DETERMINANTS OF OUTPATIENT'S LEVEL OF SATISFACTION AT PRIVATE AND PUBLIC HEALTH FACILITIES IN MIZAN-AMAN TOWN SOUTHWEST ETHIOPIA*:*

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JIMMA UNIVERSITY

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DETERMINANTS OF OUTPATIENT'S LEVEL OF SATISFACTION AT PRIVATE AND PUBLIC HEALTH FACILITIES IN MIZAN-AMAN TOWN SOUTHWEST ETHIOPIA

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Certificate

This is to certify that the thesis entitles "DETERMINATES OF PATIENT'S LEVEL OF SATISFACTION AT PRIVATE AND PUBLIC HEALTH FACILITIES IN MIZAN-AMAN TOWN SOUTHWEST ETHIOPIA. (COMPARATIVE CROSS-SECTIONAL STUDY TRAINGULATED WITH QUALITATIVE STUDIES", submitted to Jimma University for the award of the Degree of Master of Business Administration (MBA) and it is a record of thesis work carried out by Mr. Wubishet Mengesha and Mr. Demissie Beyene under our guidance and supervision. Therefore, we hereby declare that no part of this thesis has been submitted to any other university or institution for the award of any degree or diploma.

Main Adviser's Name   Date   Signature

_____ _____ _____

Co-Advisor's Name   Date   Signature

_____ _____   _____

Declaration

I declare that this research entitled "DETERMINATES OF PATIENT'S LEVEL OF SATISFACTION AT PRIVATE AND PUBLIC HEALTH FACILITIES IN MIZAN-AMAN TOWN SOUTHWEST ETHIOPIA. (COMPARATIVE CROSS-SECTIONAL STUDY TRIANGULATED WITH QUALITATIVE STUDIES)", has been carried out by me under the guidance and supervision of Mr. Wubishet Mengesha and Mr. Demissie.This thesis is original and has not been submitted for the award of any degree or diploma to any university or institution

Researcher's Name   Date   Signature

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Abstract

Outpatient's department patient satisfaction defined as the positive personal perception towards the product or service received from the health institution. The objective of this study was to assess determinants of patient's level of satisfaction at private and public health facilities in Mizan-Aman town Southwest Ethiopia. Institution-based comparative cross-sectional study triangulated with the qualitative study was conducted from April first to May 15 /05/2021. Out of the 3540 target population, the study sample respondents were 348 from both private (174) and public health institutions (174). To select individual study participants, a systematic random sampling method has used. For the qualitative study, interviews were conducted with eight participants, which were selected by purposive sampling methods. To analyze descriptive data descriptive statistics like frequencies and percentages has used. To analyze inferential data ordinal logistic regression and independent sample Mann-Whitney U test done through SPSS version 20 software. The result of this study revealed that being male, able to read and write, attended primary education, attended secondary school and above, Widow/widowed, separated, cheap to pay, tangibility, assurance, and responsiveness were statically significant effect on the level of satisfaction in a public health facility. Unaffordable medication cost, get medication inside, empathy and tangibility were statically significant effects on the level of satisfaction in the private health facility. This investigation concludes that patients at private health facility had a better level of satisfaction than public health facilities These studies recommend that to improve patient's satisfaction; health providers, zonal health office, regional health administration, and minister of health should work collaboratively to make true satisfaction as "right drug for right patient" principle. In addition, governmental health facilities should work with other stakeholders to improve patient satisfaction levels.

Keywords*: level of satisfaction, presence of medication, quality of health service, time duration for getting service*

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Abbreviation /Acronym

WHO	World health organization
OPD	outpatient department
IOT	internet of things
WTO	world trade organization
HSDP IV	health sector development program IV
SPSS	statistical package for social science
AOR	adjusted odd ratio
CI	confidence interval
VD	very dissatisfied
VS	very satisfied
VIF	Variance inflation factor
ORL	ordinal logistic regression
SERVQUAL	service quality
SERVPREF	service performance

CHAPTER ONE

INTRODUCTION

This chapter deal with the background of the study, statement of the problems, research question, the objective of the study, the hypothesis of the study, the significance of the study, the scope of the study, operational definition, and organization of the paper..

1.1 Background of the study

Satisfaction is a function of a perceived discrepancy from an initial expectation, when individual receives the service or product is above the expected level the clients become satisfied. On the other hand, if the clients received a product or service below the expected level they become unsatisfied (Conner-Spady et al., 2011; Liang, Choi, & Joppe, 2018). Customer satisfaction defined as a customer's perception of the degree to which service providers have fulfilled the customer's requirements. This definition clearly shows that customer satisfaction is a subjective judgment of whether their requirements (not the contractual obligations) fulfilled. It also points out that customer satisfaction is not a yes/no issue, but a range of different levels of satisfaction (Brant et al., 2019; Hussain, Jing, & Parveen, 2018; Tomic & Brkic, 2019)

Another aspect should take into consideration. Namely, it's not always the case that the client who does not complain to the product/service provider is a satisfied client, and the one who complains is a dissatisfied customer. On the contrary, very often-unsatisfied customers do not complain directly to the provider but complain to their friends and relatives, which construct a negative image for the provider. To know the expectation and experience of the customer some health care provider asks their client about how much they become satisfied due to the service received. However, it is not enough methods to understand clearly the level of satisfaction. Any organization shall monitor information relating to customer perception as to whether the organization has met customer requirements" as one indicator for the effectiveness of the quality management system (Tomic & Brkic, 2019). An outpatient (patient does not treat sleep in the admission room) is a patient who attends an outpatient health center with no plan to stay beyond the duration of the visit. Even if the patient will not be formally, admitted, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure (Abebe & Yallew, 2019). Outpatient department patient's satisfaction level is a method of measuring happiness or satisfaction of patients due to the service or product delivered

to them by health institution employee in term of quantitative method. Satisfaction on its own difficult to measure because the factor that satisfied someone will not be satisfied the other as well there is no single factor that determines the level of satisfaction (Zhang, Wang, Haggerty, & Schuster, 2020) The health care industry is undergoing a rapid transformation to meet the ever-increasing needs and demands of its patient population. The level of patients' satisfaction is an important health outcome, which regarded as a determinant measure for quality of care (Thapa & Joshi, 2019).

Patient satisfaction defined as the positive personal perception of the product or service received from the health institution. Patient satisfaction, which is a perception and an attitude that a consumer can have or view towards a total experience of health care, is a multidimensional aspect, which represents a vital key marker for the quality of health care delivery (Thapa & Joshi, 2019; Zineldin, Camgöz-Akdağ, & Vasicheva, 2011). Furthermore, the level of patient satisfaction is an internationally accepted factor, which needs to study routinely to complement other methods of quality assessment and assurance for smooth functioning of the health care system (Al-Abri & Al-Balushi, 2014a, 2014b; Asamrew, Endris, & Tadesse, 2020). Continuous quality improvement linked to the use of timely and useful feedback from clients. Patients constitute the hospital's direct client. The overall satisfaction is an important aspect of the service itself and considered an important outcome measure for health services. Patient care not considered to be of high quality unless the patient is satisfied. Improving patient satisfaction is one of the key indicators of quality of care and indicator of quality health service. Know patient's needs and expectation is important for the development of the health care system and service/product delivery to the patient. Patients 'who is satisfied with the delivered service more likely to get the maximum advantage from treatment. Measuring patient satisfaction has become an integral part of the evaluation; improve health care service and hospital/ clinic management strategy across the globe.

In recent times, the government of Ethiopia gives great attention to primary health care and its service delivery. In order to improve the primary health care service, a huge budget allocated from both governmental and non-governmental organizations. Therefore, the current country's situation supports this work. (Wondmieneh et.al, 2020)

In Ethiopia, different types of studies were done regarding patient's level of satisfaction but they are limited to public health institutions. However, private health facilities are one of the health institutions, which give treatment services for the patient. So in order to get full information about the patient's level of satisfaction, it is better to include private health facilities.(Woldeyohanes,2015, Bitew et.al, 2015, Legesse et.al, 2016 ,Abera et.al, 2017)

1.2 Statement of the problem

Today developed countries, the Internet of Things (IoT) becomes a heterogeneous and highly distributed structure, which can respond to the daily health needs of people and different health institution to enhance the quality of service at the end increase customer's satisfaction (Free et al., 2013). In recent years, as decision-makers (managers) lose their time to aware of about their health sector problems and the interdependence of health service deliveries and patient satisfaction, higher priority has been given to delivering health services and meeting the health needs of the patients(Ahmed et.al., 2010; Peters et.al., 2009). Despite technological advancement and sophisticated organizational management systems, developing countries are unable to meet the basic health needs of their people, especially for poor and vulnerable populations. Health services in Ethiopia primarily financed by many sources those are the federal and regional governments, grants and loans from bilateral and multilateral donors, non-public organizations, and private institutions. Relative to other organizations in Ethiopia huge amount of finance is allocating for health institutions but the service delivering system is not developed and does not get the need of customers this remains a major challenge for the health care system of Ethiopia (HSDP II 2014). The health sector's development programmer triggered the introduction of major human resource reforms. The overall performance of the health sector had improved, but there were major gaps in the delivery of essential services, Distances to health facilities were a major barrier to the use of services. Overall, the accelerated expansion of primary healthcare units served as the major driving force for human resource reforms. At the start of the reforms, the health workforce was inadequate to satisfy the demand for services from existing health facilities, let alone the additional demand fuelled by the accelerated expansion (Zhang et al., 2020).

Cultural, political and social challenge is the main problematic dimension, which causes increase indigenous knowledge (unique specific knowledge in a particular society) of herbal medicine. In Southwest Ethiopia, traditional herbal medications are highly practiced when compared with other parts of the country. Herbal medications are easily accessible affordable throughout the population and playing a great role in treating the patient but these medications are not regulated by food and drug administration (FDA). Even if treating the patient with herbal medicine is very important, it should integrated with modern health conventional drugs and determines the dose of drug according to the patient's status. Due to dose imbalance, the herbal medication causes liver disease, kidney disease, and gastritis, and so on. An unsatisfied patient who treated at health facilities could not come to modern health institutions once again (Tavakoli et.al, 2012 Yassin et.al, 2015).

The gaps that encourage doing this thesis were

- The researcher reported that errors in prescribing medication cause serious harmful consequences for patients. World Health Organization estimates that more than half of all medicines are prescribed, dispensed, or sold inappropriately and that half of all patients fail to take them correctly. They focus on administer the right drug to the right patient. AS safe medication cause good outcome on patient's disease improvement, patient satisfaction also has its own role on a psychological healing from disease. Unable increase our patient's level of satisfaction parallel to the right medical service prescription causes adverse outcome on patients disease improvement (Zeleke et.al, 2014, Assefa et.al, 2018, Wondmieneh et.al, 2020 et.al, Mamo et.al, 2020).

- In Ethiopia, management mostly expected as only social science aspect and is limited important for health science decision making. Now the time managers are very important in any sector like agricultural sectors, educational sector and health institution, etc. so made investigation about a health-related issue is mandatory in management science (Eisenberg et.al, 2012, Klerkx et.al, 2019)

- As far as the investigator knows most studies done in Ethiopia on, this title was only one paradigm (quantitative). Satisfaction is a very complex concept with multiple definitions and applications. It could also be the reflection of individual's psychological make-up, the belief, value systems, environmental and cultural factors. Due to this study, qualitative

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data were added included order to increase the credibility of the results (Chemir et.al, 2014 Amdemichael et.al, 2014, Derebe et.al, 2017, Bekru et.al, 2017 et.al, Babur, 2018).

- Bench Sheko is a largest zone but there is no study which is related to this title so the aim of this study was to assess determinants outpatient's satisfaction level at public and private health facilities in Mizan Aman Southwest Ethiopia, 2021

1.3 Research question

1. What is the effect of quality of health service dimensions on outpatient's satisfaction level at private and public health facilities?
2. What is the effect of health facility related factor on patient satisfaction level at private and public health facilities?
3. What is the effect of socio-demographic factors on patient satisfaction level at private and public health facilities?
4. Is there a significance difference on patient's level satisfaction between private and public health facilities?

1.4 Objectives

1.4.1 General objective

To examine determinates of patient's level of satisfaction at private and public health facilities in Mizan-Aman town

1.4.2 Specific objective

To compare patient satisfaction level between public and private health facilities

To examine the relationship of quality of health service dimensions and patient satisfaction level

To investigate the effect of a socio-demographic factor on the patient satisfaction level

To determine health facility-related factors affecting the patient level of satisfaction

1.5 Hypotheses

HO1: There is no significant difference in patient's level of satisfaction between private and public health facilities.

