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## Quality of Outpatient Care in Lebanon: A Cross-Sectional Survey

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## RESEARCH

# Quality of Outpatient Care in Lebanon: A Cross-Sectional Survey

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## ABSTRACT

Patient experience is an important driver of healthcare improvement. Yet, in Lebanon, there is a lack of studies focusing on the satisfaction of outpatients with healthcare quality. This study aims to assess the quality of outpatient care in Lebanon from the patient's perspective and identify its determinants. A cross-sectional survey was administered, between December 2023 and January 2024, to 265 participants over 18 years old who consulted a healthcare provider, excluding dentists. We used linear regression to determine factors affecting consultation quality as perceived by the participants. Waiting time before consultations typically ranged from 5 to 15 minutes, the average consultation duration was 20.8 minutes, and the average quality rating of consultations was 8.3/10. Overall, patients expressed satisfaction with the waiting time, physician and staff behavior, outcomes, and instructions received. Up to 40% of the variance in perceived quality could be attributed to physician-modifiable factors, such as friendliness ( $\beta = 0.5$ ,  $p = 0.53$ ), listening skills ( $\beta = 0.7$ ,  $p = 0.14$ ), attentiveness and effort ( $\beta = 0.9$ ,  $p = 0.04$ ), patient comfort ( $\beta = 2.3$ ,  $p < 0.01$ ) and privacy ( $\beta = -0.1$ ,  $p = 0.82$ ), acceptable consultation duration ( $\beta = 0.6$ ,  $p = 0.12$ ), fewer interruptions ( $\beta = 0.7$ ,  $p = 0.03$ ), better appointment scheduling ( $\beta = -0.1$ ,  $p = 0.8$ ), and less patient waiting time ( $\beta = 0.7$ ,  $p < 0.01$ ). In conclusion, Lebanon has a high standard of outpatient care that is mainly influenced by the doctor-patient relationship rather than financial incentives.

**Keywords:** Outpatient care, Consultation quality, Quality predictors, Consultation duration, Patient experience, Patient satisfaction

## 1. Introduction

Quality of care is an important but complex concept that is difficult to evaluate directly.<sup>1</sup> Therefore, it is often assessed indirectly using one of its indicators, such as patient satisfaction. Although there is no standard method for measuring patient satisfaction,<sup>2</sup>

it is a commonly used quality indicator since it can represent much more than the patient's subjective perception of care and is positively associated with clinical effectiveness and patient safety.<sup>3</sup>

In Lebanon, the private sector plays the dominant role in providing and financing healthcare,<sup>4</sup> the National

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Social Security Fund (NSSF) provides national insurance coverage for employees and their dependents, while the Ministry of Public Health financing scheme targets the uninsured population.<sup>5</sup> Overall, 38% of the total population is left uninsured<sup>6</sup> and lower-income groups tend to experience worse health levels and pay more out-of-pocket healthcare expenses.<sup>7</sup> To aggravate the situation, the economic crisis, that started in 2019, affected almost all aspects of healthcare,<sup>8</sup> leading to unpaid health workers,<sup>9</sup> shortages in medical supplies,<sup>9</sup> and patients struggling to afford health services.<sup>10</sup> Therefore, there is a predominant need in Lebanon to enhance the quality of healthcare and make it accessible without financial barriers.

The improvement of healthcare services should be guided by patient feedback.<sup>11</sup> However, studies measuring patients' experience with health services almost always reported high levels of satisfaction:<sup>2,12</sup> for instance, *Hemadeh and colleagues* found that 96.7% of Lebanese patients were satisfied with the services provided in primary healthcare centers.<sup>13</sup> The problem with reporting overoptimistic metrics alone is that it fails to provide meaningful insights into the actual quality of care and how to improve it. A better approach would be to delve into various aspects of the patient's experience and identify predictors of dissatisfaction. For instance, *Ayoub and colleagues* found that, in general, the Lebanese public tend to value doctors who are empathetic, professional, and knowledgeable.<sup>14</sup> Other international studies found that predictors of patient satisfaction include the cost of care,<sup>15</sup> consultation duration,<sup>16</sup> and the doctor's competency<sup>16</sup> and interpersonal care.<sup>17</sup> However, the question of how much these factors influence the quality of outpatient care in Lebanon is still unanswered.

