Research Article

Satisfaction of Clients and Its Associated Factors Towards Outpatient Services Given at Shenen Gibe Hospital, South West Ethiopia

Abstract

Background: Client Satisfaction is the level of satisfaction that clients experience having used the service and it also reflects the gap between the expected service and experience of the service from the patient's point of view.

Objectives: To assess and estimate the satisfaction of clients towards outpatient service given at Shenen Gibe Hospital, Southwest Ethiopia.

Methods: Cross sectional descriptive study was used. Data was collected by trained data collectors using structured questionnaires. Data was coded and analyzed by SPSS version 20. The research was conducted at Shenen Gibe Hospital from October -Nov, 2022.G.C. The collected data was coded and analyzed by using SPSS version 20.

Result: Out of the total 231 interviewed clients, 63.6% were male. Concerning marital status, 67.5% were married, 16.9% were single. With respect to the clients' income, 32% earned between 2501-3500 ETB. Of all the clients, 65.8% were satisfied with time spent obtaining the service. 52.4% were satisfied with the courtesy, politeness and respect of the examiner. 74.1% were satisfied regarding completeness of information given by the examiner. Only 45.1% were satisfied with the provision and availability of laboratory services. 57.1% were satisfied with the service they got from the pharmacy. Generally, the overall satisfaction rate of the outpatient service provided at Shenen Gibe hospital was 57.1%.

Conclusion: Many clients were found to be dissatisfied with services of this hospital due to long waiting time to be examined and unavailability of laboratory services, unavailability of medications and supplies, and the examiners lacking of manner (respect, courtesy and politeness). Dissatisfaction in the above mentioned aspects affects the current overall services satisfaction. It also showed that there is a weak and uncoordinated referral system between lower and higher health facilities.

Introduction

Background information

Patient satisfaction is a multi-dimensional health care construct affected by many variables. Health care quality affects patient satisfaction which influences positive patient behaviors such as loyalty [1]. Out-Patient Department (OPD) Services is one of the important aspects of Hospital Administration. It means the patient will be treated without staying in the hospital but will go home after treatment is done. It is the looking glass of the clinic, which reflects the functioning of the hospital being the first contact between the patient and the hospital staff [1]. Client satisfaction is also the level of satisfaction that the clients experience having used a service. It therefore, reflects the gap between the expected service and the experience of the service, from the client/patient's point of view. Donabedian has emphasized that: patient satisfaction is a fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those patient values and expectations, which are matters on which the patient is the ultimate authority [25].

Statement of the problem

A study on outpatient performance of teaching hospitals in Gondar town showed a 22.0% satisfaction rate [20]. Another study in Tigray region hospitals found that the client satisfaction level with the outpatient departments in the zonal hospitals was 43.6% [21]. Satisfaction is related to more partnership building, more social conversation and courtesy, clear communication and information, respectful treatment, length of consultation, cleanliness and availability of facilities including laboratory services, drug availability and waiting time [4,6]. In its 1999 report," The state of managed care quality", the US National Committee for Quality Assurance found that health plans with the highest satisfaction scores for the service aspects of health care also have the highest clinical quality scores. Addressing those service aspects of health care that consumers most readily appreciate such information and opportunity for participation can influence health care quality outcomes. In

developing countries even if services are available at all, they are often of low-quality making people look for a better service. As a result many people bypass the closest public facility to go to more costly private facilities. This indicates that health care systems in most developing countries suffer from serious lacking in financing efficiency, quality and equity. Factors that influence what clients expect of service are: previous experience, external influence, personal needs and what people talk about that particular service. Previous experience is how a prior encounter at the hospital was experienced. External influence such as the media and the information gathered from previous clients. Although there are common things patients require feeling satisfied, some patients might have special personal needs such as religious dietary requirements. What people talk about that particular service also has an influence on the expectation of clients, especially the negative comments since they are easily shared amongst communities. Factors that influence how patients experience the service are: Tangibles, Reliability, Responsiveness, Assurance, Empathy, and Access. Tangibles are the quality of equipment and of the physical surroundings. Study carried out in 6 regions of Ethiopia showed 76.5-90% of tangibles [2]. Reliability is the ability to accurately perform the service offered. Similar study done in 6 regions of Ethiopia showed 68.64-86.48% of reliability [2]. Responsiveness is the willingness of the service providers to assist clients. Assurance is the ability of the service provider to be knowledgeable and inspire confidence and trust in the clients. Empathy is the ability to care and display compassion towards clients. The study carried out in the 6 regions of Ethiopia showed a 77.25%-93.23% level of satisfaction in these aspects. And Access is the cost and time of patients to use a particular service as well as hospital hours [2]. Previous research conducted showed that low client satisfaction rate, long emergency room stay, lack of obtaining some laboratory and pharmacy services and lack of certain specialty services were some of the major gaps identified.

Significance of the study

Since clients are the number one priority, satisfaction studies allow their voices to be heard and affirm the importance of their experiences for improved healthcare planning in relation to the above gaps. It is also one way to measure the healthcare facility's quality, so hospitals use the gathered information to improve the quality of healthcare. This study is crucial for the hospital to see what the administrative organs haven't seen but those factors that have been causing a less satisfactory service. The study is also an alarming sign for the hospital to give care for the client satisfaction with service provision. After having a look at the nationwide healthcare delivery system, it is justifiable to define and assess what the local situation looks like. This study is significant in that it attempts to show the situation of healthcare delivery at a local level can be helpful in providing solutions regarding the problems.

Literature Review

Patient satisfaction, which is viewed as a significant indicator of quality of care, can be defined as fulfilment or meeting of expectation of a person from a service or product and has been receiving greater attention as a result of the rise in pay for performance. It is a personal evaluation of healthcare services and providers [1].

