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DEPARTMENT OF MEDICINE

**PATIENT SATISFACTION TOWARDS EMERGENCY SERVICE IN
HAWASSA UNIVERSITY REFERRAL HOSPITAL**

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**A RESEARCH SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS
ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTERS IN EMERGENCY MEDICINE & CRITICAL CARE.**

Dec, 2014 G.C.

ADDIS ABABA, ETHIOPIA

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Acknowledgment

I would like to thank the Addis Ababa University Faculty of Medicine, department of Emergency for giving me the chance to do this research. I am deeply indebted to my advisors, Dr. Aklilu Azazh & Ato Haimanot Geremew, for their unfailing support, wisdom, unreserved guidance and constructive suggestions up to completion of this research. Next to them I also would like to thank the staffs of Hawassa University Referral Hospital for giving me valuable data. I especially thank the participants of this study, coordinators, data collectors, workers of hospitals under study and administrative workers of HURH, specifically Ato Fanuel Belayneh ,Samsone G/Silasse, Ezedin Molla, Hiwot Geja Tadiwos Beyene, Meskerem Wondimu & Aster Duba. Finally my thanks go to my family my lovely wife Martha Duba and colleagues and above all I thank almighty GOD.

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Acronym

AAU	Addis Ababa University
BSC	Bachelor of Science
CC	Critical Care
DR	Doctor
ED	Emergency Department
ER	Emergency Room
EDQS	Emergency Department Quality Study
HURH	Hawassa University Referral Hospital
OPD	Out Patient Department

SUMMARY

Background: - Ethiopia has fairly good coverage but very low utilization of health care services. Emergency medical care services require fast, correct and curious services to clients as they present with acute problems (37). Patients have the right to expect Quality of care. Patient satisfaction with emergency care service is considered an important factor in explaining patients' perceptions of service criteria is far from ideal if as a result of that care the patient is unhappy or dissatisfied. There is, a sound rationale for making the organization and delivery of health care responsive to consumer opinion Currently, research is interested to the satisfaction in several areas, and in various cultures. The aim of this study is to evaluate patient satisfaction with emergency care, and to determine associated factors with patient satisfaction.

Objective: -The objective of this study is to determine the rate of patient satisfaction in emergency medical service as indicated by patients' satisfaction.

Methods: - A Cross-Sectional Survey was conducted at Hawassa University Referral Hospital emergency outpatient department from Dec 2013G.C. to June.2014 G.C. The study population was all adult patients who visit emergency room of Hawassa University Referral Hospital and also all pediatric emergency room of the hospital.

Results: The data was collected from both adult and pediatric Emergency out Patient Department of Hawassa University Referral Hospital one hundred seventy eight (42.1%) & two hundred forty five (57.9%) respectively In this study total of four hundred twenty three patients and attendants are involved during the data collection period. Overall satisfaction level of Hawassa University Referral Hospital is 55.9% participants are dissatisfied with the Hospital emergency medical service delivered & 44.1% are satisfied.

Conclusion: The study findings indicated the need for evidence-based interventions in emergency care services in areas such as speed of reception area, medical care, well control of pain, nursing care, courtesy of staff, physical comfort and waiting time. Efforts should focus on shortening waiting intervals and improving patients' perceptions about waiting in the Emergency Department, keeping private personal privacy, having two way good communications between nurses & patients, nurses & patient relatives, doctors & patients, doctors & relatives as well and also improving the overall cleanliness of the emergency room & latrine.

CHAPTER ONE: 1.1. INTRODUCTION

Patient satisfaction is a key criterion by which the quality of health care services is evaluated. It can be defined as a subjective evaluation of the service received against the individual's expectations. Patients' judgment of hospital service quality and their feedback are essential in quality of care monitoring and improvement. Patient satisfaction data are routinely collected and used for continuous quality improvement by health-care institutions and hospitals in developing countries. Although there is growing experience with patient satisfaction measures in Asia, they have been rarely used in African settings (36).

