated the graduates' professionalism and communication skills at a neural level [23], and Chandra et al. (2019) stated in their study that the majority of the patients were generally fully satisfied with their consultation with medical staff (69.3%) [24].

Table 3: Patients' perception of the medical staff performance in Al-Ramadi Hospitals

How was the physician performance at:	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagreed (%)
1- Greeting you in a way that made you feel comfortable.	37 (24.7)	76 (50.7)	27 (18)	8 (5.3)	2 (1.3)
2- Paying attention to you and listen carefully.	29 (19.3)	73 (48.7)	41 (27.3)	6 (4)	1 (0.7)
3- Encouraging you to ask questions important to you.	6 (4)	56 (37.3)	70 (46.7)	15 (10)	3 (2)
4- Answering your questions in a clear way.	27 (18)	68 (45.3)	48 (32)	7 (4.7)	0 (0)
5- Treating you with respect.	63 (42)	51 (34)	33 (22)	3 (2)	0 (0)
6- Showing care and concern.	30 (20)	83 (55.3)	32 (21.3)	5 (3.3)	0 (0)
7- Explaining for you the disease.	21 (14)	83 (55.3)	40 (26.7)	6 (4)	0 (0)
8- Explaining for you the medical procedures for diagnosis, treatment and its importance.	12 (8)	68 (45.3)	58 (38.7)	10 (6.7)	2 (1.3)
9- Caring to know your family and social background.	9 (6)	40 (26.7)	48 (32)	38 (25.3)	15 (10)
10- Involving you in decisions as much as you wanted.	11 (7.3)	41 (27.3)	67 (44.7)	21 (14)	10 (6.7)
11- The extent of humility and Sympathizing in dealing with you.	54 (36)	56 (37.3)	31 (20.7)	8 (5.3)	1 (0.7)
12- Caring to know your financial status.	10 (6.7)	41 (27.3)	53 (35.3)	34 (22.7)	12 (8)
13-Available and spend the right amount of time with you.	17 (11.3)	65 (43.3)	49 (32.7)	16 (10.7)	3 (2)
14- How much do you trust your treating physician?	57 (38)	63 (42)	25 (16.7)	5 (3.3)	0 (0)
15- The extent of your satisfaction with the hospital services?	26 (17.3)	56 (37.3)	38 (25.3)	23 (15.3)	7 (4.7)

Table 4: Patients' perception of medical staff performance by age, gender, education level, occupation, hospital type, and department type.

Variable	Strongly agree (%)	Agree (%)	Neutral (%)	Disagree (%)	P-value
Age groups (years)					
less than 20	1 (6,7)	8 (53.3)	6 (40)	0 (0)	0.131
20-39	0 (0)	35 (64.8)	14 (25.9)	5 (9.3)	
40-59	0 (0)	33 (70.2)	13 (27.7)	1 (2.1)	
60 and above	1 (2.9)	26 (76.5)	7 (20.6)	0 (0)	
Gender					
male	1 (1.5)	47 (70.1)	16 (23.9)	3 (4.5)	0.913
female	1 (1.2)	55 (66.3)	24 (28.9)	3 (3.6)	
Education					
Illiterate	0 (0)	28 (60.9)	17 (37)	1 (2.2)	0.238
Primary	1 (2.6)	23 (59)	13 (33.3)	2 (5.1)	
Intermediate	0 (0)	17 (85)	3 (15)	0 (0)	
Secondary	1 (5.3)	13 (68.4)	3 (15.8)	2 (10.5)	
Institute or collage	0 (0)	21 (80.8)	4 (15.4)	1 (3.8)	
Occupation					
Employee	0 (0)	23 (79.3)	5 (17.2)	1 (3.4)	0.027*
Earner	1 (5.9)	11 (64.7)	2 (11.8)	3 (17.6)	
Unemployed or retired	0 (0)	37 (68.5)	15 (27.8)	2 (3.7)	
Other	1 (2)	31 (62)	18 (36)	0 (0)	
Hospital					
Public	2 (1.5)	89 (68.5)	33 (25.4)	6 (4.6)	0.601
Private	0 (0)	13 (65)	7 (35)	0 (0)	
Department					
Internal medicine	0 (0)	47 (77)	11 (18)	3 (4.9)	0.059
Surgery	2 (3.5)	39 (68.4)	16 (28.1)	0 (0)	
Gynecology	0 (0)	12 (48)	10 (40)	3 (12)	
Pediatric	0 (0)	4 (57.1)	3 (42.9)	0 (0)	
*Significant at p < 0.05					

Table 5: The mean values of patients' perception of medical staff performance.