Hospitals are an important part of any health system. They provide curative care, transfer knowledge, and work as referral for patients. To achieve service excellence hospitals require continuous efforts to improve the quality of the service delivery system. In the healthcare industry, hospitals provide the same types of services, but they do not provide the same quality of service. Furthermore, consumers today are more aware of alternatives on offer and the rising standards of services which raised their expectations. They are also becoming increasingly critical of the quality of service they experience [6]. Patient satisfaction is a relative phenomenon, which has been around since the 1960's but active research on the topic was initiated in late 1970's and early 1980's. This led to the replacement of the idea of 'quantity of life' by a more patient-centered concept of 'quality of life' [28]. Patient satisfaction embodies the patients' perceived need, his/her expectations from the health system, and experience of health care. This multidimensional concept includes both medical and non-medical aspects of health care [30]. Various theories of patient satisfaction in healthcare have been published including the expectancy value theory, which proposes patient's beliefs, values and prior expectations regarding care to influence patient satisfaction and another is the health care quality theory, which emphasizes that interpersonal process of care plays a paramount role in ensuring patient satisfaction [1]. The literature review highlights many factors that can affect patient satisfaction. These determinants can be either provider-related or patient-related. Some provider-related factors are physician's proficiency and interpersonal communication skills, behavior of hospital staff, access to care, basic facilities, and infrastructure. Patient-related factors include sociodemographic characteristics of patients, stages of their disease as well as patients' perception of a relationship of trust and feeling of being involved [26-28].

Measuring patients' satisfaction has become an integral part of hospital management strategies for quality assurance and accreditation process in most countries, distinguishing that lack of sufficient data can severely inhibit an organization's ability to understand its strengths and to target areas in which performances can be improved. Measuring patient satisfaction is a way of assessing the process of care, describing the patient's viewpoint, and evaluating care by reflecting the patient's views back into the system and through comparing

facilities [1]. To improve hospitals performance, there needs to be partnerships including communication between patients, the community, the health care professionals and health service managers. These kinds of partnerships assist health service managers in their effort to improve the performance of health facilities [19]. A recent study in Bangladesh found a 40% vacancy rate for doctors posting in poor areas where people lacked access [12]. Another study in the country found that the most powerful predictor for client satisfaction with health services was the provider's behavior, especially respect and politeness. Furthermore, reduction in waiting time was more important to clients than prolongation of consultation time [12]. An in-depth study of the Iringa, district of Tanzania, poor rural area, showed that patients bypassed low quality facilities in favor of those offering high quality consultation and prescription, staffed by more knowledgeable physicians and better stocked with basic supplies. Another study in Tororo district also conducted that the availability of drugs in the rural health facilities brought satisfaction not only to the user, but also to the providers (18). A very recent study in Tanzania found that most patients were satisfied with the services and care they received [18]. Study in Mozambique on satisfaction with the outpatient health care services showed a 55% satisfaction rate and failure to receive prescribed medications was found to be the most common complaint associated with lower satisfaction rate [17]. Many studies also showed that patients equate availability of drugs with high quality services. A study in Kenya, reported that drugs available in health facilities had a positive impact on demand for services [18]. In Ethiopia, the backward socio-economic development resulting in one of the lowest standards of living, poor environment conditions and low level of social services has been the major causes for a poor health status of the people. This situation has been aggravated in recent years by the high population growth and repeated natural disasters and civil wars together with the lack of adequate infrastructures [20,2]. A study done at selected health facilities in six regions of Ethiopia depicted that the percentage for high mean score satisfaction with health providers characteristics range from 77.25% to 93.23%, with service characteristics 68.64% to 86.48%; and satisfaction with cleanliness ranged from 76.50% to 90.59% [2]. Another study on satisfaction on out-patients services in Amhara region showed that long waiting time during registration, visiting of doctors after registration, laboratory procedures and re-visiting of doctors for evaluation with laboratory results and obtaining drugs from the hospital's pharmacy were associated with dissatisfaction [5]. Study conducted on satisfaction towards medical laboratory services in Shenen Gibe Hospital in 2019 showed that the overall client satisfaction towards medical laboratory services was 63.3 % which indicates that not many patients were satisfied towards the services indicating that the rate of dissatisfaction was as high as 39.6% [31]. A study on outpatient performance of a teaching hospital in Gondar town showed a 22.0% satisfaction rate [20]. In a survey undertaken in private clinics in Addis Ababa, the highest rate of satisfaction (64-99%) were found in all aspects of medical care except affordability of service charges [22]. A previous study in Jimma referral hospital revealed that on the average it took 9 hours and 13 minutes for a patient to finish the whole around before finally leaving home, out of which 49.6% spent waiting for services. The laboratory and x-ray department accounted for 60.1% of the total time spent [23]. Another study in Jimma referral hospital showed 57. 1% level of satisfaction with/without health services. The most frequently faced problems affecting utilization leading to dissatisfaction were long waiting times preceding consultation and difficult to locate different sections easily as the expectations of patients increase overtime, the quality of the service has to keep on improving to maintain or increase the level of satisfaction [23]. In Africa there is general agreement that hospitals, especially public sector hospitals, perform poorly. Other authors have noted that insufficient staffing and lack of supplies may impede the efficient delivery of health care to patients' [16,17]. Therefore, in low and middle-income countries alike, if services are available at all, they are often of low quality. So, many poor people bypass the closest public facility to go to more costly private facilities or choose better quality at more distant public facilities [13]. This, therefore, indicates that health care systems in most developing countries suffer from serious lacking in financing, efficiency, equity and quality and are poorly prepared to meet these challenges [13]. Therefore, factors affecting quality of services in relation to client's satisfaction like waiting time in registration, examination rooms, laboratory procedures and availability of drugs and supplies in the hospital pharmacy, courtesy, approach and knowledge of the health professionals and provision of information by the health professionals are some of the factors that affect the satisfaction of clients [14].

Objectives

General objective

To assess client satisfaction with health services given at the outpatient department of Shene Gibe Hospital, Jimma Zone, Southwest Ethiopia.

Specific objectives

To assess the level of satisfaction of clients with services given at the outpatient department of Shenen Gibe Hospital .

To identify factors associated with client satisfaction with services given at the outpatient department of Shenen Gibe Hospital.

