Level of Satisfaction among out-patient attendants of Nigist Eleni Mohammed Memorial Hospital, Hadiya Zone, South Ethiopia

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A Thesis submitted to Indira Gandhi National Open University (IGNOU), School of Social Work in Partial Fulfillment of the Requirements for a Master of Art is Social Work

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DECLARATION

I hereby declare that the dissertation entitled <u>Level of Satisfaction among out-patient attendants of Nigist Eleni Mohammed Memorial Hospital, Hadiya Zone, South Ethiopia</u> submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, to IGNOU or to any other institution for the fulfillment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

Place: Hossana, Hadiya Zone, South Ethiopia   Signature: ……………………………..

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CERTIFICATE

This is to certify that Mr./Miss/Mrs <u>ANDUALEM TADESSE GEBRIEL</u>   student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his/her Project Work for the course **MSWP-001**. His/her work entitled   <u>Level of Satisfaction among out-patient attendants of Nigist Eleni Mohammed Memorial Hospital, Hadiya Zone, South Ethiopia</u>, which he/she is submitting is done under my close guidance and supervision.

Place: ………………………………..   Signature: ……………………….

Date: ………………………………   Name: ……………………………

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LIST OF ABBREVIATIONS AND ACRONYMS

FDRE   Federal Democratic Republic of Ethiopia

IGNOU   Indira Gandhi National Open University

MSW   Masters of Social Work

NEMMH   Nigist Eleni Mohammed memorial hospital

OPD   Out-Patient Department

SNNPR   South Nations, Nationalities and Peoples' Region

SPSS   Statistical package for social science

WHO   World Health Organization

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ABSTRACT

Background: Patient satisfaction is reportedly a useful measure to provide a direct indicator of quality in healthcare. Despite some progresses regarding patients' satisfaction, little is known about the users' perception on the service provided in Nigist Eleni Mohammed Memorial Hospital. Therefore; the objective of this study is to predict the level of satisfaction and its determinant among patients attending Nigist Eleni Mohammed memorial hospital.

Methods: A hospital based cross sectional study was conducted from August 30/2015 to September 30/2015, on a sample of 413 patients attending outpatient department of the hospital. Systematic sampling technique was used to select study subjects. Data was collected using structured questionnaire and Data was entered and analyzed by SPSS for windows version 16.

Result: Out of 413 OPD attendants, less than half 43.8 % were satisfied by the hospital services. Participants with College and above educational status were less likely satisfied by the hospital service [AOR=0.23, 95% CI: (0.11, 0.47)]. Participants who had too long waiting time for emergency treatment were less likely satisfied by the hospital services [AOR=0.53, 95% CI: [AOR=0.53, 95% CI: (0.32, 0.89)]. Participants who did not get medical care as needed were found to have negative association with client level of satisfaction [AOR=0.33, 95% CI: (0.19, 0.57)]. Participants who ignored by doctors were less likely to be satisfied by the hospital services [AOR=0.42, 95% CI: (0.25, 0.72)]. Failure to spend plenty of time with doctors reduced the odds of participants' satisfaction by the hospital services [AOR=0.20, 95% CI: (0.10, 0.38)]

Conclusion: In this study, the overall satisfaction with services at the outpatient department of NEMMH was low. Long waiting time for emergency treatment, unable to access medical specialists as needed; unable to get medical services as needed; doctor's ignorance of clients and doctors fail to spend plenty of time with clients; and costs for medical service affordability were found major causes of client dissatisfaction.

Key words: Outpatient, Satisfaction, Hospital

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The definition of health as a state of complete physical, mental and social well being and not merely an absence of disease or infirmity has recently been improved to include the ability to lead a socially and economically productive life (Iftikhar & Siraj, 2010). Utilization of health care services is an important public health and policy issue in developing countries. However, the level of health care services is not satisfactory in many countries of the world (Fitsum,Challi & Belaineh,2011). Despite major strides to improve the health of the population in the last one and half decades, Ethiopia's population still face a high rate of morbidity and mortality and the health status remains relatively poor (FDRE, Ministry of Health,2010).

While satisfaction is a psychological state resulting when the emotion surrounding disconfirmed expectations are coupled with consumer's prior feelings about the consumption experience, patient satisfaction is defined as the degree of congruency between a patient's expectations of ideal care and his perception of the real care he receives (Iftikhar & Siraj,2010). It, therefore, reflects the gap between the expected service and the experienced service, from the client's point of view (Fekadu, Andualem, & Yohannes, 2011).

Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Asking patients what they think about the care and treatment they have received is an important step in assessing their level of satisfaction, and to ensure that local health services are meeting patients' needs. Studies have shown that, satisfied patients are more likely to utilize health services, comply with medical treatment, and continue interaction with the health care providers (Abebe et al., 2008). Patient is the best judge since he/she accurately assesses and his /her inputs help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities (Iftikhar & Siraj, 2010). Donabedian (1988) explained satisfaction/dissatisfaction as patients' judgment on the quality of care in all its aspects (Abebe et al., 2008).

Involvement of the users in the health services leads to improved outcomes and satisfied patients show improved compliance and continuity of care (Iftikhar & Siraj, 2010). Satisfaction is related to more partnership building, more social conversation, courtesy, clear communication and information, respectful treatment, length of consultation, cleanliness of facility, drug availability and waiting time (Abebe et al.,2008).

Monitoring consumer satisfaction of health care is an important input for the health service delivery to meets its standard (Jadhav, Lokhande, Naik, Rajderkar, Suryavanshi & Bhoye, 2011). Patient satisfaction is reportedly a useful measure to provide a direct indicator of how health service utilization is undergone, hence needs to be measured frequently so that a domesticated and localized healthcare plan could be developed. User satisfaction is a very important part of any clinical practice; therefore, it is imperative to consistently undertake surveys in the community or facility to introduce better services. Thus, patient's satisfaction is an important issue both for evaluation and improvement of healthcare services. User evaluations educate medical staff about their achievements as well as their failure, assisting them to be more responsive to their patients' needs (Iftikhar & Siraj, 2010). However, patient satisfaction with care received is an important dimension of evaluation, that is examined only rarely in developing countries (Babatunde et al, 2013).

In the prior years when hospitals were symbols of humanitarian efforts for community welfare, accountability for performance was of little concern. Today, however, people are increasingly concerned about hospital's performance because: Hospitals use an increasing proportion of scarce community resources; and there are increasing questions about level of satisfaction clients got from hospitals. Moreover, addressing those service aspects of healthcare that consumers most readily appreciate, such as access, provider relationship, availability of information and opportunity for participation can influence health care quality outcomes (Fekadu, Andualem, & Yohannes, 2011).

1.2 STATEMENT OF THE PROBLEM

In the face of increasing demand and resource constraints, the challenge that exists today is to reach the whole population with adequate health services and ensure their utilization (Amitabha, Tushar, Prasanto, Prajjal, Kakoli & Shamima, 2013). Although, the utilization of health care service is an important public health and policy issue in developing countries, the level of health care services is not satisfactory in many countries of the world (Fitsum,Challi & Belaineh, 2011).

Large segments of the population in developing countries like Kenya, Uganda, Tanzania, Ghana, Mozambique, Ethiopia, and Nigeria are deprived of access to basic health care (Nyongesa, Onyango & Ombaka, 2013). Ethiopia has one of the poorest health status indicators in the world and the health service coverage is generally low (Mesganaw & Getu, 2003).

Weak infrastructure and limited distribution systems in low income countries complicate access to health services, especially in rural areas (Chaya, 2007). Ethiopia is characterized as having an inadequate number of well-trained health providers (particularly midwives and doctors), limited health infrastructure, shortages of equipment and commodities at health facilities, and weak health systems. The result is low health service utilization. Access to, and demand for, services is affected by geographical, financial and cultural barriers, and poor care-seeking behaviors, as well as organizational and management issues that impact effective referrals. Access to services is even harder for Ethiopia's large rural community (US Global Health Initiative, 2012). Almost 80 percent of morbidity in Ethiopia is due to preventable communicable and nutritional diseases, both associated with low socio-economic development. Improving the general physical infrastructure and strengthening health systems are key to improve health and require major investments and much time. But, the government health outlets may be relatively few and widely dispersed and private-sector sources often favor wealthier urban areas, resulting in uneven service availability within a country (Chaya, 2007).

Client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations which are matters on which the client is the ultimate authority (Levesque, Bogoch, Cooney, Johnston & Wright, 2000).

Assessing patient perspectives gives the patient/client an opportunity to voice their opinions about the care they receive. It can be seen as part of a broader commitment to public and patient/client participation in healthcare planning and service delivery. (Irish Society for Quality & Safety in Health care, Health Services National Partnership Forum & the Health Boards Executives, 2003).

Patients' satisfaction with health care is important because it may influence patients' health-seeking behavior. Satisfied patients are more likely to seek medical advice, comply with treatment recommendations, maintain a specific patient–physician relationship, keep appointments and refer other patients to their physician (Levesque, Bogoch, Cooney, Johnston & Wright, 2000).

Outpatient department (OPD) is the window to any health system and OPD care indicates the quality care of hospital reflected by patient's perception in terms of satisfaction to the services they are provided. Although, the outpatient department in any hospital is considered the shop window of any hospital (Adamu & Oche,2014), there are various problems faced by the patients in outpatient departments, like overcrowding, delay in consultations and lack of proper guidance that leads to patient dissatisfaction (Gopali & Singh Bedi,2014).

Patient satisfaction data are routinely collected and used for continuous quality improvement by health-care institutions and hospitals in developing countries. Although there is growing experience with patient satisfaction measures in Asia, they have been rarely used in African settings (Nabbuye - Sekandi et al., 2011).