The objective of this study is to assess the quality of outpatient care in Lebanon from the patient's perspective along with its key predictors. The results can serve as a basis to guide medical professionals and policymakers towards improving the standard of care.

## 2. Methods

### 2.1. Study design

This cross-sectional survey assessed the quality of outpatient care as reported by the patients. We used an online questionnaire that was filled through a convenience sample between December 1, 2023 and January 31, 2024. We included everyone above 18 years of age who consulted a doctor from any specialty excluding dentists.

### 2.2. Data collection

The questionnaire had 29 items and assessed, in addition to demographic information, various aspects before, during, and after the consultation including: waiting time, the doctor's attitude and communication skills, privacy and respect towards the patient, and the patient's satisfaction with the duration, outcome, and quality of the consultation measured on a scale from 1 to 10 ([Appendix 1](#)). The questionnaire had an English and Arabic version, required around 15 minutes to complete, and was either filled by the participants themselves or by the researchers while interviewing them. Some of the questions used were based on those used by Marcinowicz et al.<sup>18</sup> but adapted to fit Lebanon's context.

### 2.3. Questionnaire validation

The questionnaire was initially pre-tested on a small sample of 10 participants to help us identify ambiguous and misleading questions. Feedback from these participants led to several changes to improve clarity and comprehensibility.

After collecting our sample data, we evaluated the internal consistency reliability of our questionnaire using Cronbach's alpha where a value above 0.7 was considered acceptable. We included in this analysis all items that measured various aspects of the consultation, such as: consultation quality ratings, patient comfort while communicating with the doctor, doctor's listening skills, privacy provided to patients for discussing sensitive information, attention and effort exerted by the doctor, frequency of interruptions during consultations, patient satisfaction with consultation outcomes and doctor's instructions, adherence to the doctor's recommendations, incidence of side effects from prescribed treatments, whether the doctor is a relative, type of healthcare facility visited (private or public sector), appointment type, acceptability of the appointment date provided, waiting time experienced in the clinic, patient treatment by clinic staff, friendliness of the doctor, and acceptability of consultation duration.

Next, we used Principal Components Analysis (PCA) to identify the underlying components that the questions are measuring. We mapped each component to a corresponding theme and explored whether the questions associated with each component in PCA were in alignment with their respective theme.

### 2.4. Ethical considerations

The study was approved by the Research Ethics Committee of INSPECT-LB, IRB ID: 2023REC-014-INSPECT-11-08. All participants agreed to a consent form before completing the questionnaire, ensuring their confidentiality and anonymity and explaining that the study had no direct personal benefit.

### 2.5. Data analysis

To determine the minimum sample size required for our study, we focused on our primary objective: evaluating the quality of outpatient care on a scale from 1 to 10. Using the findings from *Hemadeh et al.*<sup>13</sup> as a reference, we conducted a simulation to estimate the expected standard deviation, which was projected to be 1.7. Aiming for a precision level of 0.2, our calculations showed that a minimum of 178 participants is necessary for the study.

Descriptive statistics were used to summarize the data and linear regression was used to detect predictors of consultation quality and their influence. Each predictor was tested alone with a simple linear regression and an effect associated with  $p\text{-value} < 0.05$  was considered statistically significant. Next, we divided these predictors into 3 categories:

1. Factors that are unrelated to quality but still affect the patient’s rating: we consider these as noise factors, such as: doctor friendliness, side effects of the prescribed treatment, and waiting time for the appointment and at the clinic.
2. Factors that are under the control of the doctor: these are factors that can be modified by the doctor to improve the consultation quality, such as: doctor friendliness, listening, attention, effort, patient comfort and privacy, and consultation duration and scheduling.
3. Factors that are out of the doctor’s control: these included factors that might not be directly modifiable by the doctor, such as: patient satisfaction with the outcome and the instructions, side effects of the prescribed treatment, and the type of clinic visited (private or public sector).

In each case, we fit a multivariable linear model with the corresponding factors in order to understand how much they explain of the variability of the rating as indicated by the adjusted R-squared.

The data was analyzed using R software, version 4.3.0.