Methods and Participants

Study area

This study was conducted at Shenen Gibe Hospital which is located in Jimma town. The town is located by Southwest of Addis Ababa at a distance of 352 kms. The town has woina dega (temperate) climatic condition and lies at an altitude of 1670-1700m above sea level. It has one specialized medical center(Jimma Medical Center), one district hospital and three health centers. Shenen Gibe Hospital is the district public hospital of the town. The hospital was established in 2004. It provides services to both inpatient and outpatient clients. It has 50 inpatient beds with different departments including medical, surgical, pediatrics and obstetrics and gynecology wards. The general staff composition of the hospital is 79.

Study period

The study was conducted from October - Nov, 2022 G.C.

Study design

A cross sectional descriptive study design was used .

Population

Source population: All patients attending the OPD at Shenen Gibe Hospital in Jimma town, Southwest Ethiopia which includes both emergency outpatient diagnosis and COLD outpatient diagnosis.

Study population: All patients attending OPD services at Shenen Gibe Hospital during the study period.

Eligibility criteria

- ExclusiPatients who cannot respond because of serious illness.

- Patients who are unconscious and with no attendants

- Children under-15 years, with no guardians /attendants

- Patients with mental problems

- Inclusion criteriaAll patients who are stable

- All conscious adult patients

- All patients who have an appointment

Sample size and sampling technique

Sample size

The sample of the total number of clients who receive service from Shenen Gibe Hospital OPD was determined by the following formula based on the assumption of 28% prevalence of client satisfaction conducted in Jimma 2019, expected margin of error of 0.05 and with 95% confidence level and 10% contingency for non-response.

$$ni = \frac{(Z\alpha/2)^2 * p(1-p)}{D^2} = \frac{(1.96)^2 * 0.28(1 - 0.28)}{(0.05)^2} = 309.79$$

$$nf = \frac{n}{1 + \frac{n}{N}}8 = \frac{309.79}{1 + \frac{309.79}{650}} = 209.79 \sim 210$$

With 10% contingency for non-response rate considered, the adjusted sample size will be 231.

Whereas:

n= number of sample size

Za/2= standard normal value at confidence interval of 95 %(1.96)

P=Expected proportion (0.28) *(30)

1-p=0.72

D= margin of sampling error tolerated =0.05

N=Source population= 650, as the hospital's record.

So 231 clients were interviewed

Sampling

Sampling was performed randomly using systematic sampling technique.

$$sampling\ interval = \frac{N}{n(adjusted)} = \frac{650}{231} = 2.81 \sim 3$$

i.e., every other client was interviewed.

Study variables

Dependent variable

• Level of client satisfaction

Independent variables

•   Age

•   Sex

•   Marital status

•   Address

•   Occupational status

•   Monthly income

•   Payment status

•   Educational status

•   Physician/patient relationship

•   Hospital service (including laboratory and pharmacy services)

•   Completeness of medical information given

Data collection process

Structured questionnaire was developed for the purpose of data collection after reviewing relevant literature. The questionnaire was designed to obtain information on socio-demographic characteristics of respondents. A 5-scale attitude measurement was utilized to assess a patient's level of satisfaction towards the health services. Also in some part of the study two sided scale attitude measuring structure was used which was reported as "Yes, or No". Regular supervision, spot checking and reviewing the completed questionnaire was carried out daily to maintain data quality.

Data processing and analyzing

Data was entered, coded and analyzed using SPSS version 20 along with the associations of the variables.

Data quality assurance

Data quality was ensured throughout data collection, close supervision and immediate feedback, reviewing each of completed questionnaires daily. Data consistency and completeness was checked throughout the data collection, data entry and analysis.

Ethical consideration

An official letter from the Jimma University, college of public health and medical sciences was run through to the hospital and verbal consent from the medical director was obtained. Informed consent was also obtained verbally from the clients after explaining the purpose of the study to them. Confidentiality of every respondent was guaranteed.

Operational definitions

Accessibility - the distance between the client's place of residence and the location of healthcare services including transportation, resources, travel time and the cost that leads the patient to be satisfied or not.

Attitude - the way to which health service consumers are thinking or behaving towards health service facilities and leads to the patient's view.

Availability - the relationship between resources of existing services to the volume of clients and the service given using the existing service.

Consultation time - the time spent discussing health matter with one's physician and the client about the

problem that brought the patient to the healthcare facility and satisfaction of the service.

Waiting time – The interval between departure from the proceeding of one outpatient station and receiving service at the next outpatient station.

Satisfaction - attaining one's need or desire according to the client's point of view.

Very satisfactory - above one's average expectation.

Satisfactory - one's average expectation.

Dissatisfactory - below one's average expectation.

Very dissatisfactory - fails to meet one's expectation usually leading to disappointment and regret of using the service.

Quality – User based quality is defined as "fitness for use", which means the consumer's perception of quality. It is also defined as meeting the desires and expectations of customers".

Results

Socio-demographic information

A total of 231 outpatient service users who have attended the outpatient department of Shenen Gibe hospital were interviewed. Out of the interviewed clients, 147 (63.6%) were male and the rest 84 (36.4%) were female. Concerning marital status, 156 (67.5%) were married, 39 (16.9%) were single and 6 (2.6%) were divorced and the rest 30 (13%) were widowed. With regard to religion, majority 119 (51.7%) were Muslim whereas 61 (26.4%) were orthodox, 41 (17.7%) were protestant and 10 (4.3%) were others (like wakefata). Majority of clients, 176 (76.2%) were Oromo by ethnicity, while 30 (13%) were Amhara, 12 (5.2%) were from SNNPR and the rest 13 (5.6%) were from other ethnicity. 149 (64.5%) of the interviewed clients live in urban area while the rest 82 (35.5%) live in rural areas. Based on their educational status, 29 (12.6%) cannot read and write, 35 (15.2%) can only read and write, 51 (22.1%) have attended primary school, 64 (27.7%) have attended high school and the rest 52 (22.5%) have reached up to college/university. Based on their occupation, 59 (25.5%) were farmers while the rest were governmental employees, merchants, students and others each constituting 39 (16.9%), 35 (15.2%), 41 (17.7%) and 57 (24.7%) respectively. When considering their monthly income, 49 (21.2%) had monthly income of less than 2500 ETB while 74 (32%), 60 (26%) and 48 (20.8%) had monthly income between 2501-3500 ETB, 3501-4500 ETB and greater than or equal to 2500 Ethiopian Birr respectively (Table 1).