Nigist Eleni Mohammed Memorial Hospital is the zonal general hospital in Hadiya zone. According to the Hadiya zone health department 2007 E.C annual report (unpublished), the total number of Nigist Eleni Mohammed Memorial Hospital's OPD attendants were 96,666. According to the WHO standard, one zonal hospital is expected to serve 1,000,000 population and one physician is expected to reach to 10,000 population. But, currently the Nigist Eleni Mohammed Memorial hospital is providing service for 1,547,848 population of Hadiya zone and the physician to population ratio is 1:67,298. Since it provides service for the large number of population, including the neighboring zones of Kembata Tembaro, Gurage, Wolaita and Siltie, the quality of service will undoubtedly be compromised; so do as level of patient satisfaction.

The faith of people in the efficiency of public hospital is declining because of the negligence and indifferent attitude on the part of hospital authorities. Wage increase of the medical and paramedical personnel, is not matched with the rising cost of living. This mismatch leads to unionism and has a negative impact on the patient satisfaction, which in turn is declining despite the increase in services, hospital personnel and infrastructure. Dissatisfaction among the patients visiting government hospitals is widely publicized by the mass media; political leaders and community in general and has a feeling that the hospital performance is not matching with the expenditure incurred on creation of infrastructure (Sharma, 2005).

Therefore, this study will have an important input in assessing clients' health service utilization and satisfaction and identify factors that determine their satisfaction. The study also helps to provide a recommendation to improve health service delivery to clients and will be helpful to fill a research knowledge gap which ultimately contributes to enhance quality of health services for clients' and improve their satisfaction.

1.3 RESEARCH QUESTIONS

Questions should be addressed through this research are as follows:

1. What is the level of patients' satisfaction towards OPD services at N/E/M/M/Hospital?
2. What are the factors related to patient satisfaction with health care services?

1.4 OBJECTIVES

1.4.1 GENERAL OBJECTIVE

- To determine level of satisfaction and predictors of satisfaction among outpatient attendants in Nigist Eleni Mohammed Memorial Hospital.

1.4.2 SPECIFIC OBJECTIVES

- To describe level of clients' satisfaction among patients attending Nigist Eleni Mohammed Memorial Hospital
- To identify predictors of clients' health service satisfaction among patients attending Nigist Eleni Mohammed Memorial Hospital
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1.5 SIGNIFICANCE OF THE STUDY

The health service system has an important role to play in promoting healthy behavior, managing health conditions, and preventing disease in the society. But, the health service utilization is in a poor condition, which is resulted from poor infrastructure, lack of adequate skill from health care providers, geographic and socio-economic barriers.

To scale up the provision of quality health care and to help providers become skillful in addressing the socio-cultural and other factors that might be important with regard to health services delivery to the society, we must understand clients' health service utilization patterns and their satisfaction on the service they received. Appropriate focusing of interventions on the factors affecting patients' satisfaction will have the greatest impact on increasing the accessibility and quality of health services that are effective in protecting patients from illness and increase their utilization pattern.

Therefore, the findings of this study will enable the hospital management understands what kind of client based target interventions need to be set and also helps to properly arrange the health facility as per the standard. Knowing health service utilization, satisfaction and determinants of health service satisfaction of clients will enable to increase quality health care, program improvement and contribute to new program designs to clients. It also provides a basis for further investigation toward understanding what determines clients' health service utilization and satisfaction with the health service they expected to receive.

This study would have an important input in assessing the level of clients' satisfaction on outpatient health care services, identify the factors affecting the clients' satisfaction, and provide a recommendation on an improved health service delivery that will be helpful to fill research knowledge gaps which ultimately contributes to enhance quality of patient services in the hospital and improve the level of clients' satisfaction.

1.6 SCOPE OF THE STUDY

Nigist Eleni Mohammed Memorial Hospital is selected as the study site. It is found in Hossana town, Hadiya Zone, SNNPR. It is the zonal general hospital. The study population will be derived from the patients attending the Out Patient Department of the hospital.

1.7 OPERATIONAL DEFINITIONS

- Health Service: any activity undertaken to meet the social needs of patients.
- Satisfaction: Participants who agree or strongly agree for 75 % of the patients level of satisfaction measuring questions and others are considered dissatisfied
- Health Service utilization: use of the existing modern health services by patients
- Reported Satisfaction: reported response of clients in detail of their experience weather they are attaining their need or desire with health service they get.(individuals are presumed to rate or evaluate a service or a provider by comparing their personal subjective standards with their perception of the care received)
- Accessibility: defined as the sum of physical (geographical), cultural accessibility and not merely the physical presence of health services.
- Waiting time: is the time spent from the client entered the waiting room until all the protocols leading to being registered to see the doctor is completed.
- Consultation time: is the time spent when discussing health matter with one's physician.
- Communication: is the degree to which the client is heard, kept informed through understandable terms, afforded social interaction and time during consultation and provided psychological and non-technical information.
- Privacy: the provider shall never disclose the cause of his patient's condition to anyone else without the consent of the patient.
- Confidentiality: conditions under which the information revealed by clients in a relationship with health provider will not be disclosed to others without permission.
- Perceived technical competency: is the subjective judgment of the patients about the professional skills and abilities of the health care provider to detect and manage their problem.

CHAPTER TWO:

LITERATURE REVIEW

2.1 SATISFACTION

2.1.1 CONCEPT OF PATIENT SATISFACTION

Linder-Pelz (1982) approached a definition of patient satisfaction through content analysis of satisfaction studies. Five social-psychological variables were proposed as probable determinants of satisfaction with health care. These are *occurrences* which actually take place and perhaps more importantly, the individual's *perception* of what occurred; *value* that is an evaluation terms of good or bad of an attribute or an aspect of health care encounter; *expectation* which is belief about the probability of certain attributes being associated with an event or object, and the perceived probable outcome of that association; *interpersonal comparisons* in which an individual rates the health care encounter by comparing with all such encounters known to or experienced by him or her; entitlement that is an individual's belief that she/he has proper, accepted grounds for seeking or claiming a particular outcome (Ny Net,2007).

Based on dictionary, the definition attributes the term 'satisfaction' to the Latin root sati's meaning 'enough'. Something that satisfies will adequately fulfill expectation, need or desire, and giving what is required, leaves no room for complaint (Nazirah, 2008). Riser (1991) defined patient satisfaction as the degree of congruency between a patient's expectation of ideal nursing care and his perception of the real nursing care that he receives. Swan (1985) suggested that patient satisfaction is a positive emotional response that is desired from a cognitive process in which patients compare their individual experience to a set of subjective standards. Linder-Pelz (1982) defined patient satisfaction as an expression of an attitude, an affective response, which is related to both the belief that the care possesses certain attributes-components/dimensions and the patient's evaluation of those attributes; and as the individual's positive evaluations of distinct dimensions of health care (Ny Net,2007).

2.1.2 DETERMINATS OF SATISFACTION

Patient expectations, perceptions and their experiences with health care system are the main determinants of patient satisfaction worldwide. These domains are interrelated and interconnected with each other and can simultaneously affect patient satisfaction (Naseer, Zahidie & Shaikh, 2012).

1. Patient expectations

Stimson and Webb (1975) identified three categories of expectation: 'background', 'interaction' and 'action'. 'Background' expectations are explicit expectations resulting from accumulated learning of the consultation/treatment process. Although background expectations vary with the illness and particular circumstances, certain patterns of activity or routines are expected, and much criticism centers on behavior which is at odds with these expectations. "Interaction" expectations refer to patient's expectations regarding the exchange which will take place with their doctor, for example, the manner and technique of questioning and the level of information released by the doctor. Expectations about the 'action' refer to the action that the doctor will take such as prescribing, referral or advice. Of the three, Stimson and Webb (1975) regarded interaction expectations as the most important (Ny Net,2007).

Different patients hold different expectation based upon their knowledge and prior experience and are therefore likely to change with accumulating experiences. Patients with lesser expectations usually have higher satisfaction rates and it is evident from a cross sectional survey conducted at outpatient department of Civil Hospital Karachi. These expectations are affected by patient characteristics as age, sex and marital status as well as psychosocial determinants (Naseer, Zahidie & Shaikh, 2012).

a) Patient characteristics

Several patient characteristics have been associated with patient satisfaction including demographic factors, socio-economic status and general health status (Tateke, Woldie &, Ololo, 2012). Of these determinants, the socio-demographic characteristics, i.e., age, sex and education were concluded to be at best a minor predictor of satisfaction. In a study conducted by Doborah L. in 1997 on health education on OPD and patient satisfaction, the age and education were not statically significantly associated with level of patient's satisfaction with physician, but other

variables were (Hasan, A. 2007). For example, a study conducted in Kerman hospitals, a city in south-eastern Iran, showed that the effect of age on satisfaction was not significant. But a study on the experience and satisfaction of patients with health care in 2002, pointed out that age is an important factor in reported satisfaction as in the case of the findings in six regions of Ethiopia (Tateke, Woldie &, Ololo, 2012). Sex was significantly associated; women were more satisfied with their physician than men (Hasan, A. 2007). For example, the Kerman hospital study showed that patient satisfaction and the sex of the patient have a significant relationship; a similar finding was observed in the Wangmamyen Community Hospital study. But a study conducted in six regions of Ethiopia showed that the sex of the patient is not a significant determinant of patient satisfaction (Tateke, Woldie &, Ololo, 2012).

It was found that older respondents expected less information from their doctor and younger patients were less satisfied with issues surrounding the consultation and less likely to comply with prescriptions or medical advice. Older people have also been found to be far more satisfied with most aspects of their hospital care than younger or middle aged people (Hasan, A., 2007).

Educational attainment has been identified as having a significant impact on satisfaction and studies showed that higher level of education is associated with lower level of patient satisfaction as educated patients are more likely to have good understanding of disease and they expect a better communication from health care providers. Among other determinants of patient satisfaction the relationship between satisfaction and socioeconomic status was also explored. People from low social class were found to be more satisfied with the treatment provided as compared to people from higher social class (Naseer, Zahidie & Shaikh, 2012).

b) Psychosocial determinants

Psychological disorder such as affective distress and somatic preoccupation negatively influence patient satisfaction. In addition personality of patient also has an impact as anxious and depressed patient with negative personality traits are less likely to satisfy (Naseer, Zahidie & Shaikh, 2012).