HO2: health-related factors have no significant effect on patient's level satisfaction at private or public health facilities.

HO3: quality of health service dimensions has no significant effect on patient's level of satisfaction at private or public health facilities.

HO4: socio-demographic factors have no significant effect on patient's level of satisfaction at private or public health facilities.

1.6 Significance of the study

Ethiopia is one of the developing countries where health service do not properly addressed; to an individual in the right way and at right time in both public and non-public health institution. Due to this, the level of satisfaction is low; it needs to improve by identifying the determinant factors. Health professionals mostly focus on how to treat the patient depend on the treatment guideline, but give less attention to patient's satisfaction, so this study result will be used to increase the awareness of health professionals towards their patient's satisfaction level by delivering appropriate product and service.

Since there was variability in level satisfaction and its determinants in many studies, the finding of this investigation will show the real level of satisfaction and its determinants in the study area.

The finding of this study would also use as a source of scientific evidence and performance evaluation clinical managers, zonal health bureaus manager, and other NGOs who are working on health.

1.7 scope of the study

This comparative cross-sectional study triangulated with the qualitative study mainly focused on determining patient's level of satisfaction in both private and public health facilities in the study area. The study was conducted in Mizan Aman town southwest Ethiopia from April 01/04/2021 to May 15 /05/2021. It is not limited to on determination of the level of satisfaction but also identifying the determinate that affect patient's satisfaction levels across private and public health facilities. Finally, compare the level of satisfaction and the determinant factors in order to appreciate the presence of significant service delivery between the two organizations.

1.8 Limitation of the Study

This study would have better strength and value if it done at zone level, but the current study done only in the town (Mizan Aman town). The other limitation of this study was it only included adult outpatient department patient level of satisfaction.

1.9 operational definition of terms

- ✓ Patient is an individual who is deviate or restriction of physical activity and psychological wellness (Gray, 2002).
- ✓ SERVQUAL : a service quality measurement instrument proposed by Parasuraman in (1985)
- ✓ SERVPEF: directly measure customer's perception of service performance that assume respondent automatically compare their perception of service quality level with their expectation of those service.
- ✓ OPD is one part of functional unit in health department in which individual with health problems acquire health service. Patients who have gotten health service from OPD should be ambulatory not stay in health center overnight .
- ✓ Satisfaction the term 'satisfaction' refers to the simple feeling/state by the patient who has gotten treatment at OPD (Veenhoven, 1996) .

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- ✓ Patient satisfaction level was measured through likert scale that is strongly disagree, dis agree neutral ,agree and strongly agree (Faezipour & Ferreira, 2013)
- ✓ Public health facilities- health facilities established primarily to give service for the public
- ✓ Private health facilities are a health organization, which primarily established for profit.

1.10 Organization of the thesis

The thesis has structured as follows. The first chapter discusses the background of the study, statement of the problem, research question, objectives of the study, hypothesis, significance of the study, the scope of the study, and operational definition. The second chapter contains a review of the literature including theories related to this topic, a review of empirical studies, previous studies made on the same subject in Ethiopia and elsewhere in the world. The third chapter deals with the research design and methodology part including sources and type of data, study population, eligibility criteria, study variables, methods of data analysis and presentation and sample size determination, and ethical consideration. The fourth chapter deals with results and discussion and the last chapter five contains recommendations, conclusions, and limitations of the study.

CHAPTER TWO

LITERATURE

This chapter summarizes the information from other researchers who have carried out their research in the same field of study. The specific areas covered here are theoretical review, empirical review, and conceptual framework.

2.1 Theoretical Literature

2.1.2 Definitions patient satisfaction

Patient satisfaction is an important and commonly used indicator for measuring the quality of health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of the health profession, manager, human resource, and health institution (Moges, 2020)

The challenge for business today is to move from product orientation to customer focus. This is becoming more difficult because now customers are increasingly sophisticated, educated, and well informed about the health-related issue. They have high expectations of the medical service they want to receive. They want greater choice and will not be 'sold to' or manipulated. This ideology is highly functional for patients who come to medical wards to seek health care services. Patients should be treated as other customers who utilize product and service because they purchased medical service from private and public health institution(Bapat, · August 2014). Total care of the customer can only achieved when the need of the internal as well as external customers is considered. Good customer service meets customers' expectations which influenced by such factors as competitive pricing, employee courtesy, and behavior, good value, service quality. However, a good employee tries with heart and mind to ensure the best possible service for the customer (Asamrew et al., 202

2.1.3 Quality of health service

A focus on people-centeredness has to be the core of quality. People and communities must be engaged in the design, delivery, and ongoing assessment of health services to ensure they are built to meet the needs of the customer – rather than those of donors, commercial or political interests, or because "it's always been done that way". Focusing on quality is critical, but leadership must also focus on celebrating excellence; communicating transparently; and fostering collaboration across clinical teams, as well as with patients, and civil society(Giesen, Smits, Huibers, Grol, & Wensing, 2011).,Without quality health services, it can't satisfy the patient and remains an empty promise. A strong health care system should have a technical and excellent managerial case for investing in quality health services. The collective prize is a built satisfied healthier, safer patient and the fairer world (Zineldin et al., 2011)

The Sustainable Development Goals (SDGs) reaffirm a global commitment to achieve universal health coverage (UHC) by 2030. This means that all people and communities, everywhere in the world, should have access to the high-quality health services they need – promotive, preventive, curative, rehabilitative, or palliative – without facing a financial hardship(Giesen et al., 2011).

As nations commit to achieving universal health coverage by 2030, there is a growing acknowledgment, that optimal health care cannot deliver by simply ensuring the coexistence of infrastructure, medical supplies, and health care providers. Improvement in health care delivery requires a deliberate focus on the quality of health services, which involves providing effective, safe, people-centered care that is timely, equitable, integrated, and efficient. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge that leads to increase patient satisfaction with the service delivered (Brant et al., 2019; A. Hussain, Asif, Jameel, & Hwang, 2019).

High-quality health services involve the right care, at the right time, responding to the service users' needs and preferences, while minimizing harm and resource waste. Quality health care increases the likelihood of desired health outcomes (Chandra, Ward, & Mohammadnezhad, 2019).

2.1.3.1 Component of quality of health service

Tangibility is defined as the appearance of physical facilities, equipment, personnel, and communication materials. Tangibles offer physical representations or images of the service that

customers, particularly new customers, will use to evaluate quality. Service industries that emphasize tangibles in their strategies include hospitality services.

Reliability is defined as the ability to perform the promised service regularly and accurately. In the broadest sense, reliability means that the company delivers on its promises – promises about delivery, service provision, problem resolution, and pricing.

Responsiveness is the willingness to help customers and to provide prompt service. This dimension emphasizes attentiveness and timeliness in dealing with customer requests, questions, complaints, and problems. Responsiveness expressed by the length of time they have to wait for assistance, answers to questions, or attention to problems.

Assurance is defined as an employee's" knowledge, courtesy, and the ability of the firm and its employees to inspire trust and confidence. This dimension is likely to be particularly important for services that customers perceive as high risk or for services of which they feel uncertain about their ability to evaluate outcomes – for example, banking, insurance, and brokerage, medical and legal services.

Empathy defined as the caring, individualized attention that the firm provides its customers in appropriate manner. The principle of empathy is conveying, through personalized or customized service, that customers are unique and special and that their needs understood. Customers want to feel understood by and important to firms that provide service to them

2.1.4 Service quality of measurements

Measuring service quality is difficult since the intangibility of characteristics of service {Sigurðardóttir, 2015). Yarimoglu, (2014) stated that the conceptualization and measurement of service quality perceptions have been the most debated and controversial topics in the services delivery literature. There are two perspectives of quality measurement:

internal perceptive; it is defined as zero defects doing it right the first time, or conformance to requirements and external perspective which understands these aspects in terms of customer perception, customer expectation, customer satisfaction, customer's attitude, and customer delight. It is becoming important in the light of increasing consumer awareness, changing consumer tastes, growing consumer expectations. SERVQUAL and SERVPERF are the most known service quality measurement (Rodrigues et al., 2011).

2.1.5 SERVQUAL Model

According to the SERVQUAL model, service quality measured by identifying the gaps between customers' expectations of the service to render and their perceptions of the actual performance of the service (Parasuraman et al., 2010). SERVQUAL mainly based on five dimensions of service quality, which are tangibility, reliability, assurance, responsiveness, and empathy. The five basic dimensions of service quality in a wide range of service contexts have identified in the pioneering research of the SERVQUAL model (Ramya, N., Kowsalya, A., & Dharanipriya, 2019).

2.1.6 Using SERVPERF to measure service quality

Cronin J.R, J. J., & Taylor, S. A. (1992) carved the SERVPERF model out of SERVQUAL. SERVPERF directly measures the customer's perception of service performance and assumes that respondents automatically compare their perceptions of the service quality levels with their expectations of those services. Cronin and Taylor argued that the only perception was sufficient for measuring service quality and therefore expectations should not be included as suggested by SERVQUAL. So measuring the quality of service via the difference between the perception and expectation of customers as in SERVQUAL is not mandatory.

SERVPERF did not assess the gap scores, as expectation does not exist in the model. Thus, it is a performance-only measure of service quality. The model adopts the five dimensions of SERVQUAL and the 22-items scale used in measuring service quality. In the SERVPERF model, the results demonstrated that it had more predictive power on the overall service quality judgment than SERVQUAL.

2.1.7 Customer satisfaction and service quality in view of health care services

Healthcare is the fastest-growing service in both developed and developing countries {Kutia, et al., 2019). Patients now regarded as healthcare customers, recognizing that individuals consciously make the choice to purchase the services and providers that best meet their

healthcare needs (Epstein, et al., 2010). The patient is the center of healthcare's quality agenda and perceived quality is one of the determinants of patient satisfaction (Narang, R. 2010).

2.1.8 Health facility related factors

From prime importance as the main goal of medical services, because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority (Fufa & Negao, 2019). The measurement of satisfaction is, therefore, an important tool for research, administration, and planning. The informal assessment of satisfaction has an even more important role in the course of each practitioner-client interaction, since it can be used continuously by the practitioner to monitor and guide that interaction and, in the end, to obtain a judgment on how successful the interaction(Al-Abri & Al-Balushi, 2014b; Fufa & Negao, 2019; Giesen et al., 2011).

2.2 Empirical literature

2.2.1 Determinants of customer satisfaction

A study conducted in Addis Ababa on public and private hospital outpatient's level of satisfaction indicated that there was a small significant level difference in the level of satisfaction. The private hospital had a better level of satisfaction than the public hospitals .when we came to the predictor variables expectation about the services, perceived adequacy of consultation duration, perceived providers' technical competency, perceived welcoming approach, and perceived body signaling were determinants of satisfaction at both public and private hospitals. This investigation includes perceived quality dimensions variables in order to determine the satisfaction level of outpatient clients. In addition to socio-demographic variables, health-related variables adding such variables should increase the credibility of the result. in this investigation, the researchers only use quantitative data to determine satisfaction as discussed before satisfaction is just feeling to addressed it qualitative data is important (Tateke *et.al*, 2012). A Case study done on patient satisfaction in public and private health facilities in rural Bangladesh, which is one of the densely populated countries in the world, reported that tangibility is mostly affected the level of satisfaction more than other quality dimensions like empathy, assurance, responsiveness, and reliability. Quality of service dimensions investigated here are a very important determinant factor of patient satisfaction level. This study was used as

a case study to determine the patient's level of satisfaction level but the case study is not a good design to generalize about one finding (Iqbal et.al, 2015).

A cross-sectional study conducted in St. Mary University ALERT hospital on the title of the impact of service quality on customer satisfaction. This study reported that there were associations between patients' satisfaction and quality dimensions like tangibility, reliability, empathy, responsiveness, and assurance. The investigator addresses the quality dimension. However, the method of analysis is the best fit for the outcome variable since the Likert scale (TADSSE, 2016) measures it.

Another Cross-sectional, study was done at Aga Khan University in Nairobi Kenya for to investigate patient satisfaction level with the quality of primary health care services reported that effective communication of health care providers and timeliness of service increase respondent's level of satisfaction. Here the researcher uses the quality dimension to predict respondent's level of satisfaction, the gap of this investigation was the model of analysis that was chi-square test. Chi-square used to show only the association not shows the strength of association (Juma *et.al*, 2018).