Table 1: The distribution of socio-demographic characteristics of outpatient service users in Shenen Gibe Hospital, 2022.

Age group	Frequency	Percent
15-19	12	5.2
20-24	21	9.1
25-29	16	6.9
30-34	19	8.2
35-39	13	5.6
40-44	11	4.8
45-49	28	12.1
50-54	30	13
55-60	32	13.9
60+	49	21.2
Total	231	100

Sex of client	Frequency	Percent
Male	147	63.6
Female	84	36.4
Total	231	100

Marital status of the client	Frequency	Percent
Married	156	67.5
Single	39	16.9
Divorced	6	2.6
Widowed	30	13
Total	231	100

Religion of the client	Frequency	Percent
Orthodox	61	26.4
Muslim	119	51.5
Protestant	41	17.7
Other*	10	4.3
Total	231	100

Religion of the client	Frequency	Percent
Orthodox	61	26.4
Muslim	119	51.5
Protestant	41	17.7
Other*	10	4.3
Total	231	100

Address of the client	Frequency	Percent
Urban	149	64.5
Rural	82	35.5
Total	231	100

Educational status of the client	Frequency	Percent
Cannot read and write	29	12.6
Only read and write	35	15.2
Primary school	51	22.1
High school	64	27.7
College/University	52	22.5
Total	231	100

Occupation of the client	Frequency	Percent
Farmer	59	25.5
Merchant	39	16.9
Government employee	35	15.2
Student	41	17.7
Other**	57	24.7
Total	231	100

Monthly Income of the client	Frequency	Percent
<2500	49	21.2
2501-3500	74	32
3501-4500	60	26
4500+	48	20.8
Total	231	100

*Other in the religion stands for atheist and Waqefetas
**Other in the occupational status stands for house wife, unemployment and manual labor workers

Client satisfaction

Satisfaction with time spent to obtain services	Frequency	Percent
Very satisfactory	11	4.8
Satisfactory	111	48.1
Dissatisfactory	91	39.4
Very dissatisfaction	18	7.8
Total	231	100

Client satisfaction towards experience with examiner (courtesy, respect and politeness)	Frequency	Percent
Very satisfactory	7	3
Satisfactory	115	49.8
Dissatisfactory	86	37.2
Very dissatisfactory	23	10
Total	231	100

Client perception of the examiner understanding the problem	Frequency	Percent
Strongly agree	7	3
Agree	157	68
Disagree	63	27.3
Strongly disagree	4	1.7
Total	231	100

Client satisfaction towards completeness of information given	Frequency	Percent
Very satisfactory	7	3
Satisfactory	126	54.5
Dissatisfactory	75	32.5
Very dissatisfactory	23	10
Total	231	100

Satisfaction of clients towards provision of laboratory services	Frequency	Percent
Very satisfactory	11	11.8
Satisfactory	31	33.3
Dissatisfactory	44	47.3
Very dissatisfactory	7	7.5
Total	93	100

Satisfaction of clients towards medication and treatment availability	Frequency	Percent
Very satisfactory	10	4.3
Satisfactory	122	52.8
Dissatisfactory	93	40.3
Very dissatisfactory	6	2.6
Total	231	100

Overall service satisfaction	Frequency	Percent
Very satisfactory	7	3
Satisfactory	125	54.1
Dissatisfactory	91	39.4
Very dissatisfactory	8	3.5
Total	231	100

About 73.2% (169) of clients were new visitors to the hospital while the rest 62 (26.8%) had at least one previous visit to this hospital. From those clients who had previous visits, 21 (33.9%) were unsatisfied during their previous visit with major complaints being the overall service provided, physician's courtesy, respect and politeness, availability of laboratory related services, effectiveness of previous treatment and shortage of medication supplies.

More than half of clients, 184 (79.7%) were sick patients who came seeking medical help for their illness. 66 (28.6%) came 1 to 7 days after onset of their illness, 75 (32.5%) came after 1 to 4 weeks, 33 (14.3%) came 4 weeks after onset of their illness and the rest 10 (4.3%) came more than 1 month after onset of their illness. Clients for family planning and immunization constitute for 47 (20.3%).

Almost all of the clients, 182 (78.8%) paid for the services while 49 (21.2%) got service for free or used their health insurance. Most of the clients, 171 (74%) didn't visit other places prior to arriving at this hospital while the rest, 60 (26%) had visited other places. Of those who had visited other places, 37 (61.7%) visited governmental health institutions, 16 (26.7%) private clinics, the rest 7 (11.7%) visited traditional healers. Majority of clients, 174 (75.3%) were self/family referred, 41 (17.7%) by governmental health institutions and 16 (6.9%) by private clinics.

Of all the clients, 152 (65.8 %) were satisfied with the time spent to obtain the service while 79 (34.2 %) were unsatisfied. 71 (30.7%) took less than 3 hrs, 95 (41.1%) within 3-6 hrs, 52 (22.5%) within 6-24hrs while 13 (5.6%) took more than 1 day. Most of them 71 (30.7 %) spent most time waiting for laboratory services, 46 (19.9%) spent waiting for registration at reception whereas 42 (18.2 %), 38 (16.5%) and 34 (14.7 %) spent waiting for pharmacy services, consultation time and waiting for examination respectively. Majority of clients 109 (47.2 %) reported that it took them long time to obtain the service due to the reason that many people were waiting for the services while 86 (37.2%) complained about the unavailability of the responsible person in charge and the rest 36 (15.6%) had other complaints.