**Table 1.** Description of the sample demographics.

Variable	Category	Count (%) or Mean (SD)
Age (years)		40.6 (14.7)
Sex	Females	199 (75.1%)
	Males	66 (24.9%)
Nationality	Lebanese	262 (98.9%)
	Syrian	2 (0.8%)
	Palestinian	1 (0.4%)
	Outside Lebanon	6 (2.3%)
Current residency	Mount Lebanon	140 (52.8%)
	Beirut	62 (23.4%)
	Beqaa	30 (11.3%)
	South	17 (6.4%)
	North	10 (3.8%)
	Outside Lebanon	6 (2.3%)
Educational level	No formal education	3 (1.1%)
	High school	52 (19.6%)
	College	126 (47.2%)
	Post-graduate	84 (31.7%)

## 3. Results

### 3.1. Questionnaire validation

Items in the questionnaire that measured different aspects of the consultation showed good reliability (Cronbach’s  $\alpha = 0.73$ ). This reflects the fact that this set of items collectively measures the same underlying construct which is the quality of the consultation as experienced by the patient.

The Principal Components Analysis reveals two main components of our questionnaire that both explain 28.5% of the variance in the data. The first principal component, which explains 20% of the variance, focuses on the patient-doctor relationship during consultations. It concerns aspects such as the patient’s rating of consultation quality, their satisfaction with the provided attention, effort, listening, comfort, and time, as well as the doctor’s friendliness. The second principal component, which explains 8.5% of the variance, corresponds to negative incidents that may occur during and outside to the consultation, such as frequent interruptions, side effects from the treatment received, long waiting times, or high costs. Finally, we note that further components explain less than 6% of the variance and so can be safely ignored.

### 3.2. Sample demographics

Table 1 shows the demographic characteristics of our sample of 265 participants who were mainly Lebanese females, with college education or higher, and with an age range from 18 to 77 years old.

### 3.3. Factors related to the consultation

The majority of the participants (48.3%) visited a doctor in a private sector clinic within the last 3 months. They scheduled their appointments in advance and reported that the waiting time for the appointment was reasonable. The most common waiting time in the clinic before seeing the doctor was 5 to 15 minutes, and most waiting times were considered acceptable by 80% of participants. The average consultation duration was 20.8 minutes, with a range between 3 and 90 minutes. The participants rated the consultation quality at 8.3/10, on average, and were generally satisfied with the doctor, staff, outcome, and instructions received (Table 2).

### 3.4. Predictors of consultation quality

Table 3 presents the factors that influence the patient's perception of consultation quality. This perception was primarily determined by the quality of the patient-doctor relationship rather than other aspects of the consultation. For example, the consultation duration had a much smaller impact on the quality than the doctor's attitude (a 0.2-point drop for a consultation that is 10 minutes shorter compared to a 4.8-point drop for a doctor with an unfriendly attitude). Additionally, the consultation cost and staff mistreatment did not significantly affect the patient's perception of consultation quality.

We divided the predictors of consultation quality into 3 groups: those that are unrelated to quality but still affect the patient's perception explained 21.3% of the variability in quality ratings, those that can be manipulated by the doctor explain 40% of that variability, and those that are out of the doctor's control explain 33.3% of that variability (Fig. 1 shows the effect size and confidence intervals for all the predictors in these models).

## 4. Discussion

### 4.1. Overview

Our study revealed that up to 40% of the variability in the patient's perception of consultation quality is attributable to modifiable factors. These include the doctor's friendliness, listening skills, attention, effort provided, patient comfort and privacy given, consultation duration, and scheduling efficiency. This indicates that physicians have considerable opportunity to improve consultation quality by adjusting these factors.

### 4.2. Patient satisfaction

The average consultation quality was rated at 8.3/10. This aligns with previous research in Lebanon, which reported a 96.6% satisfaction level with primary healthcare services,<sup>13</sup> and is also consistent with findings from regional studies in Saudi Arabia,<sup>19,20</sup> Jordan,<sup>21</sup> and Iraq.<sup>22</sup>

Participants also generally expressed satisfaction with the consultation quality and duration, outcomes, waiting times, and the instructions and behavior of doctors and staff.