A cross-sectional study conducted in Hawassa university teaching hospital on the title of patient's level of satisfaction to assess the relationship between patients' satisfaction and possible predictors. This study reported that there was a negative association between patients' satisfaction and not getting required services in the hospital like prescribed drugs not available in a hospital. The investigator dress or included all wards in his study, it is important to know the over satisfaction level of the patients who were treated in the study area. However, the method of analysis is the best fit for the outcome variable since the Likert scale measures it (Asefa et.al, 2014).

A comparative cross-sectional study done on private and public health facility outpatient's level of satisfaction in Nekemte, western Ethiopia reported that there is no statistically significant satisfaction difference between public and private wings. Predictors like educational status, provider's behavior, good staff service and the presence of physical facility have spastically

significant in the outpatient level of satisfaction in public health facility wing in case of private facility independent variables like availability of health care service, health provider behavior, and time travel to get service have spastically significant association without coming variable. The investigator tries to compare two wings that give medical service to the community this increases the credibility of the finding since private health sectors are one of the health sectors, which deliver health service for the community, it is important, including in our study. In this study, patients asked about their level of satisfaction at a hospital and did not take them to a private place to get accurate data that causes social desirability bias (Babure *et.al*, 2018).

A cross-sectional study done at Debre Brihan referral hospital on patient satisfaction revealed that educational status and history of admission were significant factors influencing patient satisfaction with nursing care. Patients who had high educational status were less satisfied compared with those who had no formal education. Patients who had a history of admission were more satisfied compared with those who had no history of admission. This study addresses the health care provider behavior towards patient satisfaction; this was the strength of the study since all service is delivered by health care provider it is important to investigate health care provider practice towards their patient. To know further detail about the outcome it is better to do an in-depth interview with health care provided (Sharew *et.al*, 2018).

Another cross-sectional study done in Jimma specialized hospital on outpatient's level of satisfaction showed that older age, low educational status, length of consultation time significant association with patient's level of satisfaction. The researchers use structure and standardize questioner to measure the outpatient's level of satisfaction. However, to measure the patient's level of satisfaction it is better to include the perceived quality health of care and satisfaction as a latent variable and not measure in a single question like another non-latent variable (Fufa &Nagao, 2019).

A cross-sectional study done on patient satisfaction and associated factors in an outpatient department at Dangila primary hospital. It revealed that individuals who were able to write and read confidentiality and respect the client have an appositive association with patient's satisfaction .here the researchers' analytic study, which is important to give information about the

association of outcome variable (satisfaction) and predictor variables. However, this study predicts patient satisfaction with a binary logistic regression model however satisfaction, not just a categorical variable rather is a psychological or feeling of individuals and not directly measure like other categorical variables (Asres *et.al*, 2020).

Another comparative cross-sectional study done in Gondar referral hospital, on the title of outpatient patient's satisfaction to determine the possible predictors revealed the following result. Waiting time before see the health care provider, age of individuals, amount of money paid for service, found statically significant association with the satisfaction of clients. This investigation using a comparative study to show the level of satisfaction that is double population study gives more information about the outcome variable. Include perceived quality of service would better the credibility of the data (Taddese *et.al*, 2020).

A cross-sectional study conducted in Addis Ababa on the title of patient satisfaction reported that cleanness of toilet, ward cleanness had a spastically significant association with the patient level of satisfaction. This study showed that health and health-related factories and socio-demographic variables but it was much better too if included the perceived quality of health service. In order to dig the information, which related to human behavior that is not addressed with quantitative variable add qualitative data is important (Asamrew *et.al*, 2020)

2.3 Conceptual framework

Demographic factors
Age
Sex
Religion
Educational status
Marital status
Ethnicity
Household income
Perceived quality of service
Tangibility
Reliability
Responsiveness
Empathy
Assurance
Health facility related factors
Cleanness of OPD
Presence of medication
Amount of payment
Opinion on payment
Distance from home to health facility
Time duration

Patient satisfaction level

Fig 1: The conceptual framework developed by reviewing different type of related literature (, Asefa *et.al*, 2014, TADSSE, 2016, Derebe, Shiferaw 2017, Babure *et.al*, 2018)

Source: the model developed by own survey: 2021

2.3.1 Explanation of the framework

Tangibility is the appearance of physical facilities, equipment, personnel, and communication materials (Eshetie, 2016).

Reliability is the ability to perform the promised service regularly and accurately. Responsiveness is the willingness to help customers and to provide prompt service (Bartko, 1976).

Assurance is defined as an employee's" knowledge, courtesy, and the ability of the firm and its employees to inspire trust and confidence (Simnett, 2009).

Empathy defined as the caring, individualized attention that the firm provides its customers in appropriate manner (Elliott, 2011).

Presence of medication: - is the presence of medication inside the health facilities

Amount of payment: - the cost paid for medical care service

Opinion on payment: - the subjective suggestion of individual respondents about the cost paid of medication (Simnett, 2009).

Time duration: - it is the time duration in hour to go from home to health facilities in order to get medical care service

CHAPTER THREE:

RESEARCH DESIGN AND METHODS

This chapter deals with the background of the study area, research design, source of data, source population, study population, sample size calculation; sampling procedure methods of analysis, model-specific, reliability and validity, and ethical consideration.

3.1 Background of the Study area

Bench Sheko zone is one of the 25 zonal administrations in the SNNP region of Ethiopia, located 562 km away from Addis Ababa (the capital city of Ethiopia). According to Bech Sheko public administration office evidence, the total population of the zone is estimated to be 639,669 from those 323, 013 are females, 316,616 are males and the number of under-five children in the zone is estimated to be 97,616. The population of Mizan Aman town is estimated to be 52,210 from those 18,625 of them are male and the rest 31,135. In Mizan Aman town there are four health facilities which give treatment service for patients. Its climatic condition is weina dega, and gets rain most of the time in different seasons per year. In the area people's major economic source, mostly depend on coffee growing, in some area farming and livestock rearing. The major food crops grown are maize, rice; coffee, teff; godere (taro root), enset , sorghum, wheat, and bean .the cash crops including fruits(banana, orange, pineapple)and spices(ginger, coriander).

3.2 Research Design

Both descriptive and explanatory studies were used to analyze patient's level of satisfaction-related data. This study used descriptive analysis that describes socio-demographic characteristics that lead to customer satisfaction, level of patient satisfaction. This study also used explanatory study design, to explaining, understanding, predicting and controlling the relationship between independent variables and dependent variables (patient satisfaction). The log of odds with a confidence interval of 95% and a level of significance measured the effect size less than 0.05. In comparative cross-sectional study design relevant data collected at one point quantitatively but patient satisfaction, the level is just feeling of individual it was difficult to measure only by using quantitative method so qualitative study incorporated to increase the credibility of the document.

3.3 Sources of data & data collection techniques

This research used primary source of data with face to face interview by pre-tested structured questionnaire adapted from patient satisfaction index (PSI 18) and other published literature were used to collect data on socio-demographic characteristics, quality of service and health facility-related factors(Tadsse 2016, Tateke et.al, 2012, Derebe, Shiferaw &Ayalew 2017). Pre-testing of the questionnaire made to ensure the quality of data. Pre-test performed on 10% (35) of sample size students in one of the unselected health facilities prior to actual data collection. After pre-tested, clarifications and corrections were done on the questionnaire accordingly. Moreover, the English version questionnaire translated into Amharic by the language expert and then back to English to maintain its consistency. Data quality maintained by recruiting data collectors who had works at the health institution and gives training. The data collectors & supervisors provided training for two days before data collection on the objective of the study. Moreover, giving training was important for how to collect data for this study purpose, using face-to-face interview. The place where the interview takes place may affect the feeling of the respondent in order to minimize this bias the interview took place at a private place and assuring the confidentiality of information. The supervisors throughout the data collection period were closely monitoring the data collection process. Made close communication with data collectors and supervisors when gaps identified corrections made timely.

3.4. Source population

All patient who come to outpatient department in the selected public or private   health facilities in between April first to May 15 /05/2021 were the source population. For qualitative part, source population was   health professional from each private and public health facilities.

3.4.1 Study population

All selected eligible patients who got service from outpatient department in time between April first to May 15 /05/2021. Participants of key informant interview were head of health facilities and selected health professional from each private and public health facilities.

3.4.2 Study unit

Selected individuals

3.5 Eligibility criteria

All clients who came to private and public health facilities in order to seek health service within one year.

3.5.1 Inclusion criteria

All clients age 18 or above were included in the study.

3.5.1 Exclusion criteria

Those seriously ill individual who could not give response excluded from the study.

3.6 Sample size calculation and determination

The sample size was determined with double population proportion formula .The following assumption were considered 95% confidence interval, power 80 % and private to public health sample size ratio was 1:1. According to the study done in East Wolega On the title of outpatient client's satisfaction among private and regular (public) health care service reported that the proportion of satisfaction among private health facility was 68.84% and satisfaction among regular (public) health facility was 58.16%. By using this proportion the final sample size was calculated as follows (Geberu, 2019 303, Tateke, 2012 304). For qualitative part 8 key informants (three health professionals from public and one private health facilities the remaining 2 study participates were selected from the rest private health institution which was included under the study) were participated (as shown in the table 1).

$$\frac{[p1\,(1-p1)+p2\,(1-p2)](Z\beta +z\,\alpha/2)2}{(p2-p1)2}$$

$$n = \frac{[0.5816\,(1-0.5816)+0.6884\,(1-0.6884)](0.84 +1.96)2}{(0.6884-0.5816)2}$$

n = 316

The where:-n sample size included in the study

P1 = is the proportion of the population who served at public health service, this was 58.16%

P2 = is the proportion of the population who served at private health service, this was 68.84%

Z α/2 = is the standard score value for 95 % confidence level for two sides normal distribution, this is 1.96

Z β = the power on 80%, this is 0.84

By considering non-respondents 10%, the total sample size was 347.6 it approximates to 348.

Therefore, 174-study participants taken from each of private and public health facility wings

In the case of qualitative study, three study participant were taken from the public health center and 5 study participant were taken from a private health institution

The total study participant for both studies (qualitative and quantitative) was 356.

3.7 Sampling procedure and sampling technique

There are four health facilities, which give service in Mizan Aman town, from those three, are private health facilities and one public health facility. In order to take the sample first, the health facilities were stratifying into two strata (private and public health facilities). Then from three private health facilities, (two health facilities were selected by simple random sampling methods). Since there is only one public health facilities gives service in the study, area it was purposely included in the study. Next, the sample size was equally stratified in to two wings that are 1:1 ratio for private and public health facilities. For private health facilities, probability proportionate to size (PPS) allocation was used to allocate the calculated sample size to selected health facilities in each stratum. Finally, the study participants were selected by using a systematic random sampling method. From each stratum of private health, facilities the individual study participants were selected with systematic random sampling methods with k interval of 11th position. All study participants with every 11th position included in the sample whereas in public health facilities every k interval of 10th position included in the sample (figure 2). For qualitative data, the 3-health profession selected from public and private health facilities the rest two respondents selected from the third private health facility(as shown in table 1).

```
┌─────────────────────────────────────────────────────────────┐
│ Mizan Aman town health facilities                           │
│ (4 health facilities gives health service currently, 3private and 1 │
│ governmental)                                               │
└─────────────────────────────────────────────────────────────┘
```

Stratification

```
┌───────────────────────────────────┐      ┌───────────────────────────────────┐
│ Two private health facilities selected │      │ One governmental health center    │
│ By simple random sampling          │      │                                   │
└───────────────────────────────────┘      └───────────────────────────────────┘
```

Proportionate to size (PS) allocation

```
┌─────────────────────────┐   ┌─────────────────────────┐   ┌─────────────────────────┐
│ 1000 patient private health │   │ 800 patient private health │   │ 1740 patient treated at OPD per │
│ facility1 at OPD per month │   │ facility 2 at OPD per month │   │ month                   │
│ n= 174*1000/1800        │   │ n= 174*800/1800         │   │ n= 174                  │
│ n= 97                   │   │ n= 77                   │   │                         │
└─────────────────────────┘   └─────────────────────────┘   └─────────────────────────┘
```

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                  Total sample size 348                      │
│                                                             │
└─────────────────────────────────────────────────────────────┘
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Figure 1: Schematic representation of sampling procedure

Table 1: Sample size for qualitative study on determinant of outpatient's level of satisfaction in Mizan Aman town southwest Ethiopia, 2021

	Public health facilities	Private health facilities1	Private health facilities 2	Total
Purposive Sampling was taken	3	3	2	8

3.8 Method of Data Analysis & Presentation

The collected data were editing, code, and enter into Epi data version 4.4.2 and then export to SPSS version 20 for the windows program for analysis. Data was exploring analysis carried out to check the levels of missing values, multi-collinearity, and parallel line test. Cross tabulation and frequency tables were used to report the descriptive data. Independent sample Mann-Whitney U test used to test whether the observed difference of patient satisfaction between private and public health facility wings was a significant difference or not. Bi-variable ordinal regression model done to identify candidate independent predictors from a given model, variables having a P-value ≤0.25 during bi-variable ordinal regression analysis entered into the multi-variable ordinal regression analysis model. Association was summarized by using log odd value, statistical significance was declared at 95% CI, power 80%, and P-value <0.05. For the qualitative part, audio records and field notes were transcribed into English. The transcripts thermalize for analysis. Finally, quotes of participants' expressions that exemplify key concepts triangulated with quantitative results in analysis and interpretation.