Concerning health personnel's courtesy, respect and politeness, 115 (49.8%) were satisfied, 6 (2.6%) were very satisfied, 87 (37.7%) were dissatisfied and 23 (10%) were very dissatisfied. 157 (68%) agreed that the examiner could understand their problem, 7 (3%) strongly agreed while 63 (27.3%) disagreed and 4 (1.7%) strongly disagreed. Regarding completeness of information given by the examiner, 7(3%) were very satisfied, 126 (54.5%) were satisfied, 75 (32.5%) were dissatisfied and 23 (10%) were very dissatisfied.

Majority of clients, 162 (70.1%) got their prescribed drugs available from the hospital's pharmacy while the rest 69 (29.9%) didn't. Major complaints regarding this were due to the unavailability of the medications constituting 28 (40.6%), and the other reason being the medication's cost which was too expensive accounting for 41 (59.4%). Out of the total clients, 10 (4.3%) were very satisfied with availability medications/supplies, 122 (52.8 %) were satisfied, 93 (40.3 %) were dissatisfied and 6 (2.6%) were very dissatisfied.

Majority of clients, 125 (54.1%) were satisfied with the overall services of the hospital while 7 (3%) were very satisfied, 91 (39.4%) were dissatisfied and 8 (3.5%) were very dissatisfied.

Factors associated with client satisfaction

Socio-demographic characteristics association with satisfaction

This research found out that there is an association between satisfaction level towards laboratory services and age at $X^2= 43.508$, between satisfaction level towards medication availability and sex at $X^2= 12.345$, between satisfaction towards experience with examiner(courtesy, respect and politeness) and marital status at $X^2= 16.988$ and p-value <0.05 (Table 2).

Duration of Illness, payment status, and source of referral association with level of satisfaction

This research found out that there is an association between satisfaction level with time spent with duration of illness at $X^2=22.688$, payment status of the patient with availability of medication supplies at $X^2= 23.981$ and with p value of <0.05 (Table 3).

This research found out that there is an association between the satisfaction level regarding the courtesy, respect and politeness of the examiner and reason for the satisfaction/dissatisfaction with $X^2=227.048$ with p value of <0.05 (Table 4,5).

This research found out that there is an association between the satisfaction level and availability of laboratory services with $X^2=45.405$ with p value of <0.05 (Table 6).

This research found out that there is an association between satisfaction level and availability of the prescribed medications and treatment with x^2 value of 132.368 and p value of <0.05 (Table 7).

This research found out that there is an association between satisfaction level and time spent to get the service

Table 2: Association of socio demographic status and level of satisfaction of Shenen Gibe Hospital 2022G.C

		Satisfaction of clients towards provision of laboratory services				X²	Df	p-value
		Very satisfactory	Satisfactory	Dissatisfactory	Very dissatisfactory			
Age of client	15-19	2	0	1	0			
	20-24	0	2	3	1			
	25-29	0	2	1	0			
	30-34	1	2	2	0	43.508	27	0.023
	35-39	1	2	0	3			
	40-44	1	0	1	0			
	45-49	0	2	8	2			
	50-54	3	5	7	0			
	55-60	1	7	7	0			
	60+	2	9	14	1			
Total		11	31	44	7			

		Satisfaction towards medication availability				X²	Df	p-value
		Very satisfactory	Satisfactory	Dissatisfactory	Very dissatisfactory			
Sex of client	Male	7	65	71	4			
	Female	3	57	22	2	12.345	3	0.006
Total		10	122	93	6			

		Client satisfaction towards experience with examiner(courtesy, respect and politeness)				X²	Df	p-value
		Very Satisfactory	Satisfactory	Dissatisfactory	Very dissatisfactory			
Marital status of the client	Married	4	73	66	13			
	Single	1	24	8	6			
	Divorced	1	2	1	2	16.988	9	0.049
	Widowed	0	16	12	2			
Total		6	115	87	23			

Table 3: Duration of Illness and payment status in Shenen Gibe hospital 2022G.C

		Satisfaction with time spent to obtain services				X²	df	p-value
		Very satisfactory	Satisfactory	Dissatisfactory	Very dissatisfaction			
Duration of illness	In hours	6	39	15	6			
	In days	2	45	26	2			
	In weeks	0	21	9	3	22.688	9	0.007
	In months	3	3	2	2			
Total		11	108	52	13			

		Satisfaction towards medication availability				X²	Df	p-value
		Very satisfactory	Satisfactory	Dissatisfactory	Very dissatisfactory			
Payment status of the client	Free/ Insurance	3	40	6	0	23.981	3	0
	Paying	7	82	87	6			
Total		10	122	93	6			

with X^2 of 71.470 and p-value <0.05 (Table 8).

This research found out that there is an association between satisfaction level with time spent and place where most time was spent to get the service with X^2 of 34.517 and p-value <0.05 (Table 9).

This research found out that there is an association between satisfaction level with time spent to obtain service and the overall service satisfaction level with X^2 of 32.162 and p-value <0.05 (Table 10).

Table 4: patients' Level of satisfaction with courtesy respect of examiner, reason for satisfaction/dissatisfaction, their overall judgment whether examiner understand their problem and completeness of information given in Shenen Gibe Hospital 2022G.C

		Client satisfaction vs. experience with examiner (courtesy, respect and politeness)		X²	df	p-value
		Yes	No			
Reason for satisfaction regarding physician's courtesy, respect and politeness	Polite and respectful	121	0			
	Not polite and respectful	1	65			
	Aggressive	0	20	227.048	4	0
	Order expensive laboratory investigations	0	16			
	Other	0	8			
Total		122	109			

Table 5: Satisfaction of clients towards services given at outpatient department in Shenen Gibe hospital 2022G.C

Item	Strongly satisfied	Satisfied	Dissatisfied	Strongly dissatisfied
Completeness of information	8 (3.5%)	163 (70.6%)	39 (16.9%)	21 (9.1%)
Satisfaction with availability of medication	10 (4.3%)	122 (52.8%)	93 (40.3%)	6 (2.6%)
Satisfaction with availability of laboratory services	11 (4.8%)	31 (13.4%)	44 (19%)	7 (3%)
Courtesy, respect and politeness	6 (2.6%)	115 (49.8%)	87 (37.7%)	23 (10%)
Satisfaction with Time spent	14 (6.1%)	138 (59.7%)	64 (27.7%)	15 (6.5%)
Examiner could Understand problem	7 (3%)	157 (68%)	63 (27.3%)	4 (1.7%)
Satisfaction with overall services	7 (3%)	125 (54.1%)	91 (39.4%)	8 (3.5%)

