

PATIENT SATISFACTION TOWARDS OUTPATIENT SERVICE OF PRIVATE WING AND
REGULAR SERVICES IN GENERAL PUBLIC HOSPITALS IN JIMMA ZONE,
SOUTHWEST ETHIOPIA, 2023.



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ABSTRACT

Background: Patient satisfaction is the degree of congruency between a patient's expectations of ideal care and his/her perception of the real care he/she receives. Even if some studies were done on patient satisfaction in Ethiopia, there is still limited source for comparing patient satisfaction and associated factors at the regular and private wing services even though the private wing service is rapidly growing.

Objective: To compare the patient satisfaction towards outpatient service of private wing and regular services in general public hospitals in Jimma Zone, Southwest Ethiopia, 2023.

Methods: Facility-based comparative cross-sectional study was conducted at 3 general public hospitals in the Jimma zone from June 1-30, 2023. A total of 741 patients (388 from the private wing and 353 from the regular service wings) were selected. The study participants were recruited consecutively until the required sample size achieved. Data were collected using a pretested questionnaire, entered into Epi-data version 4.4.1, and exported to SPSS 21 for analysis. Descriptive statistics was computed to present the data and describe the study participants. Binary logistic regression was done to identify factors associated with the patient satisfaction of outpatient service.

Results: In this study, 358 (49.1%) of total respondents were satisfied towards health care service; of these, 101 (28.9%) were from regular while, 257 (69.8%) of them were private wings. primary education (AOR: 5.064, 95%CI: 1.137, 22.550), small family size (AOR: 11.652, 95%CI: 1.459, 93.053), urban resident (AOR: 12.498, 95%CI: 2.94, 53.119), sign and direction (AOR: 11.852, 95%CI: 3.914, 35.888) and counselled how to prevent recurrence of illness (AOR: 5.543, 95%CI: 2.416, 12.716) were variables significantly increased the odds of satisfaction and being government employee (AOR: 0.061, 95%CI: 0.005, 0.760) and having previous exposure to the hospital (AOR: 0.126, 95%CI: 0.036, 0.444) were significantly lowers the satisfaction level at regular outpatient department. Moreover; Being married (AOR: 16.442, 95%CI: 3.145, 85.969), having ordered laboratory test (AOR: 17.856, 95%CI: 4.618, 69.033), being counselled on how to prevent recurrence of illness (AOR: 14.361, 95%CI: 6.026, 34.22) and having 10km or below in distance from health facility (AOR: 20.869, 95%CI: 3.999, 108.898) were variables significantly increased the odds of satisfaction and having 3 and below family size (AOR: 0.165, 95%CI: (0.051, 0.532), having previous exposure to the hospital (AOR: 0.474, 95%CI: 0.25, 0.896) and being urban (AOR: 0.073, 95%CI: (0.03, 0.175) were significantly lowers the satisfaction level at private wing outpatient department.

Conclusion and recommendation: The study finding shows that patient satisfaction towards outpatients' services of regular and private wings was low in the setting. Counselling on how to prevent recurrence of illness should be given for patients.

Key Words: Comparison, Patient satisfaction, Private wing, regular services, general public hospital,.

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Abbreviations

FMOH.....Federal Ministry of Health

GNP's.....Gross National Product

OPD.....Outpatient department

PHC..... Primary health care

PWOPD..... Private outpatient department

ROPD.....Regular outpatient department

WHO.....world health organization

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Chapter One: Introduction

1.1. Background

According to the Federal Democratic Republic of Ethiopia Ministry of Health (EMOH), “health care is one of the crucial components of basic social services that have a direct linkage to the growth and development of the country as well as to the welfare of a society (1). Patient satisfaction is considered as the necessary outcomes of health systems and a tool to measure of health service quality(2). Patient satisfaction is the degree of congruency between a patient’s expectations of ideal care and his/her perception of the real care he/she receives. It reflects the difference between the expected service and the experience of the service from the patient’s point of view(3).

Patient satisfaction is a crucial phenomenon that recognizes the patients’ needs so as to improve healthcare systems, patient outcomes, and retention and health status of the population and also reduce medical malpractice(4). Major indicator of this are availability of necessary medical supplies and materials, waiting time, cleanliness of facilities and equipment, courtesy and competence of providers and the effectiveness of the services provided (1). Patients with service satisfaction may be more likely to come in for visits, follow clinicians recommendations and better patient understanding scores could indicate that a hospital has stronger teamwork, organizational leadership, and commitment for improvement (5).

Customers are the key player, who plays a significant role to measure the quality of the product or services (7). The interaction between patients and healthcare providers is critical as it influences patients’ satisfaction. This encounter provides the patient with the opportunity to assess and evaluate service quality and conversely, it offers the provider an opportunity to manage patients’ perceptions and service quality (7,8).

Patient satisfaction and the performance of healthcare providers are often interrelated events. Therefore, measuring patient satisfaction can help to improve and maintain the quality of service provision(9). Further more, the measurement and knowing about patient satisfaction are crucial to the providers to know their performance status, and it is also important tool for examining and forecasting client expectations(10). Additionally, nowadays patient satisfaction measurement is integrated with hospital management strategies to monitor quality patient care processes (11).

1.2. Statement of the problem

Outpatient Department is considered to be the shop windows of the hospital(14). Patient satisfaction is the level of service satisfaction that patients experience from having used a health service from a health facility(11, 2).

Measuring patient satisfaction becomes an integral part of health care services strategies across the world; quality assurance and accreditation process in most countries considers the satisfaction of patients as a basic criterion in evaluating patient satisfaction(15). Patients need to be allowed to explain the services they received since it is a good step in improving the standard of the health services given(16).

It is already known that satisfaction has a great impact on whether a person seeks further medical advice, adheres to the treatment they received, and keeps a constant and positive relationship with a healthcare provider(17). In recent decades, assessing of patient satisfaction has been found to be the most important tool for getting patients' views on how to provide care(11). Patient satisfaction maintains healthcare organizations' image, which in turn translates into improved service use and market share(18).

Studies found that patient satisfaction has a positive and direct effect on patient trust. This trust can positively affect patients' perception of their healthcare providers' knowledge and skill of treatment. On the other hand, this patients' perception will likely influence their confidence in healthcare providers' reliability and expertise(7).

Satisfied patients explained their primary healthcare professional as showing authentic interest in their health problems, able to provide clear explanation of the disease and future health fates, gave them plenty of opportunities to discuss health as well as how the disease affected their day to day life (19). Moreover, satisfied patients were more likely to adhere to the appointed dates and the treatment provided by the service providers. In addition to this, they will be motivated to reuse the service of providers and refer this service to other patients(20)

The prevalence of patient satisfactions were 89.1% in rural Haryana hospital and 73% in tertiary hospital, India (21). A case study conducted at teaching Hospital Karapitiya, Sri Lanka, 10.36% of the patients were highly satisfied with health services(11). In Ethiopia patient satisfaction at the regular services of public hospitals is low in Tigray (43.6%) and high in Addis Ababa (90.1%)(22, 23), whereas at the private wing services it is low in Bahir Dar (57.8%) and relatively high in Nekemte (68.84%) (21,24).

The studies conducted in the above hospitals show variation among the service types given and low patients satisfaction, which reflects the wide gap between patients experience and the expected services. Most individuals believe that a lack of adequate resources and infrastructures were the reasons for having low-quality care and dissatisfaction in the developing world. In contrast, despite having high expenditure infrastructure, and adequate facilities, many patients were not satisfied with the health care they received as it was evident from one study(25).

Some studies also showed that patients who used health care services were not happy with most of the services provided such as lack of health service coverage, inadequate staff availability, scarcity of equipment, and poor waste management and infection prevention strategies(12, 3). Studies identified a range of factors affecting patient satisfaction such as: socio-demographic characteristics, like age, sex, education, occupation, and marital status affected patient satisfaction (3, 15, 5).

In addition, convenience, including the availability of services (drugs, ordered laboratory and X-ray in the hospital) and accessibility of services (waiting time, cost of services, transport to the service) were also associated with patient satisfaction. It is also affected by the courtesy of doctors' explanations of things in understandable ways, looking out of information regarding symptoms, availability of latrines, sign and direction, and drinking water (22,5,24).

A private wing is an annex or an extension within a public hospital where medical services are provided to patients through their full coverage of the service payment (23). In most regions and at the federal level in Ethiopia, public hospitals are allowed to open and operationalize private wings with the primary objectives of improving health worker retention, providing alternatives and choices to private health service users, and generating additional income for health facilities(26). Even if some studies were done on patient satisfaction in Ethiopia, there is still limited source for comparing patient satisfaction and associated factors at the regular and private wing services even though the private wing service is rapidly growing. Therefore, this study aims to compare the patient satisfaction towards outpatient service of private wing and regular services in general public hospitals in Jimma zone, southwest Ethiopia, 2023.