2. Patient experience as determinant of satisfaction

Almost all patient satisfaction surveys conducted worldwide are intended to measure patient experience with health system for quality improvement of the health care services. World Health Organization (WHO) uses measures of patient experience with the health care system as an indicator of responsiveness of health care system. Responsiveness specifically refers to the manner and environment in which people are treated when they seek health care. The performance or for that matter the responsiveness of the system is reflected by an overall improvement in the health status of the people served, ensuring equity and efficiency and also protecting individuals from catastrophic cost. The level and distribution of responsiveness of health care system is therefore an important determinant of the patients' satisfaction with the health care system performance (Naseer, Zahidie & Shaikh, 2012).

The study carried out in 1998 on determinants of customer satisfaction with hospitals, showed that perceived competence of the hospital staff and their demeanour had the greatest impact on customer satisfaction (Tateke, Woldie &, Ololo, 2012). On the other hand, the structure of the hospital on the basis of availability of medical health, building, cleanliness of room & availability of beds; and waiting times to get admission into hospital, availability of doctors, paramedical staff and access to basic amenities such as availability of drinking water and matters related sanitation were the main determinants of patient satisfaction/dissatisfaction. One of the cross sectional survey conducted in Karachi, Pakistan in the year 2004 showed that among patients who were referred by LHWs (lady health worker), 31.6% of patients were not satisfied with their management at the referral facilities. Long time to reach the referral facility, long distance to health facility and outcome of condition were significantly associated with patient dissatisfaction. An interventional study was conducted in Karachi showed a 34% level of patient satisfaction level at the baseline which rise to 80% over a period of one year after interventions mainly aimed at improving doctor and staff communications skills, capacity building on management of diseases, staff competence and introduction of quality of care concept in health care providers (Naseer, Zahidie & Shaikh, 2012).

3. Patient perceptions

Self perceived health status and personality of the person utilizing health care services are important determinants of patient perceptions. Interventions that shows considerable improvement in patients' perceived quality of care and attached satisfaction is contracting out of services at public health facility leading to more availability of doctor, paramedic and medicines, reduce waiting time by increasing health personnels and decreasing staff absenteeism (Naseer, Zahidie & Shaikh, 2012).

Figure 1: Determinants of patient satisfaction with health care system

2.1.3 THEORETICAL MODEL FOR THE CONSTRUCTION OF CONCEPTUAL FRAMEWORK

In this patient satisfaction study at OPD, a theoretical model for viewing health utilization is presented, emphasizing the importance of:

- Characteristics of health services delivery system
- Changes in medical technology and social norms, treatment and illness
- Individual utilization determinants

These three factors are specified within the framework of impact on health care system.

Anderson's behavioral model (1995) was used for the construction of the conceptual framework for this study. The model has been used to display and test complex usual models of health care-seeking behavior and to simply any array the relevant predictors and indicators of utilizations (Ibrahim, A. 2008).

People's use of health services is influenced by a range of psychological, social, cultural, economic and political forces (Iftikhar & Siraj, 2010). According to Andersen (1995), factors associated with utilization of health services include need factors (health status), predisposing factors, and enabling factors.

Need factors: The most immediate cause of health service use, from functional and health problems that generate the need for health care services. "Perceived need will better help to understand care-seeking and adherence to a medical regimen, while evaluated need will be more closely related to the kind and amount of treatment that will be provided after a patient has presented to a medical care provider." (Andersen, 1973)

- Perceived: "How people view their own general health and functional state, as well as how they experience symptoms of illness, pain, and worries about their health and whether or not they judge their problems to be of sufficient importance and magnitude to seek professional help." (Andersen, 1973)
- Evaluated: "Represents professional judgment about people's health status and their need for medical care." (Andersen, 1973)

Predisposing factors: As the need for health care changes with age, gender, and marital status, utilization of health services also conforms accordingly. Studies in general found U-shaped relationship between age of patients and utilization of health care services. Other predisposing factor like education has been seen to affect utilization of health services. For instance, a study in Ethiopia revealed that educational status of the mothers has a statistically significant association with the utilization of safe delivery services. (Fitsum,Challi &Belaineh,2011). Generally, it is believed that Socio-economic status has a significant influence on utilization behavior because of its effect on aspects such as need, recognition, and response to symptoms; knowledge of disease; motivation to get well; and access or choice of health services (Anderson, 1973).

Enabling Factors: enabling factors describe the means individuals have available to them for use of services. Those are: resources of income, savings, & health insurance (Ibrahim, A. 2008); facilities must be available to people where they live and work (accessibility); and waiting time

are the main ones (Ny Net, 2007). Cost is the foremost concern of service providers and an important impediment to overcome (Iftikhar & Siraj, 2010). Lack of money may lead to self-medication using modern pharmaceuticals and traditional medicines as observed in North West Ethiopia (Fitsum,Challi &Belaineh,2011).

Conceptual Framework

In this study, the conceptual framework was derived from the Behavioral Model of Health Services Use developed by Ronald M. Andersen (1995). Consumer satisfaction is the health outcome affected by three key factors, including predisposing characteristics, enabling resources and need factors of the consumer (Ny Net, 2007).

Predisposing Factors:

Socio-demographic factors

- **Age**
- **Gender**
- **Marital status**
- **Educational status**
- **Occupation**

Enabling Factors:

- **Family Income**
- **Accessibility**
- **Waiting time for services**
- **Service hour**

Need factors:

Expectation of patients about services

- **Physical facilities**
- **Doctor services**
- **Nurses services**
- **Pharmacist services**
- **Registration staff services**

Patient's satisfaction towards health services at the Out-Patient Department

- **Convenience**
- **Courtesy**
- **Quality of care**
- **Physical environment**

Figure 2 conceptual framework

CHAPTER THREE

RESEARCH METHODS

3.1 STUDY DESIGN

A hospital based cross-sectional study design was conducted with quantitative data collection method.

3.2 POPULATION

3.2.1 SOURCE POPULATION

The source population was all Outpatient Department attendants (OPD) in Nigist Eleni Mohammed memorial hospital.

3.2.2 STUDY POPULATION

The study population was selected from Outpatient Department attendants (OPD) in Nigist Eleni Mohammed memorial hospital.

3.3 SAMPLING/PARTICIPANT SELECTION

3.3.1 INCLUSION CRITERIA

- The OPD Patient whose age 18 and above years old.
- Patients willing to participate in the study

3.4 SAMPLE SIZE DETERMINATION

3.4.1 SAMPLE SIZE SELECTION FOR DATA COLLECTION

The sample size was determined by using single population proportion formulae considering the following parameters;

$$n = \frac{Z^2 \, P \, (1 - P)}{e^2}$$

Where,

n= estimated sample size

Z= Z-score when 95% confidence interval for estimating client satisfaction, Z score is equal to 1.96.

P= proportion of patients satisfied with the health services=0.577, (Rahel Mezemir, Darye Getachew & Measho Gebreslassie,2014)

E= error desired setting at 0.05

Therefore, the sample size will be:-

$$n = \frac{(1.96)^2 \, 0.577 \, (1 - 0.577)}{(0.05)^2}$$

$$n = 375$$

The minimum expected sample size was 375. On the calculated sample size 10 % was added to compensate for non response rate giving a total of 413 study participants.

The above formula is selected because, it shows that the sample size does not depend on the size (*N)* of the population; the sample size depends on the desired confidence level, the desired margin of error, and the known estimate of sample proportion. If we want to estimate a population proportion with a single value, the best estimate is the sample proportion. Because, sample proportion consists of a single value, it is called a *point estimate*. A point estimate is a single value (or point) used to approximate a population parameter. Therefore, the sample proportion is the best point estimate of the population proportion.

3.5   SAMPLING PROCEDURE

Systematic sampling was used to select the study subjects. A monthly average of 8056 patients attended the hospital OPD. Sampling interval was calculated by dividing the total monthly average of patients by the calculated sample size (i.e. 8056/413= 20).

3.6 DATA COLLECTION TOOLS

Data was collected using structured questionnaire. Questionnaire was adapted to fit the needs of the study after reading different literature and studies that have similar objective and from health service satisfaction measurement tools, like the Common Measurement Tool (CMT). CMT is a tool designed by the Citizen-Centred Service Network (CCSN) to address a significant health service gap existed in Canada between citizens' expectations and the actual service provided despite substantial efforts directed towards modernizing service delivery. The CMT is designed to provide client feedback to any public organization. To ensure that all aspects of client service are considered, the CMT was conceived around five key elements: client

expectations, perceptions of the service experience, satisfaction levels, levels of importance, and priorities for service improvements.

Socio demographic questions related to accessibility of health service, communication, perceived technical competence of health provider, convenience of the health service system, financial costs and interpersonal manner are major component of the instrument.

3.6.1 DATA COLLECTION METHODS

Structured questionnaire was used to collect data from a member of selected clients in the hospital. First, the questionnaire was prepared in English language and translated to Amharic language for the purpose of data collection. Then the Amharic version questionnaire was back translated to English to check consistency and distortion of meaning.

All data collectors and supervisors were oriented and trained for two days on data collection process based on the guide that was developed by principal investigator. Moreover, data collectors and supervisors were trained on responsibilities of explaining the purpose of the study and provided orientation on how it is significant on honest and sincere reply questions. Meanwhile, the principal investigator and the supervisor strictly followed the overall activities on daily base to ensure the completeness of questionnaire. Before the commencement of the actual data collection, the data collection instrument was pretested on 5% of the sample size at Hossana health center. To ensure quality of data, re-checking of the filled questionnaires for its consistence and completeness were performed by the supervisors and the principal investigator. After pretesting of the questionnaire necessary amendment and corrections were made.