Patient satisfaction is measured over a wide range of health service dimensions, including availability, accessibility and convenience of services, technical competence of the providers, interpersonal skills and the physical environment where services are delivered. However, it remains controversial whether patients' ratings reflect anything about technical quality or simply the interpersonal skills of the providers. Patient perceptions of quality are often influenced by their interaction with the health provider; the thoroughness with which the providers examine and communicate with the. Some studies suggest that certain patient demographic and clinical characteristics, including age, health status and the severity of illness, are associated with satisfaction scores more than the technical quality of care they provide (36). Patient Satisfaction is an important issue in health care now a day. The emergency department (ED) is considered to act as a gatekeeper of treatment for patients. Thereby, EDs must achieve customer satisfaction by providing quality services. Patient satisfaction is an important indicator of the quality of care and service delivery in the emergency department (ED). The objective of this study is to evaluate patient satisfaction with the Emergency Department of Hawassa University Referral Hospital. Studies of emergency medical care services are increasing in importance as a component health care research. The customer's opinion of services is being taken in to account in assessments of qualities. Thus, evaluating the quality of medical care involves the measurement of its benefits to patients & community at large. (5) According to Trout, statistics showed that the number of ED clients is steadily increasing. This is an indicator of the importance of planning quality services based on the needs of these patients. In order to plan successfully, understanding the views, needs and demands of clients is an essential step.

A common tool to improve the quality of care in the ED is to conduct a client satisfaction survey to clearly explore the variables affecting the satisfaction level and causes of dissatisfaction. Clients' satisfaction is a key component in choosing an ED for receiving services or even for recommending it to others [6]. Although it may seem impossible to keep all clients satisfied, we can achieve a high level of satisfaction by working on related indicators and trying to improve them (7). Studies from other countries indicate that using the results obtained from satisfaction surveys can have a profound effect on the quality of services (8-10). Patient complaints & satisfaction data is used for two purposes. Firstly to evaluate patient care & secondly to predict patient customer behavior (i.e. will they recommend a health care service or turn for care in the future) As this review is concerned with implication of patient complaints & patient satisfaction on clinical care, the use of this data to predict customer behavior is not addressed in the current report. For the purpose of this report, patient complaints have only include complaints' about quality of care rather than complaints about symptoms or side effects of drugs, treatments or illness. The current review did not locate an agreed definition of patient satisfaction. It has been suggested that the definition continues to evolve.6 were et al proposed characteristics of health care providers & service that influence patient satisfaction. The dimension of patient satisfaction includes: art of care (caring attitude), technical quality of care ; accessibility & convenience; finance(ability to pay for service); physical environment; availability; continuity of care; efficacy & out came of care. A working definition is the degree to which the patients desired expectations, goal and or preferences are met by the heath care provider and or service.

1.2. STATEMENT OF THE PROBLEM

Patient satisfaction is an important indicator of the quality of care and service delivery in the emergency department (ED). The objective of this study was to evaluate patient satisfaction in the Emergency. The need for evidence-based interventions in emergency care services in areas such as medical care, nursing care, courtesy of staff, physical comfort and waiting time. Efforts should focus on shortening waiting intervals and improving patients' perceptions about waiting in the ED, and also improving the overall cleanliness of the emergency room.

Satisfaction is an important issue in health care now a day. The emergency department (ED) is considered to act as a gatekeeper of treatment for patients. There by EDs must achieve customer satisfaction by providing quality services. According to Trout, statistics show that the number of ED clients is steadily increasing. This is an indicator of the importance of planning quality services based on the needs of these patients. In order to plan successfully, understanding the views, needs and demands of clients is an essential step. A common tool to improve the quality of care in the ED is to conduct a client satisfaction survey to clearly explore the variables affecting the satisfaction level and causes of dissatisfaction. Client's satisfaction is a key component in choosing an ED for receiving services or even for recommending it to others (1).