3.9 model specification

The ordinal logistic regression model was used for the given data analysis. When compared with linear regression, binary logistic regression, and multinomial logistic regression, it is best for the analysis of ordered data. The model helps to predict the ordered logit of the dependent variable (level of satisfaction) with respect to predictor variable socio-demographic variable (sex, age, religion, ethnicity, marital status, educational status residence, household income) health facility-related factors (Cleanness of OPD, presence of prescribing medication inside, amount of payment for medication. Opinion about payment and time duration until service delivery) quality dimension (tangibility, reliability, empathy, assurance, and responsiveness.

$$P\,(y{\leq}k) = \frac{\exp(\Theta k + xn\beta n)}{1 + \exp(\Theta k + xn\beta n)}$$

P = the logit of dependent variable

Y= outcome variable (level of satisfaction)

K = interval of dependent variable in the study k had 5 likers scale that is strongly dissatisfied, dissatisfied, neutral, satisfied and strongly satisfied

Θ_k = constant

β_n = independent variable coefficient in the logit equation (where n= 1,2,3,4,5,…….)

n= the number of independent variable investigated

X_n = the individual independent variable which used to predict the independent variable which is the all perceived quality dimension, health and health related variables and socio-demographic variables

3.10 Reliability and validity

A reliability test was performed to check the consistency measurement scales. It refers to whether an instrument is consistent, stable, and free from error, despite fluctuations in test-taker, administrator, or conditions under which the test was administered. The validity on the other hand refers to whether an instrument actually measures what it was supposed to measure. Reliability is related to the consistency of the measurements whereas validity is focused more on how accurate the measurements measured. The reliability Coefficients between 0.70–0.90 have generally found to be internal consistency (Bell, et.al 2018). Validity was assured because the researcher uses a standardized questioner.

Table 2: Chrobach alpha results on the determinant of outpatient's level of satisfaction in Mizan Aman town southwest Ethiopia, 2021

Scales	Number of items	Cronbach alpha
Satisfaction scale	13	0.81
Tangibility	4	0.75
Reliability	6	0.72
Assurance	3	0.7
Empathy	5	0.83
Responsiveness	5	0.70

3.11 Ethical consideration

Cooperation letter obtained from Jimma University business and Economics College, department of management. Permission letters obtained from Bench Sheko zone health Office in order to take information from the patient who comes to OPD of either private or public health facilities. All the research participants included in this study will appropriately inform about the purpose of the research and their willingness and consent secured before the beginning of distributing the questionnaire. Regarding the right to privacy of the respondents, the researcher has maintained the confidentiality of the patient. To these ends, all the data collected from respondents kept confidential and would not use for any other purposes than the state research objective.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

This chapter deals about; Socio-demographic characteristics of study participate, Overall satisfaction of private and public health facilities, Independent sample Mann-Whitney U test of level of satisfaction difference among private and public health facilities. Moreover, address factors associated with patient's level of satisfaction in private and public health facilities, Bi-variable ordinal logistic regression to selected candidate variables, multi variable original logistic regression model to showing predictor of level satisfaction in public health facility and multi variable original logistic regression model showing predictor of level satisfaction in private health facility and discussion.

4.1 Socio-demographic characteristics of study participate

From 348 studies, participants, which included in study 174, were from public health facilities and 174 from private health facility wings. About 60 percent of respondents were female in public health facilities whereas 90(51.3%) of respondents were female in private health facilities. Nearly one-third of the sample in public health facilities came from urban areas but in the case of private health facilities 107(61.5%) were comes from the urban area the rest of the respondents came from rural areas. Only 16(9.2 %) of individuals from total respondents in private health facilities were attended university and above. However, in the case of public health facilities, 28(16.1) were attended university and the rest of the respondents does not attend university. More than half of the study participants 96 (52.2%) belonged to Bench in ethnicities in private health facilities but in the case of public health facilities about 73 (42%) were Bench in ethnicities. (As shown in table 3)

Table 3: Socio-demographic characteristics of outpatient's level of satisfaction in Mizan Aman town southwest Ethiopia, 2021

Variables	Categories	Public OPD		Private OPD	
		Frequency	Percent (%)	Frequency	Percent (%)
Sex	Male	99	56.9	90	51.3
	Female	75	47.1	84	49.7
Educational status	Illiterate	20	11.5	22	12.6
	able to read and write	30	17.2	29	16.7
	attend primary education	38	21.8	37	21.3
	attend secondary school and above	58	33.3	70	40.2
	university and above	28	16.1	16	9.2
Ethnicity of respondent	Bech	73	42	96	55.2
	Skeko	20	11.5	16	9.2
	Keffa	42	24.1	43	24.7
	Amhara	18	10.3	2	1.1
	Oromo	16	9.2	14	8
	Others	5	2.9	3	1.7
Religion	Orthodox	48	27.6	38	21.3
	Muslim	33	19	29	16.7
	Protestant	82	47.1	99	56.9
	Catholic	10	5.7	3	1.7
	Others	1	0.6	5	2.9
Occupation	Farmer	35	20.1	37	21.3
	Merchant	39	22.4	34	19.5
	employed	63	36.2	71	40.8
	Student	23	13.2	19	10.9
	house wife	14	8	13	7.5
Marital status	Single	62	35.6	44	
	Married	107	61.5	116	25.3
	Widow/widowed	2	1.1		66.7
	Separated	1	0.1	3	1.7
	Divorced	2	1.1	6	3.4
Residence	Urban	118	67.8	107	61.5
	Rural	56	32.2	67	38.5

4.2 Health facilities related characteristics of respondents

In order to get service from assigned   health care provider 17(9.8%) of study participants from public health facility spent about 15 minutes. However, in case of private health facilities only seven (4%) respondents spent below 15 minutes in order to get service from assigned health care provider the rest of study participants need more than fifteen minutes.12 (6.9%) respondents in private health facility had more than 50 kilo meter distance from home to health facility. But in case of public health facility 6.3% of study participate had more than 50 kilometers distance from home to health facility the rest of study participant had distance less than 50 kilometers from their home to service delivery place. About 103 (59.2%) study participants public health facilities responded that the outpatient department was clean whereas 117 study   participants from private health facilities responded that the clean the rest of study participants responded the OPD was not clean (As shown in table 4) .

Table 4: Health facility related factors in thedeterminant of outpatient's level of satisfaction at private and public health facilities in Mizan Aman town south west Ethiopia, 2021

Variables	Categories	Public OPD		Private OPD	
		Frequency	Percent (%)	Frequency	Percent (%)
Time spent(minute) until seen by health provider	<=15	17	9.8	7	4
	15.1 – 45	36	20.7	46	26.4
	45.1- 75	42	24.1	46	26.4
	75.1 -105	16	9.2	19	10.9
	>105	63	36.2	56	32.2
Distance (km)	<=10	144	82.5	127	73
	11 – 20	9	5.2	18	10.3
	21-50	10	5.7	17	9.8
	>50	11	6.3	12	6.9
Payment for medication	<=100	27	15.5	28	16.1
	101 – 300	63	36.2	55	31.6
	301 -500	42	24.1	28	16.1
	>=501	42	24.1	63	36.2
Medication present inside	Yes	100	57.5	108	62.1
	No	74	42.5	66	39.9
Cleanness of OPD	Clean	103	59.2	117	67.2
	Not clean	71	40.8	57	32.8
	Others	1	0.6	5	2.9
opinion about payment	Unaffordable	82	47.1	76	43.7
	Cheap	17	9.8	15	8.6
	Fair	56	32.2	63	36.2
	I do not have suggestion	19	10.9	20	11.5

4.3 Quality of health service related factors

The variance in Assurance in private health facility wing was 0.38 where as in public health facility variance in Assurance 0.55 likewise in the rest of quality dimension there is a visible numerical difference but in order to check whether to visible numerical difference is significantly different or not we were use independent sample Mann-Whitney U test. (As shown table 5 and 6)

Table 5: Minimum value, maximum value, mean and variance for quality dimensions at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

Perceived quality measurement items	Min	Max	mean	Public OPD Variance	Min	max	Private OPD Mean	variance
Tangibility	1.5	5	3.40	0.66	1.5	5	3.39	0.44
Reliability	1.33	4.83	3.47	0.48	1.67	4.83	3.60	0.44
Empathy	1.6	4.80	3.47	0.58	1.8	4.6	3.48	0.44
Assurance	1.5	5	3.44	0.546	1.75	4.75	3.54	0.38
Responsiveness	1.3	5	3.32	0.68	1	4.67	3.40	0.60

4.3.1 Independent sample Mann-Whitney U test for perceived quality of service between private and public health facilities

As the collected data not normally distributed, to compare perceived quality of service between two groups that is private and public health facilities, non-parametric test was preferable. The comparison group was two independent groups so independent sample Mann-Whitney U test used in the analysis. According to this test, from five dimensions (tangibility, reliability, empathy, assurance and responsiveness) ,there is significant difference in assurance and responsiveness difference between private and public health facility wings with p- value 0.035 and 0.021 respectively (as shown table 6).

Table 6: Independent sample Mann-Whitney U test for quality dimensions difference   at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

Null hypothesis	Perceived quality measurement items	type of test	P value	Decision
The distribution of quality dimensions are the same across categories of private and public health facility wings	Tangibility	Independent sample Mann-Whitney U test	0.391	Fail to reject null hypothesis
	Reliability		0.85	Fail to reject null hypothesis
	Empathy		0.7	Fail to reject null hypothesis
	Assurance		0.035	Reject to reject null hypothesis
	Responsiveness		0.021	Reject to reject null hypothesis

4.4 Level of satisfaction in different components outpatient health care service

About half of study participants 32(18.4%) were very satisfied by the information delivered by health care provider whereas in private health facilities wing 45(25.9%) study participants were very satisfied by the information delivered by health care provider. More than half of study participates 89 (51.1%) from private health facility were just satisfied by the time spent with health care providers whereas 81(46.6%) responder from public health facility became satisfied the time spent with health care providers. About 35(20.1%) of individual study participants from private health facility wing were very satisfied by the communication skill of health care providers. However, in case of public health facility wing 30 (17.2%) were very satisfied by the communication skill of health care providers. As shown in (table 7 and table 8)

Table 7: Outpatient's level satisfaction at public health facilities with different components in Mizan Aman town south west Ethiopia, 2021

	Perceived client response at private OPD				
Items	**VD** **n (%)**	**Dissatisfied** **n (%)**	**Neutral n (%)**	**Satisfie d n (%)**	**VS** **n (%)**
How satisfied are you by distance to health service	13 (7.5%)	22(12.6%)	37(21.3%)	55(31.6 %)	47(27%)
How satisfied are you on the information deliver by provider	9(5.2%)	34(19.5%)	26(14.9%)	73(42%)	32(18.4%)
How satisfied are you by time spent until seen by health profession	16(9.2%)	51(29.3%)	19(10.9%)	65(37.4 %)	23(32.2%)
How satisfied are you by respect and coursity	8(4%)	32(19%)	18(10.3%)	86(49.4 %)	30(17.2%)
How satisfied are you by the time spent with care provider	6(3.4%)	32(18.4%)	31(17.8%)	81(46.6 %)	24(17.8%)
How satisfied are you privacy drying treatment	9(5.2%)	37(21.3%)	17(9.8%)	81(46.6 %)	30(17.2%)
How satisfied are you by cleanness of opd	16(9.2%)	39(22.4%)	24(13.6%)	61(35.1 %)	34(19.5%)
How satisfied are you by communication skill of provider	21(12.1%)	32(18.4%)	32(18.4%)	59(33.9 %)	30(17.2%)
How satisfied are you by availability of drug supply	44(25.2%)	37(21.3%)	6(3.4%)	41(23.6 %)	46(26.4%)
How satisfied are you cleanness of toilet	32(18.4%)	36(20.7%)	18(10.3%)	51(29.3 %)	37(21.3%)
how much are you satisfied by cost paid	27(15.5%)	56(32.2%)	14(8%)	44(25.3 %)	33(19%)
How satisfied are you information about treatment	8(4.6%)	17(9.8%)	31(17.8%)	84(48.3 %)	34(19.9%)
How satisfied are you by the wellness of provider to respect your request	2(1.1%)	23(13.2%)	25(14.4%)	94(54%)	30(17.2%)