3.6.2 DATA COLLECTION PROCEDURE

The data collectors were individuals who were completed at least grade ten and they were assigned after taking orientation and training on the purpose of the study and proper administration of questionnaire. The data collectors did inform the respondents about the purpose of the study and asked their willingness to participate in the study. The data has been collected after the client is sent to the OPD for examination, then to the laboratory and in the end after the client reaches to pharmacy to collect the prescribed medicines.

3.7   DATA PROCESSING AND MANAGEMENT

Data was first checked manually for completeness and then coded to SPSS version 16 (SPSS, Inc., Chicago, USA). The data was then cleaned by visualizing, calculating frequencies and sorting. Corrections were made according to the original data. The questionnaires and the soft copy of the data were kept in proper places with multiple backups.

3.8   DATA ANALYSIS

Descriptive statistics (frequency tables and graphs) was used to summarize data and univariate analysis has been made to see association of variables to clients' health service satisfaction. Based on the findings of univariate analysis, variables that showed significant association was entered into multivariable logistic regression analysis to identify independent predictors of clients' health service satisfaction. Logistic regression determines the impact of multiple independent variables presented simultaneously to predict membership of one or other of the two dependent variable categories.

3.9   LIMITATION OF THE STUDY

Since this study is conducted with a very limited budget, it made difficult to include many other important questions and variable that could help the study more. Another limitation is, since the study was conducted inside the hospital there have been the possibilities of social desirability bias In order to minimize this bias the respondents has filled the questionnaire in a separate room.

3.10 ETHICAL CONSIDERATION

The study was conducted after approval secured from the Ethical Review Committee of Indira Gandhi National Open University (IGNOU). Formal letters from the Ethical review committee of Indira Gandhi National Open University was produced to Nigist Eleni Mohammed Memorial hospital. Oral consent has been obtained from each study participants before data collection started. The participants were told that the information they provide is extremely important and valuable, as it helps the government and the health facilities involved in health service provision to improve services delivery. In addition to that, they were told that, all the responses will be kept confidential and anonymous and participants can withdraw from the study at any time during data collection.

CHAPTER FOUR

RESULT

In this study a cross sectional study method was conducted to ascertain the patient satisfaction with health services at the out-patient department of Nigist Eleni Mohammed Memorial Hospital, Hossana, Hadiya zone, SNNPR. Four hundred thirteen patients were participated in the study and the data collection was conducted from August 30 /2015 to September 30/2015. Results are here by presented in descriptive and tabular forms.

4.1. Socio-demographic characteristics

In this study, 413 study subjects were participated making the response rate 100%. Majority of the participants 227 (55.0%) were male. Mean age of the participants were 33.38 (±12.62) years with minimum of 18 and maximum of 80 years. Nearly half 200 (48.4%) of the participants were between 18 and 29 years. One hundred twelve (27.1%) attended college and above education and 111 (26.9%) of participants were without education. Majority 111 (26.9%) were government employed. More than half 263 (63.7%) were married. Two hundred fourteen (51.8%) were protestant by religion and two hundred fifty seven (62.2%) belongs to Hadiya ethnic group (Table 1).

Table 1: Socio demographic characteristics of participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

Characteristics	Number	Percent
Sex		
Male	227	55.0
Female	186	45.0
Age		
18-29	200	48.4
30-39	97	23.5
40-49	59	14.3
50-59	39	9.4
$\geq$60	18	4.4
Educational status		
No education	111	26.9
Primary	94	22.8
Secondary	96	23.2
College and above	112	27.1

Table 1A: Socio demographic characteristics of participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

Characteristics	Number	Percent
Occupation		
Farmer	76	18.4
Government employed	111	26.9
Daily laborer	30	7.3
Merchant	51	12.3
House wife	75	18.2
Others	70	16.9
Marital status		
Single	130	31.5
Married	263	63.7
Divorced	8	1.9
Widowed	12	2.9
Religion		
Orthodox	116	28.1
Protestant	214	51.8
Muslim	62	15.0
Catholic	21	5.1
Ethnicity		
Hadiya	257	62.2
Kembata	66	16.0
Amhara	15	3.6
Gurage	43	10.4
Silte	28	6.8
Others	4	1.0
Income		
<1000	229	55.4
1000-1999	76	18.4
2000-2999	54	13.1
3000-3999	37	9.0
≥4000	17	4.1

4.2. Enabling factors for client satisfaction

Only two hundred thirty one (55.9%) had easy access to the medical specialists and the rest one hundred eighty two (44.1%) had no access to the medical specialists. More than half of participants 226 (54.7%) and 229 (55.4%) were reported waiting too long for emergency

treatment and hard to get an appointment for medical care respectively. Two third of the participants 275 (66.6%) were able to get medical care whenever they need. Two hundred fifty four 254 (61.5%) were reported affordability of the cost of medical service (Table 2).

Table 2: Enabling and need factors responses among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

Enabling factors	Number	Percent
Easy access to the medical specialists		
No	182	44.1
Yes	231	55.9
Wait too long for emergency treatment		
No	187	45.3
Yes	226	54.7
Hard to get an appointment for medical		
No	184	44.6
Yes	229	55.4
Able to get medical care as need		
No	138	33.4
Yes	275	66.6
Costs of medical services affordable		
No	159	48.5
Yes	254	61.5
Payment more than you can afford		
No	173	41.9
Yes	241	58.1

4.3. Need factors for client satisfaction

Majority 285 (69.0%) reported that doctors explained the reasons for medical test and for 128 (31.0%) of the participants doctors did not explain the reasons for medical test. Doctors ignored 259 (62.7%) of participants while they were telling their problem. Concerning the physicians whether or not hurry while treating the patient, among study subjects asked 279 (67.6%) of participants said physicians were in a hurry while treating them. On the other hand, more than two third of participants 305 (73.8%) replied that, doctors spend plenty of time in examining their health problems (Figure 1).
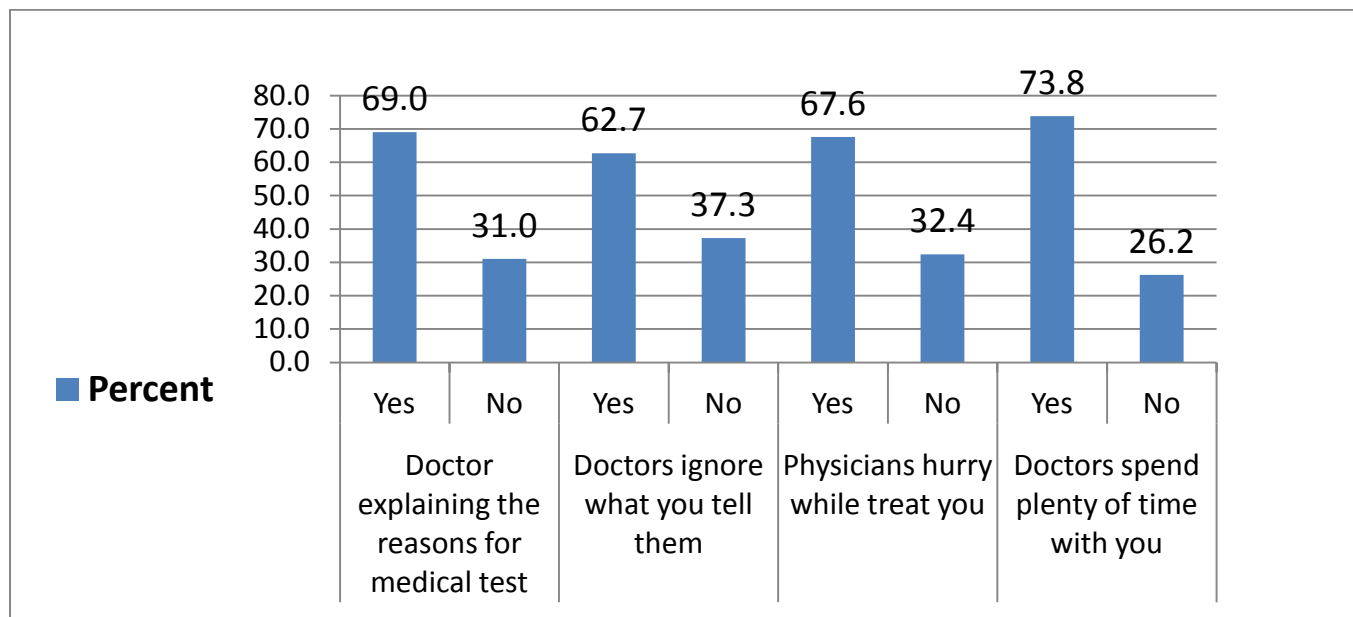
Fig 3: Need factors characteristics among participants attending Outpatient Department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

4.4. Level of client satisfaction

The overall client satisfaction is, 181 (43.8%). Majority 302 (73.1%) were reported that the hospital service system is simple and trouble free and the rest 111 (26.9) were not satisfied with the hospital service system. Of the total respondents 310 (75.1%) of participants were satisfied on the hospital's place and location of rooms. Concerning the doctors act whether or not they are too businesslike and impersonal towards patients while treating them, 244 (59.1%) of the total respondents reported they are satisfied while 169 (40.9%) are dissatisfied. In the case of doctors friendliness and respect, 272 (65.9%) are reported satisfied.

Among the total study subjects 297 (71.9%) replied pharmacists respect patients and are friendly. Two hundred and sixty eight (64.9%) study participants reported that registration staffs respect patients and are friendly. Out of the total respondents included in the study, 243 (58.8%) were satisfied with doctors' competency and training. Out of 413 study subjects 284 (68.8%) replied doctors' are careful in treating/examining and 280 (67.8%) were able to get the required explanation on drug prescription from pharmacists. Two hundred fifty (60.5%) respondents reported that they are satisfied with doctor's office that has everything needed for complete care and almost the same number of participants 246 (59.6) satisfied with the medical instruments quality. Over three fourth, 321 (77.7%) of the respondents are satisfied with the waiting room

comfortableness and 218 (52.8%) reported that the toilets were clean. The majority of respondents 295 (71.4%) satisfied with the clear signs and directions posted and almost the same number of respondents 292 (70.7%) reported that the building of the hospital is clean. Two hundred sixty four (63.9%) respondents are satisfied with the neatness of facilities and equipment's in the OPD.

