Section: Health Education

Original Research Article

PATIENT SATISFACTION WITH HEALTH EDUCATION SERVICES

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ABSTRACT

Background: Patient satisfaction with health-education services is a critical indicator of healthcare quality and patient-centered care. Effective health education enhances knowledge, improves adherence, and empowers patients to manage their conditions. This study aimed to evaluate patient satisfaction with health-education services in a tertiary hospital in Saudi Arabia, focusing on clarity, usefulness, sufficiency, relevance, and preferred methods of education. **Materials and Methods:** A descriptive cross-sectional study was conducted with 318 patients who received health-education services. Data were collected using a structured questionnaire and analyzed using descriptive statistics. Results were presented in tables, bar charts, and pie charts. **Result:** More than 90% of respondents reported satisfaction across clarity, usefulness, sufficiency, and relevance of information. Face-to-face counseling was the predominant method (90.9%), and health educators were largely rated as professional and friendly. A minority highlighted the need for more diverse methods, such as printed materials, digital tools, and follow-up sessions. **Conclusion:** The study demonstrates high satisfaction with health-education services, reflecting strong alignment with patient-centered care principles. However, expanding education modalities and enhancing follow-up strategies are recommended to further strengthen services and meet international standards.

INTRODUCTION

Health education is a fundamental element of high-quality healthcare delivery, aimed at enhancing patients' understanding of their conditions, treatments, and preventive strategies. It empowers individuals to make informed decisions, adopt healthier behaviors, and effectively manage chronic illnesses. Over the past decade, patient satisfaction with health-education services has emerged as a vital performance indicator in hospitals and health systems. A high level of satisfaction not only reflects the quality of the information provided but also indicates trust in healthcare providers, better engagement, and higher compliance with treatment regimens (Brown et al., 2020; Lee & Kim, 2021).[1-4] Globally, health-education interventions have been shown to reduce hospital readmissions, improve disease control, and support long-term behavioral change (WHO, 2023). Patient-centered education—characterized by clarity, sufficiency, usefulness, and relevance—has consistently been linked with improved outcomes in chronic disease management and prevention strategies. Moreover, the World Health Organization and international healthcare frameworks emphasize the integration of structured health education programs as a standard of care, particularly in tertiary hospital settings.[5,6]

In Saudi Arabia, the healthcare system is undergoing a major transformation as part of Vision 2030, with a strong focus on quality, accessibility, and patient-centered services. Chronic diseases such as diabetes, hypertension, and cardiovascular disorders are among the leading health burdens in the Kingdom, making effective health education a national priority (Alotaibi et al., 2021). Hospitals are increasingly adopting structured health education services to improve patient literacy, enhance treatment adherence, and empower families to participate actively in health management. Previous studies in Saudi healthcare institutions have reported encouraging levels of satisfaction with health education, particularly when it is interactive, culturally tailored, and delivered by trained professionals (Alghamdi et al., 2022; Almutairi et al., 2024).[7-9]

Despite these advances, gaps remain in service delivery, especially regarding the diversity of educational modalities, integration of digital health tools, and follow-up to ensure long-term impact. Understanding patient perspectives on health-education services is therefore essential for guiding improvements, addressing unmet needs, and aligning

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local practices with global standards of patient-centered care. This study was conducted to evaluate patient satisfaction with health-education services provided at a tertiary hospital in Saudi Arabia, with the ultimate aim of informing quality enhancement and supporting evidence-based health promotion initiatives.

Objectives

- To assess overall patient satisfaction with health-education services delivered in a tertiary hospital setting.
- To evaluate key dimensions of health-education quality, including clarity, usefulness, sufficiency, and relevance of information.
- To identify patient preferences regarding health-education methods and perceptions of health educators' professionalism and communication skills.
- To highlight areas for improvement and propose evidence-based recommendations to enhance health-education practices.

MATERIALS AND METHODS

Study Design: A descriptive cross-sectional study design was adopted to assess patient satisfaction with health-education services. This design was chosen as it allows for the collection of quantitative data at a single point in time, providing an overview of patient perceptions and experiences within the hospital setting.

Setting And Participants: The study was conducted at King Salman Armed Forces Hospital, Tabuk, Saudi Arabia, a major tertiary healthcare facility that serves a large population in the northwestern region. Participants included both inpatients and outpatients who had received health-education services during their hospital visits.

Eligibility criteria included:

- Adults (≥18 years old).
- Patients who received health-education services at the hospital.
- Ability and willingness to provide informed responses.

Patients who were critically ill or unable to participate in the survey were excluded.