Table 6: Patients' level of satisfaction with availability of laboratory services in Shenen Gibe hospital 2022G.C

		Availability of laboratory workups		X²	df	p-value
		Yes	No			
Client satisfaction towards provision of laboratory services	Very satisfactory	11	0			
	Satisfactory	31	0	45.405	3	0
	Dissatisfactory	16	28			
	Very dissatisfactory	1	6			
Total		59	34			

Table 7: Patients' level of satisfaction with availability of prescribed medications in Shenen Gibe hospital 2022G.C

		Availability of the prescribed medication		X²	Df	p-value
		Yes	No			
Satisfaction towards medication and treatment availability	Very satisfactory	10	0			
	Satisfactory	122	0	132.368	3	0
	Dissatisfactory	27	66			
	Very dissatisfactory	3	3			
Total		162	69			

This research found out that there is an association between satisfaction level with place where most time was spent to obtain service and the overall service satisfaction level with X² of 18.667 and p-value <0.05 (Table 11).

This research found out that there is an association between courtesy, respect and politeness of the examiner/physician and the overall service satisfaction level with X² of 104.349 and p-value <0.05 (Table 12).

This research found out that there is an association between availability of medication and treatment and the overall service satisfaction level with X² of 17.567 and p-value <0.05 (Table 13).

Table 8: Patients' level of satisfaction with time vs. total time spent to obtain complete services in Shenen Gibe hospital 2022G.C

		Satisfaction with time spent to obtain services				X²	df	p-value
		Very satisfactory	Satisfactory	Dissatisfactory	Very dissatisfactory			
Total time spent to obtain the service	<3 hrs	4	45	22	0			
	3-6 hrs	6	58	26	5	71.47	9	0
	6-24 hrs	3	32	15	2			
	>24 hrs	1	3	1	8			
Total		14	138	64	15			

Table 9: Patient level of satisfaction with time vs the most spent place to obtain services at outpatient of Shenen Gibe hospital 2022G.C

		Satisfaction with time spent to obtain services		X²	df	p-value
		No	Yes			
Place where most time was spent	Waiting to obtain card at reception	19	27			
	Waiting for examination	19	15			
	Waiting for consultation time	21	17	34.517	4	0
	Waiting for laboratory services including obtaining the results	7	64			
	Waiting for pharmacy services	13	29			
Total		79	152			

Table 10: Patient level of satisfaction with total time spent to obtain the service vs. overall service satisfaction at outpatient of Shenen Gibe hospital 2022G.C

		Overall satisfaction (yes/no)		X²	df	p-value
		Yes	No			
Total time spent to obtain the service	<3 hrs	58	13			
	3-6 hrs	52	43			
	6-24 hrs	18	34	32.162	3	0
	>24 hrs	4	9			
Total		132	99			

Table 11: Patient level of satisfaction with place where most time was spent to obtain the service vs. overall service satisfaction at outpatient of Shenen Gibe hospital 2022G.C

		Overall satisfaction (yes/no)		X²	df	p-value
		Yes	No			
Place where most time was spent	Waiting to obtain card at reception	31	15			
	Waiting for examination	25	9			
	Waiting for consultation time	27	11	18.667	4	0.001
	Waiting for laboratory services including obtaining the results	28	43			
	Waiting for pharmacy services	21	21			
Total		132	99			

Discussion

This study has revealed that the overall satisfaction level of clients with services rendered at outpatient Shenen Gibe hospital was 57.1%. This finding is consistent with research done at Adare general hospital which was 74% satisfaction level [33] so Adera hospital service provision was relatively satisfactory compared with that of Shenen

Table 12: Patient level of satisfaction with courtesy, respect and politeness of the examiner/physician vs. overall service satisfaction at outpatient of Shenen Gibe hospital 2022G.C

		Overall satisfaction (yes/no)		X²	df	p-value
		Yes	No			
Client satisfaction vs. experience with examiner (courtesy, respect and politeness)	Very Satisfactory	4	2			
	Satisfactory	102	13			
	Dissatisfactory	15	72	104.349	3	0
	Very dissatisfactory	11	12			
Total		132	99			

Table 13: Patient level of satisfaction with availability of prescribed medication and treatment vs. overall service satisfaction at outpatient of Shenen Gibe hospital 2022G.C

		Overall satisfaction (yes/no)		X²	df	p-value
		Yes	No			
Availability of the prescribed medication	Yes	107	55	17.567	1	0
	No	25	44			
Total		132	99			