### 4.3. Consultation duration

Consultation durations ranged from 3 to 90 minutes, with an average of 20.8 minutes. This contrasts with prior Lebanese studies, which reported an average duration of 28 minutes<sup>23</sup> and 30 minutes,<sup>24</sup> which were based on self-reported data from physicians, potentially introducing bias. On a global scale, a systematic review found average durations ranging from 48 seconds (in Bangladesh) to 22.5 minutes (in Sweden), with half of the world population having consultations of 5 minutes or less,<sup>25</sup> which positions Lebanon favorably regarding consultation duration.

### 4.4. Waiting time

The majority of our sample, 52.8%, reported waiting less than 15 minutes to see the doctor. This result, along with a previous one where the average was 28 minutes,<sup>13</sup> makes Lebanon somewhat comparable with Saudi Arabia in this regards, where, in Riyadh, the median waiting time was 23 minutes,<sup>26</sup> and in Al Qassim, 47.6% of patients waited less than 20 minutes before their consultation.<sup>27</sup>

### 4.5. Predictors of consultation quality

Our results showed that consultation quality is influenced predominantly by factors related to the patient-doctor relationship, such as: the doctor's friendliness, the patient's comfort level in communicating with the doctor, the doctor's attentiveness and listening skills, and the adequacy of attention and effort provided. Other predictors include: the consultation duration, the waiting time for an appointment and at the clinic, the type of clinic sector, and the patient's satisfaction with the instructions and treatment outcomes, including treatment side effects. These findings are consistent with other studies that also found that doctor friendliness,<sup>28</sup> waiting time,<sup>13,19</sup> perceived physician competencies,<sup>13,29</sup>

**Table 2.** Description of factors related to the consultation.

Variable	Category	Count (%) or Mean ± SD
<b>Before the consultation</b>		
Time since last visit	Less than 3 months	128 (48.3%)
	3-6 months	51 (19.2%)
	6-12 months	41 (15.5%)
	12-24 months	20 (7.5%)
	More than 24 months	25 (9.4%)
	Doctor specialty	Surgeon
	Generalist	46 (17.4%)
	Gynecologist	44 (16.6%)
	Gastroenterologist	14 (5.3%)
	Ophthalmologist	13 (4.9%)
	Otolaryngologist	13 (4.9%)
	Dermatologist	11 (4.2%)
	Orthopedist	11 (4.2%)
	Cardiologist	9 (3.4%)
	Endocrinologist	9 (3.4%)
	Pediatrician	6 (2.3%)
	Neurologist	5 (1.9%)
	Pulmonologist	5 (1.9%)
	Oncologist	3 (1.1%)
	Psychiatrist	3 (1.1%)
	Rheumatologist	3 (1.1%)
	Urologist	3 (1.1%)
	Nephrologist	2 (0.8%)
	Hematologist	1 (0.4%)
	Hepatologist	1 (0.4%)
	Infectiologist	1 (0.4%)
	<i>(Unspecified)</i>	4 (1.5%)
Clinic sector	Private	223 (84.2%)
	Public	31 (11.7%)
	Don't know	11 (4.2%)
Visit purpose	Initial consultation	100 (37.7%)
	Routine checkup	72 (27.2%)
	Follow-up appointment	54 (20.4%)
	Small procedure or treatment	39 (14.7%)
Appointment booked in advance	Yes	239 (90.2%)
	No	26 (9.8%)
Appointment wait acceptable	Yes	232 (87.5%)
	No	33 (12.5%)
<b>At the clinic</b>		
Time spent in waiting room	Less than 5 minutes	36 (13.6%)
	5-15 minutes	104 (39.2%)
	15-30 minutes	65 (24.5%)
	30-60 minutes	39 (14.7%)
	More than 60 minutes	21 (7.9%)
	Waiting time acceptable	Yes
	No	53 (20.0%)
Mistreatment from staff	Yes	5 (1.9%)
	No	256 (96.6%)
	Prefer not to answer	4 (1.5%)
<b>During the consultation</b>		
Consultation quality over 10		8.3 (1.6)
Doctor's attitude	Unfriendly	5 (1.9%)
	Neutral	73 (27.5%)
	Friendly	187 (70.6%)
Comfortable talking to the doctor	Yes	253 (95.5%)
	No	12 (4.5%)
Doctor listened well	Yes	251 (94.7%)
	No	14 (5.3%)
Privacy given	Yes	257 (97.0%)
	No	8 (3.0%)