Although it may seem impossible to keep all clients satisfied, we can achieve a high level of satisfaction by working on related indicators and trying to improve them (2).

Many studies shows that patient satisfaction can be achieved with interventions which are simple and doesn't cost too much like being kind for others or considering patients as our relatives, waiting time and the physical environment of the ED are among the factors causing much dissatisfaction and that they can be reduced by setting up a good triage system and trying to create a neat environment. The literature indicates that the comfort of the waiting room and cleanliness of the ED environment are also important patient satisfaction factors in the US: Those who rated the waiting room as "very poor" in comfort had dramatically lower overall satisfaction with their visit than those who rated the comfort of the waiting room as very good"(3).

Moreover, a research study in Hazrat Rasoul Hospital (Tehran, Iran) revealed that by setting up a waiting room, using guide signs, admitting patients with a bedside form and having a member of the staff welcome clients raised the level of satisfaction considerably, from 49% to 83% in 2 years of follow-up (4).

1.3. SIGNIFICANT OF THE STUDY

The main aim of health care service is to provide treatment physically as well as mentally. Physical wellness alone does not mean that patient recovered from his or her illness. Satisfaction is an important issue in health care now a day. The emergency department (ED) is considered to act as a gatekeeper of treatment for patients. There by EDs must achieve customer satisfaction by providing quality services. So, patient satisfaction is vital for being healthy. Emergency medical service in Ethiopia is newly developing field of study and in need of attention. Hence research towards patient satisfaction in emergency medical service is not yet done. Hawassa University Referral Hospital is one of the teaching hospital in Ethiopia where many medical students have been graduating from. They should have to give emphasis to patient satisfaction. This study will change the attitude of the students and staffs traditional handling of patient and relatives. I am intended to do this research because of I used to work in the ED of this Hospital; at that time I heard a lot of dissatisfaction opinion from the patients & relatives. When we finish our education graduating from AAU with emergency medicine & critical care there will be three individuals added to the facility so knowing the base line & gap of the facility make us to be aware of where changes has to be made to upgrade the health care service & increase patient satisfaction. So this finding can be helpful & applicable to the community by solving the problem of the clients.

CHAPTER TWO: LITRATURE REVIEW

In most published investigations and in commercial patient satisfaction surveys, common service delivery themes drive the surveys. These themes typically include interpersonal skills of various personnel (receptionists, nurses, physicians) such as knowledge of procedures, communication skills, attention to the patient, and willingness to help. Commonly there are questions about the physical facilities such as general cleanliness, the comfort of the waiting area and exam room, and the availability of these facilities. Technical service ratings for physicians, nurses, and ancillary personnel also are commonly sought.

In generating overall satisfaction scores, one approach is to aggregate scores on individual attributes rather than relying on a single measure of overall satisfaction (11) The merit of this approach depends on the intended use of the data. An aggregate score tends to minimize the impact of failure in one service area upon good efforts in other service areas. For example, the dissatisfied patient may identify the triage process as unpleasant, but give high marks to other service attributes such as nursing and physician clinical skills. Those institutions using an aggregate score must be careful to avoid the awed assumption that the chosen service attributes independently drive overall satisfaction. Indeed, overall patient satisfaction may be the result of other unmeasured factors, and the rating score assigned by a patient to a specific service attribute may itself be driven by the patient's overall satisfaction. For example, dissatisfied patients may rate the triage process poorly when their dissatisfaction was actually due to limited parking near the ED entrance or the absence of a greeter to guide them to the triage area.

2.1. Patient satisfaction: confounding variables

A major theme in the reviewed literature is the complexity of capturing a measurement patient satisfaction that will accurately inform quality care improvement measures. That is, individual patient satisfaction reports may be mediated by other variables. For example, age, reported health status, ethnicity, gender, engagement with the system, faith and gratitude, perception of what constitutes "good" physicians or care and time elapsed since reception of care have been demonstrated to predict patient satisfaction scores is vital gaining an accurate measure of patient satisfaction.