How was the physician performance at:	Mean± SD
1- Greeting you in a way that made you feel comfortable.	2.08 ± 0.871
2- Paying attention to you and listen carefully.	2.18 ± 0.812
3- Encouraging you to ask questions important to you.	2.69 ± 0.787
4- Answering your questions in a clear way.	2.23 ± 0.798
5- Treating you with respect.	1.84 ± 0.836
6- Showing care and concern.	2.08 ± 0.737
7- Explaining for you the disease.	2.21 ± 0.726
8- Explaining for you the medical procedures for diagnosis, treatment and its importance.	2.48 ± 0.792
9- Caring to know your family and social background.	3.07 ± 1.079
10- Involving you in decisions as much as you wanted.	2.85 ± 0.979
11- The extent of humility and sympathizing in dealing with you.	1.97 ± 0.919
12- Caring to know your financial status.	2.98 ± 1.046
13- Available and spend the right amount of time with you.	2.49 ± 0.903
14- How much do you trust your treating physician?	1.85 ± 0.814
15- The extent of your satisfaction with the hospital services.	2.53 ± 1.091

However, the main areas of satisfaction cover respect, trust in physicians, doctors' humility and sympathy, greeting, care, listening, and paying attention to patient complaints. Items that were rated inadequate by patients include information about their families and social background, their participation in decision-making, encouraging asking questions, and informing about their financial state. The 2003 report published by the World Health Organization and UNICEF highlighted a significant disparity in financial allocations, revealing that funding for medicines and medical equipment was insufficient compared to the resources allocated for enhancing the income of healthcare professionals and expanding training opportunities [25]. This imbalance adversely impacted the overall quality of health services. In contrast, a survey conducted by the Iraq Knowledge Network (IKN) in 2011 found that approximately 40 percent of respondents perceived the quality of healthcare services in their locality to be inadequate [26]. The ongoing decline in healthcare quality in Iraq led to a widespread shortage, resulting in an increasing number of Iraqi patients seeking medical treatment abroad, particularly in countries such as Turkey, Lebanon, and India [27-28]. The interaction between patients and physicians plays a crucial role in the process of diagnosis, the initiation of treatment, and the development of a compassionate relationship. The effectiveness of these processes is significantly influenced by the communication abilities and interpersonal skills exhibited by the physician [29]. Patient satisfaction and treatment compliance were shown by Kim and colleagues (2004) to relate directly to a physician's empathic behavior [30].

Conclusions

In the analysis, patients judged miscellaneous aspects of physicians' accomplishment and ideas abilities, flexible a acceptable overall rating. Factors in the way that inmates' age, gender, and instructional education did not influence their ideas. Additionally, the type of district, whether public or private, the type of the ailment, and the event of hospitalization acted frustrate significant partnerships accompanying patients' ideas in this place analysis. These amounts concede possibility be carried out usually, followed by feedback methods to aid necessary interferences proposed at reinforcing professional competence and care condition. Further research including a broader comrade of physicians and veterans across various concentration is owned by gauge patient satisfaction accompanying their aids and to foster bettering in care condition.

References

1. Wen J, Schulman KA. Can team-based care improve patient satisfaction? A systematic review of randomized controlled trials. PLoS One. 2014;9(7):e100603. http://www.ncbi.nlm.nih.gov/pubmed/25014674.
2. Labgaa I, Locatelli I, Bischoff T, Gilgien W, Staeger P, Cornuz J, et al. Patients satisfaction in an academic walk-in centre: a new model of residents training achieved by family doctors. BMC Res Notes. 2014;7(1):874. http://bmcresnotes.biomedcentral.com/articles/10.1186/1756-0500-7-874.
3. Njong AM. Assessing user satisfaction with the quality of healthcare services in Cameroon. 2020; https://api.semanticscholar.org/CorpusID:221700588.
4. Habibov N. Effect of corruption on healthcare satisfaction in post-soviet nations: A cross-country instrumental variable analysis of twelve countries. Soc Sci Med. 2016;152:119–24. https://linkinghub.elsevier.com/retrieve/pii/S0277953616300454
5. Pomerantz AS. Listening to the voice of the patient. Fam Syst Health. 2014;32(4):433–5. http://www.ncbi.nlm.nih.gov/pubmed/25485825.
6. Press G. Guidebook for Clerkship Directors. 5th ed. 2023.
7. Hur Y. Definition of character for medical education based on expert opinions in Korea. J Educ Eval Health Prof. 2021;18:26. http://www.ncbi.nlm.nih.gov/pubmed/34583502.
8. Tsai J-M, Wu Y-H, Yu S. Factors facilitating clinical application of and adherence to evidence-based healthcare among medical professionals attending national competitions in Taiwan: a study based on the decomposed theory of planned behaviour. BMC Med Educ. 2022;15;22(1):546. http://www.ncbi.nlm.nih.gov/pubmed/35841092.
9. Alves-Nogueira AC, Góis AC, Pereira M, Canavarro MC, Melo C, Carona C. The associations between physician-patient communication and adjustment outcomes of patients and physicians: a systematic review and meta-analysis of correlations. Health Commun. 2024;39(9):1781–94. http://www.ncbi.nlm.nih.gov/pubmed/37528769
10. Duffy FD, Gordon GH, Whelan G, Cole-Kelly K, Frankel R, Buffone N, et al. Assessing competence in communication and interpersonal skills: the Kalamazoo II report. Acad Med. 2004;79(6):495–507. http://www.ncbi.nlm.nih.gov/pubmed/15165967.
11. Zoppi K, Epstein RM. Is communication a skill? Communication behaviors and being in relation. Fam Med. 2002;34(5):319–24. http://www.ncbi.nlm.nih.gov/pubmed/12038712
12. Olaisen RH, Schluchter MD, Flocke SA, Smyth KA, Koroukian SM, Stange KC. Assessing the longitudinal impact of physician-patient relationship on functional

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health. Ann Fam Med. 2020;18(5):422–9. http://www.ncbi.nlm.nih.gov/pubmed/32928758.