1.3. Significance of the study

The study aims to compare the patient satisfaction towards outpatient service of private wing and regular services. Since the patient satisfaction is reflection of the service quality, studying patient satisfaction towards outpatient service is important for early seeking appropriate health care service quality to reduce morbidity, disability, and mortalities as well as improve to increase the outpatient service.

In addition to this, monitoring and evaluating this program is essential to check the progress and its worth, policy makers. The finding of the study can be used to enable the hospital management to improve patients' quality of service gaps which ultimately advances service quality. Moreover, this study will be used as a reference and benchmark for individual researchers and academicians for further descriptive and exploratory studies.

This study will also serve as the basis for plans of action for the stakeholders such as the hospital administrators, policymakers, and Health professionals, to see areas for strengthening the private wing service as well as the regular services or if it has drawbacks that should be addressed. The evidence generated from this research will also help to draw lessons and share other facilities planning to establish private wings and regular services. Moreover, the findings will be used for policy decisions in the health sector. This study will also serve as a baseline for future studies of the same nature.

Chapter Two: Literature Review

2.1 Patients satisfaction

According to a systematic study and meta-analysis on patient satisfaction with health care services delivered in Ethiopian health institutions, the pooled proportion of pleased patients was 63.7% (15). Overall patient satisfaction was reported to be 56.1% in a facility-based cross-sectional study that evaluated patient satisfaction and related characteristics among outpatient health service consumers at primary hospitals in North Gondar, Northwest Ethiopia (5).

Institution based cross sectional study conducted to determine the level and determinants of patient satisfaction with outpatient department of Debrebirhan referral hospital, North Shoa, Ethiopia, revealed that; The overall patient's satisfaction in health care services was 57.7% (27).

Nearly three-fourths of respondents (76.6%) were dissatisfied with the queue system to see a doctor, while the outpatient department's level of patient satisfaction and waiting time were 48.2% and 48 minutes, respectively, according to a cross-sectional study done to assess patient satisfaction and associated factors at Dangila Primary Hospital, Awi zone, Northwest Ethiopia (2).

A facility-based cross-sectional survey on 414 patients over the age of 18 years from the outpatient pharmacy service of Dessie town public hospitals, Ethiopia reported that; more than half of total patients (59.4%) were satisfied towards out patient pharmacy services (28).

According to a cross-sectional study on patient satisfaction and related factors conducted at Wolaita Sodo University Teaching Hospital in Southern Ethiopia, Overall patient satisfaction with the medical care provided at the hospital's outpatient clinics was 54.2%, (3). According to a cross-sectional survey done at the Hawassa University Teaching Hospital in southern Ethiopia, 80.1% of patients said they were happy with the hospital's outpatient services. (29).

According to the study done on patient satisfaction and associated factors in an outpatient department at Butajira General Hospital, Southwest, Ethiopia, the overall patient satisfaction towards health service at outpatient department was 85% (12). A comparative cross-sectional study conducted on factors of patient satisfaction in adult outpatient departments of the private wing and regular services in public hospitals of Addis Ababa, Ethiopia showed that; the overall

patient satisfaction was 89.3%. At the regular and private wings of outpatient departments, it was 88.3% and 90.4%, respectively(23).

In Black Lion Specialized Hospital in Addis Ababa, Ethiopia, a facility-based cross-sectional study revealed that 46.2% (95% CI: 41.2%–51.1%) of all patients expressed satisfaction with the hospital services they got (30). Patients' overall satisfaction with the quality of care they received was 62.8%, according to an across-sectional survey done in 2013 on patient satisfaction with the quality of health care delivery in the private wing of the ALERT Hospital in Addis Ababa, Ethiopia (31).

According to cross sectional facility based study conducted on 420 clients of Yekatit 12 Hospital Medical College from 1 June 2016 to 1 July 2016, the overall clients' satisfaction level towards out-patient health service was 47% at 95% CI (42.5, 51.7%) (22).A comparative cross-sectional study conducted on client satisfaction among private wing and regular health care services at Nekemte Referral Hospital, East Welega Zone, Oromia regional state, Western Ethiopia, showed that; The overall client satisfaction was 58.16 and 68.84% at regular and private wing, respectively (32).

The total level of client satisfaction was 57.9%, according to a cross-sectional study on patient satisfaction and characteristics related to outpatient medical services in rural primary healthcare facilities in the Oromiya Region in South West Ethiopia (Ilubabor Zone) (10). An institutionally based cross-sectional study conducted at Jimma Medical Center in southern western Ethiopia to evaluate outpatient service satisfaction and factors related to health care provided to outpatients revealed an overall satisfaction rate of 27.8% (14).

2.2. Factors associated with satisfaction of patients

A study done on patients satisfaction with healthcare delivery in Ghana, in which a total of 12,831 households were systematically selected with reproductive women aged 15–49 years, showed that, education, religion, place of residence, maternal age, region, provider friendly, ease of getting care and opening hours were independently associated with overall service satisfaction in the area (18).

A prior systematic review and meta-analysis conducted in Ethiopia found that the following characteristics were linked to patient satisfaction: being younger than 34 years old (AOR = 2.07;

95% CI = 1.28, 2.85); attending a health center (AOR = 2.68; 95% CI = 1.79, 2.85); being literate (AOR = 0.46; 95% CI = 0.28-0.64); and being divorced (AOR = 0.58; 95% CI = 0.38, 0.88) (15). In Gondar, Northwest Ethiopia, it was observed that a number of factors, including the availability of pharmaceuticals within the hospitals, patient waiting times in the registration area, the time it took to see a doctor after registering, and consultations regarding treatment options, were substantially correlated with patient satisfaction (5).

According to a survey conducted at the Deberbirhan Referral Hospital in North Shoa, Ethiopia, the majority of patients (88.9%) were happy with the quality of the medical equipment, while 77.3% were not happy with the availability of drinking water. Moreover, patient satisfaction was substantially correlated with the availability of prescription medications [AOR: 4.304(1.139-14.606)], older age [AOR: 3.353(1.628-6.905)], higher educational status [AOR: 0.392(0.188-0.818)], and those who did not pay for services [AOR: 2.510(1.518-4.150)] (27).

Based on a study conducted in Dangila Primary Hospital, Awi zone, Northwest Ethiopia, contentment with civility and respect ($p=0.013$) and satisfaction with confidentiality taken by the examiner during physical examination ($p=0.012$) were associated factors for patient satisfaction. (2).

The results from the public hospitals in Dessie Town, Ethiopia, demonstrated a positive correlation between satisfaction and the following factors: frequency of visitation (AOR=2.4; 95% CI, 1.19, 4.80), comfort ability of the waiting room (AOR=1.87; 95% CI, (1.13, 4.18), and payment status (AOR=2.90; 95% CI, 1.21, 6.95)). However, patient satisfaction was negatively correlated with age (28–37 years) [AOR=0.16; 95% CI, (0.08–0.34), the quantity of drugs issued [AOR=0.3; 95% CI, 0.13–0.41], and the availability of medications [AOR=0.44; 95% CI, (0.26, 0.71)] (28).

According to a study conducted in the Wolaita Sodo University Teaching Hospital in Southern Ethiopia, the following factors were found to significantly increase satisfaction: having a clean waiting area, feeling a moderate level of empathy, and waiting for less than or equal to thirty minutes before consulting (3).

Having, long stay in the hospital were found to be more satisfied than having very long stay (AOR)=4.54, 95% CI: 2.38, 8.65). Further more, there was negative association between patients

satisfaction and not getting required services in the hospital (AOR = 0.78, 95% CI: 0.41, 0.96), lack of privacy (AOR = 0.52, 95% CI: 0.27, 0.78), and absence of good dialogue with outpatient service providers (AOR = 0.28, 95% CI: 0.12, 0.41) from study done in Hawassa University Teaching Hospital, southern Ethiopia (29).

According to a study conducted at Butajira General Hospital in Southwest Ethiopia, a respondent's resident status and sex were highly correlated with patient satisfaction (p-value of 0.05). Patients who resided in rural areas were 4.23 [AOR=4.23; 95% CI (1.45, 12.34)] times more likely to be satisfied than patients who lived in urban areas, and male patients were 2.68 [AOR=2.68; 95% CI (1.3, 5.53)] times more likely to be satisfied than female patients. According to the same study, the majority of respondents (81.1%) were satisfied with the availability of doctors for consultation, and 71.9% of study participants were satisfied with the availability of devices such as a thermometer, weighing scale, and blood pressure apparatus. In the hospital setting, more than three quarters (77.3% and 75.1%) were satisfied with the availability of clean restrooms and drinking water. The majority of respondents (87.3% and 83.8%) expressed satisfaction with the doctor's ability to treat patients and with how carefully they evaluate their patients (12).

