



ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

SCHOOL OF PUBLIC HEALTH

PROJECT TITLE: IMPROVING PATIENT SATISFACTION IN OUTPATIENT DEPARTMENT AT GUNCHIRE PRIMARY HOSPITAL.

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A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF HOSPITAL AND HEALTH CARE ADMINISTRATION

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**Declaration**

1. This capstone is my original work, and all those sources of material all are used for the capstone project has been duly acknowledged.

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University Date of submission June 22/2018

2 This capstone project has been evaluated under my approval as a university examiner  
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## ABBREVIATIONS:

AAU: Addis Ababa University

CEO Chief Executive Officer

EHAQ Ethiopia Hospital Alliance for Quality

EHRIG Ethiopian Hospital Reform Implementation Guideline

GPH Gunchire Primery Hospital

KPI Key Performance Indicators

SMT Senior Management Team

SNNPR Southern Nations and Nationality of People Region.

OPD Outpatient department

QI Quality Improvement

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## ABSTRACT:

**Problem statement:** Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements. Assessing and improving Patient satisfaction is one of the essential indicators for healthcare service improvement. It is needed for assessing for the current patient satisfaction situation, setting objectives and targets for the future and measuring progress and improvement in Gunchire Primery Hospital in SNNPR/Ethiopia.

**Objective:** To improve the Overall patients satisfaction level in OPD from 63% to 86% in February ,2018 to July 30,2018.

**Method:** Descriptive study comparing the status of patientstisfaction before and after a feasible intervention to improve patient satisfaction in the Outpatient Department of Gunchire Primery Hospital. A structured questionnaire was administered to collect the data and the study was carried out in 50 patients selected by random sampling method.

**Results:** The overall patients satisfaction the respondents were satisfied by 86.54% that was improved from 63% to86.54% in pre-post interventions. The 5 categories' satisfaction level of respondents' opinions by components, based on 29 survey conducted the average response rate regarding to physical facilities, the respondent satisfaction level were 88% satisfied and 12% were not satisfied by the physical facilities. Average response rate regarding to waiting time to services the respondent satisfaction level were 87% satisfied and 13% were not satisfied. Average response rate regarding to pharmacy services, the respondent satisfaction level were 86.5% satisfied and 13.5% were not satisfied. Average response rate regarding to doctor and nurse services, the respondent satisfaction level were 91.2% satisfied and 8.8% were not satisfied. Finally Average response rate regarding to registration services, the respondent satisfaction level were 80% satisfied and 20% were not satisfied.

**Key words :** Patient satisfaction, OPD services, Hospital Environment in OPD.

# 1 INTRODUCTION

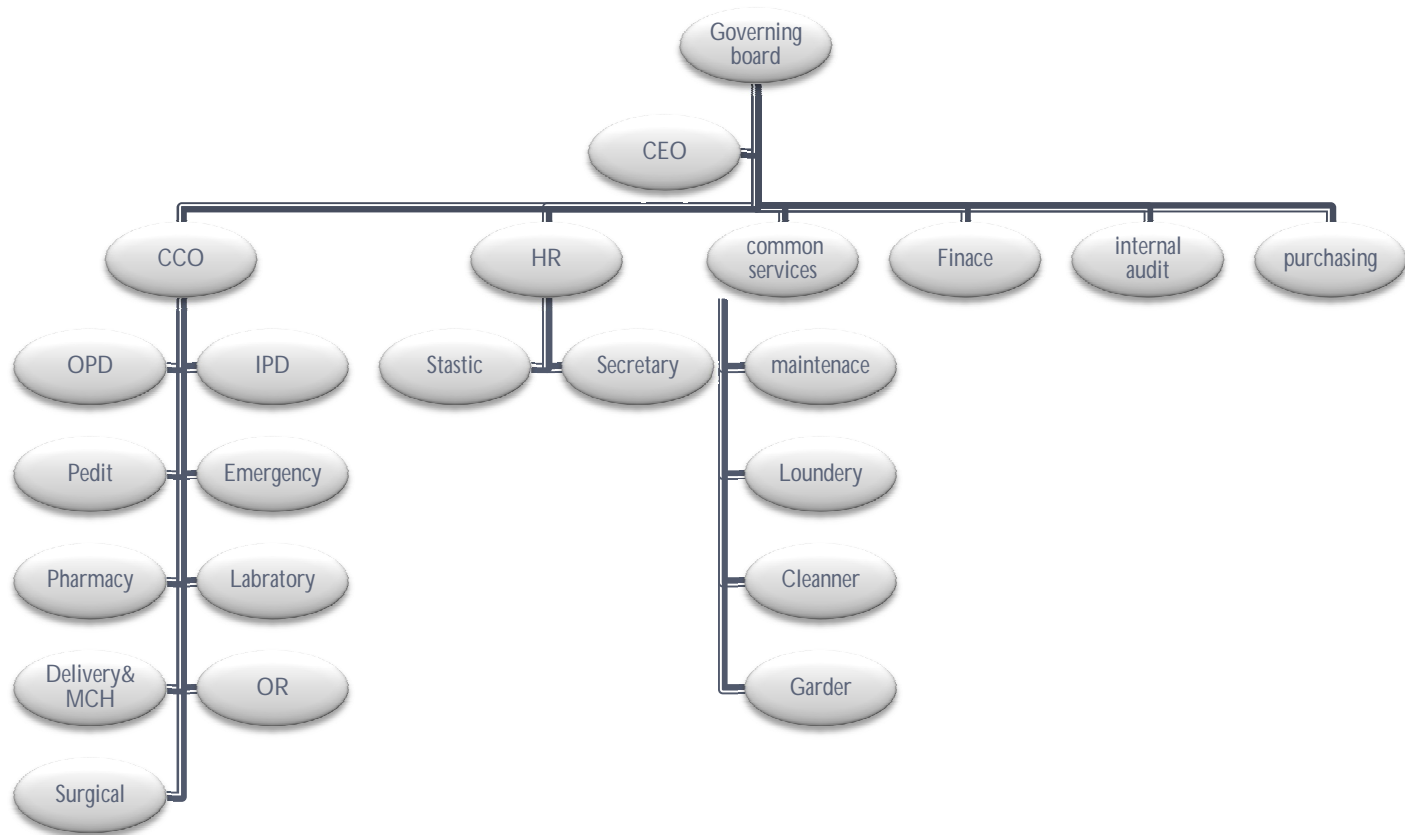
## 1.1. Organizational description:

The project Implemented in Southern Nation and Nationality of People in Gurage zone Gunchireprimeryhospital. it is young age Hospital, since 2015, the service was started and Hospital serve 270000 population. the daily average patient volume were 250 patients visited at the hospital, out of the visit about 100 patients visit in all OPD per day in the five outpatient units and on average, 20 patients are seen in each OPD unit per day. The staffs were 10 general practioner, 4 general surgen, 87 health providers and 81 supportive staffs available currently.

## 1.2 Service provided by Gunchire Primery Hospital.

Outpatient service: (adult and pediatric OPD, Family planning , Epl ,ANC), Emergency service , Inpatient services :Psychiatry, Dentistry, Obstetrics , Gynecology , Neonatal (NICU) ,Pediatrics ,General surgery, Internal medicine. Laboratory service :CD4, Parasitological , Microbiology ,Serology ,Hematology, Clinical chemistry. Pharmacy service : (Dispensing , DIS ,Clinical Pharmacy. )Radiology ,Conventional X-ray and Ultrasound.

### 1.1.2 Organizational structure of Gunchire Primery Hospital.



### 1.3 The problem statement

Patient satisfaction is one of the essential indicators for healthcare service improvement. Patient satisfaction is achieved that patients' receive in healthcare setting has been positive, satisfying, and meets their expectations. Mismatch between patient expectation and the service received is related to decreased patient satisfaction. Patientstisfaction is depend on many provider-related and patient related factors. Measurement of patient satisfaction is important to provides an opportunity to :improve care, enhance strategic decision making, meet patients' expectations, effectively manage and monitor health care performance,