13. Mainous AG, Baker R, Love MM, Gray DP, Gill JM. Continuity of care and trust in one's physician: evidence from primary care in the United States and the United Kingdom. Fam Med. 2001;33(1):22–7. http://www.ncbi.nlm.nih.gov/pubmed/11199905.

14. Miller TA, DiMatteo MR. Physician–patient communication. In: the Wiley encyclopedia of health psychology. 2020. 469–74. https://onlinelibrary.wiley.com/doi/10.1002/978111905 7840.ch97.

15. Frengidou, Elisavet and Galanis P. Patients' satisfaction with the National Primary Health Care net in Greece. Int J Caring Sci. 2020;13.

16. Yahanda AT, Mozersky J. What's the role of time in shared decision making? AMA J ethics. 2020; 1;22(5):E416-422. http://www.ncbi.nlm.nih.gov/pubmed/32449658.

17. Rodrigues I, Authier M, Haggerty J. Perceived access and appropriateness: comparison of teaching and resident family physicians' patients. Fam Med. 2023;55(5):298–303. http://www.ncbi.nlm.nih.gov/pubmed/37310673.

18. Castillo L, Dougnac A, Vincent I, Munoz V, Rojas V. The predictors of satisfaction of patients in a university hospital. Med J Chile. 2007, 135(6):696–701.

19. Al Faris E, Irfan F, Abouammoh N, Zakaria N, Ahmed AM, Kasule O, et al. Physicians' professionalism from the patients' perspective: a qualitative study at a single-family practice in Saudi Arabia. BMC Med Ethics. 2023;24(1):39. https://bmcmedethics.biomedcentral.com/articles/10.11 86/s12910-023-00918-9.

20. Şimşek AS. The power and type I error of Wilcoxon-Mann-Whitney, Welch's t, and student's t tests for Likert-type data. Int J Assess Tools Educ. 2023;10(1):114–28. http://dergipark.org.tr/en/doi/10.21449/ijate.1183622.

21. Schers H, van de Ven C, van den Hoogen H, Grol R, van den Bosch W. Patients' needs for contact with their GP at the time of hospital admission and other life events: a quantitative and qualitative exploration. Ann Fam Med. 2004;2(5):462–8.

http://www.ncbi.nlm.nih.gov/pubmed/15506582.

22. Bendapudi NM, Berry LL, Frey KA, Parish JT, Rayburn WL. Patients' perspectives on ideal physician behaviors. Mayo Clin Proc. 2006;81(3):338–44. http://www.ncbi.nlm.nih.gov/pubmed/16529138.

23. Abadel FT, Hattab AS. Patients' assessment of professionalism and communication skills of medical graduates. BMC Med Educ. 2014;14:28. http://www.ncbi.nlm.nih.gov/pubmed/24517316.

24. Chandra S, Ward P, Mohammadnezhad M. Factors associated with patient satisfaction in oOutpatient department of Suva sub-divisional health center, Fiji, 2018: A mixed method study. Front public Heal. 2019;7:183. http://www.ncbi.nlm.nih.gov/pubmed/31312630.

25. Karnieli-Miller O, Divon-Ophir O, Sagi D, Pessach-Gelblum L, Ziv A, Rozental L. More Than just an entertainment show: identification of medical clowns' communication skills and therapeutic goals. Qual Health Res.2023;33(1–2):25–38. http://www.ncbi.nlm.nih.gov/pubmed/36384326.

26. Lu X, Zhang R. Impact of patient information behaviours in online health communities on patient compliance and the mediating role of patients' perceived empathy. Patient Educ Couns. 2021;104(1):186–93. http://www.ncbi.nlm.nih.gov/pubmed/32665071.

27. WHO/UNICEF. Iraq social sector watching briefs: health and nutrition. [cited 2020 Dec 10]. https://apps.who.int/disasters/repo/11224.pdf.

28. IKN. Labor Force Factsheet. Central Statistical Office (CSO). [cited 2020 Dec 10]. https://reliefweb.int/sites/reliefweb.int/files/resources/L B Factsheet-English.pdf.

29. Humanitarian TN. Iraq 10 years on: War leaves lasting impact on healthcare. [cited 2013 May 2]. https://www.thenewhumanitarian.org/feature/2013/05/0 2/iraq-10-years-war-leaves-lasting-impact-healthcare.

30. Shabila NP, Al-Tawil NG, Al-Hadithi TS, Sondorp E, Vaughan K. Iraqi primary care system in Kurdistan region: providers' perspectives on problems and opportunities for improvement. BMC Int Health Hum Rights.2012;12:21. http://www.ncbi.nlm.nih.gov/pubmed/23016849.