From study done in public hospitals of Addis Ababa, Ethiopia; The patient satisfaction was affected by female sex (AOR: 7.78; 95% CI: 2.89, 20.93), long waiting time (AOR: 0.22; 95% CI: 0.07, 0.73), information on the prevention of recurrent illnesses (AOR: 14.16; 95% CI: 4.58, 43.83), and information on drug use and side effects (AOR: 0.22; 95% CI: 0.08, 0.63), at the regular service OPD. On the other hand; satisfaction was affected by being in the age group of 38 to 47 years (AOR: 22.1; 95% CI: 2.39, 203.6), attending elementary school (AOR: 4.69; 95% CI: 1.04, 21.26), availability of drugs (AOR: 0.14; 95% CI: 0.04, 0.58), and the accessibility of latrines (AOR: 6.56; 95% CI: 1.16, 37.11), at the private wing (23).

A facility-based cross-sectional study conducted in Black Lion Specialized Hospital, Addis Ababa, Ethiopia, showed that; forty six point two (46.2% (95% CI: 41.2%–51.1%)) of all patients were satisfied by the services they received in the hospital. In other ways, Patient and health care provider interaction and general facility amenity-related domains were found to explain 96.4% of the variability in the net overall satisfaction score. Good quality services provided by hospital physicians, availability of laboratory and radiology services and pain management services had

positive influences. Besides toilet cleanliness, availability of rooms for accommodation and dietary service had significant relation with level of patient satisfaction at Black Lion Specialized Hospital, Addis Ababa, Ethiopia (30).

From the study done at Yekatit 12 Hospital Medical College, The most frequently identified problems related to patients satisfaction were; lack of clean toilet in nearby the waiting areas, lack of waiting area particularly at pharmacy, inadequate furniture like chair, lack of adequate drugs and supplies, lack of privacy at the examination room, lack of direction signs, and poor communication between clients and health service providers (22).

Staff services, accessibility of healthcare services, physical facility, provider behavior, type of visit, travel time, marital status, educational status, and how respondents visited the hospital were found to be independent predictors of client satisfaction(32). Moreover, there were no statistically significant mean overall levels of client satisfaction difference between regular and private wing outpatient departments from study done at Nekemte Referral Hospital, Oromia, Western Ethiopia (32).

Patient satisfaction with the health care rendered at OPD was found to have significant association with accessing prescribed drugs and patients' waiting time in Ilubabor Zone, Oromiya Region, South West Ethiopia (10).From the study in Jimma medical center, Satisfaction of the patient was high if the patients had kept their privacy (AOR = 13.332; 95% CI = 2.282–77.905) and understandability of the patient problem (AOR = 21.830; 95% CI = 0.054–77.500) (14).

2.3. Conceptual framework

This conceptual framework was developed after review of different literature related to the topic. The satisfaction of patients can be affected by (sociodemographic, communication and behavior, convenience of service availability and accessibility related factors and physical environment of the health institution(23,31–33).

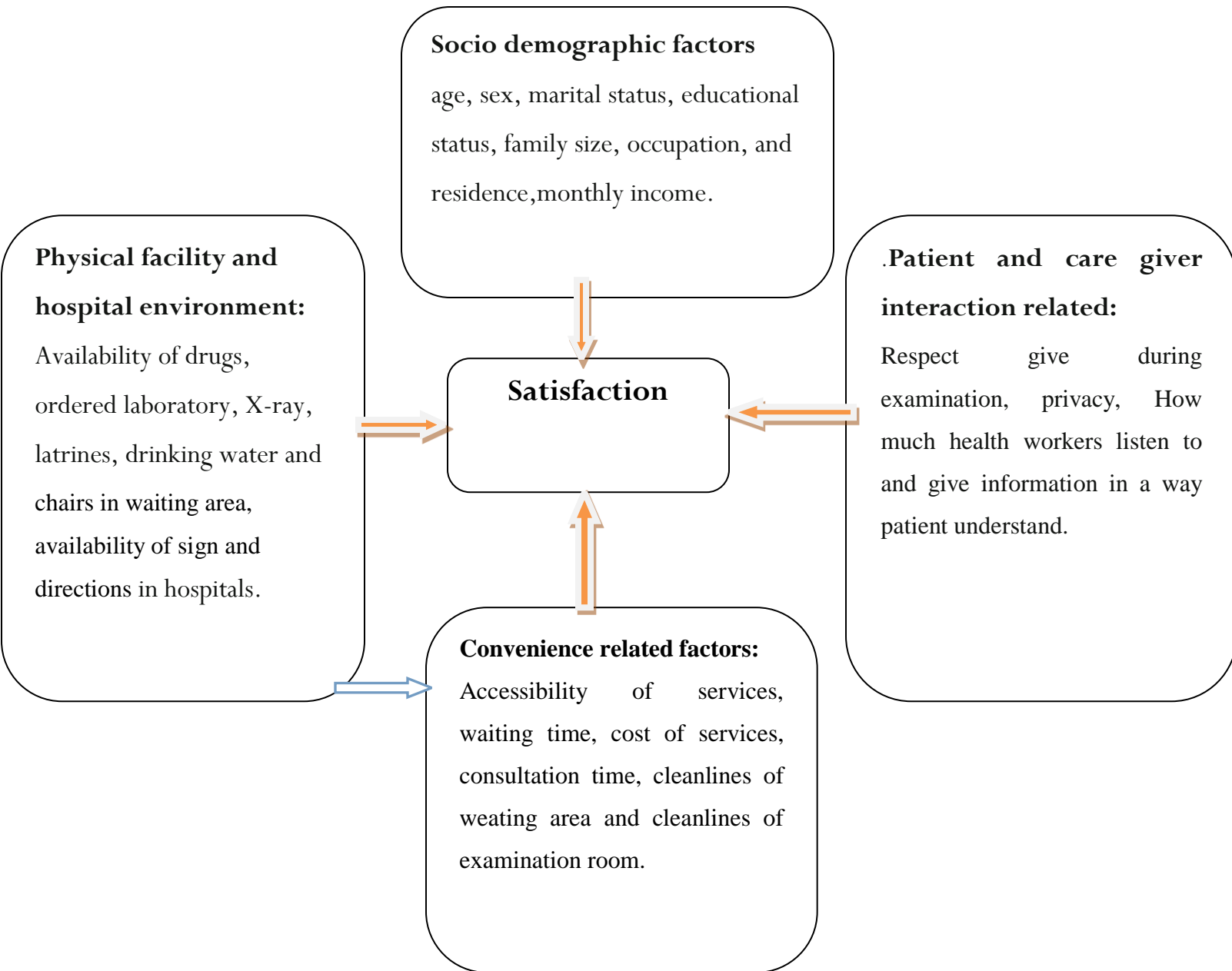


Figure 1: Conceptual framework after reviewing different literatures.

Chapter Three: Objectives

3.1, General Objective

To compare the patient satisfaction towards outpatient service of private wing and regular services in general public hospitals in Jimma zone, southwest Ethiopia, 2023.

3.2, Specific Objectives

To compare the patient satisfaction towards outpatient service of private wing and regular services.

To identify the factors associated with patient satisfaction towards outpatient service of private wing and regular services.

Chapter Four: Methods and Materials

4.1. Study area and period

The study was conducted in Jimma Zone general hospitals from June 1-30, 2023. Jimma zone has three general hospitals (Shenen Gibe, Limmu Genet, and Agaro). Shenen Gibe Hospital was established in 2004 E.C. as the primary hospital in Jimma zone, Jimma town 342 km distance from the capital city of Ethiopia, and then upgraded into a general hospital 5 years ago. According to statistics from 2014 E.C., this hospital currently serving a total population of 1,490,055 (749,458 males and 740,597 females). Agaro Hospital was established in 2006 E.C. is located in Jimma zone, Agaro Town 390Km from A.A. and upgraded to a general hospital since 2010 E.C. It serves a population of 1,048,341 (527,033=Male & 521,308=Female) (statistics from 2014 E.C.). Limmu Genet general Hospital is one of the governmental hospitals found in the Oromia regional state, Jimma zone, about 421 km southwest away from the capital city of Ethiopia and 75 km west north of Jimma town. It was established in 1994 E.C. as a district hospital by governmental budget. Since its establishment, it has been serving its five woreda catchment population and as a referral for 2 adjacent woredas of Buno-bedele zone for around population of 783,160 (2014 E.C. statistical report). According to the quarterly report of 2014 E.C., about 21,214, 21,957 and 15,080 patients served at outpatient in Agaro, Shenen Gibe, and Limmu Genet General Hospital respectively.

4.2. Study Design

The institutional-based comparative cross-sectional study design was employed.

4.3. Population

4.3.1. Source population

The source population was all patients presenting to the outpatient department both for the private wing and general services during the study period.

4.3.2. Study population

The study population was sampled patients presenting to the outpatient department both for the private wing and general services during the study period.

4.3.3. Study units

The selected patients who participate in the study.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

A patients with ≥ 18 years old and interested to participate in the study were included.

4.4.2. Exclusion criteria

Known mentally unstable patients and critically ill patients were excluded from the study.