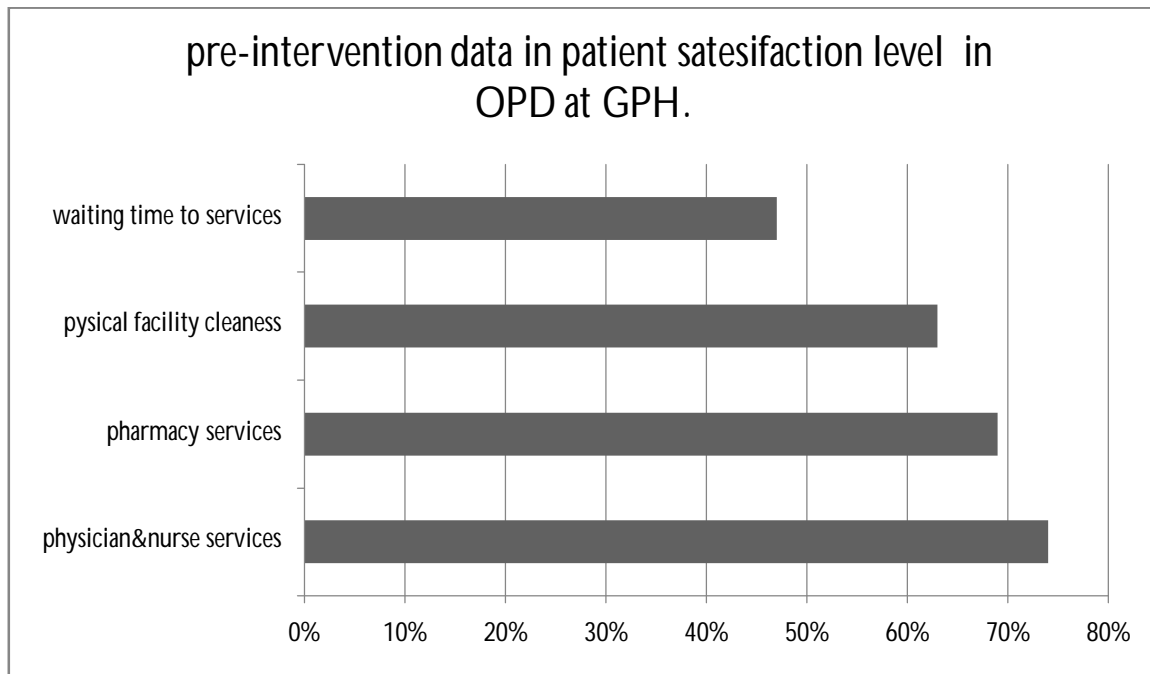
document benchmarks for health care organizations and inform an organization on improvement of processes and clinical outcomes

Outpatient Department in any hospital is considered to be shop window of the hospital.<sup>1,2</sup>It was the same principle considered at GPH. Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery.<sup>3</sup> Much of the published work about "Patient's satisfaction is a measures of the extent to which a patient is content with the health care which they received from their health care provide"

There are some findings that physicians' and nurses' communication skills with patients are the key components to a high level of patients' satisfaction. In a research done in Switzerland, physician-patient interaction has been suggested as the vital factor in predicting patients' satisfaction (Robert JS, Coale Redman RR, 1987)

In this study measured and improved patient satisfaction in OPD services specially focusing on registration's services, pharmacy services, nurse services and physician services, Behavior of staff, provider to patient interaction and general settings in OPD and waiting time to receive services.

Figure-1 pre-intervention data in patientstisfaction level in OPD at GPH.



### 1.3 Rationale of the study:

Rationale of the study has increasingly developed its healthcare services in response to patient needs at Gunchire primary Hospital. Key performance indicators are used to monitor and evaluate the effectiveness and efficiencies of organizations and their staff. The pre-post study of patient satisfaction which is consistent with The Ethiopian Hospital Services Transformation Guidelines (EHSTG) build on and expand the Ethiopian Hospital Reform Implementation Guidelines (EHRIG) and are consistent with the Health Sector Transformation Plan (HSTP) of public hospitals. which is consistent with the national focus on quality improvement in health care.

### 1.4 The pre-post study Question:

Are patients satisfied OPD services of Outpatient department at Gunchire Primery Hospital? and to what extent they are satisfied with services?

### 1.5 Significance of the study of patient satisfaction in OPD at GPH

The result from the study will improve the service quality and increase patients receive standardize treatment in OPD at Gunchire Primery hospital.

### 1.6 The Benefit of the pre-post intervention study of patient satisfaction in OPD.

All patients: who visit the outpatient department, for receiving quality services of treatment.

**1.7 Potential Stake holders:** The Hospital Governing board, Gunchire Hospital management and Health care providers of outpatient department.

### 1.8 Conceptual frame work

In this study it is important to know about the factors affecting the satisfaction of out-door patients. This includes: Availability of services/physical facilities of OPD, Waiting time to services provided by health workers in OPD, Doctors/nurses communication with patients in OPD, Pharmacy services (prescription, availability , patient information) and Registration services in OPD at GPH.

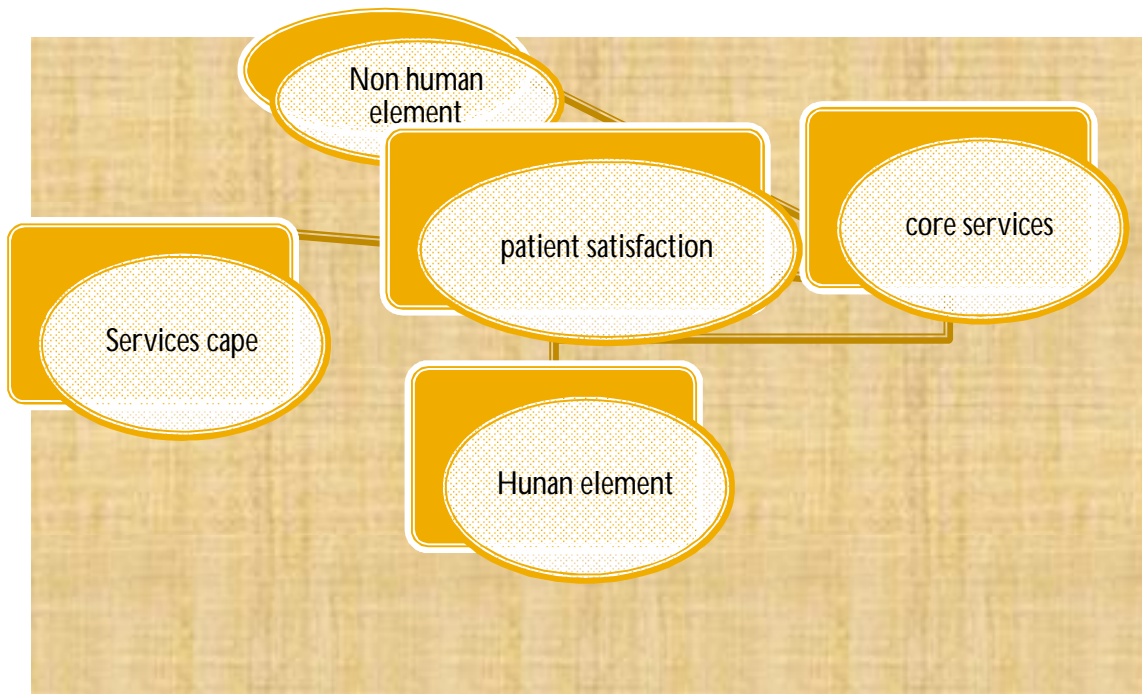


Figure :3 Conceptual model for patient satisfaction in public health service organization

## 2 OBJECTIVE

### 2.1 General Objective :

2.1.1 To measure and improve the patient satisfaction of OPD (Outpatient) patients at Gunchire Primery Hospital.

### 2.2 Specific objectives of the project:

2.2.1 To improve the Overall patients satisfaction level in OPD from 63% to 86% in February ,2018 to July 30,2018.

2.2.2 To analyze the satisfaction of Outpatients regarding on physician and nurses-patient communications and physical facilities/ availability of services& pharmacy services , Registration services and waiting time to services

2.2.3 To describe the patients suggestion on improving the services in the outpatient department at Gunchire Primery Hospital.

2.2.4 Identifying area of improving the service in outpatient department at Gunchire Primery Hospital.

### 3 Root causes analysis:

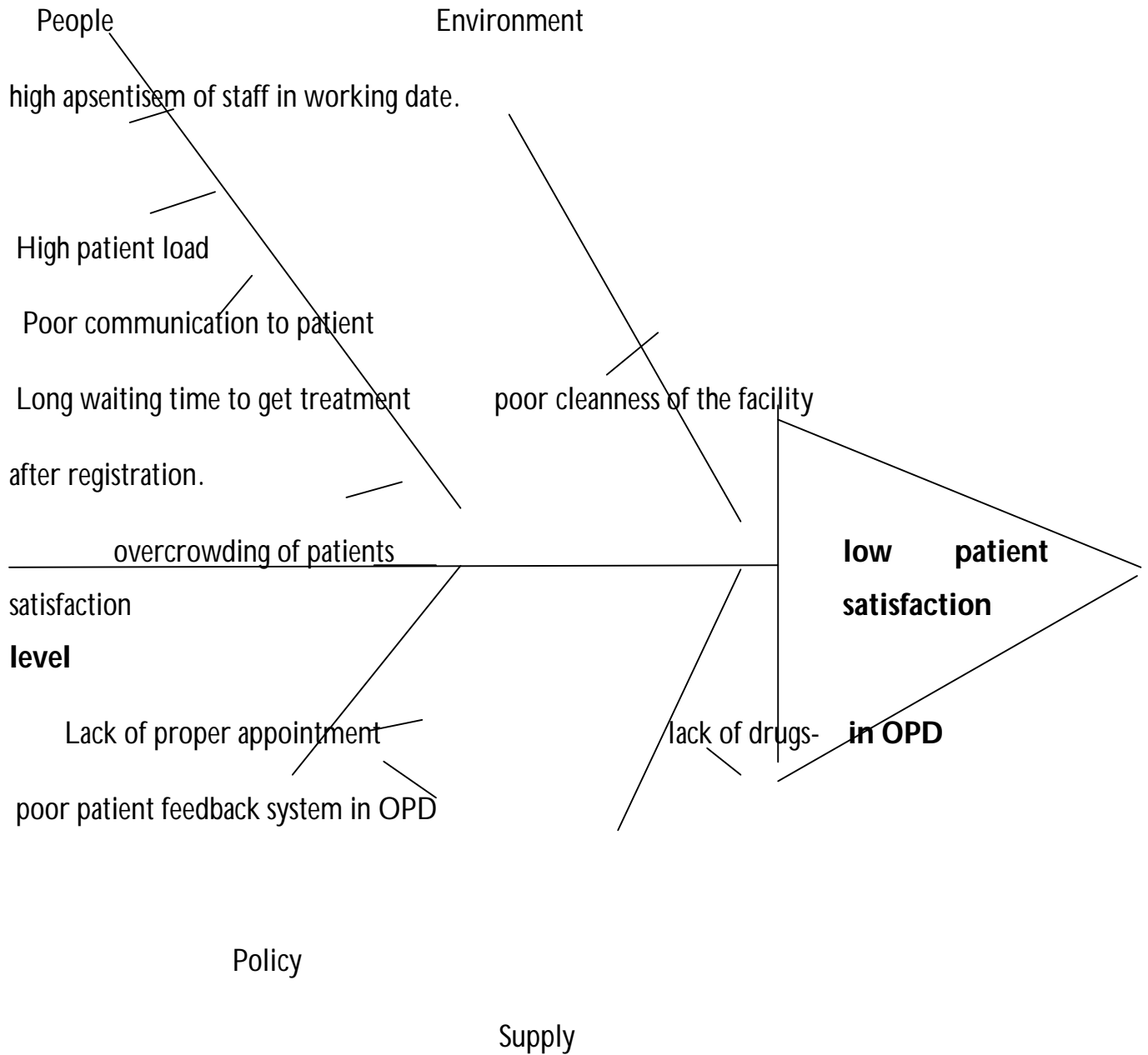
#### 3.1 Methods used, to identify the root cause include :