Instrument

Data were collected using a structured questionnaire developed by the research team, based on Ministry of Health guidelines and previous literature on patient satisfaction with health education. The questionnaire consisted of two parts:

1. Demographic information: age, gender, education level, marital status, and type of patient (inpatient or outpatient).
2. Health-education evaluation: Ten questions measuring whether patients received health-education services, clarity, usefulness, sufficiency, relevance of information, overall service quality, preferred methods of education, satisfaction with methods, professionalism of educators, and open-ended suggestions for improvement. The questionnaire was reviewed for face and content validity by a panel of experts in health education and nursing.

Data Collection Procedure: Data were collected between August and October 2025 through the direct distribution of structured questionnaires to patients attending the hospital. The questionnaire assessed patients' perceptions and satisfaction regarding health-education services they had previously experienced. Participation was voluntary, and informed consent was obtained from all participants. Respondents were assured of confidentiality, and all responses were anonymized.

Data Analysis: Data were entered into Microsoft Excel and analyzed using descriptive statistics. Frequencies and percentages were calculated for categorical variables. Results were presented in tables, bar charts, and pie charts to illustrate patient responses across the questionnaire items. Open-ended responses were analyzed thematically to identify common suggestions for service improvement.

RESULTS

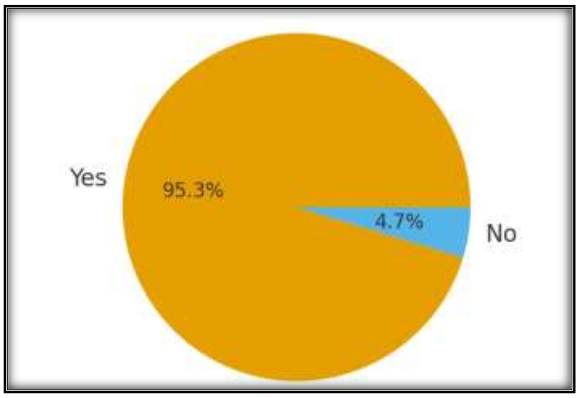

Figure 1: Provision of health-education services among study participants.

As shown in [Figure 1], the majority of participants (95.3%) reported receiving health education services, while only 4.7% indicated that they did not.

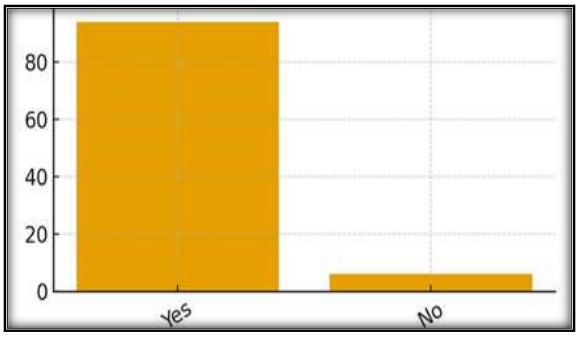

Figure 2: Clarity of health-education information among study participants.

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As shown in [Figure 2], the majority of participants (94%) reported that the information provided was clear, while only 6% disagreed.

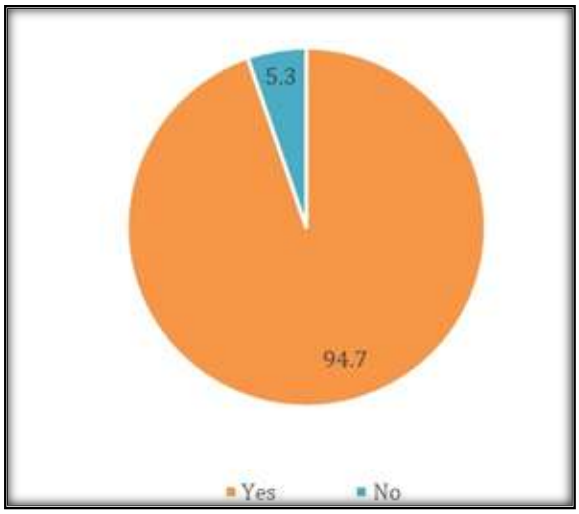

Figure 3: Usefulness of health-education information among study participants.

As shown in [Figure 3], the majority of participants (94.7%) reported that the health education information provided was useful, whereas only 5.3% indicated that it was not.