4.5. Sample Size and Sampling Techniques

4.5.1. Sample size

The required sample size was determined by using two population proportion formulas based on the assumptions that α (level of significance) 5% = 1.96 and β (the probability of getting a significant result) 80% = 0.842. In addition, P1 (the proportion of client/patient satisfaction in the private wing) is 68.84%, while P2 (the proportion of client/patient satisfaction in regular) is 58.16% from the comparative cross-sectional study conducted on Client satisfaction among private wing and regular health care services at Nekemte Referral Hospital, East Welega Zone, Oromia regional state, Western Ethiopia, 2016(32). For P1, a 10.68% difference is assumed between the private wing and regular client satisfaction, because there was no previous study on private wing outpatient department (PWOPD) related to client satisfaction.

Then, EPIINFO.7 or $n = (Z_{\alpha/2} + Z_{\beta})^2 * (p_1 (1-p_1) + p_2 (1-p_2)) / (p_1 - p_2)^2$, was used to calculate the sample size based on the aforementioned assumptions. Hence, sample size n1 (for private wing) = 353 and n2 = 321 (for regular). By using a 10% non-response rate, the final sample size (n_f) taken was 741 (n1=388 and n2=353).

4.5.2 Sampling procedures

The sample size for each Hospital was allocated proportionally based on the number of population served annually at each Hospital. Simple random sampling technique was used to select study participants from each Hospital.

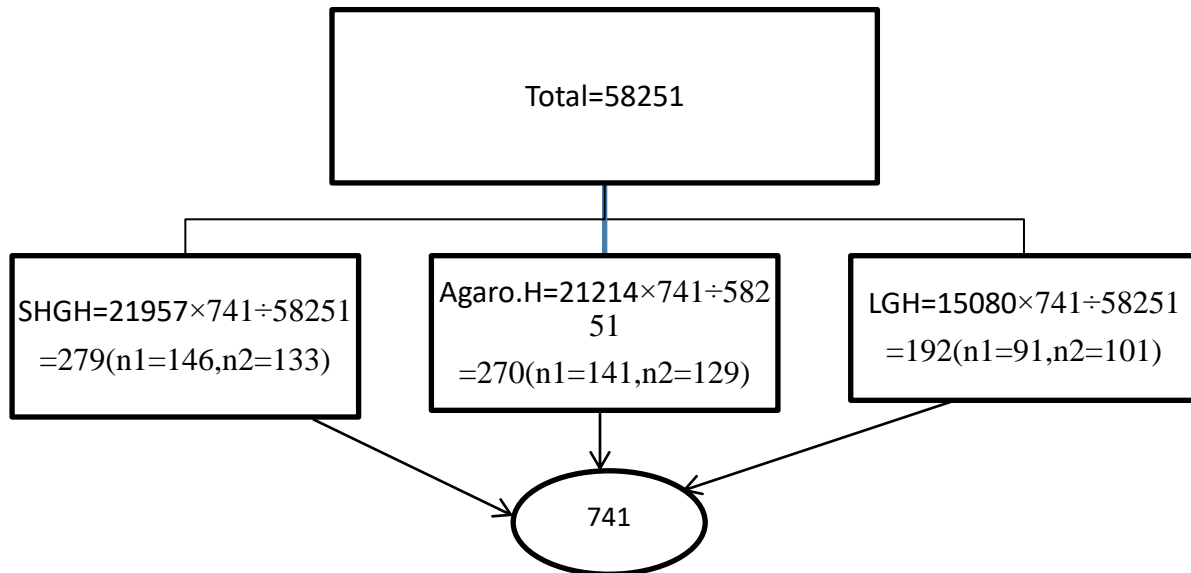


Figure 2: Schematic presentation of sampling procedures.

4.6. Study variables

4.6.1. Dependent variables

- 🚦 **Level of Patient satisfaction**

4.6.2. Independent variables

- ❖ **Sociodemographic factors** (age, sex, marital status, educational status, family size, occupation, and residence).
- ❖ **Convenience** (availability of services, drugs, ordered laboratory and X-ray, radiology in hospitals and accessibility of services, waiting time, cost of services, transport to services).

- ❖ **Communication and care giver behavior** (doctors listen carefully, doctors /nurses explain things in understandable ways, information regarding symptoms lookout, and enough time to discuss problems,privacy,respect given during examination).
- ❖ **Physical facility and hospital environment** (availability of latrines, signs and directions, and drinking water,cleanliness of examination room,cleanliness of hospital ground).

4.7, Operational

Private wing service - refers to an official arrangement according to which medical services are provided, on a fee-for-service basis, to inpatients and/or outpatients in public hospitals and health Centers(34).

Regular service- refer to patients getting medical services at the public hospital during regular working hours(34).

Patient satisfaction: A five-point Likert scale was used to measure 16 satisfaction-related questions, yielding a maximum score of 80 and a minimum score of 16. The replies to each of the 16 measuring items were then added up and converted into a unique level of satisfaction score, ranging from 1 to 100%, for each item. Patients who scored 75% and above on the 16 satisfaction measuring items were satisfied, and those who scored less than 75% were unsatisfied (35).

4.8. Data collection methods and procedures

4.8.1. Data collection tools

A quantitative questionnaire was developed after a thorough review of standard questionnaires and other related literature. It contains questions on; sociodemographic factors (age, sex, marital status, educational status, family size, occupation, and residence), convenience (availability of services, drugs, ordered laboratory and X-ray in hospitals and accessibility of services, waiting time, cost of services, transport to services), communication and relationship (doctors listen carefully, doctors /nurses explain things in understandable ways, information regarding symptoms lookout, and enough time to discuss problems), physical environment/facilities (availability of latrines, signs and directions, and drinking water) and Patient satisfaction which will be measured using 16 satisfaction that measuring items on a five-point Likert scale.

4.8.2. Data collectors and supervisors

The principal investigator has chosen supervisors and data collectors who hold health-related degree. In addition, knowledge of local languages of the community and having prior data collection experience were considered while selecting data collectors. A structured questionnaire administered by an interviewer in person was used.

4.9. Data quality management

The data collection tool was prepared in English and translated into the local language Afan Amhara and Afan Oromo by the translator using the language converter and then translated back to English to check for consistency and accuracy. The training was given to both the data collectors (6) and supervisors (3) for two days on the purpose of the study, data collection tools, and procedure, how to interview, and maintain confidentiality and privacy. To ensure the validity and reliability of data collection, a pretest was done on 5% of the total study participants at Sekachekorsa Hospital. The validity of this study was maintained through continuous input and feedback from the supervisor, and the expertise of a statistician. The instrument was checked for reliability (internal consistency) using the Cronbach's alpha coefficient, which was 0.73.

4.10. Data management and analysis

Collected data was cleaned and coded before entry, then entered into epi-data version 4.4.1.0, and exported to SPSS Version 21 for analysis. Descriptive statistics (mean, standard deviations, and percentages) and factor analysis was computed to present the data and describe the study participants. Frequencies, proportions, and summary statistics were used to describe the study population with relevant variables and presented in tables. Binary logistic regression was performed to assess factors associated with satisfaction. Variables whose p-value is less than 0.05 ($p < 0.05$) were considered statistically significant.

4.11. Ethical considerations

Approval was secured first from the Ethical Review Board (IRB) of the Institute of Health, Jimma University. Then, a written letter from the Department of Health Policy and Management was obtained and submitted to each Hospital. A similar letter was written by each Hospital to the outpatient department. Informed verbal consent was obtained from each respondent, they had

right to give up the interview at any time they wish and their response to any of the questions was not be given to anyone else.

4.12. Dissemination of the result

The result of the study will be submitted and presented in soft copy and hard copy to the Jimma University Institute of public health, Department of Health Policy and Management, Research and publication office, and Library catalog.

The findings will also be handed in soft copies to Each Hospital in the study area after the approval of the Department of Health Policy and Management, and efforts will be made to publish the results in relevant peer-reviewed journals.

CHAPTER5. RESULTS

5.1. Socio-demographic characteristics

From calculated sample size, a total of 717 patients responded to interview with a response rate of 96.8%. From regular service, 349 responded with response rate of 98.9% while 368 responded from private wing with response rate of 94.8%.

More than half 214(59%) and below half 149(41%) of the respondents were female from private and regular wings, respectively. Regarding occupation, 70(56.9%) and 53(43.1%) respondents in the regular and private wing were farmers, respectively. Regarding residence, 215(48.5%) and 228(51.5%) of respondents in the regular and private wing were urban residents, respectively (Table 1).

Table 1. Socio-demographic characteristics of respondents at public general hospitals, Jimma zone, southwest Ethiopia, June, 2023.