It is also important to account for the effect of non participation by those with negate views and patient groups such as the elderly, confused and very ill from whom satisfaction data is difficult to obtain in collective patient satisfaction measures.

Research suggests that there are core issues such as compassion and care delivery problems with information and education. Coordination of care, respect for patient' preferences, emotional support, involvement of family and friends, continuity and transition, physical comfort, empathy, (35)

2.2. The role of patient satisfaction data in quality improvement

The evidence for the role of patient satisfaction data in quality improvement is mixed. While some research report no effect of feedback based on patient evaluation on behavior change other studies report the opposite. There is evidence that patient satisfaction survey data is under utilized by staff which may contribute to the reported lack of change than those replaying on satisfaction measures. Measure of patient satisfaction with different components of care may or may not be correlated and personalized therapy that affects patient satisfaction across all clinical settings. With each other and with the overall measures (accreditation and patient satisfaction) was not demonstrated nor a correlation lower patient satisfaction between lower patient satisfaction and poorer ratings of technical process of care.(35)

2.3. Survey Timing

Typical studies have measured satisfaction levels within one week of the ED visit, yet some have waited up to six months before surveying patients. Patients who are surveyed weeks after their ED visits may have had relief or worsening of their conditions or they may have since received their bills for the visit. As most released patients' conditions are time-limited, delaying a survey tends to increase favorable responses. However, because medical care is expensive and patients cannot select their own treatments based on their ability to pay, considerable potential for dissatisfaction exists when patients are surveyed shortly after receipt of the ED visit bill.

The timing of survey administration should be based on the hypothesis of the investigator. That is, when the investigator wants to focus on factors that result in patient satisfaction upon leaving the ED, the survey should be performed as close to the patient's release as possible. If the investigator seeks to determine the interrelationship of the ED bill & satisfaction surveying, before and after reception of the bill also will be required.

Of the 107 studies identified by the electronic search and the manual bibliography review, 57 articles were eliminated because they did not meet the a priori selection criteria. Studies were excluded if the emphasis was not primarily on patient satisfaction with ED care (n 16), the study was conducted outside of the United States (n 21), and the article did not have sufficient description of methods (n 10), and if a quantitative research design was not used (n 10). A list of the references for the excluded studies is available by request from the senior author.

2.4. Perceptions of Provider Technical Skills

Two studies have found patients' perception of their providers' technical skills to be the best predictor of global satisfaction, paramount even to ratings of interpersonal interactions with providers (12,13). Rhee and Bird studied 618 ED patients and found that the technical skills of the nurse and physician were more important than their bedside manner in determining overall satisfaction with care (13). Although there are no published studies that have investigated how objective measures of provider technical skills relate to patient satisfaction, perceived technical ratings have been shown to correlate very highly with the interpersonal interactions with providers in the patient satisfaction literature. This link has been found in both the general outpatient and ED literatures (14, 12, 15–19). These two aspects of care may be much stronger predictors of ED patient satisfaction than actual waiting times; they do not seem as strong as **interpersonal** interactions with providers.

2.5. Waiting Times

Although others have found that perceived waiting times remain statistically and clinically significant predictors in multivariate models, Bursch and colleagues are the only researchers to find that it was more important than inter-personal interactions with providers (21, 22, 34, 24, and 25). All of the studies that have included a measure of both perceived and actual waiting times have found that perceived waiting times are much more important in determining satisfaction than actual waiting times (26,27,21,22,39,19) If waiting times are longer than what the patient expects or deems appropriate, then dissatisfaction is likely to arise, regardless of the actual time waited. Although perceived waiting times seem to be care precisely because they receive greater interpersonal attention from ED providers or get seen faster than those who are less acute.

