

Client Satisfaction on Selected Public Health Facilities of South Nations, Nationalities and Peoples Regional State, South Ethiopia, Quantitative & Qualitative Survey

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Abstract

Introduction: Client Satisfaction is an integral component of health service delivery. The effectiveness of health care is determined, to some degree, by patients' satisfaction on the service provided. A satisfied patient is more likely to comply with the medical treatment prescribed, with the provider, and continue using medical services. The objective of the study was to assess client satisfaction on services provided at public Health facilities in South Nations, Nationalities and Peoples Regional state, Ethiopia, 2014/2015.

Methods: A cross-sectional study that involved an exit In-depth interview was conducted in purposively selected 140 government health centers and 04 government general hospitals in the region which was also stratified by their level & geographical distribution. Both binary logistic regressions were employed for data analysis. The qualitative data was also analyzed manually using thematic frame work analysis.

Result: Satisfaction on the general health service provision, satisfaction to health professionals' service, and satisfaction to health service administration was found to be 86.2%, 88.4% and 80.6% respectively. Lack of drugs & other medical supplies, Health professionals' ethics problems, and shortage of health professionals were reasons for dissatisfactions.

Conclusion: Satisfaction on health service administration was relatively low compared to satisfaction on the general health service. Hence, more effort should be exerted to address administrative issues in the health facilities mainly the establishment/strengthening of the system of hearing complaints and provision of relevant solutions accordingly.

Keywords: Client satisfaction; Public health facilities; South Ethiopia

Introduction

Client Satisfaction is one of the best indicators of patient experience of health care services and it is directly related with utilization of health services [1,2]. The South Nations, Nationalities and Peoples Regional state (SNNPRS) currently hosts 19 hospitals & 703 health centers which provide service for a total of over 15 million people in 15 administrative zones and 04 special woredas. Infant Mortality Rate (IMR) in the region (according to 2003 E.C report) is 85 from 142 live births per year (598/1000 LB/year) and Maternal Mortality Rate (MMR) is 673/100,000 live births per year [3,4].

Study conducted on selected Hospitals and 05 regional governments of Ethiopia among outpatients revealed high level of patient satisfaction with Health service providers' characteristics (77.25%-93.23%), with the service characteristics (68.64%-86.48%) and with the cleanliness of the facilities (76.50%-90.57 %) [1,3-9].

Findings from different studies shows, assessing thoughts of service users on 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. Various studies have reported that

satisfied patients are more likely to utilize health services, comply with medical treatment, and continue with the health care provider [6,7,9].

This study, therefore, investigates the possible reasons for the stated discrepancy taking satisfaction to general health service provision, satisfaction to health professionals' service, and satisfaction to health service administration [i.e., satisfaction with the service characteristics, with the health service providers' characteristics and with the cleanliness of the facilities

Methods

Study design and area

Cross-sectional both quantitative and qualitative facility based study was carried out in selected administrative zones and special woredas (15 and 4 respectively) of the Southern region of Ethiopia.

Data collection instruments

Data collection tool was developed by south regional health bureau of Ethiopia for the purpose of assessing the client satisfaction on selected public health facilities of South Nations, Nationalities and peoples Regional State of Ethiopia. The questionnaires developed from

different literatures [2]. The satisfaction measurement items were divided into three sections including general health service, health professionals and health service administration related questions. A total of 20 items or variables were used to assess the satisfaction level of the respondents on health care provision of the respective health facilities. Reliability analysis was performed using Cronbach's Alpha coefficient. Cronbach's Alpha coefficient is a measurement of internal consistency of the items, that is, it measures how well a set of variables or items measure a single aspect—in our case—satisfaction on health care provision in South Nations, Nationalities and Peoples Regional state (SNNPRS). This value became 0.91 indicating the items we used to assess the satisfaction level had relatively very high internal consistency (p value > 0.7 is acceptable) that is indicative of quality of responses. We used a Likert scale of 1 to 5; strongly disagree to strongly agree, respectively. For ease of presentation, we merged the categories “strongly disagree” with “somewhat disagree” and “somewhat agree” with “strongly agree”, leaving the category “neutral” in between. We have also computed the mean values of the responses, whereby, 1 and 5 being the minimum and maximum expected values, respectively.

Sample size and strategy

Health facility samples: based on group consensus, we decided to select a random sample of 04 hospitals and 140 health centers. Then zonal allocation was done proportionate to the total number of facilities. A subsample of hospitals (one from the special woredas) and three from the zones) will were selected purposively. The total number of interviewees was 2,200. Additionally, total of 38 in depth interviews with key informants were conducted to supplement the quantitative data. The study employed a stratified sampling strategy. First, sample of health facilities were randomly select using the regional list (considering the representativeness of each level of care) of facilities as a sampling frame). Then, at each facility, the interviewees were selected using systematic random sampling. For the qualitative study, a combination of convenient and maximum variation sampling technique was employed.

Inclusion criteria

All patients and caregivers of the minors receiving services in the selected health care delivery points were included.

Exclusion criterion

Severely ill patients.