Assessments of data by using operational standards, Focus group discussion with senior management team, OPD staff, triage workers and card room workers, Observation all the process time to get the service, Collect information from public forum and facility staffs with patients on problems and factors contributing to the problem of patient satisfaction.

All senior management team (SMT) members in GPH were actively participated in identifying the potential causes for the problem. Furthermore, relevant information was collected and pertinent data from hospital quality assurance officers have obtained. Hospital OPD patient satisfaction baseline data are obtained from the HMIS quarterly report and patient satisfaction survey had conducted.

3.2 Tools have used, a Fishbone Diagram: for open discussion, ideas are generated quickly, group understanding develops, alternative approaches emerges (4). Causes of this problem are grouped into four categories: People, Process/policy, Supplies and Environment. The root causes for patient satisfaction in outpatient department was investigated using fishbone diagram as follows:

**Figure-4:** Root Causes that can identified by using a fishbone diagram



### 3.3 Verification of the root causes:

Using structured questioner we interviewed the patients were availability of staff present on their work while the patient attending the OPD , discussion with SMT and observation of document in OPD for data verification of the root cause and discussed below.

The first root cause mentioned during group discussion was " **high apsentisem of staff in working date** " we verified from the data that there is documentation of Daily staff attendance and the apsentisem rates of staff in previous quarter data analysis was done and average apsentisem rate was 0.01%" reasons, social case and health problem" the findings compared with HRM standards(less than5%/working date/ month so we rejected as not root cause.

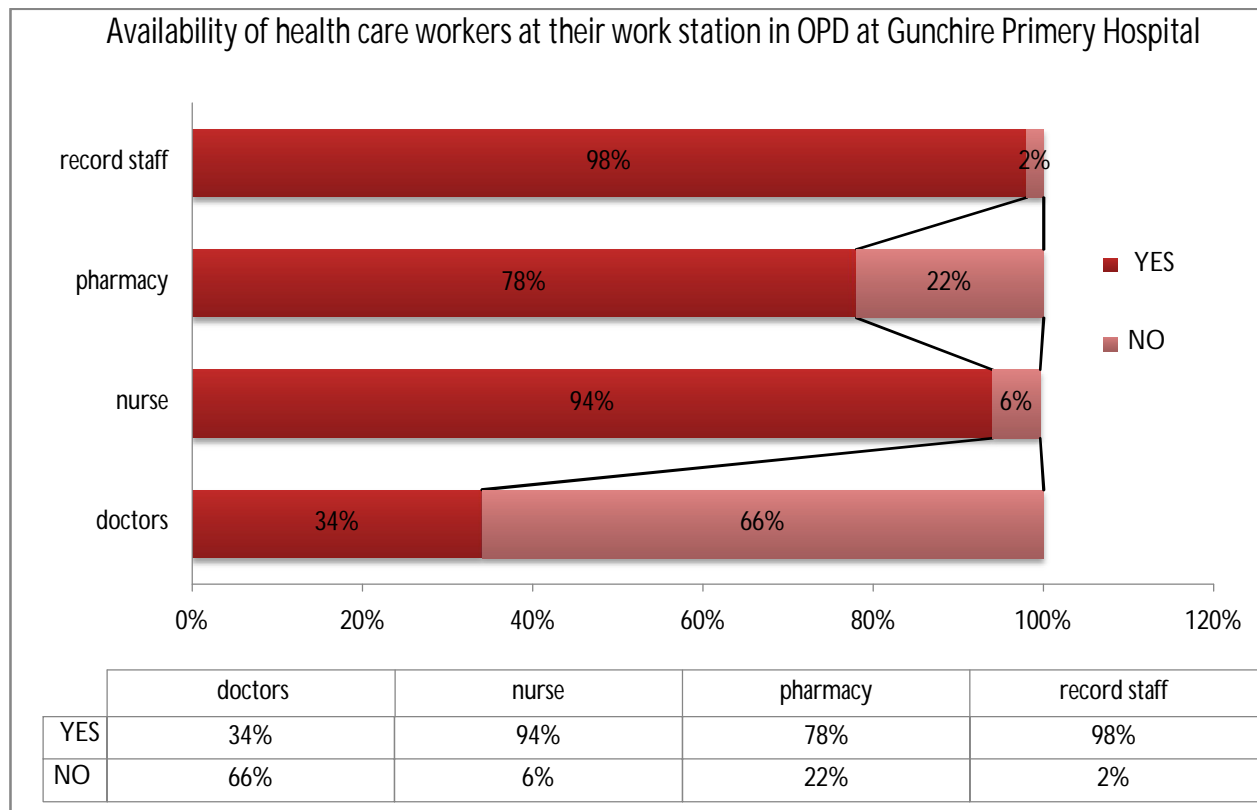


Figure 6 - Availability of health care workers at their working stations in OPD at Gunchire Primery Hospital

**lack of proper appointment system** : interview 10 patients about their appointment understanding about cases, recording and documentation of the appointment process and the appointment card utilization and their feelings as weak part of appointment system ,8(80%) comfortable and understand the system and 2(20%) suggest improvements about card return to MR room was a problem due to long time was taken. After interview patients we observed the appointment log book and appointment cards and documentation process and one person assigned daily in MR staff ,works only the appointed patients management and the documentation process. So we rejected as not root cause.

**Long waiting time to get treatment after registration:** The low patient satisfaction causes a long waiting time for registration and being seen by a health provider at OPD of GPH. there are a total of three doctors that provide service to patients at the OPD department. However, two of these doctors, start the day by spending an average of two hours seeing cases on the wards before starting their work at the outpatient clinic.

To verify the data by two methods for finding the evidence.

1. waiting time to treatment data record by assigned a data collectors who record the time to get the treatment after registration for each specific services were given to the patient's in each OPD and compared the evidence with hospital waiting time standard were met 12.4% and un met 87.6%.

2. Interview the patients about the waiting time to treatment with (0-5min, 5-10min, 10-15min, 15-30min, and greater than 30min) time intervals to get the services and analysed the data as the followings.

## Patient rating waiting time at service points

Majority of the patients rated the waiting time at record workers as appropriate 93% while the doctor's office scored the least for appropriate at only 23%.