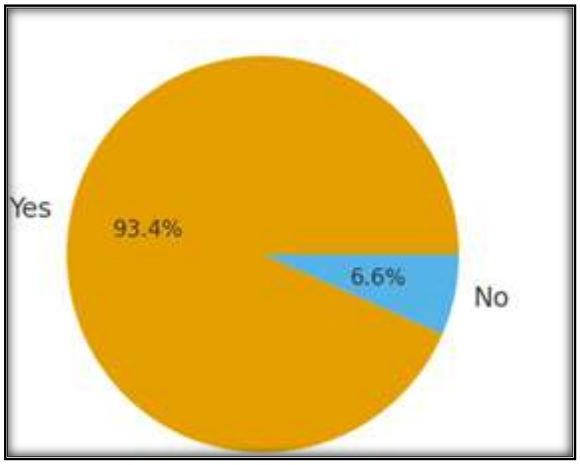

Figure 4: Sufficiency of health-education information among study participants.

As shown in Figure 4, most participants (93.4%) indicated that the health-education 147 information provided was sufficient, while 6.6% reported that it was not.

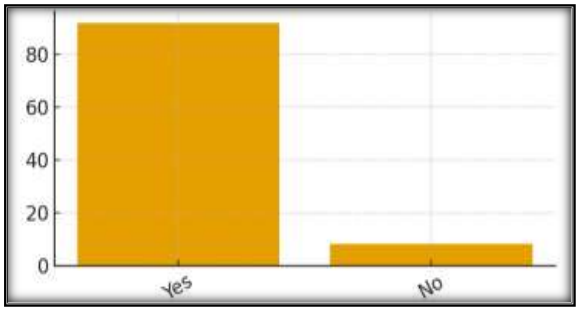

Figure 5: Relevance of health-education information to patients' health condition.

As shown in [Figure 5], most participants (91.8%) agreed that the health-education information provided was related to their health condition, whereas 8.2% reported that it was not.

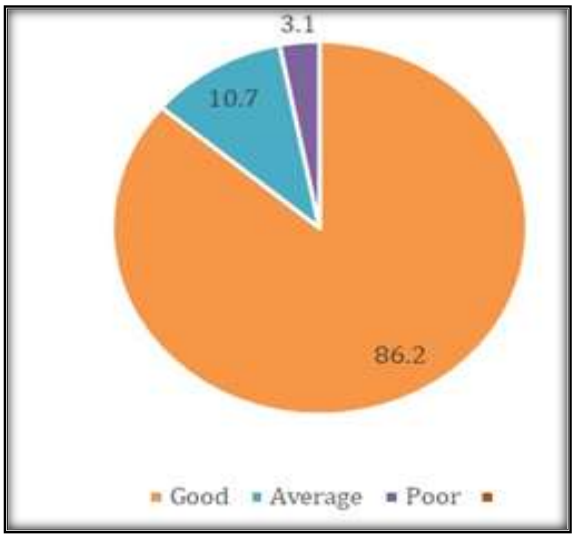

Figure 6. Overall quality of health-education services as rated by participants.

As shown in [Figure 6], the majority of participants rated the quality of health-education services as good (86.2%), while 10.7% rated it as average and only 3.1% rated it as poor.

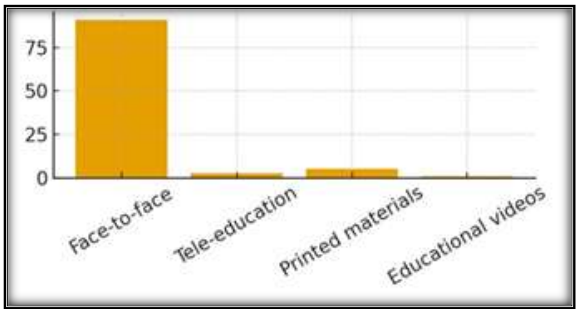

Figure 7. Methods of health-education delivery among study participants.

As shown in [Figure 7], the majority of participants (90.9%) received health education through face-to-face counseling, followed by printed materials (5.4%), tele-education (2.7%), and educational videos (1.0%).

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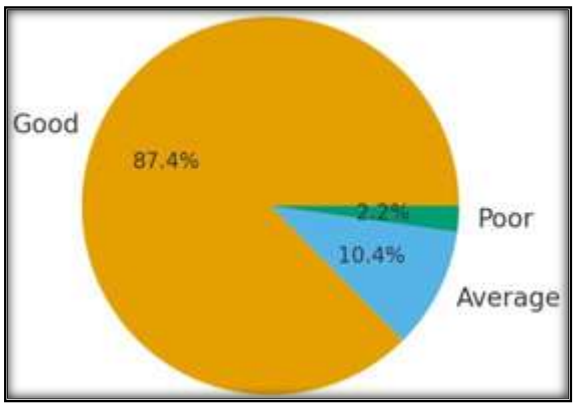

Figure 8. Participants' satisfaction with the method of health education used.