Table 3: Level of client satisfaction among participants attending Outpatient Department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

| Characteristics	Satisfied	Not-satisfied
	N (%)	N (%)
Convenience		
Service system	302 (73.1)	111 (26.9)
Place/rooms location	310 (75.1)	103 (24.9)
Courtesy		
Doctors act too business like & impersonal	244 (59.1)	169 (40.9)
Doctors respect and friendly	272 (65.9)	141 (34.1)
Pharmacists respect and friendly	297 (71.9)	116 (28.1)
Registration staffs respect and friendly	268 (64.9)	145 (35.1)
Quality of care		
Doctors' competency and training	243 (58.8)	170 (41.2)
Doctors' carefulness, treating/examining	284 (68.8)	129 (31.2)
Pharmacists explain on drug prescription	280 (67.8)	133 (32.2)
Doctor's office has everything needed	250 (60.5)	163 (39.5)
Instruments quality	246 (59.6)	167 (40.4)
Physical Environment		
Enough comfortable benches	321 (77.7)	92 (22.3)
Enough clean toilets	218 (52.8)	195 (47.2)

Table 3A: Level of client satisfaction among participants attending Outpatient Department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

Characteristics	Satisfied N (%)	Not-satisfied N (%)
Clear signs and directions posted	295 (71.4)	118 (28.6)
Building of this hospital clean	292 (70.7)	121 (29.3)
Facilities and equipment's at the OPD tidy	264 (63.9)	149(36.1)
Overall client satisfaction	181 (43.8)	232 (56.2)

4.5. Factors associated with level of client satisfaction

In the bivariate logistic regression analysis age, educational status, occupational status and monthly income were found to have statistical significant association with client satisfaction. Whereas, sex, marital status, religion and ethnicity were found no significant association with client satisfaction (Table 4).

Table 4: Bivariate logistic regression analysis of client satisfaction by socio-demographic factors among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

Factors	Client satisfaction		COR, 95%CI	P-value
	Satisfied	Not satisfied		
Sex				
Male	90 (39.6)	137 (60.4)		
Female	91 (48.9)	95 (51.1)	1.46 (0.99, 2.16)	0.059
Age				
18-29	73 (36.5)	127 (63.5)		
30-39	39 (40.2)	58 (59.8)	1.17 (0.71, 1.92)	0.537
40-49	28 (47.5)	31 (52.5)	1.57 (0.87, 2.82)	0.131
50-59	28 (71.8)	11 (28.2)	4.43 (2.08, 9.42)	0.000
≥60	13 (72.2)	5 (27.8)	4.52 (1.55, 13.19)	0.006

Table 4A: Bivariate logistic regression analysis of client satisfaction by socio-demographic factors among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

| | Client satisfaction | | | |
Factors	Satisfied	Not satisfied	COR, 95%CI	P-value
Educational status				
No education	70 (63.1)	41 (36.9)		
Primary	46 (48.9)	48 (51.1)	0.56 (0.31, 0.98)	0.043
Secondary	46 (47.9)	50 (52.1)	0.54 (0.31, 0.94)	0.029
College and above	19 (17.0)	93 (83.0)	0.12 (0.06, 0.22)	0.000
Occupation				
Farmer	42 (55.3)	34 (44.7)		
Government employed	24 (21.6)	87 (78.4)	0.22 (0.12, 0.42)	0.000
Daily laborer	22 (73.3)	8 (26.7)	2.23 (0.88, 5.63)	0.091
Merchant	23 (45.1)	28 (54.9)	0.67 (0.33, 1.36)	0.262
House wife	44 (58.1)	31 (41.3)	1.15 (0.60, 2.19)	0.673
Others	26 (37.1)	44 (62.9)	0.48 (0.25, 0.93)	0.029
Marital status				
Single	52 (40.0)	78 (60.0)		
Married	115 (43.7)	148 (56.3)	1.17 (0.76, 1.79)	0.482
Divorced	6 (75.0)	2 (25.0)	4.50 (0.87, 23.16)	0.072
Widowed	8 (66.7)	4 (33.3)	3.00 (0.86, 10.48)	0.085
Religion				
Orthodox	54 (46.6)	62 (53.4)		
Protestant	92 (43.0)	122 (57.0)	0.87 (0.55, 1.36)	0.534
Muslim	25 (40.3)	37 (59.7)	0.78 (0.42, 1.45)	0.426
Catholic	10 (47.6)	11 (52.4)	1.04 (0.41, 2.65)	0.928
Ethnicity				
Hadiya	121 (47.1)	136 (52.9)		
Kembata	27 (40.9)	39 (59.1)	0.78 (0.45, 1.35)	0.370
Amhara	2 (13.3)	13 (86.7)	0.17 (0.04, 0.78)	0.023
Gurage	17 (39.5)	26 (60.5)	0.73 (0.38, 1.42)	0.359
Silte	12 (42.9)	16 (57.1)	0.84 (0.38, 1.85)	0.671
Others	2 (50.0)	2 (50.0)	1.21 (0.16, 8.10)	0.908
Income				
<1000	115 (50.2)	114 (49.8)		
1000-1999	37 (48.7)	39 (51.3)	0.94 (0.56, 1.58)	0.857
2000-2999	16 (29.6)	38 (70.4)	0.42 (0.22, 0.79)	0.007
3000-3999	9 (24.3)	28 (75.7)	0.32 (0.14, 0.71)	0.005
≥4000	4 (23.5)	13 (76.5)	0.31 (0.09, 0.96)	0.043

From enabling and need factors; medical specialists' access, wait too long for emergency treatment, hard to get medical appointment, getting medical care whenever needed, costs of medical services affordability, payment more than one can afford, doctor explaining the reasons for medical test, doctors ignore what patient tell them, physicians hurry while treat patient, doctors spend plenty of time with patient were significantly associated with client satisfaction in bivariate logistic regression analysis (Table 5).

Table 5: Bivariate logistic regression analysis result of enabling and need factors among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

	Client satisfaction			
Factors	Satisfied	Not-satisfied	COR, 95%CI	P-value
Medical specialists' access				
Yes	137 (59.3)	94 (40.7)		
No	44 (24.2)	138 (75.8)	0.22 (0.14, 0.34)	0.000
Wait too long for emergency treatment				
No	135 (59.7)	91(40.3)		
Yes	46 (24.6)	141 (75.4)	0.22 (0.14, 0.34)	0.000
Hard to get medical appointment				
Yes	133 (58.1)	96 (41.9)		
No	48 (26.1)	136 (73.9)	0.26 (0.17, 0.39)	0.000
Get medical care whenever you needed				
Yes	151(54.9)	124 (45.1)		
No	30 (21.7)	108 (78.3)	0.29 (0.14, 0.37)	0.000
Costs of medical services affordable				
Yes	126 (49.6)	128 (50.4)		
No	55 (34.6)	104(65.4)	0.54 (0.36, 0.81)	0.003
Payment more than you can afford				
Yes	125(52.1)	115(47.9)		
No	56 (32.4)	117 (67.6)	0.44 (0.49, 0.66)	0.003
Doctor explaining the reasons for medical test				
Yes	149 (52.3)	136 (47.7)		
No	32 (25.0)	96 (75.0)	0.30 (0.19, 0.48)	0.000
Doctors ignore what you tell them				
No	145 (56.0)	114 (44.0)		
Yes	36 (23.4)	118 (76.6)	0.24 (0.15, 0.38)	0.000

Table 5A: Bivariate logistic regression analysis result of enabling and need factors among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

| | Client satisfaction | | | |
	Satisfied	Not-satisfied	COR, 95%CI	P-value
Factors				
Physicians hurry while treat you				
Yes	145 (52.0)	134 (48.0)		
No	36 (26.9)	98 (73.1)	0.34 (0.22, 0.53)	0.000
Doctors spend plenty of time with you				
Yes	166 (54.4)	139 (45.6)		
No	15 (13.9)	93 (86.1)	0.16 (0.08, 0.24)	0.000

Using forward logistic regression analysis; Educational status, Wait too long for emergency treatment, Unable to get medical services as needed, Doctors ignorance of clients and Doctors failure to spend plenty of time with clients were found to have negative association with client satisfaction.

Participants with College and above educational status were less likely satisfied by the hospital service provided in the hospital than participants with no education [AOR=0.23, 95% CI: (0.11, 0.47)]. Participants who had too long waiting time for emergency treatment were less satisfied by the hospital services time than participants who had short waiting time [AOR=0.53, 95% CI: (0.32, 0.89)]. Participants who did not get medical care as needed were found to have negative association with client level of satisfaction [AOR=0.33, 95% CI: (0.19, 0.57)]. Participants who ignored by doctors were less likely to be satisfied by the hospital services [AOR=0.42, 95% CI: (0.25, 0.72)]. Participants who did not spend plenty of time with doctors were less likely satisfied by the hospital services [AOR=0.20, 95% CI: (0.10, 0.38)] (Table 6).