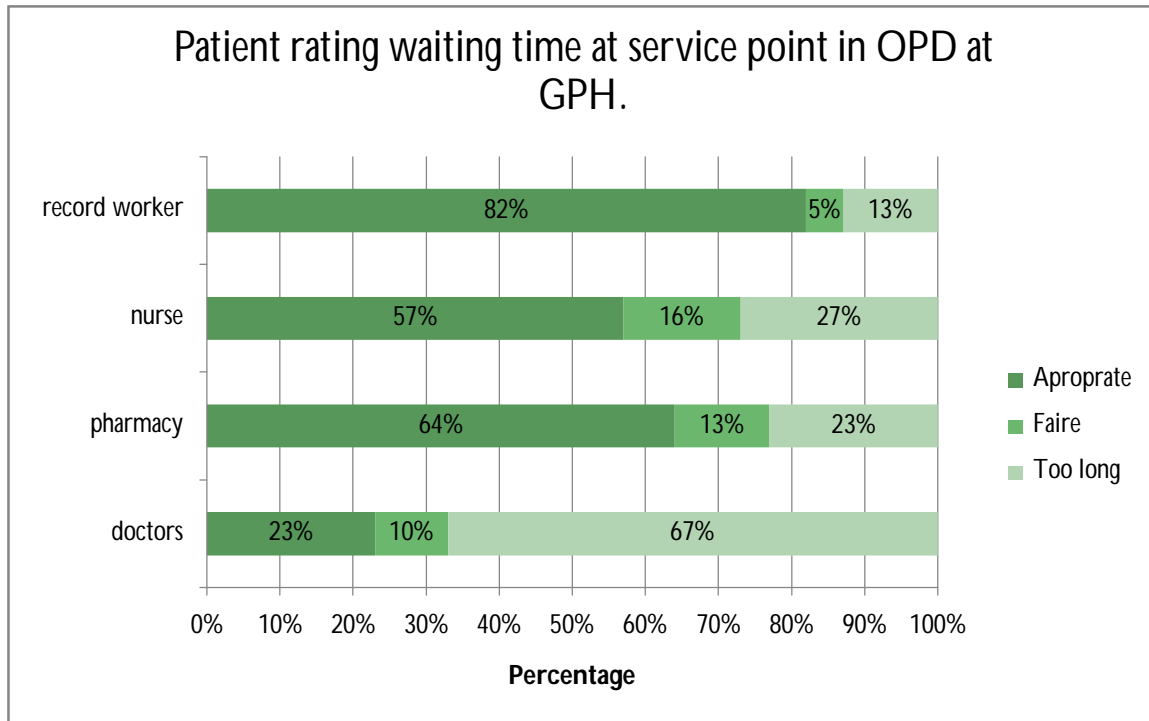
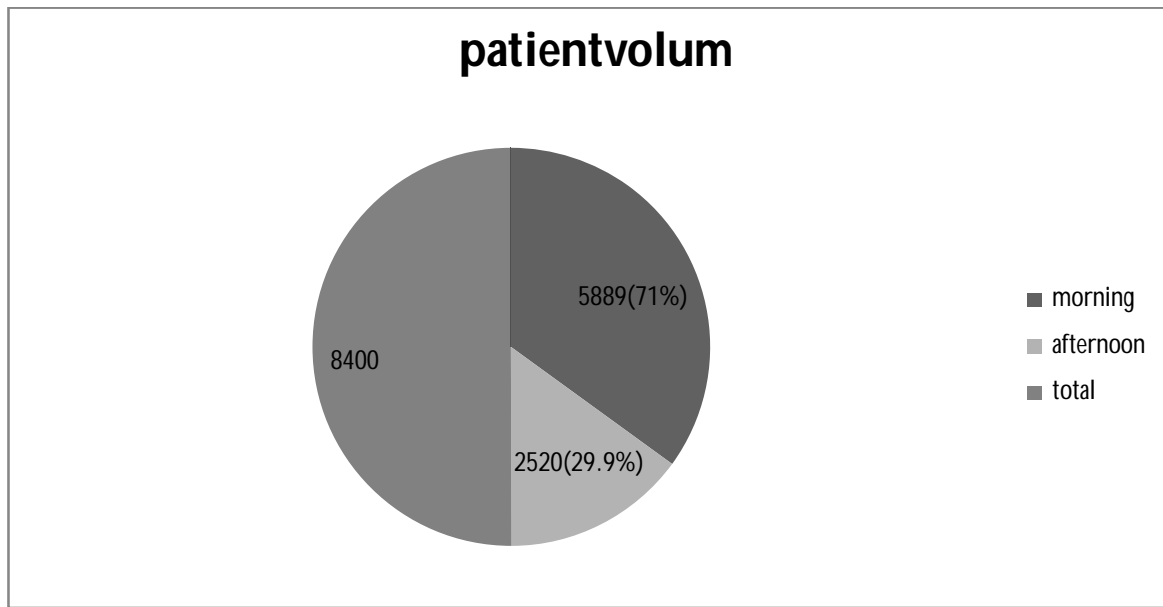


Figure 7- Rating of waiting time at service points in OPD at GPH

**"High patient load"** :The low patient satisfaction causes "High patient load" this verify from data by using monthly OPD attendance and the working days vs. OPD staff available. Verify from the data as follows.

**Fig.8:** Proportion of outpatients treated in the morning and afternoon sessions from February-April 2018 at GPH.



From the data we observed that there were need to patient treatment schedule for balancing both morning and afternoon session but comparing to OPD health providers 5OPD units each had an average 20pt/day and a total of 19 health providers working in OPD. So total of patient treated in OPD 100/day. These calculated data regarding to doctors were 33pt/day/doctors and regarding to total health providers working in OPD were 5pt/day. So in both cases even if doctors have a patient load it was not a root cause comparing on the health providers working on OPD.

**poor cleanness of the facility:** the other mentioned cause was poor cleanness of the facility, we verify the cause we find the data from HR, the number of cleaner available at OPD and their schedule for cleaning the facility. There were 6 cleaners at OPD and their working schedules in three shifting program two cleaners per eight hrs. so we compared to the HR standard to cleaners hiring to OPD >100% and by observing the facility we reject the cause.

**lack of drugs:** the other cause mentioned by the discussion groups was lack of drugs. We verify the cause by using hospital essential drug list observation and hospital drug payment policy plan and finally discuss with DTC committee& pharmacy head for overall system.

The data shows that hospital drug proc. policy plan for four times per year in 2010E.C and 100% achieve their plan and 77% drugs avail based on the hospitals drug list, **so we reject the cause.**

**overcrowding of patients:** we verify these cause as root cause first we check functionality of patient flow system based on standard met or un met by using EHRIG standard, human resource and equipment requirement of triage services 84% meet and reception Service provide appropriately by receptionist, the data sources was by discussing (CEO,HR head, receptionist and triage workers) and by patient flow system EHRIG standard check list. **So we reject not as root cause.**

**Poor communication to patient :** verifying these cause as root cause by using two methods 1 discussion with OPD staff and patient satisfaction measurement by using structured questioners of about physician and nurse communication skill with patients. Verified as follows.

Patient satisfaction measurement by using structured questioners of about physician and nurse services (Nurses welcomed you with respect, Nurses listened and answered to your complaints, ,Nurses prepared you for the consultation process & Physicians introduced themselves, Physicians told you the treatment procedure, Physicians critically asked your health problem. Physician explanations in way you could understand Physicians fully understood your complaint)by interview the patients and analysed the result. It was scored 78 %(n=39) patients satisfied and 22%(n=11)patients not satisfied regarding to physician communication with patients and regarding to nurses communication with patients 62%(n=31)patients satisfied and 38%(n=19)patients not satisfied. On average patient satisfaction in both physicians and nurses the respondents were satisfied 70% and patients were not satisfied(30%) We conclude that **it was its own contribution for patient satisfaction but not root cause for the current situation.**

## 4 LITERATURE REVIEW:

### 4.1 Patients' Satisfaction

The literature review indicates that the assessment of patient satisfaction needs to be a continuously repeated action, therefore helping service providers learn about deficiencies in the health delivery system thus enabling them to undertake timely and appropriate alternative steps [2, 6]. Chahal Hardeep,(2013)(7)

As articulated by Wolf and colleagues<sup>5</sup> in this current issue (see pages 7-19), patient experience has generated many definitions. As a global leader on improving the patient experience in health care, The Beryl Institute defines the patient experience as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care." <sup>6</sup> Despite the complexity surrounding which definition to embrace or which components/constructs to measure, there is general agreement that patient experience in a health care context incorporates the patient's journey as a whole and that it is a practically, managerially, and clinically important concept to measure.

The results reveal that patient satisfaction is a multidimensional construct comprised of four dimensions, namely: physical maintenance, physician care, nursing care and internal facilities. Among the four hypothesized models, only model 2 depicting the impact of dimensions on satisfaction showed a good fit while the other three models showed either average (model 4) or poor (models 1 and 3) fit.

Patient satisfaction denotes the extent to which general health care needs of the clients are met to their requirements. Patients carry certain expectations before their visit and the resultant satisfaction or dissatisfaction is the outcome of their actual experience.

"Patient's satisfaction is a measures of the extent to which a patient is content with the health care which they received from their health care provide". Patient satisfaction is a person's positive feeling of pleasure or disappointment resulting for comparing a product or services perceived performance or outcome in relation to his or her expectations

(Anand, Kaushal, & Gupta, 2012)(8) Sodani and Sharma (2011) stated that satisfaction is defined as a consumer's emotional feelings about a specific consumption experience(8) Patient satisfaction is an indispensable aspect of quality of care in any healthcare setup. Patient satisfaction is affected by the degree of agreement between the patient's preconceived expectations (formed before hospitalization) and perceptions of the actual care (Senti & LeMire, 2011). The level of satisfaction will be low if the services do not meet what the patients have wished. However, the patients will show a high level of satisfaction if their expectations are met. In addition, patients will feel highly satisfied and delightful if services are even better than what they have expected (Swartz TA, Bowen DE, Brown SN, and Stephen; 1993) (10)The more the patients are pleased, the greater the level of satisfaction will be (Swan, et al.; 1985) (11). Furthermore, Pasaribu in 1996 stated that he found the causes of patients' satisfaction, to be a low level of quality of care and less amount drugs provided (24). There are some findings that physicians' and nurses' communication skills with patients are the key components to a high level of patients' satisfaction. In a research done in Switzerland, physician-patient interaction has been suggested as the vital factor in predicting patients' satisfaction (Robert JS, Coale Redman RR, 1987) (25).