Variables	Category	Regular N (%)	Private N (%)	Total N (%)
Sex	male	200(56.5)	154(43.5)	354(49.4)
	female	149(41)	214(59)	363(50.6)
Marital status	married	190(47.5)	210(52.5)	400(55.8)
	single	84(38.9)	132(61.1)	216(30.1)
	widowed	24(58.5)	17(41.5)	41(5.7)
	divorced	36(80)	9(20)	45(6.3)
	others	15(100)	0	15(2.1)
Occupation of the respondent	farmer	70(56.9)	53(43.1)	123(17.2)
	Gov't employee	49(43.8)	63(56.2)	112(15.6)
	private employee	66(48.9)	69(51.1)	135(18.8)

	merchant	30(54.5)	25(45.5)	55(7.7)
	housewife	51(42.1)	70(57.9)	121(16.9)
	student	68(45.3)	82(54.7)	150(20.9)
	others	15(71.4)	6(28.6)	21(2.9)
educational status of the respondent	unable to read and write	72(52.9)	64(47.1)	136(19)
	able to read and write	85(59.9)	57(40.7)	142(19.8)
	primary	78(48.8)	82(51.2)	160(22.3)
	secondary	59(37.8)	97(62.2)	156(21.8)
	higher	55(44.7)	68(55.3)	123(17.2)
religion	orthodox	101(56.1)	79(43.9)	180(25.1)
	Catholic	23(88.5)	3(11.5)	26(3.6)
	Muslim	172(41.5)	242(58.5)	414(57.7)
	protestant	53(54.6)	44(45.4)	97(13.5)
residence	urban	215(48.5)	228(51.5)	443(61.8)
	rural	134(48.9)	140(51.1)	274(38.2)

5.2. Type of visits and pre-services

Of all, 259(53.6%) of regular service user and 224(46.4%) of private service users had previous history of visiting the hospital; while 81(55.1%) from regular service users and 66(44.9%) from private wing were 1st time visitors with referral paper from their primary care centers. Laboratory tests were ordered for 45.5% and 54.5% of respondents from regular and private wings, respectively. Drugs /supplies were ordered for 334(48.4%) and 356(51.6%) of respondents from regular and private wings, respectively (Table 2).

Table 2. Frequency distribution of study participants by their visiting and pre-service status in Jimma zone public general hospital, southwest Ethiopia, June, 2023.

Variables	Category	Regular N (%)	Private N (%)	Total N (%)
Do you have come to this hospital previously	yes	259(53.6)	224(46.4)	483(67.4)
	no	90(38.5)	144(61.5)	234(32.6)
How can you visit this hospital	Come after referral	81(55.1)	66(44.9)	147(20.5)
	Come due to emergency	25(56.8)	19(43.2)	44(6.1)
	Come upon recommendation from other	47(44.7)	59(55.7)	106(14.8)
	Come upon personal decision	74(53.6)	64(46.4)	138(19.2)
	Other	32(66.7)	16(33.3)	48(6.7)
Whether or not laboratory test ordered	yes	289(45.5)	346(54.5)	635(88.6)
	no	60(73.2)	22(26.8)	82(11.4)
Were any X-ray /ultrasound procedure ordered for you	yes	165(51.7)	154(48.3)	319(44.5)
	no	184(46.2)	214(53.8)	398(55.5)
Payment status	free	74(86)	12(14)	86(12)
	pay	275(43.6)	356(56.4)	631(88)
Did you gone to drink water	yes	134(46)	158(54)	292(40.7)
	no	215(50.6)	210(49.4)	425(59.3)

Whether or not drugs /supplies ordered	yes	334(48.4)	356(51.6)	690(96.2)
	no	15(55.6)	12(44.4)	27(3.8)
Did you go to toilet to use latrine	yes	252(43.9)	322(56.1)	574(80.1)
	no	97(67.8)	46(32.2)	143(19.9)

5.3. Information provided by healthcare providers

177(36.6%) of regular service users and 306(63.4%) of private wing users were given information how to prevent recurrence of illness from health provider at regular and private wings, respectively. In addition, 289(45.6%) and 345(54.4%) of the respondents were interviewed by the language they can understand at regular and private wings, respectively (Table 3).

Table 3. Frequency distribution of the information provided by healthcare providers in Jimma zone public general hospital, southwest Ethiopia, June, 2023.

Variables	Category	Regular N (%)	Private N (%)	Total N (%)
Did the provider told you how to prevent recurrence of your illness	yes	177(36.6)	306(63.4)	483(67.4)
	no	172(73.5)	62(26.5)	234(32.6)
Did the provider interview by the language you can understand	yes	289(45.6)	345(54.4)	634(88.4)
	no	60(72.3)	23(27.7)	83(11.6)

5.4. Perception of respondents on healthcare services availability and accessibility

Almost around half 51.9% and 48.1% of respondents from regular and private wings were reported drinking water was available at the facility, respectively. Of those requested laboratory tests; 36% from regular and 64% from private were got all in all. Of those prescribed drugs; 47.2% from regular and 52.8% from private were satisfied to availability of drugs. Of all, 49.6% from regular and 50.4% from private wings were satisfied to cost of service they got (Table 4).

Table 4. Frequency distribution of respondents perception on healthcare services availability and accessibility in Jimma zone public general hospital, southwest Ethiopia, June, 2023.

Variables	Category	Regular N (%)	Private N (%)	Total N (%)
Availability of drinking water	yes	111(51.9)	103(48.1)	214(73.3)
	no	23(29.5)	55(70.5)	78(26.7)
Availability of sign and direction	yes	239(43.1)	315(56.9)	554(77.3)
	no	110(67.5)	53(32.5)	163(22.7)
Availability of ordered laboratories in hospital	all in all	104(36)	185(64)	289(45.5)
	some	176(52.2)	161(47.8)	337(53.1)
	not at all	9(100)	0	9(1.4)
Availability of x-rays in hospital	all in all	5(14.7)	29(85.3)	34(10.7)
	some	98(53.6)	85(46.4)	183(57.4)
	not at all	62(60.8)	40(39.2)	102(32)
Satisfaction to availability of drugs	satisfied	162(47.2)	181(52.8)	343(48.9)
	unsatisfied	172(47.9)	187(52.1)	359(51.1)
Satisfaction to availability of clean latrine	satisfied	161(44.2)	203(55.8)	364(60.2)
	unsatisfied	100(41.5)	141(58.5)	241(39.8)
Accessibility of health services				
Travel distance from home to hospital in KM	<= 10	261(55.7)	208(44.3)	469(65.4)
	11 - 40	88(39.1)	137(60.9)	225(31.4)

	41 - 80	0	6(100)	6(0.8)
	>/= 81	0	17(100)	17(2.4)
Waiting time to enter OPD (in minute)	</= 30 min	180(36.7)	310(63.3)	490(68.3)
	31 - 60	159(75.4)	52(24.6)	211(29.4)
	61 - 120	10(62.5)	6(37.5)	16(2.2)
Satisfaction to cost of service	satisfied	190(49.6)	193(50.4)	383(53.4)
	unsatisfied	159(47.6)	175(52.4)	334(46.6)
Satisfaction to accessibility of latrine	satisfied	165(44.8)	203(55.2)	368(60.8)
	unsatisfied	96(40.5)	141(59.5)	237(39.2)

5.5. Satisfaction of respondents

In this study, 358(49.1%) of total respondents were satisfied towards health care service; of these, 101(28.9%) were from regular while, 257(69.8%) of them were private wings. There was statistically significant difference between satisfaction level of respondents at regular and private wings at chi-square value of 119.84 and P value of 0.000 (Fig 1).

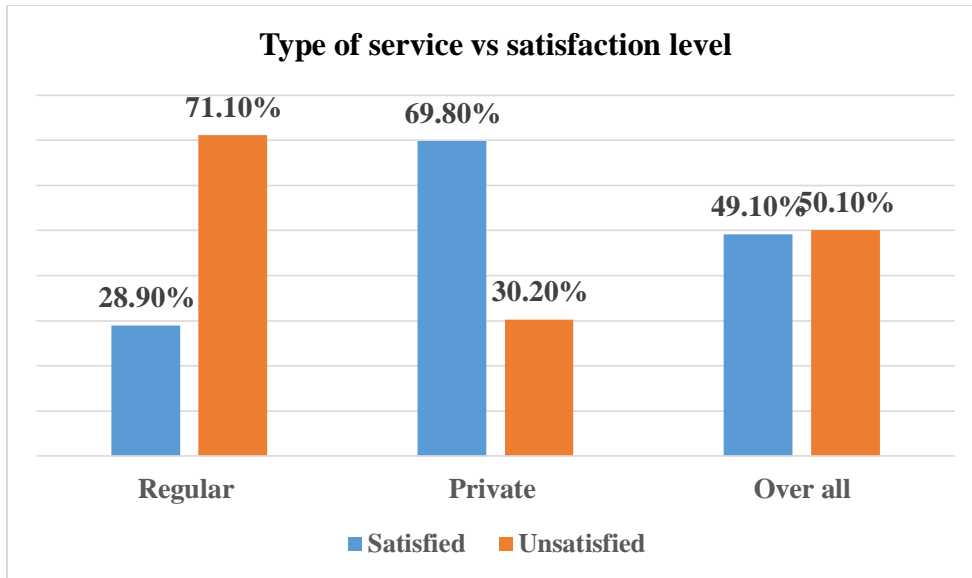


Fig 1. Patients' satisfaction level by type of service in Jimma zone public general hospitals, Jimma, southwest Ethiopia, June, 2023.