2.6. Information Delivery

Interventions involving improving information delivery have been studied, with the rationale being that better informed patients are more likely to be satisfied. Two randomized controlled trials have studied the effects of providing information on how the ED functions (e.g., role of triage, use of consultants), with one using a printed brochure given to the patient after triage and the other using a videotaped message played

in the waiting area (29, 15). However, not all information delivery interventions seem effective. Mowen and colleagues showed that providing patients with a standardized verbal estimate of the wait to be seen did not affect patients' perceptions of waiting times or their satisfaction (18). These studies all suffered from significant methodological weaknesses, including use of patient satisfaction measures without adequate psychometric data, poor description of randomization procedures, failure to document treatment integrity validations, and inadequate blinding (29,15,18,30). Although their results are suggestive, this area remains open for future investigation using methodologically sound, randomized controlled trials.

2.7. Interventions to Improve ED Patient Satisfaction

The results from the studies reviewed above can be used to guide changes needed to improve ED patient satisfaction. This review finding suggests that enhancing interpersonal skills of providers and altering perceptions of wait times can be targeted as priority areas. However, the true test of an intervention is the randomized, controlled trial. Unfortunately, the ED patient satisfaction literature is not well represented by such trials. Many of the published intervention studies used pre-post designs, and those that used randomized, controlled trials suffered from significant limitations, such as poor blinding and inadequately detailed randomization procedures. Consequently, it is difficult to state with certitude what will lead to improved patient satisfaction in the ED; however, a few research-based suggestions can be made.

2.8. Interpersonal Interactions with Providers

The predictor domain most strongly associated with global ED satisfaction (i.e., overall satisfaction, likelihood to recommend, or intention to return) across 10 of the 13 multivariate studies was patient satisfaction with interpersonal interaction with ED providers (20, 21, 23-31, 32-33)

Although each of the remaining predictor domain has been found to be the strongest predictor of patient satisfaction in at least one study, none has been replicated as frequently as provider interactions,

And none has been found to be the strongest predictor in the most methodologically sound studies (i.e., those with an average rating of 2.0 or better). In one of the largest studies of ED patient satisfaction conducted to date, Hall and Press surveyed over 3000 patients from 23 EDs across the United States (31). A factor analysis of survey results yielded four scales reflecting satisfaction with nursing care, physician care, waiting and convenience, and diagnostic tests. The nursing and physician scales primarily consisted of items patients to rate their satisfaction with the information they have been given on such things as the cause of their presenting complaint, the reasons why they experienced delays, and how to manage their

problem when they return home. Thompson and colleagues studied more than 1600 ED patients and found that all 11 of their items assessing expressive quality and information delivery exhibited statistically significant relations with satisfaction (34).

Most recently, Sun and colleagues studied over 2300 patients using 68 potential determinants of satisfaction with care, including patient characteristics demographic variables, diagnoses), process of care measures (e.g., triage status, number of treatments received, final disposition), and patient reported problems (e.g., not receiving help when needed, not told about potential delays) (31).

The final logistic regression predicting overall satisfaction revealed that 5 of the 10 strongest determinants were related to information delivery and adequacy of communication. This finding is further validated by the same authors in a follow-up study (33). Studies from other countries indicate that using the results obtained from satisfaction surveys can have a profound effect on the quality of services [3-5]. In this study, we examined the satisfaction level of clients presenting to the ED of Imam Reza Teaching Hospital, which is one of the leading EDs in northwest Iran, with approximately 65,000 admissions per year. The study done in Emergency Department of Imam Reza Hospital in Tabriz, Iran 2009 shows that, the majority of the subjects we studied were male (59.2%), and 40.8% were female. One third were living in Tabriz, which is a major city and provincial centering Iran. The minimum age of subjects was 12 years and the maximum 92 years, with an average value of 43.9 years.