#### 4.2 Factors related to outpatient satisfaction:

According to Donabedian (1980), the evaluating of effective medical service system is described in terms of structure, processes, and outcomes. patient characteristics , out patients department services , accessibility(waiting time, working schedule, service procedure), physical facilities ,perception about the performance of the staff , appointment system, behavior of staff such as doctors services , nurses services, registration services, pharmacy services and other staff of the hospital. The aim of these factors is structure to protect and improve quality health care services with patient satisfaction by appropriate utilization of process.

**4.3.1 Physical Facility in OPD:** Upreti in(1994) revealed in his research that the majority of his respondents 71% showed a high level of satisfaction while the other 29% had a low level of satisfaction regarding ease of location, department's cleanliness and tidiness, bed, ventilation and lighting system, waiting chair, sanitary rest room and adequate area space(16) Furthermore, Pasaribu in 1996 stated that he found the causes of patients' satisfaction, to be a low level of quality of care and less amount drugs provided (24).

**4.4.2 Physicians' and Nurses' Services :**There are some findings that physicians' and nurses' communication skills with patients are the key components to a high level of patients' satisfaction. In a research done in Switzerland, physician-patient interaction has been suggested as the vital factor in predicting patients' satisfaction (Robert JS, Coale Redman RR, 1987) (25) Factors associated with satisfaction are thought to include the structure, process and outcome of care as well as patient socio-

demographic, physical and psychological status, attitudes and expectations concerning medical care (Cleary et al., 1988; Minnick, Roberts, Young, Kleinpell, & Marcantonio, 1997; Williams, 1994). Communication with patients can greatly affect the healing process. If a patient feels alienated, uninformed, or

#### 4.3 Convenience

Convenience is defined as the comfort in approaching a set of standard quality of care such as chances of seeing wanted physicians, adequate waiting time, ease of meeting the required expectation and qualified services. Users usually will come back to receive services from where they used to be satisfied. Investigator can use this characteristic to differentiate the quality of services provided.

Patient waiting time is the time a patient takes at each service point before being served and the overall time a patient spends in a facility from arrival to the registration desk till the time of leaving the facility or last service (Musinguzi 2015; Pillay et al. 2011). is another important factor in a higher level of patient satisfaction with better health care

services of chronically ill patients (Crow et al., 2002). A study stated that most common problems were waiting time in 79.2% of patient dissatisfied during their health care services (Damghi et al., 2013). The source of dissatisfaction with health care services, often noted by patients, and the amount of time they wait during outpatient department visit. Several studies were documented the relationship between waiting for service and overall patient satisfaction while longer waiting 22 times being associated with decreased patient satisfaction (Camacho et al., 2012).

#### 4.4 Courtesy

The last mentioned element of patients' satisfaction is courtesy. Courtesy is usually defined by respect, attentiveness, and care shown by the clinical personnel.

## 5 MATERIALS AND METHODOLOGY:

**5.1 Project Setting:** The capstone project has been conducted in Southern Nation and Nationality of People in Gurage zone Gunchireprimeryhospital. since 2015, the service was started and serve a catchment area of approximately 270000 people. It is currently staffed by about 108 health professionals and 88 supportive staffs. An average of 250 patients has been treated per day in the hospital. There are 5 outpatient units and on average, 20 patients are seen in each OPD unit per day and a total of 100 patients were visited in OPD.

**5.2 Data collection procedure,** the data were collected by a data collectors who should be trained staffs, who are not directly involved in OPD care and 10patients/day for 5days for the total patients visited in OPD. An ID number should be assigned to each survey sequentially as it is conducted. The ID should be entered on the survey form and in a logbook and a structured questionnaire was administered to collect the data, which is to be face to face interview at the exit point of outpatient department at Gunchire Primery Hospital.

**5.3 The study period** was undertaken from February /2018 to July/2018.

**5.4 Study design:** Descriptive study comparing the status of patientstisfaction before and after a feasible intervention to improve patient satisfaction and enhance quality service was instituted in the Outpatient Department of Gunchire Primery Hospital. It was carried out in 50 patients were selected by random sampling method by using semi structured self designed questioner and conduct a survey was face to face interview patients at the exit point of OPD.

**5.5 The sample size:** Patients were selected by random sampling method and accordance with a stated survey protocol. The surveyors has undertaken 50 samples of respondents.

## 5.6 Inclusion and exclusion Criteria:

Inclusion criteria: Regular patients in a hospital OPD and patients were interviewed 18 to 65years old age groups. This age groups were preferred in ordered to well expression of their feelings

Exclusion criteria: Patients were not willing to the interview during the interviewers invitation and incomplete questioners after the patients were interviewed.

**5.7 Statistical analysis:** Data were analyzed using SPSS IBM Statistics version 20. Descriptive statistics were generated using mean, and percentages, The value of  $P < 0.05\%$  was considered statistically significant.

Scoring system: A Likert scale score was assigned for each questions related to the different domains with varied scores ranging from 1 to 4, with 1 indicating highly unsatisfied and 4 being highly satisfied. The summated scores were categorized into 3 groups. Patients scoring less than 60 % categorized as low satisfaction level, Patients scoring from 60 % -80% categorized as average satisfaction level and greater than or equal to 80% as high patient satisfaction level. Data was displayed in both table and figure.

**5.8 Data quality Assurance**, during starting period of time ; the questionnaire were a pre-test to ensure consistency of the questionnaire and one day training were given for data collectors and supervisors. Data was reviewed daily by the supervisor.

## 5.9 Data quality management

Designed questionnaire was selected from Ethiopian Hospital Reform Guide line(EHRG2010) and survey formats developed by MOH, patient satisfaction survey format of previous study. and when starting the project training on objectives and process of the data collection were given to the data collectors and close supervision are made during the data collection process.

## 5.10 Ethical consideration

This study was approved by Gunchire Hospital board and the hospital management committee. Each study subject was informed by data collectors about the objective of the study to obtain their verbal consent before starting any interview and administering questionnaires. It emphasizes to ensure confidentiality and respect the rights of the respondents.

## 6 INTERVENTION

Increasing number of runners for timely distribution of cards from MR to OPD clinic.

Improve the interpersonal manner, the way in which providers interact personally with patients

Training of OPD staffs focusing on the survey findings of patient satisfaction contributing factors.

OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD.

### 6.1 More description about intervention as follows:

1. Increasing number of runners for timely distribution of cards from MR to OPD clinic.

Recruitment of adequate runners, Conducting recruitment process and assigning runner to each case teams, specially for timely distribution of cards from MR to OPD clinic.

2 Improve the interpersonal manner, the way in which providers interact personally with patients: Good interaction between physicians and their patients is the milestone to reach clients' satisfaction and continuous improvement of quality of care.

The way of raising voice, physical feeling, communication and personal behaviors of physicians really contribute in bringing a higher level of patient satisfaction.

Physician-patient interaction has been the vital factor in predicting patients' satisfaction.

Improving the interpersonal manner supports the way in which providers interact personally with patients.

3 Training of OPD staff focusing on the findings of patient satisfaction contributing factors for two days: for improving accessibility to services for patient's by arranging working schedule , service procedures and service process time specially the waiting time to treatment after registration.

Waiting time to obtain service ,available care when required and base of receiving care should be improved.\_specially registration process, medication ordering time, new arrangement of working schedules for doctors.

4 OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD, there were shifting ward rounding time for other department's doctors by comparing the patient load of OPD units specially morning session. By rearranging the doctors rounding time , the patients waiting time to service were improved.

6.3 Perform comparative analysis of the best alternatives:

It was a direction in a project that contributes to success of patient satisfaction, based on Impact , cost, time , political feasibility, from this point of view by using decision matrix when analysing the possible intervention, decide which of them based on criteria ,the highest score were selected for this project intervention.

Table 1:- Create decision matrix qualitative Evaluation criteria (5=good 1=bad).

	Alternatives	Evaluation criteria			
	Interventions	Impact	Cost	Time	Political feasibility
1	Increasing number of runners for timely distribution of cards from MR to OPD clinic.	Good	Good	a month	High
2	Improve the interpersonal manner, the way in which providers interact personally with patients.	Good	Low	Months	Good
3	Training of OPD staff focusing on the findings of patient satisfaction contributing factors.	V. Good	High	A month	V. good
4	OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD.	V. Good	High	Days	V. good

**Table 2:** Decision matrix quantitative Evaluation criteria (5=good 1=bad)

	Alternatives	Evaluation criteria				
	Interventions	Impact	Cost	Time	Political feasibility	Total
1	Increasing number of runners for timely distribution of cards from MR to OPD clinic.	3	4	4	4	15
2	2 Improve the interpersonal manner, the way in which providers interact personally with patients.	3	4	3	4	14

3	Training of OPD staff focusing on the findings of patient satisfaction contributing factors.	4	4	4	4	16
4	OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD.	4	4	5	4	17

### 6.3 SELECT THE BEST ALTERNATIVES OF COMPARATIVE ANALYSIS

The intervention selected based on Impact ,cost, time, political feasibility, those criteria compared by using decision matrix they decide which of them based on criteria ,the highest score were selected for this project intervention.