Data processing and analysis

Quantitative data were coded and entered into a computer using SPSS version 20. Data cleaning was done to ensure for correct data entry. Regarding qualitative data, 38 in depth interviews with key informants were conducted. To interpret the respondents' answers, a content analysis was used. The research teams were involved in reading the interview transcripts and analyzing the themes (thematic analysis) which emerged from the data. All categories mentioned by the patients grouped in to themes.

Results and Discussions

Quantitative findings

Brief description of the respondents: A total of 2192 health care seekers (from 144 health facilities) were interviewed, of which 1221 (55.7%) were males. The median (inter-quartile range) age of the respondent was 28 (23-28) years.

Satisfaction to the general health service

Among the item we used to measure satisfaction about the general health service, accessibility of the service was the least agreed item (76.3%) with a mean score of 4.0 and impartiality in service provision was the most agreed item (90.0%) with a mean score of 4.6 (Table 1).

Item No.	Item	Strongly disagree/Somewhat disagree %	Neutral %	Strongly agree/somewhat agree%	Mean score
1	Service cost is fair (n=2185)	294 (13.5)	100 (4.6)	1791 (82.0)	4.1
2	The health institution is accessible (n=2183)	513 (23.5)	5 (0.2)	1665 (76.3)	4
3	I get the services I need (n=2185)	380 (17.4)	15 (0.7)	1790 (81.9)	4.1
4	I get standard and adequate feedback for service related questions (n=2184)	376 (17.2)	45 (2.1)	1763 (80.7)	4
5	Services are integrated in one place (n=2180)	277 (12.7)	12 (0.6)	1891 (86.7)	4.3
6	I am happy with waiting time (n=2179)	336 (14.4)	11(0.5)	1832 (84.1)	4.2
7	The health professional provide need based services (n=2184)	315 (14.4)	11 (0.5)	1858 (85.1)	4.1
8	Services are provided impartially (n=2177)	149 (6.8)	68 (3.1)	1960 (90.0)	4.6
9	In general, I am happy with the services (n=2177)	283 (13.0)	18 (0.8)	1876 (86.2)	4.2

Table 1: Satisfaction of health care seekers on general health service provision, Hawassa, Ethiopia, 2014/2015.

Satisfaction to health professionals' service

Among the item used to measure satisfaction about the health professionals' service, the least agreed item was the adequacy of health

professionals' knowledge (70%) with a mean score of 3.9 and having professional ethics was the most agreed item (88.3%) with a mean score of 4.4 (Table 2).

Item No	Item	Strongly disagree/somewhat disagree %	Neutral %	Strongly agree/somewhat agree%	Mean score
10	Health professionals have adequate knowledge (n=2183)	251 (11.5)	403 (18.5)	1529 (70.0)	3.9
11	Health professionals are punctual (n=2183)	350 (16.0)	57 (2.6)	1776 (81.4)	4.2
12	Health professionals have professional ethics (n=2180)	221 (10.1)	34 (1.6)	1925(88.3)	4.4
13	Health professionals strive to solve my problems (n=2182)	228 (10.4)	31 (1.4)	1923 (88.1)	4.3
14	Health professionals respond quickly to my questions (n=2185)	266 (12.2)	37 (1.7)	1882 (86.1)	4.2
15	In general I am happy with the services provided by the health professionals (n=2183)	236 (10.8)	18 (0.8)	1929 (88.4)	4.3

Table 2: Satisfaction of health care seekers on items related to health professionals, Hawassa, Ethiopia, 2014/2015.

Satisfaction to health service administration

Among the items used to measure satisfaction to the health service administration, the least agreed item was quick response of the administration to complaints (33.2%) with a mean score of 3.2

followed by the presence of established system to hear complaints (37.3%) with a similar mean score of 3.2, meanwhile; clarity of preconditions for the services was the most agreed item (81.3%) with a mean score 4.2 Table 3.

Item No.	Item	Strongly disagree/somewhat disagree %	Neutral %	Strongly agree/somewhat agree %	Mean score
16	Preconditions for the services are clear and known (n=2176)	259 (11.9)	149 (6.8)	1768 (81.3)	4.2
17	The administration is responsibly taking care of the services (n=2177)	303 (13.9)	292 (13.4)	1582 (72.7)	3.9
18	There is established system to hear my complaints (n=2176)	470 (21.6)	895 (41.1)	811 (37.3)	3.2
19	The administration respond to my complaints quickly (n=2173)	417 (19.2)	1035 (47.6)	721 (33.2)	3.2
20	In general, I am happy with the administration (n=2170)	310 (14.3)	110 (5.1)	1750 (80.6)	3.9

Table 3: Satisfaction of health care seekers on items related to health service administration, Hawassa, Ethiopia, 2014/2015

Qualitative findings

A total of 38 key informants' interviews were undertaken. Each interview lasted 30 minutes on average and conducted in private settings. The key informants involved were Community representatives, religious leaders, community leaders, elderly, and youth and Clients/Patients. Age of the key informants ranges from 20 to 67 years.

Theme: 1 Health providers' professional ethics

Majority of the key informants reflected that professional ethics of health providers is generally good. However, lack of respect to clients (harsh communication), social desirability bias at card rooms & wards, poor hospitality to clients, poor attendance of some professionals were commonly stated concerns of key informants.