*(continued on next page)*

**Table 2.** Continued.

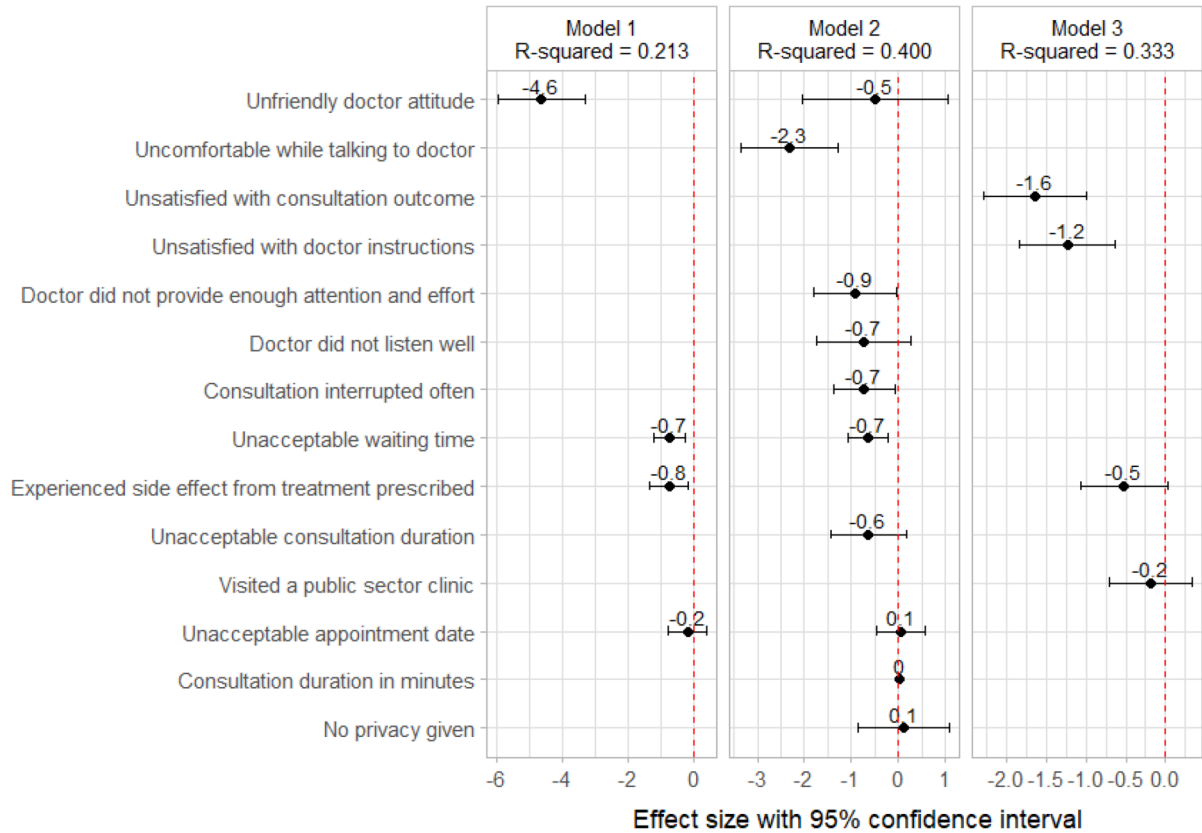
Variable	Category	Count (%) or Mean $\pm$ SD
Consultation duration (minutes)		20.8 (13.0)
Consultation duration acceptable	Yes	230 (86.8%)
	No	24 (9.1%)
	Don't know	11 (4.2%)
Doctor provided enough attention and effort	Yes	241 (90.9%)
	No	24 (9.1%)
Consultation interrupted often	Yes	19 (7.2%)
	No	246 (92.8%)
<b>After the consultation</b>		
Satisfied with consultation outcome	Very unsatisfied	2 (0.8%)
	Unsatisfied	2 (0.8%)
	Neutral	33 (12.5%)
	Satisfied	135 (50.9%)
	Very satisfied	93 (35.1%)
Satisfied with doctor instructions	Very unsatisfied	1 (0.4%)
	Unsatisfied	7 (2.6%)
	Neutral	34 (12.8%)
	Satisfied	125 (47.2%)
	Very satisfied	98 (37.0%)
Followed doctor instructions	Yes	256 (96.6%)
	No	9 (3.4%)
Experienced side effect from treatment	Yes	27 (10.2%)
	No	205 (77.4%)
	Not sure	1 (0.4%)
	Did not receive any treatment	32 (12.1%)
	Free	33 (12.5%)
Consultation cost	Covered by third party	16 (6.0%)
	Less than 25 USD	65 (24.5%)
	25-50 USD	104 (39.2%)
	More than 50 USD	47 (17.7%)
Doctor is a relative	Yes	8 (3.0%)
	No	256 (96.6%)
	Prefer not to answer	1 (0.4%)