Table 8: Outpatient's level satisfaction at private health facilities with different components in Mizan Aman town south west Ethiopia, 2021

	Perceived client response at private OPD				
Items	**VD** **n (%)**	**Dissatisfied** **n (%)**	**Neutral n** **(%)**	**Satisfie** **d n (%)**	**VS** **n (%)**
How satisfied are you by distance to health service	12 (6.9%)	42(24.1%)	23(13.2%)	68(39.1%)	29(16.7%)
How satisfied are you on the information deliver by provider	6(3.4%)	33(19%)	30(17.2%)	85(48.9%)	20(11.5%)
How satisfied are you by time spent until seen by health profession	11(6.3%)	45(25.9%)	16(9.2)	85(48.9%)	17(9.8%)
How satisfied are you by respect and coursity	5(2.9%)	23(13.2%)	22(12.6%)	75(43.1%)	49(28.2%)
How satisfied are you by the time spent with care provider	4(2.3%)	22(12.5%)	39(22.4%)	74(42.5%)	35(20.1)
How satisfied are you privacy during treatment	6)3.4%(	19(10.9%)	33(19%)	89(51.1%)	27(15.5%)
How satisfied are you by cleanness of opd	10(5.7%)	32(18.4%)	31(17.8)	76(43.7%)	25(14.4%)
How satisfied are you by communication skill of provider	13(7.5%)	18(10.3%)	25(14.4%)	83(47.7%)	35(20.1%)
How satisfied are you by availability of drug supply	24(13.8%)	20(11.5%)	24(13.8%)	65(37.4%)	41(23.6%)
How satisfied are you cleanness of toilet	24(13.8%)	43(24.7%)	22(12.6%)	58(33.3%)	27(15.5%)
how much are you satisfied by cost paid	23(13.2%)	37(21.3%)	25(14.4%)	42(24.1%)	47(27%)
How satisfied are you information about treatment	4(2.3%)	12(6.9%)	29(16.7%)	84(48.3%)	45(25.9%)
How satisfied are you by the wellness of provider to respect your request	15(8.5%)	14(8%)	91(52.3%)	54(31%)	-

4.5 Overall satisfaction of private and public health facility wings

From the 174 individual who attend at public health facility 9(5.2%) 37(21.3%) 6(3.4%) 91 (52.3), and 31(17.8%) very dissatisfied, dissatisfied, neutral, satisfied and very satisfied respectively. However in private health facility wings one (0.6%) 24(13.8%) two (1.1%) 107 (61.5), and 23 (23%) very dissatisfied, dissatisfied, neutral, satisfied and very satisfied respectively. From the output of descriptive statistics, there was a clear level of satisfaction difference between private and public health facilities but to know the numerical difference is significant or not we were going to do Mann-Whitney U test in next section (as shown table 9 and 10).

Table 9: Frequency of level of satisfaction at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

		Public OPD	Private OPD	
Overall satisfaction level	**Frequency**	**Percentage (%)**	**Min**	**Percentage (%)**
very dissatisfied	9	5.2	1	0.6
Dissatisfied	37	21.3	24	13.8
Neutral	6	3.4	2	1.1
Satisfied	91	52.3	107	61.5
very satisfied	31	17.8	23	23
Total	174	100	174	100

4.5.1 Independent sample Mann-Whitney U test of level of satisfaction difference among private and public health facilities

As the collected data not normally distributed, to compare level of satisfaction between difference two groups that is private and public health facilities non-parametric test is preferable. The comparison group is two independent groups so independent sample Mann-Whitney U test used in the analysis. According to this test, there is significant level of satisfaction among private and public health facility wings with p- value less 0.013. (As shown table 9)

Table 10: Independent sample Mann-Whitney U test for level of satisfaction at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

Null hypothesis	Test type	Type of Health facilities	Rank	P value	Decision
The is the same LS categories of public and private health facilities	Independent sample Mann-Whitney U test	Private	187.96	0.013	Reject the null hypothesis
		Public	161.04		

LS = level of satisfaction

4.6 Assumptions of ordinal logistic regression model

Unlike other parametric tests such as T-test, ANOVA, and linear regression, ordinal logistic regression has only a few assumptions. Basic assumptions that must meet for ordinal logistic regression include parallel line test, absence of multicollinearity, lack of strongly influential outliers, and the outcome of a dependent variable (should ordered or measure in likers scale).

Multi-collinearity is the presence of redundant information on the model, which leads unstable coefficient of estimate. An ordinal logistic regression model with highly correlated independent variables will usually result in large standard errors for the estimated beta coefficients and mislead the conclusion (Ho. R, 2006). Even though ordinal logistic regression does not make many of the assumptions, multi-collinearity is still a problem. SPSS does not have an option for testing multi-collinearity for ordinal logistic regression. However, Raykov and Marcoulide (2012) suggested that it is possible to obtain statistics such as the tolerance and variance inflation factor (VIF) by simply running a linear regression analysis using the same outcome and predictors. The observed tolerance values are greater than 0.10, or the mean of VIF is less than 10 indicating that there is no problem of multi-collinearity in the ordinal logistic regression model.

Table 11: Collinearity Statistics for level of satisfaction at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

Model	Collinearity Statistics	
	Tolerance	VIF
Sex of respondent	.934	1.070
Age of respondents	.690	1.450
Educational level of respondents	.784	1.275
Ethnicity of respondents	.714	1.400
Religion of individual respondents	.744	1.344
Occupation of individual respondents	.795	1.257
Marital status individual respondents	.814	1.228
Residence of individual respondents	.758	1.319
Distance from home to facility	.786	1.272
Time spent before health professional see you	.881	1.135
Cleanness of OPD	.760	1.316
Did you get medication inside	.756	1.322
Payment for medication in birr	.646	1.547
Opinion about payment	.862	1.160
Tangibility	.558	1.793
Reliability	.439	2.279
Assurance	.580	1.726
Empathy	.358	2.790
Responsiveness	.471	2.125

According to the SPSS result, there was no presence of multicollinearity in the model. Model fitness was asses by the model of fitting information, which mean the null hypothesis, stand by, there is no significant difference between the null model and the current model. According to the SPSS result, the current study model fitting information indicated that the p-value less than 0.05(reject the null hypothesis). The other is that Naglekeke (pseud R square) stated that how

much the dependent variable stated by the model, it should greater than 0.2 or 20%. According to the current SPSS output, the Naglkerke value was greater than 20% (Raykov and Marcoulide 2012). The parallel line test in ordinal logistic regression stated that the odd being in the lowest category versus all the higher categories of the response variable is the same. Here the null hypothesis stated that the location parameters (slope coefficients) are the same across response categories p-value for the parallel line test greater than 0.05 means that rejecting the null hypothesis. According to the above assumption, the current SPSS parallel line test result indicates that a p-value less than 0.05 implies reject the null hypothesis.

Table 12: Parallel line test for level of satisfaction at private and public health facilities in Mizan Aman town southwest Ethiopia, 2021

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	484.264			
General	415.327[b]	68.937[c]	105	.997

4.7 Factors associated with patient's level of satisfaction in private and public health facilities

Bi-variable ordinal logistic regression (one predictor variable with the outcome variable) was running and all predictor variables that had p-value less than 0.25 was included in multi-variable ordinal logistic regression. The following independent variables in private health facility were candidates for the final model in the multi-variable ordinal logistic regression analysis. Those were of respondent, marital status, distance from home to health facility, presence of medication inside health facilities, cleanness of OPD and time taken until seen by health professionals, tangibility, reliability, empathy, assurance and responsiveness. In case of public health facility, the following independent variables in private health facility were candidates for the final model in the multi-variable ordinal logistic regression analysis. Those were sex, educational status of respondents, marital status, distance from home to health facility, cleanness of OPD, presence of medication at health facility, money paid for medication, opinion about payment, tangibility, reliability, assurance empathy and responsiveness.

4.8 Multi variable original logistic regression model showing predictor of level satisfaction in public health facility

According to multi variable ordinal logistic regression model out comes some predictor variables increase the level of satisfaction and the other decrease the level of satisfaction in each private and public health centers. In public health facility predictor variable such as becoming male Able to read and write, attend primary education, attend secondary school and above, Widow/widowed , separated individuals and cost of drug unaffordable to pay decrease outpatient department patient satisfaction level. In the other way tangibility, assurance and responsiveness increase the level of satisfaction of outpatient clients.

The ordered logit for "males" being in a higher dependent variable category (i.e. satisfaction level score > 4) is 1.36 less than "females" when the other variables in the model are held constant [p = 0,002, 95%CI (-2.23- -0.50)].

The ordered logit for "individual respondents able to read and write" being in very satisfied is 2.48 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,003, 95%CI (-4.13- -0.82)].

The ordered logit for "individual respondents attend primary education" being in a "satisfaction level score > 4" category is 2.09 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,009, 95%CI (-3.65- -0.53)].

The ordered logit for "individual respondents attend secondary education and above" being in a "satisfaction level score > 4" category is 2.09 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,003, 95%CI (-3.61- -0.72)].

The Ordered log odds for "individual respondents Widow/widowed" being in a very satisfied category is 4.2 less than "divorced respondent" when the other variables in the model are held constant. Which is statistically significant at [p = 0,008, 95%CI (-7.32- -1.08)].

The Ordered log odds for "individual respondents their marital status was separated" being in a very satisfied category is 8.68 less than "divorced respondent" when the other variables in the model are held constant. Which is statistically significant at [p = 0,001, 95%CI (-13.98- -3.38)].

The Ordered log odds for "individual respondents access prescribe medication inside   " being in a very satisfied category is 1.21 more than "individual respondents who did not access prescribe

medication inside "when the other variables in the model are held constant. Which is statistically significant at [p = 0, 01, 95%CI (0.27- 2.15)].

The ordered logit for "individual respondents who believed that the medication cost was cheap" being very satisfied is 2.25 less than "individual respondents who had not suggestion about cost medication" when the other variables in the model are held constant. Which is statistically significant at [p = 0, 01, 95%CI (0.47- 4.03)]." 41 years old female health professional who work at public health facilities said most patient at OPD mmmm.. Treated with very low payment and most them become happy and satisfied with cheap cost of medication"

A one unit increase in "tangibility score in giving service for client" would result in a 0.62 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p = 0, 003, 95%CI (0.077- 1.15)].34 years old female health provider from public health facilities said "currently the health facility use modern technology such as management information system and health professional keep professional ethics like wear white coat"

A one unit increase in "assurance score in giving service for client" would result in a 1.34 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p < 0, 001, 95%CI (0.62- 2.07)]. 32 years old male health profession from public health facility reply "the behavior of individuals are who works her…have excellent behavior that increase the happiness and satisfaction….employee work here have good experience and reply any ambiguity and questions the patients"

A one unit increase in "responsiveness score in giving service for client" would result in a 1.12 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p < 0, 001, 95%CI (0.52- 1.91)] (as shown table 11). 32 years old male health care provider who works at public health facility said that "here we are giving very fast service for individuals. Most patients treated here get free medication service due to this the number of client is high here when compared with other private health facilities even we becomes busy due to the above reason we are not stopping to give service quickly.

4.9 Multi variable original logistic regression model showing predictor of level satisfaction in private health facility

In private health facility, predictor variable such as individual opinion about payment (individual give response the cost is unaffordable) and decrease OPD satisfaction level. However, get medication inside, empathy and tangibility were significantly increase level of satisfaction in outpatient department client in case of private health facility wing.

The ordered logit for "individuals who got their medication inside" being in very satisfied is 0.92 more than "those who did not have their medication inside" when the other variables in the model are held constant. Which is statistically significant at [p = 0, 0029, 95%CI (0.09- 1.75)]. The qualitative response got from health care provider aligns with this quantitative result. A 29 years old male health care provider said the drug is always ok here before the stock empty the responsible body bought medication in order to keep the patient inside and maximize profits…… in this case both the patient and we(the health facility owners) became beneficiary.