A 50 years old male Community representative, when reflecting on professional ethics of health providers at YIRGALEM said: "Currently, Yirgalem hospital is functioning very well; it undertakes community level discussions every three months which result in significant improvements in the service provision & professional ethics status No

more social desirability bias now. The care that health professionals gave to patients/clients has been dramatically improved".

Theme: 2 Health service providers' professional competence:

Majority of the key informants feel that professional competence of health providers is generally up to their expectation. However, they are still concerned on the professional competence of the new graduates (especially medical doctors & nurses) as compared to the old professionals of same kind in diagnosing actual problems & caring for patients. Key informants also stated lack of patience and poor management of delivery by some professionals.

A 62 years old male elderly at MIZAN AMAN town, when reflecting on professional competence of health providers said: "Regarding competence, the previous time physicians and nurses were far better than the current graduates: unfortunately, they usually leave the area and are being replaced by the new ones who are impatient, impolite and late making the community migrate to private clinics".

Theme: 3 Timeliness of the service provision:

Majority of the key informants reported the timeliness of the service as poor; which is manifested by very long waiting hours, repeated appointments and delay in the service initiation. However, some key informants rated the timeliness of the service as generally good.

The above 62 years old male elderly at MIZAN AMAN town, when reflecting on timeliness of the service again said: *"Because the waiting time, here, is very long to get the card and treatment in one day, people/patients suffer a lot. Even after a long waiting time, patients will be appointed to come back some other day which make them die at home prior to the date of appointment"*.

Theme: 4 Clients' access to the service being provided:

Majority of the key informants reported that although the facilities are physically accessible, economic accessibility of the services being given is highly limited as drugs and other medical supplies are either not available or not affordable.

A 32 years old female youth, when reflecting on accessibility of health services at MIZAN AMAN said: *"We don't get the prescribed drugs at the hospital; hence, we will be forced to buy a 15 birr drug at a cost of 150 birr from private clinics; there is severe shortage of drugs at government hospitals"*.

Theme: 5 Effectiveness of the service being given

Majority of the key informants reflected that they judge the service being given as effective generally in spite of all the concerns they have on the other issues. However, almost proportional number of key informants rated the service as in effective.

Theme: 6 Information provision of the facility

Majority of the key informants reflected that information provision by the health facilities is generally good as most of the facilities have health education sessions at institution and community levels and most of them still have bill boards indicating the location of health services. However, some informants' stated that the information provision of the facilities is poor.

Theme: 7 Overall satisfaction level

Majority of the key informants reported that they are either moderately or highly satisfied by the service being provided at the respective health facilities. However, few numbers of informants rated their overall satisfaction on the service as either not or poorly satisfied.

A 65 years old male religious leader at HALABA special woreda, when expressing his overall satisfaction on the service said: *"Generally, the service being given by the hospital, now, is very good: previously, patients used to die on their way to hospitals. This has been improved significantly. The only dissatisfaction we have still is the lack of blood bank facility in the hospital"*.

The most commonly stated reasons for dissatisfactions of key informants were (among many others): lack of drugs and other medical supplies, health professionals ethics problems (misbehaviors), shortage of health professionals (specially physicians), shortage of medical equipments (such as diagnostic machines), poor service provisions (specially management of labour and long admission time

after delivery of the baby), long waiting hours, absence of blood bank service & shortage of other important resources (such as bed sheets).

Although it would be difficult to make reliable comparison with a qualitative data, rough comparison of overall level of satisfaction by route of this study, high overall satisfaction was reported from most key informants at SOUTH-1 ROUTE [Sidama, Gedio, etc] while less level of over satisfaction was reported from most key informants at SOUTH-3 ROUTE [Mizan Aman, Yem,etc]. Moderate level of overall satisfaction was reported from most key informants at SOUTH-2 ROUTE [South Omo, Dawro, etc].

Conclusion

The data showed that 1829 (85.9%) respondents had satisfaction score above 75%, 258 (12.1%) had a score ranging between 50% and 74%, and the remaining 42 (2.0%) had a score below 50%. More effort should be exerted to address administrative issues in the health facilities mainly the establishment/strengthening of the system of hearing complaints and provision of relevant solutions accordingly. There is a need for further research to identify the gaps in knowledge and skill of health professionals and address them accordingly to assist in building trust of health care seekers on health service providers

Declarations

The research team obtained ethical clearance from the Southern nation's nationalities people regional state Health Bureau Ethical Review Committee. Privacy of the interviewee and confidentiality of responses were maintained. Study participants were informed about their rights to interrupt the interview at any time and written informed consent was obtained from each study participants. Confidentiality was maintained at all levels of the study.

Authors contributions

BM, EL, BD and GB conceived the study and were involved in the study design, reviewed the article, analysis, report writing and drafted the manuscript. All authors read and approved the final manuscript.

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Southern nation, nationalities and people's regional state Health department, Hawassa, South Ethiopia has funded the study. The study funder has role in the objective of the study and selecting study setting. Authors were responsible for study design, literature review, data collection, data analysis, interpretation of the data and publication of the study findings.

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