Gibe hospital. This finding is more comparable with other abroad studies done in Mozambique on satisfaction with outpatient health care services which consisted of 55% satisfaction rate [17]. It is low compared to the study done in private clinics in Addis Ababa which had the highest rate of satisfaction (64-99%) in all aspects of medical care except for affordability of service charges [22]. This is simply explained as private clinics are more equipped and gives services on time for competition than governmental health facilities. When we compare it with other hospitals found in Ethiopia, including Hawassa University Teaching Hospital, from Felegehiwot referral hospital, from Tigray Zonal Hospitals, and from primary hospitals of North Gondar, it showed 80.1%, 57.8%, 43.6%, and 56.1% respectively [36,35,21,37]. The highest satisfaction level rate is related to completeness of information given by the health provider which is followed by understanding of the problems of the clients by the examiner/physician with each constituting 74% and 71% respectively. The finding is also found to be inconsistent with study done in Tigre zonal hospital which showed 46.7% satisfaction rate with completeness of information by health workers [21]. This study has revealed that the overall satisfaction level of clients with services rendered at outpatient Shenen Gibe hospital was 56.4%. In analysis of this study, the very satisfied and very dissatisfied clients were categorized to the satisfied and dissatisfied groups respectively because the numbers of respondents in very satisfied and very dissatisfied were small. This finding is more or less consistent with one study done at Jimma university medical center which showed 77%[33] and another research done at Adare general hospital was 74% satisfaction level (33) so Adera hospital service provision was relatively satisfactory compared with that of JMC. This finding is more incomparable with other studies done in Mozambique on satisfaction with outpatient health care services which consist of 55% of satisfaction rate [17]. It is comparable to the study done in private clinics in Addis Ababa which had the highest rate of satisfaction (64-99%) in all aspects of medical care except for affordability of service charges [22]. This is simply explained as private clinics used to be more equipped and gives services on time for competition than governmental health facilities. But nowadays government hospitals have shown progress. Factors like courtesy, respect and politeness of the examiner, understanding of the problem by the examiner, completeness of information, availability of laboratory services and availability of medication and treatment are statistically associated with client's level of satisfaction with p value <0.05. According to this finding, the average time taken to obtain complete service was 5 hours and 30 minutes. Out of interviewed clients, 30.7% took less than 3 hours, 41.4% stayed 3-6 hours, 22.5% stayed 13-24 hrs, and 6.6% stayed for more than 24 hrs. It was found that the highest rated dissatisfaction by the respondents was availability and provision of laboratory services followed by courtesy, respect and politeness of the provider with 54.8% and 47.2% dissatisfaction rate respectively. Availability of medication supply dissatisfaction accounted for 42.9% and total time spent to obtain complete services before finally leaving home accounted for 34.2%, out of which 19.9% was spent waiting to obtain card, 14.7% was waiting for examination time, 16.5% was waiting for consultation time, 30.7% was waiting for laboratory services. The study showed out of interviewed clients, 47.2% complained that many people waiting for services as a source for a long time spent to obtain complete services whereas 37.2% complained that the person in charge was not available and 15.6% for other reasons. This finding is lower when compared with the study done in JUMC which showed 49.6% was spent waiting for services and average time was 9 hrs. And 13 minutes 51. This can be explained in one way as Shenen Gibe hospital is a general hospital which gives services for thousands of patients from different regions as well as it may have laboratories whose results take a long time as well as have some shortages which are visible. In other rounds inappropriate reports by clients for fear of disclosure of information can be considered. It was also indicated that one who stayed a long time to

obtain services is not satisfied with time. This shows that there is an association which is statistically significant (x^2=71.470, p=0.000). 63.4% of the clients had gotten the laboratory services ordered while the rest 36.6% had not. Out of those who did not get the services, 55.9% complained due to its expensive cost while 44.1% complained of service unavailability. 54.8% were dissatisfied while the rest 45.1% were satisfied. This study is inconsistent with a previous study conducted at Shenen Gibe hospital in 2019 which showed that the satisfaction level was 63.3%. [31]. Majority of clients, 70.1% got prescribed drugs from the hospital pharmacy while the rest, 29.1% did not partially or as a whole. Out of those who failed to receive prescribed medications, 59.4% complained that for reasons of unavailability, 40.6% for expensive costs. Almost half of clients, 57.1%, were satisfied with availability of medications and supplies while 42.9% were dissatisfied for the above reasons. This finding is slightly different from the study done in Tigre zonal hospital that showed 64.9% rated dissatisfaction with lack of prescribed drugs from hospital pharmacy which was highest dissatisfactory factors [22].This fact can be explained by considering that this hospital treats complicated illness which needs only inexpensive medications while complicated diseases are referred to JMC which has more investigatory equipment for complicated disease. This study also showed that clients satisfied with availability of medications and supplies were also reported that they were satisfied with the overall services given at this hospital. The association was found to be highly significant (X^2=214.904,p=0.000). This finding was found to be highly consistent with a study done in Kenya which identified that drug availability in health facilities had a positive impact on demand for services.Majority of clients, 75.3% were self/family referred while only 6.9% were referred by governmental health institutions while the rest 17.7% were referred by private clinic physicians. This is almost comparable with study done at JMC which showed 90.7% were self or family referred [34]. This finding showed that there is poor referral system between lower and higher health facilities which leads to the higher health facilities to be crowded by self-referred patients. This could markedly diminish the quality of health care. So there is great need of strengthening the poor referral system between health institutions. According to this study, about 78.8% of clients paid for the services while 21.2% got service for free or used their health insurance. This is exaggeratedly lower as compared with one study done in JMC previously that showed 51.3% obtained health services for free. Out of those who got free services, the majority are those who come for anti-TB and ART as well as FP [34].

Conclusions and Recommendations

Conclusion

Based on the finding of this descriptive cross-sectional study, the following conclusions can be drawn:

Many clients were found to be dissatisfied with services of this hospital due to long waiting time to be examined, long waiting and unavailability of laboratory services, unavailability of medications and supplies, and the examiners lacking of manners (respect, courtesy and politeness).

Dissatisfaction in the above mentioned aspects affects the current overall services satisfaction.

It also showed that there is a weak and uncoordinated referral system between lower and higher health facilities.

Recommendation

Shenen Gibe hospital should increase human powers to make waiting time short in all aspects which includes time spent at reception, consultation, examination, laboratory and pharmacy services. The hospital should work to add more laboratory equipment to satisfy clients by making them more accessible and cutting down the cost of some investigations. The hospital should also balance the drugs and supplies with the needs of clients. Ethical problems should be corrected by health professionals working at the hospital. Shenen Gibe hospital and the woreda's health office should expand and help strengthen the low level of health facilities by creating stronger bonds with those which already exist to have improved referral systems between lower health facilities and higher ones.

References

1. Sofaer S, Crofton C, Goldstein E, Hoy E, Crabb J. What do consumers want to know about the quality of care in hospitals?. Health services research. 2005 Dec;40(6p2):2018-36.

2. Bekele A, Taye G, Mekonnen Y, Girma W, Degefu A, Mekonnen A, Dejene A. Levels of outpatient satisfaction at selected health facilities in six regions of Ethiopia. Ethiopian Journal of Health Development. 2008 Aug 27;22(1):42-8.