**Table 3:** Decision matrix quantitative Evaluation criteria (5=good 1=bad)

Alternatives		Evaluation criteria				
Interventions		Impact	Cost	Time	Political feasibility	Total
1	Increasing number of runners for timely distribution of cards from MR to OPD clinic.	3	4	4	4	15
2	2 the interpersonal manner, the Improve way in which providers interact personally with patients.	3	4	3	4	14
3	Training of OPD staff focusing on the findings of patient satisfaction contributing factors.	4	4	4	4	16
4	OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD.	4	4	5	4	17

By using decision matrix based on impact, cost, time , political feasibility ,the highest score were selected for this project intervention. it is called, training of OPD staff

focusing on the findings of patient satisfaction contributing factors and OPD's doctors morning session ward rounding time changed for availability of doctor in OPD while patient attending the OPD were selected for this project intervention.

## 9 RESULTS:

The results show that majority of the patients were females (69.3%) from overall respondents while male patients were only (30.7%). Out of 50 patients the youngest patient was 18 years and oldest was 65 years old. The mean age of the respondents was 34 + 1.58. Of the total respondents, 26 (52%) were married, 16 (32%) single and 4 (8%) were divorced/widowed. The education of the patients was categorized into six categories: Degree and above, Diploma, High school, Certificate, Primary school, Able to read and write and Uneducated, among them 7 (14%) were illiterate, 2 (4%) completed primary school, 2 (4%) were high school, 10 (20%) were Certificate, 11 (22%) were diploma and 8 (16%) were degree and above while out of the total respondent, 13 (26%) patients were

0-1 visits, 28 (56%) patients were 1-2 visit and 9 (18%) patients were 2-4 visits.

Table 1: distribution of respondents regarding to socio demographic characteristics.

Items	Pre-intervention			Post-intervention		p-value
	Sociodemographic characteristics of patients.	Number of respondent	percentage	Number of respondents	Percentage	
sex	Male	21	42%	24	48%	0.027*
	Female	29	58%	26	52%	
Educational level	Degree and above	5	10%	8	16%	0.036*
	Diploma	7	14%	11	22%	
	Certificate	3	6%	10	20%	
	High school	3	6%	2	4%	
	Primery school	2	4%	2	4%	
	Able to read and write	12	24%	7	14%	
	Uneducated	18	36%	10	20%	
Marital status	Single	12	24%	16	32%	0.674
	Married	31	62%	26	52%	
	Divorced	0	0%	2	4%	
	Separated	7	14%	2	4%	
No of visit	0-1	7	14%	13	26%	0.043*
	1-2	25	50%	28	56%	
	2-4	18	36%	9	18%	

**2 Physical facility in OPD at GPH :** It was found that, most of the respondents were satisfied with cleanness, convenience to reach appropriate OPD, finding of consultant in OPD, convenience to reach investigation site, appropriate signage, symbol, arrows in respective departments, lab and pharmacy counters present in hospital OPD, but only 71% respondents were satisfied regarding general seating arrangement.

Table 2: Distribution of responses from the respondents according to physical facility (n=50)

Item		Patient Opinion	Pre-intervention		Post-intervention		P-value
I	Seating arrangement in OPD	Q1 to Q5 Satisfied or Dissatisfied and Q6 was Present or Not present	N	Percentage (%)	N	Percentage (%)	P-value
1	General seating arrangement in OPD	Satisfied	39	68%	42	71%	0.012*
		Dissatisfied	11	22%	8	16%	
2	Cleanliness & tidiness in OPD	Satisfied	39	78%	46	92%	<0.001*
		Dissatisfied	11	22%	4	8%	
3	Toilet facility & cleanness	Satisfied	30	60%	43	86%	<0.001*
		Dissatisfied	20	40%	7	14%	
4	Drinking water accessibility regularly in OPD	Satisfied	44	88%	42	84%	<0.001*
		Dissatisfied	6	12%	8	16%	
5	Convenience to reach appropriate OPD	Satisfied	29	58%	47	94%	<0.001*
		Dissatisfied	21	42%	3	6%	
6	Appropriate signage, symbol, arrows in OPD	Present	28	56%	44	88%	<0.001*
		Not present	22	44%	6	12%	
	Average satisfaction	Satisfactory/present	69.6%		88%		*
		Unsatisfactory	30.4%		12%		

Table(2) : The highest percentage (94%) was the feeling very satisfied with convenience to reach appropriate OPD compared to the pre-intervention (58%) while 84% was the feeling satisfied in both drinking water accessibility regularly and General seating arrangement in OPD. As we compared with pre-intervention to post-intervention(pre vs. pos)percentage, the satisfaction rate with general settings was 68% pre. Vs 71%, cleanness & tidiness were 78%pre. vs pos. 92% in , Drinking water accessibility regularly in OPD 88%vs84% , hygiene of toilets were 60% vs. 86%, Convenience to reach appropriate OPD were 58% vs.94%, Appropriate signage, symbol, arrows in OPD 56% vs.88% of pre-post intervention patient satisfaction rate regarding to availability of services/physical facilities. The overall scores shows that 88% of patients were satisfied and 12% had low satisfaction towards the physical facilities in OPD at GPH. Our results showed that 88% of patients were satisfied regar physical facilities. A study conducted by Jadhav SB et al in Out-patient department of Government Medical College, Miraj, Dist. Sangli reported that 70.57%seating arrangement in OPD & 88.22%cleanliness of OPD found to be good, which was almost similar to our study.<sup>9</sup> In another study done by Pralhad Rai et al also found 65% satisfied patients with respect to cleanliness.<sup>13</sup>Jadhavsb et al had reported 88.41% respondents satisfied with drinking water facility,86.71% respondents could easily find the concerned department while 93.71 % could find easily pharmacy or laboratory.

Table (3) :The doctor/nurse to patient interaction in OPD at GPH

above the health provider to patient interaction part had 6 questions about friendliness of nurses treated with courtesy and respect. doctors treated with courtesy and respect ,nurses listened carefully& attentiveness, doctors listened carefully& attentiveness and doctors & nurses explained things in a way I could understand. The table (3) shows 64% of the respondents agree that it was satisfied, 82% are satisfied in the pre-post evaluation regarding the nursing services that treated with courtesy and respect. About nurses explained things in a way I could

understand, agree ( 58%),86% agree in the pre-post interventional study.

When asked about services provided by the doctors (n=39,78%) agreed that the doctors were treat with courtesy and respect at the post intervention the patients treated with courtesy and respectivness of doctors improved to 98% agree, When asked about services provided by the doctors listened to the problems attentively,58% agree in the

Mean score	N=50 & 5.6		N=50 & 9.4		P value
Percentage of agree and strongly agree for the following item	Pre-intervention		Pos-intervention		
During this visit, doctors treated me with courtesy and respect.	N=32/50	64%	N=41/50	82%	< 0.001*
During this visit, doctors listened carefully to me.	N=30/50	60%	N=44/50	88%	<0.001*
During this visit, nurses explained things in a way I could understand.	N=29/50	58%	N=43/50	86%	0.018*
During this visit, doctors/health officers treated me with courtesy and respect.	N=39/50	78%	N=49	98%	<0.001*
During this visit, nurses listened carefully to me	N=29/50	58%	N=45	90%	0.022*
Time giving by doctors	N=32/50	64%	N=46/50	92%	0.026*
Overall score of patient satisfaction	64.4%		91.2%		

pre-intervention and 90% agree in the post intervention. Finally doctors explained things in a way that patients understand were 64% agree in pre intervention and patients were 92% agree at the post intervention. The overall patient satisfaction regarding doctor/nurse to patient interaction was 64.4% agree and 91.2% agree in pre-post intervention.

#### 4. Pharmacy services in OPD at GPH.

Table (4) Pharmacy services/medication ordering part had 5 questions about Pharmacy staff showed respect to wards you, I was prescribed new medication at this visit, the staff told me what the medication was for, the staff described the medications possible side effects in a way I could understand, all the medications I needed were available at the drug dispensary here.

When asked about services provided that pharmacy staff showed respect(73%)vs.(87%) were satisfied in the pre-post intervention, the patients who got the prescribed new medication about their visit (67.4%) vs.(78%)were satisfied in the pre-post intervention. The respondents asked about the staff described the medications possible side effects in a way that you could understand, patients were satisfied(56%)in the pre-intervention and (89.3%) were satisfied at the post-interventions. Finally in this part the patients were asked about all the medications you needed were available at the drug

Table (4) Pharmacy services in outpatient department at Gunchire Primery hospital.

dispensary here, the patients were satisfied (68%)in the pre-intervention and (85%) were satisfied at the  
post-intervention.

Registration services in OPD at GPH.

Items described		Pre-intervention When N=50 respondents'		Post intervention when N=50 respondents'		P-value
		Patient Opinion		Patient Opinion		p-value
		Yes	No	Yes	No	
1	Pharmacy staff showed respect to wards you	73%	27%	87%	13%	0.053
2	I was prescribed new medication at this visit.	67.4%	32.6%	78%	22%	0.005*
3	The staff told me what the medication was for.	84.5%	15.5%	93%	7%	0.001*
4	The staff described the medications possible side effects in a way I could understand.	56%	44%	89.3%	10.7%	0.008*
5	All the medications I needed were available at the drug dispensary here.	68%	32%	85%	15%	0.035*
6	Average satisfaction were	70%		86.5		

Table(5):Registration services part had 6 questions about Registration staff politely told you where to go, Waiting time in registration process is appropriate, The triage time is enough , The registration has no impartiality, It is cleared how to registered, Registration numbering time is good and appropriate. The patients when asked about the courtesy and respect were(60%) patients satisfied in the pre intervention and 92% patients were satisfied in the post-intervention. **Table(5):**Registration services at GPH.