5.6. Factors affecting patient satisfaction among adult OPD attendants in regular wings hospitals

First, bi-variate logistic regression results shows candidate variables at P value of < 0.25 as follows; age, marital status, family size, respondents occupation, educational status, residence, having previous exposure to the hospital, distance from the hospital, availability of sign and direction, payment status and receiving proper counselling on how to prevent recurrence of your illness.

Then, multi-variate logistic regression shows; marital status, family size, respondents occupation, educational status, residence, having previous exposure to the hospital, availability of sign and direction and receiving proper counselling on how to prevent recurrence of your illness were significantly associated with the satisfaction on final model.

Respondents those who had 3 to 4 family size satisfied about 12 times (AOR: 11.652, 95%CI: 1.459, 93.053) more than those who had 7 and above family. Being government employee lowers the chance of satisfaction by 94% (AOR: 0.061, 95%CI: 0.005, 0.760) when compared with others. Those who had primary level of education were 5 times more satisfied than those who had higher level of education (AOR: 5.064, 95%CI: 1.137, 22.550).

Being urban resident increases the odds of satisfaction by 12 (AOR: 12.498, 95%CI: 2.94, 53.119) times than its counterparts. Having previous exposure to the hospital decreases the odds of satisfaction by 87.4% (AOR: 0.126, 95%CI: 0.036, 0.444) when compared with its counterparts.

Availability of sign and direction in the hospital increases the chance of being satisfied by 12 (AOR: 11.852, 95%CI: 3.914, 35.888) times than its counterparts. Being counselled on how to prevent recurrence of their illness increases the chance of being satisfied by 5.543 (AOR: 5.543, 95%CI: 2.416, 12.716) times when compared with its counterparts (Table 5).

Table 5. Bi-variable and multi-variable logistic regression analysis of patient satisfaction at ROPD of Jimma zone public general hospital, southwest Ethiopia, June, 2023.

Variables	Category	satisfied	unsatisfied	COR	AOR(95%CI)	P
Marital status	Divorced	3	6	1	1	
	Married	145	65	.224	.032(.006, .177)	<0.001
	Single	98	34	.173	.020(.003, .122)	<0.001
	widowed	11	6	.273	.085(.012, .619)	.015
Family size	>= 7	31	19	1	1	
	<3	65	25	4.556	.708(.101, 4.98)	.729
	3 - 4	64	22	9.212	11.652(1.459, 93.053)	.021
	5 - 6	97	45	2.667	.484(.076, 3.071)	.442
Respondents occupation	Other	6	0??	1	1	
	Farmer	46	7	.065	.607(.047, 7.824)	.702
	Gov't employee	45	18	.200	.061(.005, .760)	.030
	Private employee	37	32	.471	.037(.003, .541)	.016
	Merchant	12	13	.250	.165(.011, 2.485)	.193
	Housewife	42	28	.093	.017(.001, .205)	.001
	Student	69	13	.194	.012(.001, .179)	.001
Educational status	Higher	68	0	1	1	
	unable to read and write	45	19	.131	.136(.016, 1.162)	.068
	able to read and write	10	47	1.005	3.427(.781, 15.045)	.103
	Primary	58	24	.645	5.064(1.137, 22.550)	.033
	Secondary	76	21	1.200	2.819(.625, 12.712)	.178

Residence	Rural	105	35	1	1	
	Urban	152	76	2.225	12.498(2.94, 53.119)	.001
Previous exposure to the hospital	No	108	36	1	1	
	Yes	149	75	1.593	.126(.036, .444)	.001
Availability of sign and direction	No	30	23	1	1	
	Yes	227	88	2.502	11.852(3.914, 35.888)	.000
Being counselled on how to prevent recurrence of your illness	No	28	34			
	Yes	229	77	4.129	5.543(2.416, 12.716)	.000
Distance from HF	11 - 40	90	47	1	1	
	<= 10	161	47	2.935	.535(.117, 2.435)	.418
Payment status	Pay	245	111	1	1	
	Free	12	0	.504	1.178(.408, 3.405)	.762

5.7. Factors affecting patient satisfaction at PWOPD

On bi-variate analysis, the following variables had P value of < 0.25 and candidate for multi-variate logistic regression model; marital status, family size, previous exposure to the hospital, whether or not laboratory test ordered, availability of sign and direction, being counselled on how to prevent recurrence of your illness and distance from health facility.

On multi-variate logistic regression, the following variables were significantly associated with satisfaction at $P < 0.05$; marital status, family size, previous exposure to the hospital, whether or not laboratory test ordered, being counselled on how to prevent recurrence of your illness and distance from health facility.

Respondents those who had below 3 family size were 83.5% times less satisfied (AOR: 0.165, 95%CI: (0.051, 0.532) than those who had 7 and above family. Being married increased the

chance of satisfaction by 16.442 (AOR: 16.442, 95%CI: 3.145, 85.969) when compared with divorced.

Being urban residents decreases the odds of satisfaction by 92.7% (AOR: 0.073, 95%CI: (0.03, 0.175) when compared with its counterparts. Previous exposure to the hospital lowers the odds of satisfaction by 52.6% (AOR: 0.474, 95%CI: 0.25, 0.896) when compared with its counterparts.

Those who had laboratory test ordered where around 18 (AOR: 17.856, 95%CI: 4.618, 69.033) times more satisfied than its counterparts. Being counselled on how to prevent recurrence of illness increased the chance of satisfaction by 14.361 (AOR: 14.361, 95%CI: 6.026, 34.22) when compared with its counterparts. Having 10km or below in distance from health facility increased the odds of being satisfied by 20 times (AOR: 20.869, 95%CI: 3.999, 108.898) when compared with those who had 81km or above (Table 6).

Table 6. Bi-variable and multi-variable logistic regression analysis of patient satisfaction at PWOPD of Jimma zone public general hospital, southwest Ethiopia, June, 2023.

Variables	Category	Satisfied	Unsatisfied	COR	AOR(95%CI)	P
Family size	>= 7	31	19	1	1	
	<3	65	25	1.594	.165(.051, .532)	.003
	3 - 4	64	22	1.783	.298(.081, 1.097)	.069
	5 - 6	97	45	1.321	.223(.072, .693)	.009
Marital status	Divorced	3	6	1	1	
	Married	145	65	4.462	16.442(3.145, 85.969)	.001
	Single	98	34	5.765	13.959(2.771, 70.311)	.001
	Widowed	11	6	3.667	2.849(.417, 19.48)	.286
Residence	Rural	105	35	1	1	
	Urban	152	76	0.667	.073(.03, .175)	.000
Previous exposure to the hospital	No	108	36	1	1	
	Yes	149	75	0.662	.474(.25, .896)	.022

Whether or not laboratory test ordered	No	6	16	1	1	
	Yes	251	95	7.046	17.856(4.618, 69.033)	.000
Availability of sign and direction	No	30	23	1	1	
	Yes	227	88	1.978	1.68(.705, 4.003)	.242
Being counselled on how to prevent recurrence of your illness	No	28	34	1	1	
	Yes	229	77	3.611	14.361(6.026, 34.22)	.000
Distance from HF	>= 81	6	11	1	1	
	<= 10	161	47	6.280	20.869(3.999, 108.898)	.000
	11 - 40	90	47	3.511	1.796(.443, 7.276)	.412
	41 - 80	0	6	.000	.000	.999

CHAPTER 6: DISCUSSION

In general, 49.1% of patients were satisfied towards health care services they received. The study findings showed that 28.9% and 69.8% of patients were satisfied with the services they received from regular and private wing, respectively. Moreover, there was statistically significant difference between satisfaction level of respondents at regular and private wings at chi-square value of 119.84 and P value of 0.000.

The possible reason of discrepancy might be due to availability of ordered investigation/medication in the hospital or presence of good health care provider to patient interaction at private hospital.

In this study, patient satisfaction was higher than the study conducted among outpatients at Jimma medical center, south western Ethiopia, in which the overall satisfaction of respondents was 27.8% (14). The difference might be due to difference in service type and period. That is, our study was conducted in both private and regular wings services, while only regular wing was included in this study.

Our finding was in line with the study done in outpatient department of Dangila Primary Hospital, Awi zone, Northwest Ethiopia (48.2%) (2) and Yekatit 12 Hospital Medical College, Ethiopia (47%) (22). However, it is lower than the pooled proportion of Ethiopian health institutions (63.7%)(15), primary hospitals of North Gondar, Northwest Ethiopia (56.1%) (5), outpatient department of Debrebirhan referral hospital, North Shoa, Ethiopia (57.7%) (27), outpatient department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia (54.2%)(3), Hawassa University Teaching Hospital, southern Ethiopia (80.1%) (29), outpatient department at Butajira General Hospital, Southwest, Ethiopia (85%)(12), in adult outpatient departments of the private wing and regular services in public hospitals of Addis Ababa, Ethiopia (89.3%) (23), Nekemte Referral Hospital, East Welega Zone, Oromia regional state, Western Ethiopia both private wing and regular OPDs (58.16 and 68.84%)(32), outpatient medical services in rural primary healthcare facilities in Ilubabor Zone, Oromiya Region, South West Ethiopia (57.9%)(10).