The ordered logit for "individuals who believed that the medication cost was unaffordable" being in very satisfied categories is 1.85 less than "individual respondents who had not suggestion about cost of medication" when the other variables in the model are held constant. Which is statistically significant at [p = 0, 01, 95%CI (-3.23- (-0.47)]. 33 years old male health care provide said "in fact the cost of drug seems expensive when compared with public health facility but we focus on potency of drug, even the same drug have different treatment efficacy let tell you one simple fact diclofenac is non-steroidal anti-inflammatory drug …..it just anti pain but the product have different price even we bought from the market ….we select high quality drug from the market but some patient could not afford it an un satisfied with the payment,"

A one unit increase in "tangibility score in giving service for client" would result in a 0.95 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p = 0, 013, 95%CI (0.201- 1.69)]. 40 years old male health care provider who works at private health facility reply that "here we have technologies like ultrasound and different laboratorial regent and we use electronic reporting system. Due to the above reason I become happy by this technology"

A one unit increase in "empathy score in giving service for client" would result in a 2.78 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [$p < 0.001$, 95%CI (1.73- 3.8)] (as shown table 12). 36 years old female health care provider who works at private health facility said, "We treat our patient like a king and try understand their feeling and give compressive service"

Table 13: Multi-variable ordinal logistic regression models for predicted level of satisfaction at public health facility in Mizan Aman town Southwest Ethiopia, 2021

Variable		Estimate	Standard error	95%CI	p-value
Threshold	[satisfaction=1]	1.65	1.94	-2.16, 5.47	0.39
	[satisfaction=2]	6.22	2.07	2.17, 10.28	0.003
	[satisfaction=3]	6.67	2.08	2.59, 10.74	0.001
	[satisfaction=4]	11.69	2.26	7.26, 16.13	<0.0001
Sex	Male	-1.36	0.44	-2.23, -0.50	0.002**
	Female	0			
Level of education	Illiterate	-0.99	0.85	-2.65, 0.68	0.25
	Able to read and write	-2.48	0.84	-4.13, -0.82	0.003**
	attend primary education	-2.09	0.80	-3.65, -0.53	0.009**
	attend secondary school and above	-2.17	0.74	-3.61, -0.72	0.003**
	university and above	0			
Marital status	Single	-0.89	1.07	-2.99, 1.21	0.41
	Married	-1.53	1.03	-3.55, 0.49	0.14
	Widow/widowed	-4.2	1.59	-7.32, -1.08	0.008**
	Separated	-8.68	2.70	-13.98, -3.38	0.001**
	Divorced	0a			
Cleanness of OPD	Yes	0.46	0.48	-0.48, 1.39	0.34
	No	0a			
Get medication inside	Yes	1.21	0.48	0.27, 2.15	0.01*
	No	0a			
Opinion on payment	Unaffordable	-0.24	0.68	-1.56, 1.09	0.72
	Cheap	2.25	0.91	0.47, 4.03	0.01*
	Fair	1.13	0.71	-0.26, 2.51	0.11
	I do not have suggestion	0a			
Distance to facility (KMS)		0.002	0.0085	-0.02, 0.02	0.81
Money paid for treatment		0	0.0002	-0.001,0	0.33
Time until get service		0.004	0.004	-0.003, 0.01	0.27
Tangibility		0.62	0.27	0.077, 1.15	0.003*
Reliability		0.12	0.43	-0.72,0.97	0.77
Assurance		1.34	0.37	0.62, 2.07	<0.001**
Empathy		-0.13	0.43	-0.89, 0.72	0.75
Responsiveness		1.12	0.36	0.52, 1.91	<=0.0001**
	1b				

Table 14: Multi variable ordinal logistic regression model for predicted level of satisfaction at private health facility in Mizan Aman town Southwest Ethiopia, 2021

		Estimate	Standard error	95%CI	p-value
Variables		2.75	2.47	-2.1, 7.59	0.267
	[satisfaction=2]	7.31	2.28	2.84, 11.77	0.001
	[satisfaction=3]	7.47	2.28	3.00, 11.93	0.001
	[satisfaction=4]	12.60	2.51	7.69, 17.51	<0.0001
	Single	0.14	1.74	-3.27, 3.55	0.94
Marital status	Married	0.0001	1.75	-3.42, 3.42	1
	Widow/widowed	1.34	2.69	-3.93, 6.60	0.62
	Separated	-3.30	3.19	-9.54, 2.95	0.30
	Divorced	0a	.		.
Cleanness of OPD	Yes	0.73	0.44	-0.13	0.096
	No	0a	.		
Get medication inside	Yes	0.92	0.42	0.09, 1.75	0.029*
	no	0a	.	.	.
Opinion on payment	Unaffordable	-1.85	0.70	-3.23, -0.47	0.008**
	Cheap	-0.54	0.88	-2.26, 1.193	0.54
	Fair	-1.32	0.70	-2.70, 0.05	0.059
	I do not have suggestion	0a	.		
Distance to facility (KMS)		-0.007	0.007	-0.02, 0.006	0.298
Money paid for treatment		0	0.0002	-0.001,0.005	0.092
Time spent until get service		0	0.0029	-0.006, 0.005	0.935
Tangibility		0.95	0.38	0.201, 1.69	0.013*
Reliability		-0.23	0.39	-1.00, 0.55	0.56
Assurance		0.41	0.38	-0.33, 1.141	0.28
Empathy		2.78	0.54	1.73, 3.8	<0.001**
Responsiveness		-0.71	0.37	-1.43, 0.013	0.054
		1a			

4.10 Discussion

4.10.1 Overview of satisfaction level

In the current study individual who attended at public health facility the prevalence of level of satisfaction 9(5.2%) 37(21.3%) 6(3.4%) 91 (52.3), and 31(17.8%) very dissatisfied, dissatisfied, neutral, satisfied and very satisfied respectively. However in private health facility wings 1 (0.6%) 24(13.8%) 2(1.1%) 107 (61.5), and 23 (23%) very dissatisfied, dissatisfied, neutral, satisfied and very satisfied respectively. This indicated that there is statically significant difference level of satisfaction between private and public health facility wings with p- value less 0.013.This study align with the study done in Addis Ababa (Tateke *et.al*, 2012). the possible reason for this difference might in private health facility health care provider give big respect for individual patient in order to keep them or not go to other health facility this gives customer/patient become more satisfied by medical service. The expected hypothesis was that level of satisfaction was that there is significant satisfaction difference between private and public health facilities. Following this, the null hypothesis stated that there is no significance difference on patient's level satisfaction between private and public health facilities was rejected.

4.10 .2 Predictors of level of satisfaction in public health facility

The ordered logit for "males" being in a higher dependent variable category (i.e. satisfaction level score > 4,) is 1.36 less than "females" when the other variables in the model are held constant [p = 0,002, 95%CI (-2.23- -0.50)]. This study outcome is align with the study done in Addis Ababa with the same title reported that being female was more satisfied than male individual respondents(Tateke et.al, 2012).The possible reason for this difference might be males are expected more from the treatment service than that of female. The expected hypothesis was that socio-demographic factors have significance effect on patient's level satisfaction at private and public health facilities. Following this, the null hypothesis stated that socio-demographic

factors have no significance effect on patient's level satisfaction at private and public health facilities was rejected.

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The ordered logit for "individual respondents able to read and write" being in very satisfied is 2.48 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,003, 95%CI (-4.13- -0.82)]. This result is align with the a comparative cross sectional study done in Addis Ababa study the possible reason for this may be less educated people have low communication tendency with health care provider (Tayue *et.al* ,November`, 2010). The expected hypothesis was that socio-demographic factors have significance effect on patient's level satisfaction at private and public health facilities. Following this, the null hypothesis stated that socio-demographic factors have no significance effect on patient's level satisfaction at private and public health facilities was rejected.

The ordered logit for "individual respondents attend primary education" being in a "satisfaction level score > 4" category is 2.09 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,009, 95%CI (-3.65- -0.53)]. This result is align with a cross sectional study done in Debre Brihan (Sharew *et.al*, 2018).
 The possible reason for this may be less educated people have low communication tendency with health care provider that cause decreases the level of satisfaction The expected hypothesis was that socio-demographic factors has significance effect on patient's level satisfaction at private and public health facilities. Following this, the null hypothesis stated that socio-demographic factors have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

The ordered logit for "individual respondents attend secondary education and above" being in a "satisfaction level score > 4" category is 2.09 less than "university and above" when the other variables in the model are held constant. Which is statistically significant at [p = 0,003, 95%CI (-3.61- -0.72)]. This study result is align with study done in east Wolega   Oromia region , Ethiopia on the title of client satisfaction on public and private health facility wings in comparative cross sectional study reported that individual lower grade 5 to 12 have less satisfied than university

and above. The possible explanation might be low respecting of adult than elder one during service delivery (Zalalem Kaba Babure, November`, 2017). The expected hypothesis was that socio-demographic factors have significance effect on patient's level satisfaction at private and public health facilities. Following this, the null hypothesis stated that socio-demographic factors have no significance effect on patient's level satisfaction at private and public health facilities was rejected.

The Ordered log odds for "individual respondents Widow/widowed" being in a very satisfied category is 4.2 less than "divorced respondent" when the other variables in the model are held constant. Which is statistically significant at [p = 0,008, 95%CI (-7.32- -1.08)]. This study result is align with study done in east Wolega   Oromia region , Ethiopia on the title of client satisfaction on public and private health facility wings in comparative cross sectional study reported that individual widow have less satisfied married . The possible explanation might be being widow by itself has psychological effect when married (Zalalem Kaba Babure, November`, 2017). The expected hypothesis was that socio-demographic factors has significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that socio-demographic factors have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

The Ordered log odds for "individual respondents their marital status was separated" being in a very satisfied category is 8.68 less than "divorced respondent" when the other variables in the model are held constant. Which is statistically significant at [p = 0,001, 95%CI (-13.98- -3.38)].

The Ordered log odds for "individual respondents access prescribe medication inside   " being in a very satisfied category is 1.21 more than "individual respondents who did not access prescribe medication inside   " when the other variables in the model are held constant. Which is statistically significant at [p = 0, 01, 95%CI (0.27- 2.15)].This study align with the study done in Hawassa town Southwest Ethiopia (Asefa *et.al*, 2014). The possible reason for this result might people get medication inside might spent low compared with individual who bought drugs outside health center The expected hypothesis was that socio-demographic factors has significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that socio-demographic factors have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

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The ordered logit for "individual respondents who believed that the medication cost was cheap" being very satisfied is 2.25 less than "individual respondents who had not suggestion about cost medication" when the other variables in the model are held constant. Which is statistically significant at [p = 0, 01, 95%CI (0.47- 4.03)]. This study result is align with study done in west Amhara , Ethiopia on the title of Low satisfaction of clients for the health service provision reported that individual paid for medication is lower satisfaction level than to those got medication free. The possible explanation might be cost of medication is decreasing the level of satisfaction (Derebe *et.al.* June 2017). The expected hypothesis was that health facility related factors has significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that health facility related have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

A one unit increase in "tangibility score in giving service for client" would result in a 0.62 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p = 0, 003, 95%CI (0.077- 1.15)]. This study is align with the study done in Bangladesh (*Iqbal et.al, 2015).*The possible reason for this result might be when the technology as well as all thing is up-to-date satisfaction of individual become satisfaction level. The expected hypothesis was that quality of health service dimensions significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that quality of health service dimensions has no significance effect on patient's level satisfaction at private or public health facilities was rejected.

A one unit increase in "assurance score in giving service for client" would result in a 1.34 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p < 0, 001, 95%CI (0.62- 2.07)]. This result is aligning with the study done in St. Mary University at alert hospital (TADSSE, 2016). The possible reason for this result might be give service in friendly and respect increase satisfaction level of individual respondents. The expected hypothesis was that quality of health service dimensions significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that quality of health service

dimensions has no significance effect on patient's level satisfaction at private or public health facilities was rejected.

A one unit increase in "responsiveness score in giving service for client" would result in a 1.12 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p < 0, 001, 95%CI (0.52- 1.91)]. This result is aligning with the study done in St. Mary University at alert hospital (TADSSE, 2016). The possible reason for this result might be give service in quick manner increase patient's satisfaction level of individual respondents The expected hypothesis was that quality of health service dimensions significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that quality of health service dimensions has no significance effect on patient's level satisfaction at private or public health facilities was rejected.