Items	Pre -intervention		Post- intervention		p-value
Over all mean score	6.2		8.2		
Registration staff politely told you where to go	N=30/50	60%	N=46/50	92%	<0.001*
Waiting time in registration process is appropriate	N=24/50	48%	N=45/50	90%	0.014*
The triage time is enough	37/50	74%	N=48/50	96%	0.079
The registration has no impartiality	33/50	66%	44.5/50	89%	0.179
It is cleared how to registered	32/50	64%	46/50	92%	0.001*
Registration numbering time is good and appropriate	27/50	54%	49/50	98%	0.026*
Average score	Average score 53.6%		Average score 80.3%		

Table-6 : Distribution of responses from the respondents according to waiting time in OPD at GPH.

		Pre-intervention		Post- intervention		
	Items described	Patient opinion(N=50)	Percent age	respondents	Percentage	p-value
1	Time spent on Registration Counter 0min-10Min(satisfactory) 10min-20min(unsatisfactory)	Satisfactory	N=18(36%)	N=36	72%	<0.001*
		Unsatisfactory	N=32(64%)	N=14	28%	
2	Time taken to send MR to OPD clinics 0min-5min(satisfactory) 5min-10min(unsatisfactory)	Satisfactory	N=21(42%)	N=43	86%	<0.001*
		Unsatisfactory	N=29(58%)	N=7	14%	
3	Time taken for patient investigation by physician					
		Less than 5 min	N=10(20%)	N=9	18%	0.019*
		5-10min	N=19(38%)	N=35	70%	
		15-20 min	N=15(30%)	N=4	8%	
		More than20 min	N=6(12%)	2	4%	
4	Time taken for dispensing medication by pharmacy Lessthan5min(satisfactory) 5min-10min(unsatisfactory)	Satisfactory	N=19(38%)	N=34	68%	0.001*
		Unsatisfactory	N=31(62%)	N=16	32%	
5	Average time to get services.	Satisfactory	62%		87%	

With regard to waiting time to get services in OPD (Table 6): Above out of 50 patients 36 (72%) registered within 10 minutes and 28% patient registered 20 minutes after standing in queue. , Registration time depend upon time of visiting the counter, patients flow in hospital, numbers of registration counter etc. Patients were send MR to OPD clinic within 5min 86%respondants were satisfied and patients their card(file)send MR to OPD clinic 5min-10min(14%) respondents were unsatisfied. This depends on number of runners and number of OPD clinic and their arrangement, time taken for dispensing medication by pharmacy less than 5min(68%) and the respondents were satisfied within 10min(32%) and

Availability of doctor in OPD while patient attending the OPD, Respondents told that time taken for patient investigation by doctors the respondents were satisfied less than 5min(80%), the respondents were satisfied within 10min(56%), the respondents were satisfied within 20min(8%) and the respondents were satisfied >20min(2%) the respondents were satisfied on availability of doctor in OPD while patient attending the OPD. Average time to get the services 62% in pre-intervention and 87% at post intervention. 7. Fig-2 Overall Satisfaction Level of patients in OPD at GPH.

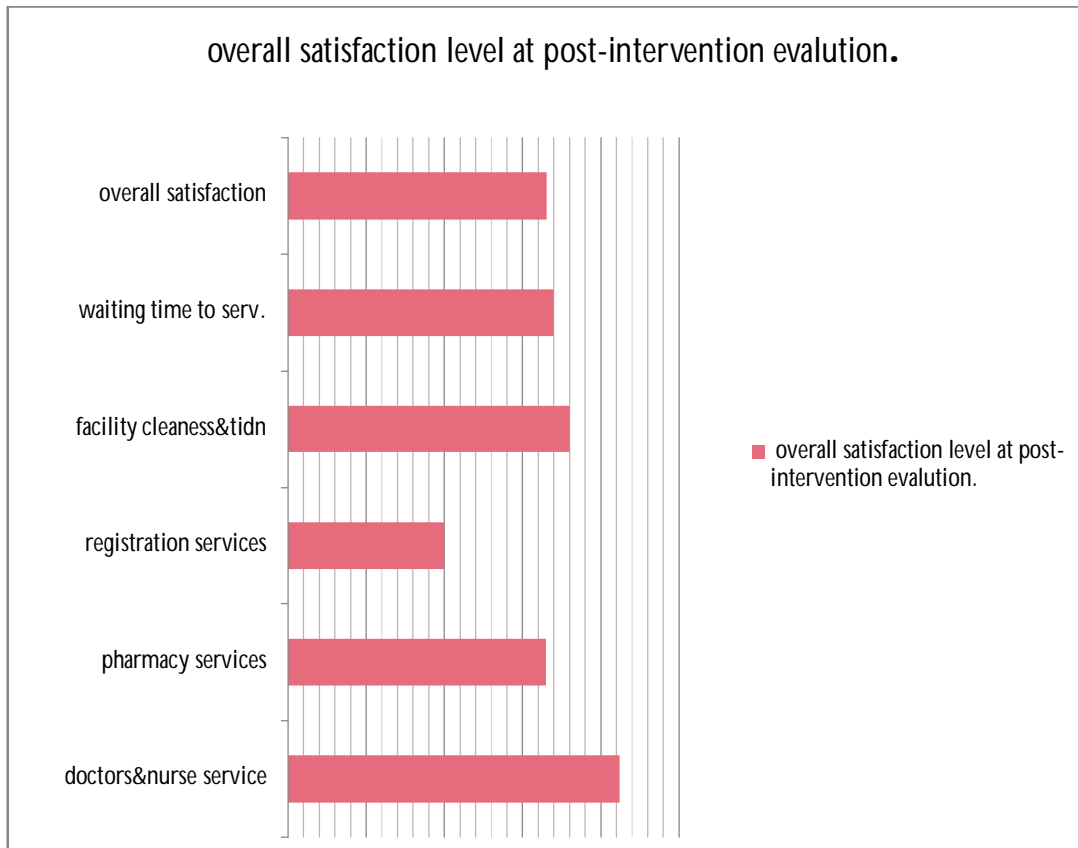


Fig-9 Overall Satisfaction Level of patients after intervention in OPD at GPH.

Overall Satisfaction Level: When it was asked about the Satisfaction of patients with Outpatient Department services, it was found that waiting time to services(47%)agree that was satisfied in pre-intervention and 87% agree that improved in the post intervention, physical facility(74% vs.91%)in pre-post intervention respectively, pharmacy services patients that satisfied (69% vs.86.5%)in pre-post intervention respectively, physician & nurse-patient communication patients that was satisfied 74% and 91% respectively and registration services patients that was satisfied 52%and80% respectively in pre-post intervention in OPD at GPH comparing the literatures the overall satisfaction score of all patients' satisfaction levels was 89.6% which satisfied with the services of THK Hospital at Karapitiya Sri Lanka. almost similar results study in GPH.

## **8. Respondents' comments and suggestions**

The patients were asked to identify their improvement and suggestion about OPD services with the open-ended responses of the respondents are shown in the following lists.

It is highly suggested that needed and adequate amount of drugs should be available in the Pharmacy.

Registration fee can be reduced.

Appointments to be given at the correct interval time to avoid delay in patient waiting time.

long waiting time to consult a doctors it should be improved.

delays laboratory results and it should be improved

improve working hours ,it should early start their work both card room workers and triage staffs before OPD working hours in morning session and their time adjust in the afternoon.

accessibility of waiting chairs not match with patients and it should improved in OPD areas.

## **9. Area of improvement**

The majority of patients were satisfied with overall healthcare services in OPD, However, specific questioning has exposed certain areas that need to be improved(availability of prescribed drugs, lab request, OPD triage management , waiting chair in pharmacy counter, sign and boards in OPD rooms)

while there is a need **to sustain** the current level of patient–provider relationship, patient– provider communication(doctors, nurses, pharmacy staffs, registration staffs) and OPD rooms cleanness and tidiness.

## 10 Discussion

The results show that majority of the patients were females (69.3%) from overall respondents while male patients were only (30.7%). Out of 50 patients the youngest patient was 18 years and oldest was 65 years old. The mean age of the respondents was  $34 \pm 1.58$ . The education of the patients was categorized into six categories: Degree and above, Diploma, High school, Certificate, Primary school, Able to read and write and Uneducated, among them 7 (14%) were illiterate (4%), 13 (26%) were completed primary school, 8 (16%) were high school, 13 (26%) were Certificate, 2 (4%) were diploma and 8 (16%) were degree and above.

In study conducted by Sharma A et al noted that 22% of patients were graduate and above followed by primary education (26%), higher secondary education (20%), middle school (18%) and illiterate (14%). Umar I et al noted that 42.0% of the respondents had no formal education while 58% had formal education with 14% of them attaining tertiary education.<sup>11</sup> In study conducted by Nandkeshav AR et al only 59% of the patients completed their primary level education.<sup>9</sup>

Patient satisfaction is popular way of evaluating quality of health services in both developed and developing countries, like Ethiopia. This study revealed that the overall patient satisfaction level in OPD at Gunchire Primery Hospital was 86.54%.