Table 6: Multivariate logistic regression analysis result of factors associated with level of client satisfaction among participants attending Outpatient department (OPD) at Nigist Eleni Mohammed Memorial Hospital, Hossana, South Ethiopia, 2015

| Factors | Client satisfaction | | COR, 95%CI | AOR, 95% CI |
	Satisfied	Not-satisfied		
Educational status				
No education	70 (63.1)	41 (36.9)	1	
Primary	46 (48.9)	48 (51.1)	0.56 (0.31, 0.98)	0.62 (0.32, 1.17)
Secondary	46 (47.9)	50 (52.1)	0.54 (0.31, 0.94)	0.59 (0.31, 1.12)
College and above	19 (17.0)	93 (83.0)	0.12 (0.06, 0.22)	0.23 (0.11, 0.47)**
Wait too long for emergency				
No	135 (59.7)	91(40.3)	1	
Yes	46 (24.6)	141 (75.4)	0.22 (0.14, 0.34)	0.53 (0.32, 0.89)*
Get medical as needed				
Yes	151(54.9)	124 (45.1)	1	
No	30 (21.7)	108 (78.3)	0.29 (0.14, 0.37)	0.33 (0.19, 0.57)**
Doctors ignore what you tell				
No	145 (56.0)	114 (44.0)	1	
Yes	36 (23.4)	118 (76.6)	0.24 (0.15, 0.38)	0.42 (0.25, 0.72)**
Doctors spend plenty of time				
Yes	166 (54.4)	139 (45.6)	1	
No	15 (13.9)	93 (86.1)	0.16 (0.08, 0.24)	0.20 (0.10, 0.38)**

*P-value <0.05

**P-value <0.01

CHAPTER FIVE

DISCUSSION

Nigist Elemi Mohammed Memorial Hospital is the only general hospital in Hosasana town, Hadiya zone, which provides services to the people of Hadiya zone administrative region and nearby zones. The main purpose of this study was to determine level of satisfaction and predictors of satisfaction among outpatient attendants in Nigist Eleni Mohammed Memorial Hospital. Therefore, this study would benefit the health managers for improving effectiveness and efficiency of the hospital in the future.

Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensuring that local health services are meeting patients' needs. The finding of this study indicates that the overall satisfaction level of the clients with the health services provided at Nigist Eleni Mohammed Memorial Hospital (NEMMH) was 43.8%. Similarly, a study conducted in Tigray zonal hospitals, North Ethiopia reported (Girmay, A., 2006) satisfaction level of 43.6%. In contrast the study conducted in Jimma University specialized Hospital; West Ethiopia (Fekadu, Andualem, & Yohannes, 2011) reported higher level 77.0 % client satisfaction. This finding is also lower than other studies conducted in Jimma University Hospital 57.1% (Olijera L,2001) and Mozambique Hospital 55 % (Newman, Gloyd, Nyangez & Machoro,1998). However, the finding of this study is higher than the study conducted in Naradevi Ayurveda hospital in Kathmandu, Nepal (Narayan, Aroonsri, Cheerawit and Somsak, 2012) in which only 25.3% of clients have been reported satisfied by the hospital service. The difference might be due to lack of adequate number specialists capable to provide health care services in different departments of the hospital. The discrepancy might also be due to difference in study setting; for example the study from Nepal was conducted in traditional medicine Hospital which has low acceptance rate in Ethiopia.

Higher level of educational status has negative association with satisfaction level. This study reveals that participants with College and above educational status were less likely satisfied by the hospital service than participants with no education. Similar finding is reported in the study conducted in Jimma University Hospital (Newman, Gloyd, Nyangez &

Machoro,1998), in which satisfaction level decreased as educational level increased. However, this finding is different with the studies conducted in Nepal (Narayan, Aroonsri, Cheerawit and Somsak, 2012), and Uganda (Nabbuye - Sekandi et al., 2011), which reported positive relationship between having primary or secondary education and higher levels of satisfaction compared with no education. However, the study from Uganda (Nabbuye - Sekandi et al, 2011) showed those with post-secondary education tended to score lower satisfaction level than those with no education, This might be due to the better educated participants know what services the general hospital should provide and when this services compromised they may become easily dissatisfied. The lower satisfaction level of participants with College and above educational status relative to the no education may also be due to potentially higher expectation of good services by the more educated patients.

In this study marital status had no significant association with client satisfaction. But, the study conducted in OPD services in Pakistan Institute of Medical Sciences, Islamabad, (Javed, A, 2005) revealed that marital status has a significant association with client satisfaction, in which married people are more satisfied with the health service than the single ones. This is because , may be married people may need to utilize health facilities more due to their family and one can assume that more experienced patients have more satisfaction. However, the similar study conducted in Donganh District, Hanoi, Vietnam, (Tran TN, 2002) concluded that there was no association in marital status and client satisfaction.

In this study, occupation has a significant association with client satisfaction. This study reveals that participants who are government employed group were found less likely satisfied by the hospital service than unemployed group. However, the study conducted in OPD services in Pakistan Institute of Medical Sciences, Islamabad, (Javed, A, 2005) showed that government employed group was found more satisfied with the hospital health service than unemployed groups.

As it has been indicated in the study result, the participants' age and level of satisfaction have positive relationship, while income & satisfaction level have negative relationship. Participants with high income group were less likely satisfied by the services delivered in the hospital. In this study, those who earn more than 2000 Eth.Birr were less likely satisfied than those who get low income. Similar findings were reported in the studies conducted in Dhaka, Bangladesh (Hasan, A. 2007) and the study conducted in Kalkata. India (Amitabha, Tushar,

Prasanto, Prajjal, Kakoli & Shamima, 2013) reported that the respondents with low income were more likely satisfied than those who earn high income. But, in the study conducted in Muang district, Loiet province, Thiland (Dovkata SR., 1997) in which the satisfaction level increased as income decreased. In this study, older age group were more satisfied than the younger group; in the case of age as a determinant factor, this study is in agreement with the similar study conducted in Nigeria (Adamu & Oche, 2014). However, the study conducted in Bireun District, Nanggroe Aceh Darussalem Province, Indonesia (Nazirah, 2008) identified an opposite result to this finding, in which age had no significant association with patient satisfaction.

Waiting time has direct relationship with client level of satisfaction. In this study 40.3 % of clients were dissatisfied by long waiting time for emergency treatment. Similar finding was reported in the studies conducted in Jimma Hospital, west Ethiopia (Fekadu, Andualem, & Yohannes, 2011) and Tigray Zonal hospitals, North Ethiopia (Girmay, A., 2006) where 37.2% and 43.2% of the clients were dissatisfied by the overall waiting time to get health services respectively. And this study reveals that participants who had too long waiting time for emergency treatment were less like satisfied by the hospital services. This finding is in congruent with the study from Nepal (Narayan, Aroonsri, Cheerawit and Somsak, 2012), in which respondents whose waiting time for OPD services was more than 60 minutes were less likely to be satisfied.

This study also showed that doctor's office materials & equipment needed for examining patients; instruments quality; and availability of enough clean toilets were the major problems faced by the OPD attendants 39.5%, 40.4% and 47.2% respectively. In the case of enough clean toilets availability, this finding is almost in agreement with other study conducted in OPD services in Pakistan Institute of Medical Sciences, Islamabad, (Javed, A, 2005). However, in the case of doctor's office equipments availability and equipment quality, the study conducted in OPD services in Pakistan Institute of Medical Sciences, Islamabad, (Javed, A, 2005) found out that patients are relatively satisfied but its needs a lot of work to do.

This cross sectional study identified that, the quality of care related to doctors' competency and training (41.2%) was also the main problems the hospital OPD attendants faced during their visit of the hospital. This study is in agreement with the study conducted in Indonesia (Nazirah, 2008) reported that doctor's competency as a quality of care need to be improved.

Participants who did not spend plenty of time with doctors were less likely satisfied by the hospital services. The study from Nepal also showed that adequate service hour of OPD was significantly associated with satisfaction of the patients (Shrestha, Mongkolchati, Rattanapan Rattanapan & Wongsawass, 2012).

Participants who did not get medical care as needed were found to have negative association with client level of satisfaction. This might be attributed to the fact that, in the hospital OPD, there were many patients seek health service beyond the capacity of the hospital. At this time, it might be difficult to provide the medical care for every patient as needed. The study also found out that, participants who ignored by doctors were less likely to be satisfied by the hospital services. This may be attributed to the fact that, in the hospital OPD, there were a massive flow of patients crowded in the OPD; and that made difficult for the doctor's to manage and that in turn led doctors sometimes to ignore patients.

It has already been indicated in the result that, in this study cost had a major influence on patient satisfaction. As far as the costs of medical services affordability is concerned, in this study, 50.4% of participants were dissatisfied by the amount of money they paid for the hospital services. This finding is also in agreement with the similar studies conducted in outpatient clinic at Mulang hospital, Uganda (Nabbuye - Sekandi et al., 2011) and in the study conducted in OPD of Indira Gandhi Memorial Hospital, MALE' MALDIVES (Ibrahim, A. 2008) in which cost incurred during the service negatively impacted patients' satisfaction. This implies that, the amount of pocket money spent to the medical treatment is very costly as compared to the average income group of patients who visit the hospital.

CHAPTER SIX

SUMMARY, CONCLUSSION AND RECOMMENDATION

6.1. SUMMARY

Client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations which are matters on which the client is the ultimate authority. Assessing patient perspectives gives the patient/client an opportunity to voice their opinions about the care they receive. It can be seen as part of a broader commitment to public and patient/client participation in healthcare planning and service delivery.

Patients' satisfaction with health care is important because it may influence patients' health-seeking behavior. Satisfied patients are more likely to seek medical advice, comply with treatment recommendations, maintain a specific patient–physician relationship, keep appointments and refer other patients to their physician

Patient satisfaction is reportedly a useful measure to provide a direct indicator of quality in healthcare. Despite some progresses regarding patients' satisfaction, little is known about the users' perception on the service provided in Nigist Eleni Mohammed Memorial Hospital. Therefore; the objective of this study is to predict the level of satisfaction and its determinant among patients attending Nigist Eleni Mohammed memorial hospital.

In this study, a hospital based cross sectional study was conducted from August 30/2015 to September 30/2015, on a sample of 413 patients attending outpatient department of the hospital. Systematic sampling technique was used to select study subjects. Data was collected using structured questionnaire and Data was entered and analyzed by SPSS for windows version 16.