Further analysis of the data revealed that in terms of the literacy and academic background of the interviewees, the largest group (36.2%) comprised those who were either illiterate or had left school before getting their high school diploma.

The least frequently represented group (9.5%) was that with participants holding an associate degree (a degree equal to college completion). In other words, 50% of the subjects had received an education below the level of a high school diploma.

The data also show that 60.6%, 18.4%, 18% and 0.7% of the patients who were admitted to the ED were discharged, hospitalized, referred or died, respectively. We need to mention the 1.8% of the population here that was regarded as missing.

This study reveals that the waiting time (WT) for the first visit to emergency medicine residents or specialists was 24.15 min, with a maximum of 35 min and minimum of 1 min.

For the association analysis between waiting time and satisfaction levels, $P= 0.03$ indicates that those with longer WTs were dissatisfied. Items with a high level of satisfaction included: physicians' courtesy and behavior with the patients (82.5%), security guards' courtesy (78.3%) and nurses' courtesy with the patients (78%). The lowest level of satisfaction refers to the following items: care provider's efforts to get the patients involved in making decisions about their own treatment (26.5%), waiting time (WT) for the first visit (26.2%), and cleanness and neatness (22.2%). The mean waiting time for the patients to be visited by a specialist was 24.15 min, ranging between 35 min as the maximum and 1 min as the minimum waiting times. The highest level of satisfaction with the ED was related to physicians' courtesy (83.1%), and the lowest level was related to service men's friendliness (15.4%). The participants also rated their overall satisfaction of care received during their visit as very high (35.9%), high (28.3%), average (23.3%), low (5.8%) and very low (7.8%). Thus, the data indicate that overall satisfaction was 63.2%, although (13.6%) were dissatisfied. Once the patients themselves were interviewed, their satisfaction level was 60.6%. On the other hand, their relatives' satisfaction level was 63.2%. Also, 18.5% of patients and 13% of their relatives reported dissatisfaction. The difference in satisfaction rate between the two groups was statistically significant ($P= 0.03$). In regard to work shifts, subjects' satisfaction with the morning, evening and night shifts were 62.4%, 64.3% and 63.3%, respectively. Their dissatisfaction levels were 12%, 12.7% and 14.3%, respectively.

Although the overall dissatisfaction rate for the night shift was less than that for the other shifts, there was no meaningful statistical difference among the different shifts. The data also indicate that living area, either urban or rural, showed no meaningful relation to satisfaction level. The satisfaction levels in regard to the subjects' educational background were 45.7%, 51.5%, 53.7%, 76.3% and 65.8% for those holding bachelor degrees and above, associate degrees, high school diplomas, those under the high school level and those who were illiterate, respectively. Dissatisfaction levels among them were 23.9%, 9.1%, 13.7%, 9.1% and 18.4%, respectively. Data analysis shows that those with higher educational levels were more dissatisfied ($P= 0.05$). Once the subjects were asked whether they would recommend this ED to others

A total of 210 outpatients from seven health service and care facilities participated in the exit survey, with 77 (36.7%) of respondents obtained from the General Outpatient Clinic. The remaining patients were obtained from the Specialized Outpatient Clinics, Children's Acute Care (53 patients; 25.2%), Antenatal Care (33 patients; 15.7%), Family Planning (12 patients 5.7%), Tuberculosis (10 patients; 4.8%), HIV Care and Research (15 patients; 7.6%) and the Mental Health (10 patients, 4.8%). The non-response rate was 6%, mostly comprising patients who stated that they did not have time to take the survey. (36)

The baseline characteristics of the respondents. Females (88.1%), young adults aged <30 years (61%), returning patients (on follow-up visit) (67%) and those visiting the hospital because of a new illness (50.5%) were the majority. Waiting time for about 39.5% of patients was at least 4 h at the health facility since their arrival, while 44.5% spent at least 3000 Uganda shillings (USD ~1.50) during the hospital visit (36)