This variation might be due to time, study setup differences and variations in the numbers of patients visiting the hospitals. The differences in patient management strategies across the

hospitals and the use of different cutoff points to determine patient satisfaction might be the other reason of satisfaction discrepancy. Moreover, this variation might be explained by the difference in socio-economic status.

The current study finding suggested that, being less than 18 year old, having lower level of education, having small number of family size, being urban resident, availability of sign and direction in the hospital and being counselled on how to prevent recurrence of their illness were variables significantly increased the odds of satisfaction at ROPD. In line with the current finding, a systematic review and meta-analysis in Ethiopian health institutions, study done at Deberbirhan referral hospital, North Shoa, Ethiopia, shows being illiterate, attending a health center, being younger than 34 years old and being married were significantly enhanced patient satisfaction (15), (27) (23). In addition, the finding from Dessie town public hospitals, Ethiopia showed, frequency of visit showed a positive association towards satisfaction (28). Another study done at Yekatit 12 Hospital Medical College confirmed that; lack of direction signs and poor communication between clients and health service providers were significantly affected patients level of satisfaction(22).

The possible implication might be increasing knowledge may increase what they expect from health institution. In addition sign and direction may help them to easily identify and get access to specific services in the health facility.

The current finding suggested that, being counselled on how to prevent recurrence of their illness significantly increased the odds of satisfaction at ROPD. In line with this study study done in public hospitals of Addis Ababa, Ethiopia, shows information on the prevention of recurrent illnesses increased the odds of satisfaction at ROPD (23). The association implied importance of adequate information about their condition could make them more satisfied towards care received.

Moreover; Being married, having ordered laboratory test, being counselled on how to prevent recurrence of illness and having 10km or below in distance from health facility were variables significantly increased the odds of satisfaction and having 3 and below family size, having previous exposure to the hospital and being urban residents were significantly lowers the satisfaction level at PWOPD.

The study finding was supported by different study; education and maternal age were independently associated with overall service satisfaction in Ghana (18), being younger than 34 years old and being illiterate was enhancing factors identified as being associated with patient satisfaction, from the systematic review and meta-analysis in Ethiopia (15). In line with this study, being older age and higher educational status were factors significantly inhibited patient satisfaction at Deberbirhan referral hospital, North Shoa, Ethiopia and public hospitals of Addis Ababa, Ethiopia(27)&(23). Moreover, educational status, was found to be independent predictors of client satisfaction from study done at Nekemte Referral Hospital, Oromia, Western Ethiopia (32).

CHAPTER 7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

The study finding shows that patient satisfaction towards outpatients' services of regular and private wings in the setting was low compared with national status. There was significant difference between satisfaction at the regular and private wings. The satisfaction of patients at private wing was higher than the regular. In addition the current study finding was concluded that; age, level of education, occupation, family size, resident, having ordered laboratory test, previous exposure to the hospital, availability of sign and direction in the hospital and being counselled on how to prevent recurrence of their illness were variables significantly associated with overall level of satisfaction.

7.2. Recommendation

Higher level managers should periodically supervise the performance of the hospital and provide feedback to improve satisfaction through quality service. The study hospital should strengthen efforts to deliver integrated quality service to improve overall patient satisfaction. Healthcare providers should give counselling on how to prevent recurrence of illness. Researchers may plan a comparative study triangulated with qualitative design with increased sample size.

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Jimma University

Institute of Public Health

Department of Health Policy and Management

DATA COLLECTION TOOLS

This checklist is designed to collect the patient satisfaction sociodemographic, communication and relationship, convenience and physical environment of the health institution) All information will be available to selected clients from July 1-30, 2023. The information is collected by trained health care professionals.

Verbal consent form for interview

Hello, My Name Is ----- . The review is confidential and your name will not be revealed anywhere. You have the right not to participate in and answer questions that do not suit you. But your cooperation and willingness help identify related questions. Please feel free to answer these questions as this will help improve the patient satisfaction on outpatient service, but it may take a few minutes, are you willing to chat with me? Yes ____ No ____

Date of Interview _____ Interviewer name _____ Signature _____

Time started _____ time finished _____

Patient satisfaction towards outpatient service of private wing and regular services in general public hospitals in jimma zone, southwest Ethiopia, 2023.

Part 1- (socio-demographic and socio-economic Characteristics)			
No	Questions	Responses	skip

1	What is the age of the respondent?	_____years	
2	Sex	1.Male 2.Female	
3	Marital Status of the respondent	1.Married 2.Single 3. Widowed 4. Divorced 5.Othre (specify) _____	
4	Occupation of the respondent	1.Farmer 2.Government employee 3.Private employee 4.Merchant 5.Housewife 6.Student 7.Other(specify) _____	
5	What is the educational status of the respondent	1,No formal education 2,primery 3,secondary 4,higher institution	
6	What is the religion	1. Orthodox 2.Catholic 3. Muslim 4.Protestant 5. Other (specify) _____	
7	What is the family size of the household?	Family size.....	
8	What is the residence of the respondent	1.Urban 2.Rural	
9	Family monthly income	Monthly income.....	
PART 2 – TYPE OF CLIENT VISIT AT OPDSERVICES AND INSTITUTIONAL SERVICE ITEMS			
No	Question		
10	Do you have come to this	1. Yes _____	12

	hospital previously	2. No	
11	How did you visit this hospital?	1. Come after referral 2. Come due to emergency 3. Come upon recommendation from friend/relative 4. Come upon personal decision 5. Other(specify)	
12	Travel difference from home to hospital	Distance in KM.....	
13	Waiting time to meet service provider in minute	Time in minute.....	
14	Whether or not laboratory test ordered	1. Yes 2. No	16
15	Availability of ordered laboratories in hospital	1. All in all 2. Some 3. Note at all	
16	Were any X-ray /ultrasound procedure ordered for you?	1.yes 2.no	18
17	Availability of ordered X-ray /ultrasound procedure in hospital	1. All in all 2. Some 3. Note at all	
18	What is the payment status?	1.Free 2.Pay	

19	Availability of sign and direction	1.Yes 2.No	
20	Did you have gone to drink water	1.Yes 2.No	22
21	Availability of drinking water	1.Yes 2.No	
22	Did the provider told you how to prevent recurrence of your illness?	1.Yes 2.No	
23	Did the provider interview by the language you can understand?	1.Yes 2.no	

Part 3: Factors regarding availability and accessibility of services. Select from five options then circle the numbers.

No	Variable	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Accessibility & availability to health care services						
24	How much are you satisfied with the cost paid for the	1	2	3	4	5

	services					
25	Whether or not drugs /supplies ordered	1.Yes 2.No				
26	How much are you satisfied with the availability of drugs/supplies	1	2	3	4	5
27	How much are you satisfied with Pharmacists explain the use and side effects of medicine clearly	1	2	3	4	5
Latrine related						
28	Did you go to toilet to use latrine	1.Yes 2.No				31
29	How much are you satisfied with the access of latrine	1	2	3	4	5
30	How much are you satisfied with the cleanliness of latrine	1	2	3	4	5

Part 4: satisfaction of patients with different components of health care services. Select from five options then circle the numbers.

No	Items	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Staff behavior and services						
31	Doctor treats you very friendly and courteous	1	2	3	4	5

	manner					
32	Doctors are good to explain how to prevent your disease	1	2	3	4	5
33	Doctors are careful to check everything when treating and examining me	1	2	3	4	5
34	How much are you satisfied with the information provided by doctor/nurses(courteous and respectful)	1	2	3	4	5
35	How much are you satisfied with the information provided by all other staffs (other than doctors and nurses)	1	2	3	4	5
36	How much are you satisfied with the way health providers listened to you	1	2	3	4	5
37	How much are you satisfied with measures taken to assure your confidentiality	1	2	3	4	5
38	How much are you satisfied with the overall quality of health care services in this	1	2	3	4	5

	hospital					
	Physical facilities/environment					
39	Adult OPD location is convenient for you	1	2	3	4	5
40	How much are you satisfied with the comfort of chairs in waiting area	1	2	3	4	5
41	How much are you satisfied with the cleanness of Waiting area	1	2	3	4	5
42	How much are you satisfied with the cleanliness of Examination/consultation room /OPD	1	2	3	4	5
43	How much are you satisfied with the overall cleanliness of the compound	1	2	3	4	5
	Accessibility & availability to health care services					
44	How much are you satisfied with the waiting time to get outpatient services after registration(at waiting area) appropriateness for you	1	2	3	4	5

45	How much are you satisfied with time spent to get services and get back (over all waiting time)	1	2	3	4	5
46	How much are you satisfied with the consultation duration	1	2	3	4	5

Jimma University

InistityuutiiFayyaaHawaasaa

KutaalMaammataa fi BulchiinsaFayyaa

MeeshaaleeOdeeffannoowalqabatan

TartiibaTarreen kun ittiquufinsadhukkubsataahawaasa-demoogiraafii, qunnamtii fi hariiroo, mijataa fi naannooqaamaadhaabbatafayyaawalittiqabuufkanqophaa'edha)

Odeeffannoonhundimaamiltootafilatamoota'aniifnikennama.