The result found in the study reports that, Out of 413 OPD attendants, less than half 43.8 % were satisfied by the hospital services. Participants with College and above educational status were less likely satisfied by the hospital service [AOR=0.23, 95% CI: (0.11, 0.47)]. Participants who had too long waiting time for emergency treatment were less likely satisfied by the hospital services [AOR=0.53, 95% CI: [AOR=0.53, 95% CI: (0.32, 0.89)]. Participants who did not get

medical care as needed were found to have negative association with client level of satisfaction [AOR=0.33, 95% CI: (0.19, 0.57)]. Participants who ignored by doctors were less likely to be satisfied by the hospital services [AOR=0.42, 95% CI: (0.25, 0.72)]. Failure to spend plenty of time with doctors reduced the odds of participants' satisfaction by the hospital services [AOR=0.20, 95% CI: (0.10, 0.38)]

6.2. CONCLUSSION

Patient satisfaction is the fundamental indicator that reflects the health service quality at any level of health care institutions/facilities. The study on the patient satisfaction was an effective means of evaluating the performance of the hospital from the view point of the patients. Patient attending each hospital are responsible for disseminating the good image of the hospital and therefore satisfaction of patients attending the hospital is equally important for hospital management.

The objectives of this study were to describe level of clients' satisfaction and identify predictors of clients' health service satisfaction among patients attending Nigist Eleni Mohammed Memorial Hospital.

In this study the patient's satisfaction was studied in terms of convenience, courtesy, quality of care and physical environment. They were evaluated by using Likert's scale.

To conduct the study, a structured questionnaire was used as a study instrument for data collection. There were two sections in questionnaire: socio-demographic characteristics and patient satisfaction towards OPD services in NEMMH. In this study, systematic sampling was applied to select patients from the OPD of NEMMH; data collection was conducted from August 30/2015 to September 30/2015. There were 413 patients participated in this study.

According to the findings of this study, we conclude that the overall satisfaction level of the clients with the health services provided at Nigist Eleni Mohammed Memorial Hospital (NEMMH) was low, 43.8%. Problems in all patient satisfaction measurement related to convenience, courtesy, quality of care and physical environment of the hospital were found to be high. Doctor's office materials and equipment needed for examining patients, instruments quality and availability of enough clean toilets were the major problems faced by the OPD attendants of the hospital.

Educational status, wait too long for emergency treatment; unable to access medical specialists as needed; unable to get medical services as needed; doctors ignorance of clients and doctors fail to spend plenty of time with clients; and costs for medical service affordability were found to be predictor of client satisfaction.

6.3. RECOMMENDATION

This study has found very important information of the outpatient department of Nigist Eleni Mohammed Memorial Hospital (NEMMH). The following are some recommendations to improve the quality of health service that the investigators want to act. These are:

The health care services:

The hospital management should equip the health professionals by the trainings of the needed hospital standard, i.e., the hospital should provide the training programs for the health providers and facilitate the continuing education & in-service training for health providers to update their knowledge so that they will be able to provide acceptable way of patient treatment; and the hospital management should develop a system to effectively and efficiently address patient satisfaction by addressing the identified gaps in this study i.e., improving waiting time, provide need based and individualized medical services to clients and increasing consultation time that addresses and consider aspect of health wholeness approach to the hospital service users.

Physical facilities and equipments:

The hospital should improve the physical facility services such as toilet neatness, in which many patients were dissatisfied; and doctor's office materials availability as needed & hospital medical instruments quality are also areas need to be improved to met patient demands.

Research area:

Since the basic objective of each research is to find out the real problem and to find out means to solve it, further research should be done with wider scope within the community in order to minimize any bias related to patient satisfaction at the hospital setting; and also further research should be conducted in the hospital, in the areas where this study did not cover.

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ANNEX

QUESTIONNAIRE

1. English Version

Indira Gandhi National Open University (IGNOU), School of Social Work.

Questionnaire designed for patient exit interview on level of satisfaction among out-patients of Nigist Eleni Mohammed Memorial Hospital in Hossana town, South Ethiopia 2015

Identification of the respondents

Zone………… woreda……………… kebele_____ Respondent ID_____

Consent Form for study participants

Greetings:

Hello, how are you?

My name is _____. I am working in the research team of postgraduate thesis of Inidra Gandhi National Open University (IGNOU). I would like to interview you a few questions about your experience and opinion of health service delivered by Nigist Eleni Mohammed Memorial Hospital.

The objective of this study is to determine level of satisfaction among out-patients of Nigist Eleni Mohammed Memorial Hospital, which is important to improve services provided by Nigist Eleni Mohammed Memorial Hospital so as to improve the health service delivery to clients. Your cooperation and willingness for the interview is helpful in identifying problems related to the health service program. Your name will not be written in this form. All information that you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any question which you do not wish to answer. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health professionals to improve services delivery.

Do I have your permission to continue?

1- Yes   2 - No

If the answer is yes, thanks! Conduct the interview.

If the answer is no, Thanks! Proceed to the next eligible

Date of interview _____ Time started_____ Time finished_____

Supervisors name _____signature _____

PART 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

CODE	QUESTIONS	RESPONSE	REMARK
001	Sex of the respondent	1. Male 2. Female	
002	Age of the respondent	_____ year	
003	Highest level of education you attained	1. No education 2. Primary school(1-8) 3. Secondary school(9-12) 4. College and above	
004	Occupation	1. Farmer 2. Governmental employee 3. Daily laborer 4. Merchant 5. House wife 6. Other(specify-------)	
005	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
006	Religion	1. Orthodox 2. Protestant 3. Muslim 4. Catholic 5. Other (specify-----------------)	
007	Ethnicity	1. Hadiya 2. Kembata 3. Amhara 4. Gurage 5. Silte 6. Other (specify-----------------)	
008	Average Monthly family income (Birr)	-----------------	

PART 2. Patient satisfaction towards OPD services in NEMMH.

Please mark () the level of your satisfaction against the following statement in the relevant box.

Scale: 1= very dissatisfied 2= dissatisfied, 3= neutral, 4= satisfied, 5= very satisfied,

Code	Satisfaction to Medical Care Service	Satisfaction level				
		1	2	3	4	5
Physical Environment						
Q100	Were the waiting room enough and comfortable?					
Q101	Were the toilets clean enough?					
Q102	Were there clear signs and directions to indicate where to go in the service area of the OPD?					
Q103	Was the hospital clean?					
Q104	Were the facilities and equipments at the OPD tidy?					
Courtesy/interpersonal manner						
Q205	Do Doctors act too businesslike and impersonal towards you?					
Q206	Did Doctors treat you with respect? Where they friendly?					
Q207	Do pharmacists treat the patient with respect and friendly?					
Q208	Do registration staffs treat the patient with respect and friendly?					
Communication						
Q309	Were the Doctors good at explaining the reasons for medical test?					
Q310	Did Doctors ignore what you tell them?					
Accessibility						
Q411	Do you have easy access to the medical specialists you need?					
Q412	Do people have to wait too long for emergency treatment while you get medical care in the hospital?					
Q413	Do you find it hard to get an appointment for medical					

	care right away?					
Q414	Do you able to get medical care whenever you need it?					
Time spent with doctors						
Q515	Were the physicians hurry while treat you?					
Q516	Do Doctors usually spend plenty of time with you?					
Convenience						
Q617	Were there a simple and trouble free of service system?					
Q618	Are places/rooms for medical care conveniently located?					
Technical Quality of care						
Q719	Were the Doctors very competent and well-trained?					
Q720	Were the Doctors careful enough to check everything during examination?					
Q721	Did pharmacists explain clearly and accurately on drug prescription?					
Q722	Do you think your doctor's office has everything needed to provide complete care?					
Q723	Were the instruments used for medical care fulfilled the needed hospital quality?					
Expenses for medical service						
Q824	Are costs of medical services affordable?					
Q825	Do you pay for more of your medical care than you can afford?					
General satisfaction						
Q926	Is the medical care you have been receiving just about perfect?					
Q927	Are you dissatisfied with some things about the medical care you received?					

የአማርኛ መጠይቅ

በኢንድራ ጋንዲ ናሽናል ኦፐን ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል

በደቡብ ክልል በሆሳዕና ከተማ የንግስት እሌኒ መሐመድ መታሰቢያ ሆስፒታል ለህብረተሰቡ በሚሰጠዉ የህክምና አገልግሎት ላይ ህብረተሰቡ ያለዉን እርካታ ለማወቅ የተዘጋጀ የመጠየቂያ ፎርም።

ዞን------------------ወረዳ.................ቀበሌ----------------- የመጠየቅያ መለያ ቁጥር.............

ከመጠይቁ በፊት የተዘጋጀ የፍቃድ መጠየቅያ ፎርም

ሰላምታ

ስሜ----------------------------------- ይባላል። እኔ የምሰራዉ በኢንድራ ጋንዲ ናሽናል ኦፐን ዩኒቨርሲቲ የሶሻል ወርክ ትምህርት ክፍል የድህረ ምረቃ የጥናት ጽሁፍ ቡድን አባል ሆኜ ነዉ። ሆስፒታሉ ለህብረተሰቡ በሚሰጠዉ የህክምና አገልግሎት ዙሪያ የተወሰኑ ጥያቄዎች ለመጠየቅ ነዉ።

የዚህ ጥናት ዓላማ ኅብረተሰቡ ሆስፒታሉ ለህብረተሰቡ በሚሰጠዉ የህክምና አገልግሎት ላይ ያለዉን እርካታ ለማወቅ ነዉ። ይህ ጥናት ሆስፒታሉ የሚሰጠዉን የጤና አገልግሎትን ለማሻሻል የሚሰጠው መረጃ ከፍተኛ ነው ። ስለዚህ በተመላላሽ ህክምና አገልግሎት ዙሪያ እና በአገልግሎት ሰጪ ባለሙያዎች ላይ ያለዎትን አመለካከት ለማወቅ የእርሶ ትብብር አስተዋፅኦዉ ከፍተኛ ነው። በመጠይቁ ላይ የእርስዎ ስም ወይም ማንነትዎን የሚገልፅ ማንኛውም ነገር አይጠቀስም እንዲሁም እርስዎ የሚሰጡኝን መረጃዎች ሚስጥራዊነት ለመጠበቅ ያመች ዘንድ መጠይቁ እኔና እርስዎ ባለንበት ቦታ ብቻ ይከናወናል። መጠይቁ የሚከናወነው በእርሶ ፍቃደኝነት ብቻ ሲሆን በመጠይቁ ወቅት መመለስ የማይፈልጉትን ማንኛውም አይነት ጥያቄ ማለፍ ይችላሉ ። በተጨማሪም በማንኛውም ሰዓት ማቋረጥ ይችላሉ። እርስዎ የሚሰጡት ትክክለኛ መረጃዎች ለሆስፒታሉ የጤና አገልግሎት መስተካከል እና መሻሻል ስለሚረዳን ከፍተኛ ጥቅም አለው።

በመጠይቁ ላይ ለመሳተፍ ፍቃደኛ ነዎትን?