4.10 .3 Predictors of level of satisfaction in private health facility

In the present study the ordered logit for "individuals who got their medication inside" being in very satisfied is 0.92 more than "those who did not have their medication inside" when the other variables in the model are held constant. Which is statistically significant at [p = 0, 0029, 95%CI (0.09- 1.75)]. This study align with the study done in Hawassa town Southwest Ethiopia (Asefa *et.al*, 2014).The possible reason for this result might people get medication inside might spent low compared with individual who bought drugs outside of the health center. The expected hypothesis was that health facility related factors has significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that health facility related have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

The ordered logit for "individuals who believed that the medication cost was unaffordable" being in very satisfied categories is 1.85 less than "individual respondents who had not suggestion about cost of medication." When the other variables in the model held constant. Which is statistically significant at [p = 0, 01, 95%CI (-3.23- (-0.47)]. This study result is align with study done in west Amhara , Ethiopia on the title of Low satisfaction of clients for the health service provision reported that individuals who believed that the medication cost was unaffordable less

than to those who had not suggestion about cost of medication.. The possible explanation might be cost of medication is decreasing the level of satisfaction (Derebe et.al. June 2017). The expected hypothesis was that health facility related factors has significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that health facility related have no significance effect on patient's level satisfaction at private or public health facilities was rejected.

A one unit increase in "tangibility score in giving service for client" would result in a 0.95 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p = 0, 013, 95%CI (0.201- 1.69)]. These study is align with the study done in Adiss Ababa alert hospital on the title of perceived quality effect on satisfaction reported that tangibility and satisfaction have direct proportional the possible reason for this outcome might be technological adoption and and use up to date information might increase the level of satisfaction (TADSSE, 2016). The expected hypothesis was that quality of health service dimensions significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that quality of health service dimensions has no significance effect on patient's level satisfaction at private or public health facilities was rejected.

A one unit increase in "empathy score in giving service for client" would result in a 2.78 unit increase in the ordered log-odds of being in a "satisfaction score > 4" category while the other variables in the model are held constant. Which is statistically significant at [p <0.001, 95%CI (1.73- 3.8)]. These study is align with the study done in Adiss Ababa alert hospital on the title of perceived quality effect on satisfaction reported that empathy and satisfaction have direct proportional, the possible reason for this outcome might be when health care provider give attention for customer/patient there is increase their satisfaction level(TADSSE, 2016). The expected hypothesis was that quality of health service dimensions significance effect on patient's level satisfaction at private or public health facilities. Following this, the null hypothesis stated that quality of health service dimensions has no significance effect on patient's level satisfaction at private or public health facilities was rejected.

CHAPTER FIVE

5. Conclusion and recommendation

This chapter deals about major findings of the study its implications at public and private health facilities, recommendation, limitation of the study and future research.

5.1 Major Findings and Implications in public and private health facility

The finding of this study reveals that becoming male Able to read and write, attend primary education, attend secondary school and above, Widow/widowed, separated individuals and cost of drug unaffordable to pay decrease outpatient department patient's satisfaction level. In the other way tangibility, assurance and responsiveness increase the level of satisfaction of outpatient clients.

Finding in private health facility shows that, predictor variable such as individual opinion about payment (individual give response the cost is unaffordable) and decrease OPD satisfaction level. However, get medication inside, empathy and tangibility were significantly increase level of satisfaction in outpatient department client in case of private health facility wings.

5.2 conclusions

The objective of this was study examine determinates of patient's level of satisfaction at private and public health facilities in Mizan-Aman town. This research use comparative cross sectional study triangulated with qualitative data. The target population for this study was patient came to outpatient department to get medical service. The total sample of the study was 356 respondents from both private and public health facilities. Systematic random sampling was employed to select individual study participates the data was collected by interviewer administered questioner which was edited, code and enter into SPSS version 20 for analysis. For descriptive data, descriptive analysis was done to show minimum value maximum value, mean and variance of data. Inferential statistics, the data analyzed through independent mann-whitney U test and ordinal logistic regression, the result displayed through table and figures.

As the research conclude based on independent mann-whitney U test patients private health facility had better level of satisfaction than public health facilities. According to ordinal logistic regression result, patient's satisfaction at public health facilities were affected by socio-demographic variable such as being male Able to read and write, attend primary education, attend secondary school and above, Widow/widowed , separated have significant negative effect

on level of satisfaction. And quality dimension factors such as tangibility, assurance and responsiveness had appositive effect level of satisfaction, moreover health facility related factor factors such as cost of drug, unaffordable to pay decrease outpatient department patient satisfaction level. Ordinal regression result in private health facilities, showed that health related factor such as unaffordable pay, gets medication inside; empathy and tangibility have significant effect on patient's satisfaction level. Unaffordable to pat medication cost had negative effect patient satisfaction whereas get medication inside have significant effect on private patient satisfaction level .And the quality dimension related factors such as empathy and tangibility have significant effect on level of satisfaction.

5.3 Recommendations

For health professional since patient satisfaction is one of the important components of psychological treatment. Every individual assign at outpatient department should treat patients not only giving right drug for right patient but also give respect, understand individual interest and respect professional ethics

For zone health office zone health of expert should closely supervise whether the service deliver at health facility in better one and if there is deficient of input of medication solve the problem soon as much as possible

For regional health office regional health office also play an indirect role for the improvement of health facility related factors by supplying treatment equipment for the health facilities and follow the quality of service

For Minister of health this is the higher hierarchy to control the health system so minister of health should deliver enough medical equipment and assess whether it is used as plan or not.

5.4 Future Research

It is good if future researcher do further research at Zone level (bechi sheko zone). The other recommendation for future researcher to do further investigation in all departments like maternal ward emergency, under five outpatient department chronic follow up like TB,AIDS and determine the overall level of satisfaction in all wards. It would better to do comparative study on hospital and health centres level of satisfaction.

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Appendix 1 English version questioner

Consent form

Title: Determinates of patient's level of satisfaction at private and public health facilities in mizan-Aman town Southwest Ethiopia

Principal investigator: Simegnew Gichew,

.E-mail:smegnewg16@gmail.com, cellphone: +251915854010.

Institution: Jimma University, college of business and economics, department of management MBA program

Procedures

 If you agree to participate, I will collect a data that relates with your level of satisfaction for analysis.

Risks: Nothing harmful due to your participation.

 Benefits   There are no direct benefits to you. However, the results will possibly help others. Based on the finding I will inform the authorized person and respective stakeholders to work on it.

Cost   There is no direct cost to you for participating

Compensation There were no compensation to you for participating

Participant is right, as I have said things that are not clear to you, you may ask me without any fear and I will give you answer and explanation .you may feel free and ask questions. Your participation in the study is entirely volunteer and up to you to decide. There is no penalty if you do not agree to participate, you can say no without worry. The health care provider will continue to give care for you as usual.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title determinates of patient's level of satisfaction at private and public health facilities in mizan-Aman town Southwest Ethiopia.. I agree to participate as a volunteer.

I agree to participate ⬚   I disagree to participate⬚

Thank you for your cooperation

Questionnaire: Part I Socio-demographic data of the respondents

Health center _____

Participant #_____ Questionnaire code: _____

Socio-demographic data of the respondents			
No	**Questions**	**Response**	
1	Sex	1. Male	
		2. Female	
	Age	_____years	
2	Level of education	1.illiterate(unable to read and write) 2.able to read and write 3.attend primary school 4.Attend secondary school and above 5. university and above	
3	Ethnicity	1.Bench 2.sheko 3.keffa 3.amhara 4.oromo 5.others_____	
4	Religion	1.orthodox 2.muslim 3.protestant 4 catholic 5.others	
5	Occupation	1.Farmer 2. merchant 3.Employed (public or private) 3. student 4.houes wife 5.daily laborer 6.others_____	
6	Marital status	1.maried 2.divorced 3.widow/widower 4.single 5.separeted	
	Residence	1. Urban 2. Rural	
7	How far the health facility from your home	_____km	
8	Household monthly income	_____ETB	

PART II   health facility related data of the respondents

NO	Question	Response	
1	how much time you spent before health profession see you at OPD	_____time	
2	How was the cleanness of OPD	1. Clean 2. Not clean	
3	Do you get the ordered medication inside	1. yes 2.no	
4	How much you pay for medication /service	_____Ebr	
5	What is your opinion in the payment	1.Unaffordable 2.cheap 3.fair 4. I don't have suggestion	

Part III health service quality related data of the respondents

The following 22 questions are about your perceived quality of service while you received .For each question, please mark the answer that best describes your view

1= strongly disagree 2= disagree 3= averagely agree 4= agree 5= strongly agree

Tangibility

1 The health center has up to date equipment and technology

□1   □2   □3   □4   □5

2 The health center facilities are visually appealing

□1   □2   □3   □4   □5

3 The health center employees are well dressed and appear neat.

□1   □2   □3   □4   □5

4 The physical facilities and technology of the health center goes with the type of service provided.

□1   □2   □3   □4   □5

Reliability

5 The health center of employees provide service at the time they promise to do so

☐1   ☐2   ☐3   ☐4   ☐5

6 The health center employees show sincere interest in solving a problem you face.

☐1   ☐2   ☐3   ☐4   ☐5

7 The health center employees perform service right the first time (error free service)

☐1   ☐2   ☐3   ☐4   ☐5

8 The health center delivers the service at the time agreed on

☐1   ☐2   ☐3   ☐4   ☐5

9 The health center keeps your records accurately (history of complaint, medical records, your contact information)

☐1   ☐2   ☐3   ☐4   ☐5

10 The health center employees tells you exactly when the service were performed

☐1   ☐2   ☐3   ☐4   ☐5

Responsiveness

11 The health center provides fast service.

☐1   ☐2   ☐3   ☐4   ☐5

12 Employees of the health center are always willing to help customers.

☐1   ☐2   ☐3   ☐4   ☐5

13 The health center employees are never busy to respond to your en quires

☐1   ☐2   ☐3   ☐4   ☐5

Empathy

14 Employees of the health center gives attention to customers

☐1   ☐2   ☐3   ☐4   ☐5

15 Employees of the health center give personal attention to each Customer

☐1   ☐2   ☐3   ☐4   ☐5

16 Employees of the health center understand the specific need of customer

☐1   ☐2   ☐3   ☐4   ☐5

17 Employees of the health center serve the interests of the Customers

☐1   ☐2   ☐3   ☐4   ☐5

18 The health center opening hour is appropriate for all its customers

☐1   ☐2   ☐3   ☐4   ☐5

Assurance

19 The behaviors of employees in the health center impress customers with the reliability of service.

☐1   ☐2   ☐3   ☐4   ☐5

20 The customers feel confident when they contact with Employees of the health center

☐1   ☐2   ☐3   ☐4   ☐5

21 Employees of the health center are always friendly and courteous.

☐1   ☐2   ☐3   ☐4   ☐5

22 Employees of the health center have knowledge to answer Customers questions.

☐1   ☐2   ☐3   ☐4   ☐5

Part IV Level of satisfaction related questions. The following 13 questions are about your satisfaction while you received delivery care during your stay in the hospital. For each question, please mark the answer that best describes your view

No	Question	Very dissatisfied	dissatisfied	Neutral	satisfied	Very satisfied
1	How satisfied are you with the distance of health service to your residence	☐1	☐2	☐3	☐4	☐5
2	How much are you satisfied with the information of the service delivered by the HC?	☐1	☐2	☐3	☐4	☐5
3	How much are you satisfied with the Time spent waiting to be seen by the Health care provider?	☐1	☐2	☐3	☐4	☐5
4	How much satisfied are you with the Courtesy and respect offered by the health care provider during your treatment?	☐1	☐2	☐3	☐4	☐5

5	How satisfied are you with the time the health worker spent with you during your treatment?	☐1	☐2	☐3	☐4	☐5
6	How satisfied are you with the willingness of health care provider to respond to your requests?	☐1	☐2	☐3	☐4	☐5
7	How satisfied are you with the information given to you about your condition and treatment by the providers?	☐1	☐2	☐3	☐4	☐5
8	How satisfied are you with the measures taken to assure privacy during your treatment?	☐1	☐2	☐3	☐4	☐5
9	How satisfied are you with the overall cleanses of the OPD?	☐1	☐2	☐3	☐4	☐5
10	How satisfied are you with the communication skill of the health care provider?	☐1	☐2	☐3	☐4	☐5
11	How satisfied are you with the availability of drugs supplies?	☐1	☐2	☐3	☐4	☐5
12	How satisfied are you with the Cleanliness of toilets	☐1	☐2	☐3	☐4	☐5
13	How satisfied are you with the cost you paid for the service?	☐1	☐2	☐3	☐4	☐5

Appendix 2 Amharic version questioner

ተቋም፡- ጅማ ዩኒቨርሲቲ ፣ ቢዝነስ እና ኢኮኖሚክስ ኮሌጅ ፣ የአስተዳደር ት/ት ክፍል (MBA ፕሮግራም)