**Table 3.** Predictors of consultation quality

Variable	Drop in the patient's rating of the consultation quality (over 10)
Patient feels that the doctor was unfriendly	4.8*
Patient was uncomfortable talking to the doctor	4.0*
Patient feels that the doctor did not listen well enough	3.6*
Patient feels that the doctor did not provide enough attention and effort	2.9*
Patient feels that the consultation duration was too short	2.6*
Patient not satisfied with the consultation outcome	2.5*
Patient not satisfied with the doctor's instructions	2.3*
Patient feels that privacy was not given when discussing his/her condition	1.9*
Patient feels that the consultation was interrupted too often	1.1*
Patient feels that the waiting time in the clinic was unacceptable	1.0*
Patient feels that the waiting time to get an appointment was unacceptable	0.9*
Patient experienced side effects from the prescribed treatment	0.8*
Patient visited a public sector clinic instead of a private sector clinic	0.7*
Shortening the consultation time by 10 minutes	0.2*
Doctor specialty	Non-significant effect
Visit purpose	Non-significant effect
Patient feels that he/she was mistreated by the staff	Non-significant effect
Consultation cost	Non-significant effect

\* Indicates statistical significance.





**Fig. 1.** Multivariable models output showing the 3 groups of predictors of consultation quality on the y-axis along with their effect on the patient's rating of quality on the x-axis.

consultation outcome,<sup>15,30</sup> patient-doctor communication quality,<sup>15,30</sup> and consultation duration<sup>31</sup> were good predictors of consultation quality.

Interestingly, factors such as doctor friendliness, side effects of the prescribed treatment, and waiting times affected 21.3% of the variability in quality ratings. However, since these are not theoretically related to the consultation quality but still affect the patient's ratings, we labeled them as noise factors.

Consultation cost was not a significant predictor of consultation quality, suggesting that financial incentives do not drive the quality of outpatient care in Lebanon, even with the ongoing crisis. However, this finding may be influenced by selection bias since our sample consisted of patients who could afford to see physicians excluding those who stopped seeing a doctor due to financial constraints. Notably, only 6% of consultations in our sample were covered by a third party, with the majority being paid out-of-pocket. This contrast with other countries highlights a compelling area for further research into how the absence of insurance coverage in Lebanon impacts access to care.

#### 4.6. Study limitations

The use of a convenience sample and an online survey posed challenges in defining the population from which our sample was derived and resulted in an underrepresentation of key subgroups within Lebanon. Both these constrain the extent to which our findings can be generalized. Notably, our sample does not represent the Syrian refugee population, which constitutes 27% of Lebanon's residents,<sup>32,33</sup> nor the Palestinian refugee population that represents 4%.<sup>34</sup> Additionally, the sample size was insufficient to analyze the relationship between the consultation quality and factors such as nationality and location. This was especially important since Saleh and colleagues found that outpatient care quality for non-communicable diseases was better in urban versus rural areas and Lebanese versus Syrian patients.<sup>35</sup> Given that Lebanon's healthcare system is dominated by the private sector,<sup>36</sup> our sample included only 31 participants (11.7%) that visited a public clinic, therefore our study could not investigate the cause for lower quality rating in the public sector. Contrary to other findings,<sup>37,38</sup> our data suggest that staff respect is not a significant determinant of the

patient's perception of consultation quality. However, it is important to note that our sample only included 9 participants who reported mistreatment by staff or chose not to disclose their experience in this regard, which may not provide sufficient statistical power to detect an effect, if one exists. Additionally, our sample included 8 patients who visited a doctor who was also a family member. This limited our ability to explore the impact of familial relationships on perceived quality of care, especially since previous research by Shaya indicate that such connections increase patient trust.<sup>39</sup>