This finding is lower than study conducted in Nigeria (94.2%), Kuwait (99.6%) and THK hospital (89.64%) and higher than the study in Bangladesh (68%), Cambodia (81.5%) and Harar hospital (54.1%), Ethiopia.

The highest percentage (94%) was the feeling very satisfied with convenience to reach appropriate OPD while 84% was the feeling satisfied in both drinking water accessibility regularly and General seating arrangement in OPD. The satisfaction rate with general settings was 71% and cleanness & tidiness the respondents were satisfied (92%) while Convenience to reach appropriate OPD the patients were satisfied (94%) and

appropriate signage, symbol, arrows in OPD, the respondents were satisfied 88% of pre-post intervention patient satisfaction rate regarding to availability of services/physical facilities. The overall scores shows that 88% of patients were satisfied and 12% had low satisfaction towards the physical facilities in OPD at GPH. Regarding to physical facilities cleanliness and tidiness' in OPD result was 88% patients were satisfied. A study conducted by Jadhav SB et al in Out-patient department of Government Medical College, Miraj, Dist. Sangli reported that 70.57%seating arrangement in OPD & 88.22%cleanliness of OPD found to be good, which was almost similar to our study.<sup>9</sup> In another study done by Miraj, Dist. Sangli (88.22%). This was almost similar to our study at GPH. However, opposing results were found in a study conducted by PIMS Institute, Islamabad. Patient satisfaction with cleanliness and tidiness of the facility was only 54% .

The overall patient satisfaction regarding to doctor/nurse to patient interaction was 64.4% agree and 91.2% agree in pre-post intervention respectively. Obamiro JK in his study at Nigeria showed that entire medical personnel responsiveness to patients' requests are extremely satisfactory (89%). This is lower than our study and greater than Prasanna K.S.etal. reported(78%) of respondents were satisfied with doctors interaction.

Patients' views on various aspects of doctor-patient interaction were ascertained. Majority of patients found the doctor to be courteous (98%), listened attentively to the patients (88%), gave patients an opportunity to talk about their illness (87%), provided instructions regarding dose and time of medication (82%), advised follow up to the patients (80%) and made the patient comfortable during examination (79%). This is comparable to other international studies which reported that 88–92% of their patients believed that they were treated with respect and dignity . According to a study carried out in Karachi 58.6% of patients said that consent was taken before examination and 62.4% of the patients agreed that the doctor maintained privacy . We also found that 33% patients were of the view that doctors didn't explain the side effects of medication and didn't explain the reason for advising prescription respectively. While services provided in the OPD that patients' satisfaction level were satisfied (80%). This study

compared to the study conducted in Cambodia(78%) and lower than our study conducted in GPH. This might due the fact many efforts have been made to make changes in service delivery process . In addition registration workers highly motivated to attain higher patients' need.

Overall Satisfaction Level, when it was asked about the Satisfaction of patients with Outpatient Department services, it was found that waiting time to services(47%)agree that was satisfied in pre-intervention and 87% agree that improved in the post intervention. out of 50 patients 36 (72%) registered within5minutes and 28% patient registered10minutes after standing in queue. Patients were send MR to OPD clinic within 5min 86%respondants were satisfied and patients their card(file)send MR to OPD clinic5min-10min(14%) respondents were satisfied. Time taken for dispensing medication by pharmacy lessthan5min(68%) and the respondents were satisfied within10min(32%) and

In this study we noted that majority of patient (70%) were waited up to 10 minutes, while 4% patients waited more than 20 minutes outside the various OPDs while seeking for medical care. The mean waiting time was 12.35 min.

According to standard operating procedures of OPD for district level hospitals waiting time for collection of OPD ticket is one minute, waiting time of 2-3 minutes for dispensing medicine and time for lab investigation is 10 minutes. 13 In comparison to these standards waiting time, the findings of this study showed that it is rather longer.

In study conducted by Sharma SK found the mean waiting time of patient while consulting the doctor was 13.35 minutes.<sup>14</sup> Virmani V et al found that 33% patients have to wait for more than 20 minutes and 14% patients have to wait for 15 to 20 minutes outside the various OPDs.

## 11 Conclusion :

Majority of respondents were highly satisfied with the OPD services. Patients were satisfied with the behavior health providers were working in outpatient department, politeness of OPD staff, physician examination skill, coordination of OPD staff, Physicians' communication skills, waiting time for examination, nurses communication with patients, pharmacy staff politeness and their medication ordering, registration services and cleanness of the room in OPD at Gunchireprimeryhospital.

There should be capacity building, Training and Orientation of staff in OPD after regular intervals in order to introduce EHRIG and Operational standards to achieve the patients' perceive need and improve their satisfaction in OPD services.

## **12 Recommendations:**

The areas with patient dissatisfaction rates (drugs availability in Pharmacy, Registration, appointments' given on their schedule, waiting time to consult a doctor, delays laboratory results, accessibility of waiting chairs, health provider available on their duty time) should be improved in OPD and which the hospital management ,the relevant OPD staffs and the hospital governing board should address and evaluate their progress.

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## APENDEX-A

Patient satisfaction , the patients who secured scores in the first ranges were labeled as having low satisfaction. Whereas the patients who secured scores in the second ranges were labeled as having high satisfaction.

Table 1: Scoring table using best criteria

Variables	Poor/Low (First Range)	Good/High (Second Range)	No response
Experience:			
Physical facilities	0-4	5-7	
Physicians' services & Nurses' services	5-8	8-10	
Pharmacy's services	4-5	9-10	
Registration's services	0-4	8-9	
Working schedule	0-4	8-9	
Convenience	5-7	8-9	
Courtesy	5-7	8-9	
Quality of care	4-8	9-10	

### Age Groups:

Five different age groups were constructed. Within each group, there is a 10-year interval. The researcher decided to start from the age of 18 years to make sure that the samples from this age are capable enough to understand and answer the questions rightly and independently.

1 = 18-30

2 = 31-40

3 = 41-50

4 = 51-60

5 = > 60

Gender:

This part was divided into two groups—male and female as showed below:

1 = Male

2 = Female

Marital Status:

The research have divided marital status into three different characteristics as below:

1 = Single

2 = Married

3 = Separated/Widowed

Education:

Five different educational degrees were chosen as below:

1 = Illiterate

2 = Primary school

3 = Junior high school

4 = Senior high school

5 = Post-graduates

Number of Visits:

1=1-2times

2 = 2-4 times

3 = > 4 times

O-PAHC Survey

Name of Region .....Zone.....Hospital.....date

Dear Patient: I am interested in finding out how you feel about various aspects of our Hospital's OPD provided services for you. Please take a minute to complete this questionnaire about your visit to today. Your responses are confidential and are greatly appreciated. Possible responses are on a four point scale ranging from "Strongly disagree to Strongly agree"

Part-1: Patient Satisfaction Questionnaire

1 Questions related to Socio–demographic factors

	Questions	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
	<b>Physicians and nurses services</b>				
1	During this visit, nurses treated me with courtesy and respect.				
2	During this visit, nurses listened carefully to me.				
3	During this visit, nurses explained things in a way I could understand.				
4	During this visit, doctors/health officers treated me with courtesy and respect.				
5	During this visit, doctors/health officers listened carefully to me				
6	During visit, doctors/health officers explained things in a way I could understand.				
7	I could distinguish between doctors/health officers and nurses.	Yes----- No-----			
	<b>Physical facility</b>				
8	The outpatient department was clean				
9	The bathrooms/latrines were clean and tidy	Yes----- No-----			

	<b>Pharmacy services</b>				
10	I was prescribed new medication at this visit.	Yes-----	No-----		
11	The staff told me what the medication was for.				
12	The staff described the medications possible side effects in a way I could understand.	Yes-----	No-----,		
13	All the medications I needed were available at the drug dispensary here	Yes----	No-----		
14	Someone discussed with me what symptoms to look out for after I left the health facility.	Yes----	No-----		
15	It was easy for me to find my way around the facility.	Yes----	No-----		
17	I would recommend this outpatient department/clinic to my friends and family.	Definitely no 1	Probably no 2	Probably yes 3	Definitely yes 4
18	I had to pay for this outpatient visit.	Yes----	No-----		
19	I consider this outpatient visit too expensive	Yes----	No-----		
20	Appropriate waiting time for treatment				
21	Regular presence of clinical staffs in OPD working hrs.				
22	Registration staff politely told you where to go				
23	Waiting time in registration process is appropriate				
24	The triage time is enough				
25	The registration has no impartiality				
26	It is cleared how to registered				
27	Registration numbering time is good and appropriate				
	Average score				

1. Age \_\_\_\_\_ 2. Sex            A. Male            B. Female

3. Residential Address: City \_\_\_\_\_ wereda \_\_\_\_\_ Keble \_\_\_\_\_

28 Do you have any suggestions for improving patient satisfaction in OPD at Gunchire PrimeryHospital? \_\_\_\_\_

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29 Do you have any additional comments?

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