መልሱ አዎ ከሆነ አመስግነህ/ሽ ወደሚቀጥለው ገፅ እለፍ/ፊ

አልፈልግም ከሆነ አመስግነህ/ሽ የሚቀጥለውን ተጠያቂ መጠበቅ

መጠይቁ የተደረገበት ቀን _____

መጠይቁ የተጀመረበት ሰዓት _____ መጠይቁ

የተጠናቀቀበት ሰዓት _____

የሱፐርባይዘር ስም _____

ፊርማ _____

ክፍል 1 ማህበራዊና የስነህዝብ አጠቃላይ መረጃ			
ተ. ቁ	ጥያቄ	ምላሽ	ምርመራ
001	ፆታ	1. ወንድ	
		2. ሴት	
002	ዕድሜ	.... በዓመት	
003	የትምህርት ሁኔታ	1. ያልተማረ	
		2. ከ1-8 ክፍል	
		3. ከ9-12 ክፍል	
		4. ኮሌጅ እና ከዚያ በላይ--------	
004	የስራ ሁኔታ	1. እርሶ አደር	
		2. የመንግስት ሰራተኛ	
		3. የቀን ሰራተኛ	
		4. ነጋዴ	
		5. የቤት እመቤት	
		6. ሌላ ከሆነ ይገለጽ-------------	
005	የጋብቻ ሁኔታ	1. ያላገባ/ች	
		2. ያገባ/ች	
		3. የፈታ/ች	
		4. የሞተበት/ባት	
006	ሐይማኖት	1. አርቶዶክስ ተዋህዶ	
		2. ፕሮቴስታንት	
		3. ሙስሊም	
		4. ካቶሊክ	
		5. ሌላ ከሆነ ይጠቀስ-----------	
007	ብሔር	1. ሃዲያ	
		2. ከምባታ	
		3. አማራ	
		4. ጉራጌ	
		5. ስልጤ	

		6. ሌላ ከሆነ ይጠቀስ ----------	
008	አማካይ ወርሃዊ ገቢ መጠን በብር	………………………	

ክፍል 2፡ በተመሳሳሽ ህክምና ክፍል ላይ ተገልጋዮች ያላቸውን እርካታ ለመለካት የተዘጋጀ መጠይቅ፤

እባክዎን ከዚህ በታች የእርካታ ደረጃዎን ከነኩ በተቀመጠው ሃጥን ትይዩ ውስጥ የ(√) ምልክት በማድረግ ይግለጹ!

መስፈርት: 1= በጣም አልስማማም 2= አልስማማም 3= አስተያየት የለኝም 4= እስማማለሁ
5= በጣም እስማማለሁ

ተ.ቁ	በህክምና አገልግሎት አሰጣጥ ላይ የሚጠየቁ ጥያቄዎች ዝርዝር	የእርካታ ደረጃ				
		በጣም አልስማማም	አልስማማም	አስተያየት የለኝም	እስማማለሁ	በጣም እስማማለሁ
		1	2	3	4	5
የተቋሙ አጠቃላይ ገጽታ						
100	የመቆያ ወይም የእንግዳ መቀበያ ስፍራ ምቹ ነዉ?					
101	የሆስፒታሉ መጸዳጃ ቤቶች ንጽህናቸዉ የተጠበቀ ነዉ?					
102	ወደ አገልግሎት መስጫ ክፍሎች የሚወስድ/የሚጠቁም ግልጽ የሆነ አቅጣጫ ጠቋሚ ምልክት ተለጥፉል?					
103	የሆስፒታሉ ንጽህና የተጠበቀ ነው?					
104	የህክምና አገልግሎት መስጫ መሳሪያዎች ንጽህና የተጠበቀ ነዉ?					
የሆስፒታሉ ባለሙያዎችን ስነምግባር በተመለከተ						
205	የህክምና ባለሙያዉ አገልግሎት በሚሰጥዎት ሰዓት ጥድፈት በተሞላበትና ሰብዓዊ ክብር ባልተሞላበት ሁኔታ ነው?					

206	የህክምና ባለሙያዉ አገልግሎት በሚሰጥዎት ሰዓት በክብርና በሚመች መልኩ አስተናግዶዎታል?					
207	የፋርማሲ ባለሙያዉ አገልግሎት በሚሰጥዎት ሰዓት በክብርና በሚመች መልኩ አስተናግዶዎታል?					

ተ.ቁ	በህክምና አገልግሎት አሰጣጥ ላይ የሚጠየቁ ጥያቄዎች ዝርዝር	የእርካታ ደረጃ				
		በጣም አልስማማም	አልስማማም	አስተያየት የለኝም	አስማማለሁ	በጣም እስማማለሁ
		1	2	3	4	5
208	የካርድ ክፍል ባለሙያዉ አገልግሎት በሚሰጥዎት ሰዓት በክብርና በሚመች መልኩ አስተናግዶዋታል?					
	የጤና ባለሞያዎች እና ታካሚዎች ግንኙነት/ተግባቦት ዳሳሽ መጠይቅ					
309	የህክምና ባለሞያው ስለሚካሄደዉ ምርመራ አስፈላጊነት እና ምክንያት በቂ ማብራሪያ ሰጥቶዎታል?					
310	የህክምና ባለሞያው ስለሚነግሩት የጤና ችግር ጉዳይ ቸልተኝነት ይታይበታል?					
	የጤና አገልግሎት ተደራሽነት መጠይቅ					
411	የሚፈልጉትን የህክምና ባለሙያ በቅርበት ማግኘት ይችላሉ ?					
412	ሐክምናዎን በሚከታተሉበት ወቅት ሰዎች ለድንገተኛ ህክምና አገልግሎት መጥተው ለረጅም ሰዓት ይቆያሉ ?					
413	ትክክለኛ/ተገቢ የህክምና ቀጠሮ ለማግኘት አስቸጋሪ ሆኖብዎት ያዉቃል?					
414	የሕክምና አገልግሎት ማግኘት በሚፈልጉበት ወቅት ሁሉ ማግኘት ይችላሉ?					
	ከጤና ባለሙያ ጋር የሚቆዩበት ስዓት መጠይቅ					
515	የህክምና ባለሞያው በሚያክምዎት ሰአት በጣም ይቸኩላል/ይጣደፋል?					
516	የህክምና ባለሞያው ከእርስዎ ጋር በበቂ ስአት ቆይታ					

	ይወያያል?					
	የአገልግሎት አሰጣጥ ምቹነት ዳሳሽ መጠይቅ					
617	የህክምና አገልግሎት አሰጣጥ ስርዓቱ /ሂደቱ ቀላልና ግራ የማያጋባ ነው?					
ተ.ቁ	በህክምና አገልግሎት አሰጣጥ ላይ የሚጠየቁ ጥያቄዎች ዝርዝር	**የእርካታ ደረጃ**				
		በጣም አልስማማም	አልስማማም	አስተያየት የለኝም	እስማማለሁ	በጣም እስማማለሁ
		1	2	3	4	5
618	የህክምና አገልግሎት መስጫ ክፍሎች አገልግሎት ለመስጠት በሚያመች መልኩ ይገኛሉ?					
	የጤና ባለሙያዎች የቴክኒካል ብቃት/ክህሎት እና የህክምና መገልገያ መሣሪያዎች ዳሳሽ መጠይቅ					
719	የህክምና ባለሞያው የህክምና አገልግሎት ለመስጠት የሚያስችል ብቃት እና ተገቢ ስልጠና አለው?					
720	የህክምና ባለሙያው ለህክምና አገልግሎት ሲመጡ ሁሉንም ነገር በጥንቃቄ መርምሮ አስፈላጊውን ነገር ያደርግልዎታል?					
721	የፋርማሲ ባለሙያዉ ለህክምና አገልግሎት ስለታዘዙ መድሃኒቶች ተገቢ መረጃ/ትምህርት ሰጥቶዎታል?					
722	የህክምና መስጫ ክፍል ውስጥ አገልግሎት ለመስጠት በቂ (አስፈላጊ) ቁሳቁስ ተሟልቷል?					
723	የህክምና አገልግሎት ለመስጠት የሚጠቀሙባቸዉ ቁሳቁስ ጥራታቸዉ ተሟልቷል?/ደረጃዉን የጠበቀ ነው?					
	የክፍያ እና የገንዘብ ወጪ ሁኔታ ዳሳሽ መጠይቅ					
824	የህክምና አገልግሎት ክፍያ የተገልጋዮ አቅም ጋር የተመጣጠነ ነዉ? (ለምርመራ/ላቦራቶሪ፣ለመድሃኒት ወዘተ....)					
825	የህክምና አገልግሎት ለማግኘት ከአቅም በላይ የሆነ ክፍያ ፈጽመዋል? (ለምርመራ/ላቦራቶሪ፣ ለመድሃኒት					

	ወዘተ ….)					
	አጠቃላይ የእርካታ መጠይቅ					
926	በሆስፒታሉ ያገኙት የህክምና አገልግሎት ትክክለኛ/ተገቢ ነው?					
927	በሆስፒታሉ ካገኙት የጤና አገልግሎቶች መካከል በተወሰኑ የህክምና አገልግሎቶች ላይ አልረኩም?					