## 5. Conclusion

Lebanon exhibits a high standard of outpatient care as reflected by patient satisfaction. This satisfaction is mainly driven by the doctor-patient relationship rather than financial incentives. Therefore, physicians can improve the quality of care by: improving their attitude with the patient along with their level of communication and attention, providing comfort and privacy to their patients, increasing the consultation duration, and doing better scheduling. These adjustments have a great potential for improving care, as these factors account for a substantial 40% of the variability in quality ratings.

## Conflict of interest

The authors have no financial or personal relationships that could influence this work.

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## Appendix 1: Questionnaire used in this study

### Before the consultation

1. How long has it been since you last visited a medical doctor at a hospital clinic or a private clinic?
  - Less than 3 months
  - Between 3 and 6 months
  - Between 6 and 12 months
  - Between 12 and 24 months
  - More than 24 months
2. Which type of sector did the clinic you visited belong to?
  - Private sector
  - Public sector
  - I don't know
3. What kind of doctor did you visit?
  - Psychiatrist
  - Surgeon
  - Other: \_\_\_\_\_
4. What was the purpose of your visit?
  - Initial consultation
  - Follow-up appointment
  - Routine checkup
  - Small procedure or treatment
5. Did you book an appointment in advance?
  - Yes
  - No
6. If you answered yes on the last question, was the waiting time to get an appointment with the doctor acceptable?
  - Yes
  - No

### At the clinic

7. How much time did you spend in the waiting room before seeing the doctor?
  - Less than 5 minutes
  - Between 5 and 15 minutes
  - Between 15 and 30 minutes
  - Between 30 and 60 minutes
  - More than 60 minutes
8. Was the waiting time acceptable?
  - Yes
  - No
9. Did you face any discrimination or mistreatment from the staff at the clinic?
  - Yes
  - No
  - Prefer not to answer

### During the consultation

10. On a scale of 1 to 10, where 1 is very dissatisfied and 10 is very satisfied, how would you rate the quality of the consultation provided by the doctor?

(Numeric input from 1 to 10)

11. How would you characterize the doctor's attitude during your visit?
- Friendly
  - Neutral
  - Unfriendly
12. Did you feel comfortable talking to the doctor?
- Yes
  - No
13. Did the doctor listen to everything you had to say till the end?
- Yes
  - No
14. Were you given enough privacy when discussing your condition or treatment?
- Yes
  - No
15. How long did the doctor spend with you, in minutes, during your consultation?

(Numeric input)

16. Did the consultation time feel adequate and unhurried?
- Yes
  - No
  - I don't know
17. Do you feel that the doctor gave you enough attention and effort during the consultation?
- Yes
  - No
18. Was the consultation interrupted too often?
- Yes
  - No

### After the consultation

19. How satisfied are you with the outcome of the consultation?
- Very satisfied
  - Satisfied
  - Neutral
  - Unsatisfied
  - Very unsatisfied
20. How satisfied are you with the doctor's instructions or prescription?

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied

21. Did you follow the doctor's instructions?

- Yes
- No

22. Did you experience any side effect from the treatment prescribed/administered?

- Yes
- No
- Not sure
- Did not receive any treatment

23. How much did you pay for the consultation out of your own pocket?

- Nothing, it was an unpaid consultation
- Less than 25\$
- Between 25\$ and 50\$
- More than 50\$
- Nothing, a third party (such as insurance or employer) paid the consultation fee

### Personal information

24. Is the doctor one of your relatives?

- Yes
- No
- Prefer not to answer

25. What is your nationality?

- Lebanese
- Other: \_\_\_\_\_

26. What is your gender?

- Female
- Male
- Other
- Prefer not to answer

27. What is your age? (In years)

(Numeric input)

28. What is your highest level of education?

- No formal education
- High school or equivalent
- College degree (Bachelor)
- Post-graduate degree (Master's, Doctorate)

29. Which governorate do you currently live in?

- Beirut
- Beqaa
- Mount Lebanon
- North
- South
- I currently live outside Lebanon