Odeeffannoon kun ogeessotaegumsafayyaaleenji'aniinkanwalitti qabamudha.

Unkahayyamaafaaniingaaffii Deebii.

Akkamjirtu, Maqaan Koo ----- . Gamaaggamni kun
 iccitiwaanta'eefmaqaankeessanbakkakamittiyyuuhinibsamu. Gaaffiisiifhinmalleirratihirmaachuudhiisuu
 fi deebiikennuudhaafmirgaqabda. Garuutumsi fi
 fedhiinkeessangaaffileewalqabatanaddabaasuufgargaara.
 Maalogaaffiiwankanaafdeebiikennuudhaafbilisata'aakunisittiquufinsadhukkubsataatajaajilayaalaalaa
 rrattifooyyessuufwaangargaaruuf, garuudaqiiqaamuraasafudhachuudanda'a,
 nawaliinhaasa'uuffedhiiqabduu? Eeyyee ____ Lakki ____

GuyyaaAf-gaaffii _____ Maqaaaf-gaaffii _____ Mallattoo_____

Yeroojalqabame_____ yeroonxumurame_____

Kutaa 1- (AmalootaDeemoogiraafii fi Hawaas-dinagdeeHawaasaa) .			
Lak k.	Gaaffii	Deebii	Dar bi
1	Umuriinmaammilaameqaa?	waggaa _____	
2	Saalaa	1.Dhiira 2.Dubartii .	
3	HaalaGaa'elaamaammilaa	1. 1.Gaa'ela kanqabu	

		2.Qophummaa 3. Abbaa/Haadhamanaairraadu' e 4. Hiikteyknkanhikee 5.Othre (ibsi) _____	
4	Hojiideebiikennaa	1. Qonnaanbulaa 2.Hojjetaa mootummaa 3.Hojjetaa dhuunfaa 4.Daldala 5.Haadha manaa 6.Barataa 7.kan Biroo(ibsi) _____.	
5	Haallabarnootaa	1. Barnootaidileehinqabu 2. sadarkkaajalqabaa 3. Sadarkkaalammaffaa 4. DhaabbataOl'aanaa	
6	Amantiinmaalihordooftuu?	1. Ortodoksii 2.Kaatolikii 3. Muslima 4.Protestant 5. Kanneenbiroo (specify) _____	
7	Baay'innimaatiimanaameeqaa?	
8	BakkiJireenyadeebiikennaa	1.Magaalaa 2.Baadiyyaa	
9	Galiimaatiiji'aan	qarshii.....	
kutaa 2 – Gosamaamilootaataajaajilakanaafdhubani fi tajaajiootafayyaakennaman			
1	Kana durahospitaala kana dhuftaninibeektuu?	1. Eyyeen----- ----- 2. Lakki	12
1	Hospitaala kana akkamittidaawwattan?	1. Ergarifaralaaboodandhufe 2. Sabababalaatasaadhufe 3. Hiriyaa/firairraagorsaargachu udhaandhufe 4. Murtoodhuunfaairrattidhufe	

		5. Kanbiroo(ibsi)	
1	Garaagarummaanimalamanaagara	hospitaalaa km.....	
1	Yerooeegaatajaajilakennituuwaliinwalarguufhagamturtan	daqiiqaadhan.....	
1	Qorannoonlaabraatooriiajajamuu fi dhiisuuisaa	1. Eeyyee 2. Lakki----- -----	16
1	Hospitaalakeessattilaaboraatooriiwwanajajamanjiraachuu	1. Walumaagalatti 2. Tokkotokko 3. Tasumahinjiruu	
1	Tajaajila X-ray /ultrasound kamiyyuusiifajajameeturee?	1.eeyyee 2.lakkii ----- -----	18
1	Hospitaalakeessattiqorannoonraajii /altiraasaawundiiajjamejiraachuu	1. Hundiisaawalumaagalatti 2. Tokkotokko 3. Hubadhaatasuma	
1	Haallikaffaltiigosamaal?	1.Bilisa 2.Kaffaltii	
1	Mallattoo fi kallattiijiraachuu	1.Eeyyee 2.Lakki	
2	Bishaandhugaatibarpaaddettaa?	1.Eeyyee 2.Lakkii ----- -----	22
2	Bishaandhugaatiinjiraa?	1.Eeyyee 2.Lakki	
2	Ogeessatajaajilaisiiniifkeeneedhukkubichaakkaisinittihindee bineegorsaisiniifkenneraa?	1.Eeyyee 2.Lakki	
2	Ogeessatajaajilaisiiniifkeeneefaansiinhubattanunisiingaafatee?	1.Eeyyee 2.Lakki	

**Qabxiileekutaa 3ffaa argamaa fi dhaqqabummaataajaajilootailaalchisee.
Filannooshankeessaafiladhusanaboodalakkoofsotanaannessi.**

Lakk	jijjiramaa	cimseewal iihingallu	waliihi ngalle	Qaama bilisaa	irrattiwa liigalaa	cimseew aliigalaa .
Argamadhaqqabummaataajaajilaeegumsafayyaa .						
	Baasiitajaajilaafkaffalamuunhamamgamma da .					
	Qorichoota /dhiyeessii ajajamenijira?	1.Eeyyee 2.lakkii				
	Qorichoota/dhiyeessii argachuuttihamamg ammada					
	Ittifayyadama fi miidhaaqorichootaifatti bsuirratioggesaF aarmaasiistiinhangamittiquuftan					
Manafincaaniiwajjinkanwalqabatu						
2	Manafincaanii fayyadamuufmanafincaan iideemtee .	1.Eeyyee 2.Lakkii				31
2	Hammamqaqqabumma amanafincaaniiti n quuftan.					
3	Qulqullin amanafincaaniitiinhangamittiq uuftan					

**Kutaa 4ffaa ittiquufinsadhukkubsattootaqaamoleeaddaaddaataajaajilaeegumsafayyaaqaban.
Filannooshankeessaafiladhusanaboodalakkoofsotanaannessi.**

Lakk	meeshaalee	cimseewal iihingallu	waliih ingalle	Qaama bilisaa	irrattiwa liigalaa	cimsee waliigal aa .
	Amala fi TajaajilaHojjetootea .					

3 1	Doktarrihaalabaayeemichuu fi kabajaqabuunsiilaala	1	2	3	4	5
3 2	Doktooronnidhukkubakeeakkamittiakkaofi rraaittisuudandeessanyooibsangaariidha					
3 3	Doktooronniyeroonayaalanii fi naqoratanwaanhundasadakatta'uuf of eeggannoogodhu .					
3 4	Odeeffannoodoktorri/narsoonnikennanhangamittiquuftan(saafu fi kabajaa)					
3 5	Odeeffannoohojjettoonni biroohundi (doktorootaa fi narsootamalee) kennanhangamittiquuftan .					
3 6	Akkaataaogeeyyiinfayyaasidhaggeeffatanhangamittiquufte					
3 7	Tarkaanfiiwwaniccitiikeemirkaneessuuffud hatamanirrattihangaamittiquuftan .					
3 8	Hospitaala kana keessattiquullinawaliigalaataajaajilaeegu msafayyaatiinhammamquuftan .					
Meeshaaleqammanmul'atani fi naannoo .						
3 9	Bakkikutaaga'eessotaaisiniifmijataadha .					
4 0	Mijataateessoobakkaeegaatootajiruttihangamittiquufte					
4 1	Qulqullinabakkaturtidabareeirattihangamittiquuftan .					
4 2	QulqullinakutaaQormaataa/marii /kutaadeddebitihangamittiquufte.					
4 3	Qulqullinawaliigalaamooraasanaahangamittiquuftan					
Tajaajilaeegumsafayyaargachuufdhaqqabummaa fi argamuu						
4	Galmeenboodatajaajilayaalaalaargachuuf yerooneegaanoosiifmijatehangamittiquuft	1	2	3	4	5

4	e					
4 5	Yerootajaajilaargachuu fi deebi'uufdabarsitee (yerooeegaahundakeessati) hangamittiquuftan.					
4 6	Turtiimarihangamittiquuftan					

DECLARATION

I the undersigned, agree to accept responsibility for the scientific ethical and technical conduct of the research project and provision of required progress report as per terms and condition of the colleges of public health and medical science it effect at the time of grant is forwarded as the result of this this application.

Name of Student: Ahmed Abdela (BSc)

Date _____ Signature _____

Approval of advisors:

Name of the first advisor: Dr.Negalign Berhanu (PhD), Associated professor.

Date _____ Signature _____

Name of the second advisor: Waju Beyene (BSN,MPH), Associated professor

Date _____ Signature _____

Approval of Examiner(s)

Name of examiner: Yibeltal Siraneh(PHD,MPH) Asst.professor.

Date _____ Signature _____