መምሪያ ሂደቶች፡- ለመሳተፍ ከተስማሙ ለመተንተን ከእርካታዎ ደረጃ ጋር የሚዛመድ መረጃ እሰበስባለሁ ፡፡

አባሪ 1 ማረጋገጫ ወይም ስምምነት

ርእስ: በደቡብ ምዕራብ ኢትዮጵያ በሚዛን-አማን ከተማ በግል እና በህዝብ ጤና ተቋማት የታካሚ እርካታ ደረጃን እና ወሳኝ ተለዋዋጮችን ይወስናል

ዋና መርማሪ፡- ስመኘው ግጬው ፣ .ኢሜል: smegnewg16@gmail.com, *ሞባይል:* +251915854010

ለመሳተፍ ከተስማሙ ለመተንተን ከእርካታዎ ደረጃ ጋር የሚዛመድ መረጃ እሰበስባለሁ ፡፡

አደጋ: በተሳትፎ ምክንያት ምንም ጉዳት አይደርስበዎትም ፡፡

ጥቅም፡ ለእርስዎ ቀጥተኛ ጥቅም የለዉም ፡፡ ሆኖም ውጤቱ ሌሎችን ሊረዳ ይችላል ፡፡ በግኝቱ መሠረት ለተፈቀደለት አካል እና ለሚመለከታቸው ባለድርሻ አካላት እንዲሁሩ አሳውቃለሁ ፡፡

ወጭ፡ ለመሳተፍ ለእርስዎ ቀጥተኛ ወጭ የለም

ካሳ ስለተሳተፉ ምንም ካሳ አያከፈለም

ለእርስዎ ግልፅ ያልሆኑ ነገሮችን ያለ ምንም ፍርሃት ሊጠይቁኝ ይችላሉ እናም መልስ እና ማብራሪያ እሰጥዎታለሁ። በጥናቱ ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ ፈቃደኛ እና እርስዎ እንዲወስኑበት የተተዎ ነው። ለመሳተፍ ካልተስማሙ ቅጣት የለም፡፡ የጤና እንክብካቤ አቅራቢው እንደተለመደው ለእርስዎ እንክብካቤ መስጠቱን ይቀጥላል።።

የፈቃደኝነት ስምምነት

ለምርምር ርዕስ ጥቅማጥቅሞችን ፣ አደጋዎችን እና አሰራሮችን የሚገልፅ ከላይ የተጠቀሰው ሰነድ በደቡብ ምዕራብ ኢትዮጵያ በሚዛን-አማን ከተማ በግል እና በህዝብ ጤና ተቋማት የታካሚ እርካታ ደረጃን ይወስናል ..

እሳተፋለሁ ☐   አልሳተፍም ☐

የጤና ተቋሙ ስም፡	
የተገልጋዩ አድራሻ /ወረዳ/ቀበሌ	
መጠይቁን የሞላው ባለሙያ ስም፡	

ለትብብርዎ እናመሰግናለን!!

1. **የማህበራዊ ገጽታ መረጃ** (Socio-demographic data)

    1. *ፆታ፦* 1. ወንድ   2. ሴት

    2. *ዕድሜ፦* _____ በዓመት

    3. **የትምህርት ደረጃ፦** 1. ማንበብ እና መጻፍ የማይችል   2. ማንበብ እና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ ትምህርት ቤት የተማሩ   4. የሁለተኛ ደረጃ ትምህርት ቤት እና ከዚያ በላይ 5. ዩኒቨርሲቲ እና ከዚያ በላይ

    4. **ብሄር፦** 1. ቤንች 2.ሽኮ 3. ከፋ 3.አማራ 4. ኦሮሞ 5. ሌሎች

    5. **ሃይማኖት፦** 1. ኦርቶዶክስ 2.ሙስሊም 3. ፕሮቴስታንት 4 ካቶሊክ 5. ሌሎች

    6. *ሥራ፦* 1. ገበሬ 2. ነጋዴ 3. ተቀጣሪ (የመግስት ወይም የግል)   3. ተማሪ 4. የቤት እመቤት 5. የጉልበት ሰራተኛ 6. ሌሎች

    7. **የጋብቻ ሁኔታ፦** 1. ያላገባ/ች 2. ያገባ/ች 3. የሞተበት/ባት 4. የተፋታ/ች 5. ተፋታ/ች

    8. . የጤና ተቋሙ ከቤትዎ ምን ያህል ይርቃል _____ ኪ..ሜ.

    9. የቤት ውስጥ ወርሃዊ ገቢ _____ብር

ክፍል 2 ከጤና ተቋማት ጋር ተያያዥነት መጠይቆች

1. በጤና ባለሙያ ከማየትዎ በፊት ምን ያህል ጊዜ አጠፉ? ---------- (በደቂቃ)

2. የተመላላሽ ህክምና መስጫ ቦታዉ ንዕነና ሁኔታ እንዴት ነበር 1. ንፁህ 2. ንፁህ አይደለም

3. የታዘዘለዎትን መድሃኒት ተቋ ሙ ዉስጥ አግንተዋል 1. አዎ 2. የለም

4. ለመድኃኒት / አገልግሎት ምን ያህል ብር ከፈሉ _____ (በብር)

5. ስለክፍያዉ የእርስዎ አስተያየት ምንድነዉ 1. ለመግዛት ከአቅሜ በላይ ነበር 2. ርካሽ ነበር 3. ፍትሃዊ ነበር 4. አስተያየት የለኝም

ክፍል 3 የጤና አገልግሎት ጥራት ተዛማጅ መረጃዎች

የሚከተሉት 22 ጥያቄዎች የአገልግሎት ጥራትን ለመለካት የሚጠቅሙ ናቸው ። ለእያንዳንዱ ጥያቄ እባክዎን የእርስዎን አመለካከት በተሻለ የሚገልፀዉን አማራጭ ይገሩን ። 1 = በፍጹም አልስማማም 2 = አልስማማም 3 = ገለልተኛ አቋም 4 = እስማማለሁ 5 = በጣም እስማማለሁ

	ተ/ቁ		በፍጹም አልስማማም	አልስማማም	ገለልተኛ አቋም	እስማማለሁ	በጣም እስማማለሁ
ተጨባጭነት	1	ጤና ተቋሙ ወቅታዊ መሳሪያና ቴክኖሎጂ አለው	1	2	3	4	5
	2	የጤና ተቋሙ ለእይታ ማራኪ ነዉ።	1	2	3	4	5
	3	.የጤና ተቋሙ ሰራተኞች አለባበስ ጥሩ ነዉ።	1	2	3	4	5
	4	.የጤና ተቋሙ ነባራዊ ሁኔታ እና ቴክኖሎጂ ከሚሰጡት አገልግሎት ዓይነት ጋር ይዛመዳል	1	2	3	4	5
አስተማማኝነት	5	የጤና ተቋሙ ሰራተኞች ቃል በገቡት መሰረት አገልግሎት ይሰጣሉ	1	2	3	4	5
	6	የጤና ተቋሙ ሰራተኞች የሚያጋጥሙ•ህን/ሽን ችግር ለመፍታት ልባዊ ፍላጎት ያሳያሉ	1	2	3	4	5
	7	የጤና ተቋሙ ሰራተኞች ከስህተት ነፃ አገልግሎት ይሰጣሉ	1	2	3	4	5
	8	የጤና ተቋሙ ባለሙያዎች በተስማሙበት ሰአት መሰረት አገልግሎቱን ይሰጣሉ	1	2	3	4	5
	9	ጤና ተቋሙ መዝገብዎን በትክክል ይይዛል (የህክምና ታሪክ ፣ የህክምና መረጃዎች ፣ የመገናኛ መረጃዎትን)	1	2	3	4	5
	10	የጤና ተቋሙ ሰራተኞች አገልግሎቱ መቼ እንደሚከናወን በትክክል ይነግርዎታል	1	2	3	4	5
ምላሽ ሰጪነት	11	ጤና ተቋሙ ፈጣን አገልግሎት ይሰጣል	1	2	3	4	5
	12	የጤና ተቋሙ ሰራተኞች ሁሌም ደንበኞችን ለመርዳት ፈቃደኞች ናቸው	1	2	3	4	5
	13	የጤና ተቋሙ ሰራተኞች ለእርስዎ ፍላጎት ምላሽ ለመስጠት ቅድሚያ የሰጣሉ	1	2	3	4	5

መረዳት	14	የጤና ተቋሙ ሰራተኞች ለደንበኞች ትኩረት ይሰጣሉ	1	2	3	4	5
	15	የጤና ተቋሙ ሰራተኞች ለእያንዳንዱ ደንበኛ የግል ትኩረት ይሰጣሉ	1	2	3	4	5
	16	የጤና ተቋሙ ሰራተኞች የደንበኞችን ልዩ ፍላጎት ተገንዝበዋል	1	2	3	4	5
	17	የጤና ተቋሙ ሰራተኞች በደንበኞቹ ፍላጎት መሰረት ያገለግላሉ	1	2	3	4	5
	18	የጤና ተቋሙ የመክፈቻ ስዓት ለሁሉም ደንበኞች ምቹ ነው	1	2	3	4	5
ማረጋገጫ	19	በጤና ተቋሙ ውስጥ የሰራተኞች ባህሪ ደንበኞችን ያስደምማሉ	1	2	3	4	5
	20	ደንበኞቹ ከጤና ተቋሙ ሰራተኞች ጋር ሲገናኙ በራስ የመተማመን ስሜት ይሰማቸዋል	1	2	3	4	5
	21	የጤና ተቋሙ ሰራተኞች ሁል ጊዜ ተግባቢ እና ተጨዋዎች ናቸው	1	2	3	4	5
	22	የጤና ተቋሙ ሰራተኞች በደንበኞች ለሚነሱ ጥያቄዎች መልስ ለየመስጠት ሙሉ ዕውቀት አላቸው	1	2	3	4	5

ክፍል 4 ከእርካታ ደረጃ ጋር የተያያዙ መጠይቆች

የሚከተሉት 13 ጥያቄዎች በህክምና ወቅት የአገልግሎቱ አሰጣጥ እርካታዎን የሚመለከቱ መጠይቆች ናቸው ። ለእያንዳንዱ ጥያቄ እባክዎን የእርስዎን አመለካከት በተሻለ የሚገልጽ መልስ ይገሩ 1.በጣም አልረካሁም 2 አልረካም 3 ገለልተኛ አቋም4. ረክቻለሁ 5. . በጣም ረክቻለሁ

ተ/ቁ		.በጣም አረካሁም	አረካሁም	ገለልተኛ አቋም	ረክቻለሁ	በጣም ረክቻለሁ
1	ከመኖሪያዎ እስከ ጤና አገልግሎቱ ባለው ርቀት ምን ያህል ረክተዋል	1	2	3	4	5
2	በጤና ተቋሙ በተሰጠው የአገልግሎት መረጃ ምን ያህል ረክተዋል?	1	2	3	4	5
3	በጤና አጠባበቅ አቅራቢው እስኪታዩ በመጠበቅ ባሳለፉትሰአት ምን ያህል ረክተዋል?	1	2	3	4	5
4	በሕክምናዎ ወቅት የጤና ባለሙያዉ ባሳየዎት ጨዋነትና አክብሮት ምን ያህል ረክተዋል?	1	2	3	4	5
5	በሕክምናው ወቅት የጤና ባለሙያው ከእርስዎ ጋር ባሳለፈው ጊዜ ምን ያህል ረክተዋል?	1	2	3	4	5
6	የጤና ባለሙያው ለጥያቄዎችዎ ምላሽ በመስጠት ፈቃደኛነት ላይ ምን ያህል ረክተዋል?	1	2	3	4	5
7	ስለእርስዎ ሁኔታ እና ህክም በሚሰጥዎት መረጃ ምን ያህል ረክተዋል	1	2	3	4	5
8	በሕክምናዎ ወቅት ግላዊነትን ለማረጋገጥ በተወሰዱ እርምጃዎች ምን ያህል ረክተዋል?	1	2	3	4	5
9	በህክምና ክፍሉ አጠቃላይ ንዕህና ምን ያህል ረክተዋል?	1	2	3	4	5
10	በጤና አጠባበቅ አቅራቢው የግንኙነት ችሎታ ምን ያህል ረክተዋል?	1	2	3	4	5
11	በጤና ተቋሙ መድኃኒት አቅርቦት ምን ያህል ረክተዋል?	1	2	3	4	5
12	በመፀዳጃ ቤቶች ንዕህና ምን ያህል ረክተዋል	1	2	3	4	5
13	ለአገልግሎቱ በከፈሉት ወጪ ምን ያህል ረክተዋል?	1	2	3	4	5