3. Kincey J, Bradshaw P, Ley P. Patients' satisfaction and reported acceptance of advice in general practice. The Journal of the Royal College of General Practitioners. 1975 Aug 1;25(157):558-66.

4. Baker R. Development of a questionnaire to assess patients' satisfaction with consultations in general practice. British journal of general practice. 1990 Dec 1;40(341):487-90.

5. Mitike G, Mekonnen A, Osman M. Satisfaction on outpatient services in hospitals of the Amhara Region. Ethiopian medical journal. 2002 Oct 1;40(4):387-96..

6. Mathew S, Beth E. Guide to assessing client satisfaction. Durban,(South Africa): Health system Trust. 2001 Jan.

7. Lim PC, Tang NK. A study of patients' expectations and satisfaction in Singapore hospitals. Int J Health Care Qual Assur Inc Leadersh Health Serv. 2000;13(6-7):290-9.

8. James A. William, Hospital management in the tropics and sub tropics; 1990.

9. Brawley M. The client perspective: what is quality health care service. A literature review. Kapmala: USAID Cooperative Agreement. 2000..

10. Surjit SW. Customer satisfaction and health care delivery system: the internet. J Nucl M. 2002;1(1).

11. World Bank. World development report 2004: making services work for poor people. The World Bank; 2003 Sep 15.

12. Aldana JM, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of the World Health Organization. 2001;79:512-7.

13. Berman P, Bossert T. A decade of health sector reform in developing countries: what have we learned. Washington, UNAID. 2000 Mar 15.

14. World Health Organization. The world health report 2000: health systems: improving performance. World Health Organization; 2000.

15. World Health Organization. Measuring hospital performance to improve the quality of care in Europe: a need for clarifying the concepts and defining the main dimensions: report on a WHO workshop, Barcelona, Spain, 10-11 January 2003.

16. Batchelor C, Owens DJ, Read M, Bloor M. Patient satisfaction studies: methodology, management and consumer evaluation. International journal of health care quality assurance. 1994 Dec 1.

17. Newman RD, Gloyd S, Nyangezi JM, Machobo F, Muiser J. Satisfaction with outpatient health care services in Manica Province, Mozambique. Health policy and planning. 1998 Jan 1;13(2):174-80.

18. Muhondwa EP, Leshabari MT, Mwangu M, Mbembati N, Ezekiel MJ. Patient satisfaction at the Muhimbili national hospital in Dar Es Salaam, Tanzania. East Afr J Public Health. 2008 Aug 1;5(2):67-73.

19. Health sector strategy FMoH, 2002 2003.

20. Dagnew M, Zakus D. Community perception on OPD performance of a teaching hospital in Gondar town. Ethiopian medical journal. 1997 Jul 1;35(3):153-60.

21. Adane G. Assessment of Clients Satisfaction with Outpatient Services inTigrayZonall Hospitals (Doctoral dissertation, Addis Ababa University).

22. Afework S, Mariam DH, Demeke B. Assessment of quality of services in private clinics in Addis Ababa, Ethiopia. Ethiop Med J. 2003 Jul;41(3):267-78. PMID: 15227892.

23. Addissie A, Jira C, Bekele F. Patient waiting and service time in the outpatient department of Jimma hospital. Ethiopian Journal of Health Sciences. 1998 Jan 1;8(1):15-21..

24. Drain M, Clark PA. Measuring experience from the patient's perspective: Implications for national initiatives. J Healthc Qual. 2004 Jul;26:W4-16.

25. Donabedian A. The quality of care: how can it be assessed?. Jama. 1988 Sep 23;260(12):1743-8.

26. Renzi C, Abeni D, Picardi A, Agostini E, Melchi CF, Pasquini P, Puddu P, Braga M. Factors associated with patient satisfaction with care among dermatological outpatients. British Journal of Dermatology. 2001 Oct;145(4):617-23..

27. Schoenfelder T, Klewer J, Kugler J. Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany. International journal for quality in health care. 2011 Oct 1;23(5):503-9.

28. Ekram AS, Rahman MF. The Concept'PatientSatisfaction'as it Relates to Contemporary Health Care. TAJ: Journal of Teachers Association. 2006;19(1).

29. De Silva A, Valentine N. A framework for measuring responsiveness.

30. Fufa BD, Negao EB. Satisfaction of outpatient service consumers and associated factors towards the health

service given at Jimma Medical Center, South West Ethiopia. Patient related outcome measures. 2019;10:347.

31. Bekele MT. Assessment of patients' satisfaction towards general medical laboratory services at Shenen Gibe Public Hospital, Jimma Town, South West Ethiopia. Assessment. 2016;31.

32. Newman RD, Gloyd S, Nyangezi JM, Machobo F, Muiser J. Satisfaction with outpatient health care services in Manica Province, Mozambique. Health policy and planning. 1998 Jan 1;13(2):174-80.

33. Tegegne ET. Assessment of the Level of Outpatient Satisfaction and Factors Associated with it among Clients of Adare General Hospital, Hawassa, Southern Ethiopia, 2019. J Clin Cases Rep.;5(1):1-1.

34. Assefa F, Mosse A. Assessment of clients' satisfaction with health service deliveries at Jimma University specialized hospital. Ethiopian journal of health sciences. 2011;21(2):101-10.

35. Ambelie YA, Demssie AF, Gebregziabher MG. Patients' satisfaction and associated factors among private wing patients at BahirdarFelege Hiwot Referral Hospital, North West Ethiopia. Sci J Public Health. 2014 Aug 24;2(5):417-23.

36. Asefa A, Kassa A, Dessalegn M. Patient satisfaction with outpatient health services in Hawassa university teaching hospital, southern Ethiopia. Journal of Public Health and Epidemiology. 2014 Feb 28; 6(2) : 101-10.

37. Eshetie G, Feleke A, Genetu M. Patient satisfaction and associated factors among outpatient health service users at primary hospitals of North Gondar, Northwest Ethiopia, 2016. Advances in Public Health. 2020 Aug 24; 2020.