As shown in [Figure 8], most participants reported satisfaction with the method of health education used (87.4%), while 10.4% rated it as average and only 2.2% rated it as poor.

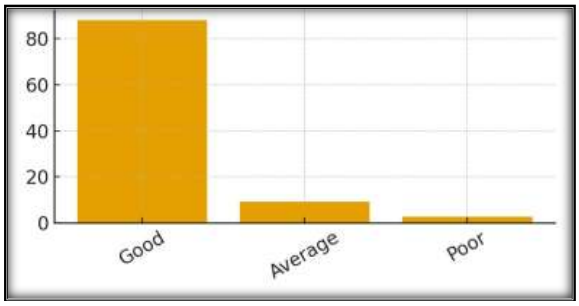

Figure 9. Participants' perceptions of health educators' professionalism and friendliness.

As shown in [Figure 9], the majority of participants (88.1%) rated health educators as professional and friendly, while 9.3% rated them as average and only 2.6% rated them as poor.

Open-Ended Suggestions: Open-ended suggestions included more printed handouts, additional follow-up sessions, and use of visual/multimedia tools.

DISCUSSION

This study provides robust evidence that structured health education within the hospital setting is highly effective, as reflected by consistently favorable patient responses across multiple domains. The high proportion of patients reporting receipt of health-education services underscores the institutional commitment to patient education as an integral component of care delivery. Such comprehensive coverage aligns with international standards emphasizing patient empowerment and informed decision-making.

The strong convergence between clarity, usefulness, and sufficiency of information suggests that educational content was not only accessible but also meaningfully aligned with patient needs. These interrelated outcomes indicate that clarity may act as a foundational determinant, facilitating comprehension and enhancing perceived usefulness, which in turn contributes to overall satisfaction. This interconnected pattern highlights the importance of structured educational frameworks that prioritize simplicity, relevance, and consistency.

Method of delivery emerged as a critical factor influencing patient experience. The predominance of face-to-face education likely enhanced patient engagement, enabling immediate clarification and personalized interaction. This may explain the parallel high ratings observed for educator professionalism and satisfaction with the educational method. Together, these findings reinforce the central role of skilled health educators in translating medical information into patient-centered knowledge.

Despite the overall positive findings, the presence of a small yet consistent subgroup reporting lower satisfaction across several indicators warrants attention. These responses suggest that a uniform educational approach may not fully address the diverse needs of all patients. Integrating supplementary strategies—such as visual materials, written handouts, and structured follow-up—may help bridge this gap and enhance inclusivity.

In synthesis, the findings collectively demonstrate that high-quality health education is multifactorial, relying on clarity of content, appropriateness of delivery method, and professional educator engagement. Strengthening these interconnected elements, while addressing identified gaps, has the potential to further elevate patient satisfaction and optimize the impact of health-education services in hospital environments.

CONCLUSION

This study demonstrated a high level of patient satisfaction with health-education services provided in a tertiary hospital in Saudi Arabia. Across major domains— including clarity, usefulness, sufficiency, and relevance—over 90% of participants expressed positive feedback. These results reflect alignment with the principles of patient-centered care and the goals of Saudi Arabia's Vision 2030 healthcare transformation. The strong preference for face-to-face counseling highlights the cultural importance of direct communication, while the high ratings of professionalism and friendliness emphasize the essential role of health educators in shaping patient trust and satisfaction.

Despite these strengths, a minority of patients expressed lower satisfaction in areas such as sufficiency of information and diversity of educational methods. These gaps suggest opportunities for improvement, including the integration of multimedia tools, tailored approaches for different patient groups, and stronger follow-up practices. By addressing these gaps, hospitals can further enhance patient literacy, engagement, and long-term health outcomes.

Recommendations

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- Diversify education modalities by expanding the use of printed materials, visual aids, and digital platforms to complement face-to-face counseling.
- Implement standardized protocols to ensure all patients consistently receive structured health-education sessions.
- Adopt teach-back strategies to confirm patient understanding and improve retention of health information.
- Target special populations with simplified materials for low-literacy patients and condition-specific content for complex cases.
- Link satisfaction with clinical outcomes, such as adherence rates and disease control.
- Provide continuous training for health educators to strengthen communication, cultural competence, and digital education skills.

Limitations: This study has several limitations. It was conducted in a single tertiary hospital, which may limit generalizability. The use of self-reported data may introduce recall or social desirability bias. The cross-sectional design captures patient perceptions only at one point in time, without assessing changes over time. Additionally, the study did not analyze associations between demographics and satisfaction. Future research should involve multi-center, longitudinal studies with deeper statistical analysis to identify predictors of satisfaction.

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