A research done in Moroccan University Hospital during 1 week in February 2009G.C. A total of 212 patients were enrolled. The Arabic version of the EDQS showed excellent reliability and validity. Sixty six percent of participants were satisfied with overall care, and 69.8% would return to their unit. The most patient-reported problems were about waiting time and test results. Variables associated with greater satisfaction with ED care were: emergent (OR: 0.15; 95% CI= 0.04-0.31; $P < 0.001$), or urgent patients (OR: 0.35; 95% CI= 0.15-0.86; $P = 0.02$) compared to non-urgent patients, and waiting time less than 15 min (OR: 0.41; 95% CI= 0.23-0.75; $P = 0.003$). Variables associated with lesser satisfaction were: illiterate patients (OR: 2.53; 95% CI= 1.02-6.30; $P = 0.03$) were less satisfied compared to those with high educational level(38).

A research done in Ethiopia, at Gondar University Hospital; A total of 963 patients were included in the study with a response rate of 96.8%. The other 3.2% participants were either non-response or excluded due to incomplete. The mean age of patients was 28.4 (+17.9) years. Children under the age of 15 years accounted for 20.6 percent of the participants with 9.2% under the age of five years. Elderly patients accounted for 4.6%. There were comparable numbers of males (48.5%) 95%CI: 45.5%-51.7%, and females (51.5%) 95%CI: 48.3%-54.5%. Nearly two-thirds (60.7%) 95%CI: 57.7%-63.9%, of the patients were from rural areas and 271 (28.1%) were housewives by occupation followed by students comprising 21.3% of all patients. Most of the patients (81.4%), 95%CI: 80.1%-86.4%, arrived during the morning (AM) hours (37).

A large number, 706 (73.3%) 95%CI: 70.4%-76.1%, of patients reported that they had been discriminated against or treated badly during the provision of service in the hospital. The major source of discrimination and bad treatment were failure of the health worker to discuss the expenses for treatments, 203 (28.7%), unequal handling or treatment by the health workers, 126 (17.8%), inability to get treatment, 88 (12.5%), not spending enough time with patient, 60 (8.5%), not listening to the patient 52 (7.4%), looking down on the patient, 50 (7.1%), and the health worker talking unkindly to the patient, 7 (1.0%) The overall satisfaction using the mean score indicated that 498 (51.7%) 95%CI: (48.4% - 54.9%) were satisfied with the service, the providers and the facility suitability whereas 465(48.3%) 95%CI: (45.1%- 51.6%) were dissatisfied.

The overall satisfaction using the mean score indicated that 498 (48.4% - 54.9%) were satisfied with the service, the providers and the facility suitability whereas 465(48.3%) 95%CI: (45.1%- 51.6%) were dissatisfied. Assessing the clients' satisfaction for each item, 36.3% of the clients were dissatisfied or indifferent to the courtesy of staff in the registration area while 63.7% were either satisfied or very satisfied. In about two-thirds (64.2%) of clients, the information provided about medication was not satisfying and ranked fair or below. The degree to which the care providers talked to the patient using words which the patients could understand was high at 74.2%

CHAPTER THREE: OBJECTIVES

3.1 GENERAL OBJECTIVES

- To assess patient satisfaction towards emergency medical service of Hawassa University Referral Hospital.

3.2 SPECIFIC OBJECTIVES

- To assess socio demographic characteristics of Hawassa University Referral Hospital clients.
- To identify the hospital set up for convenience to patients & relatives.
- To determine the association between patient characteristics and its satisfaction

CHAPTER FOUR: METHODOLOGY

4.1 study area

The study was conducted in HURH, southern Nations Nationalities & peoples region located in southern Ethiopia. Hawassa is located 270km south to Addis Ababa. HURH is located 3 kilo meters from the center of the town near to lake Hawassa. This is the capital city of southern people. The hospital is equipped with 400 beds &the emergency unit is located at the main gate of the hospital. This teaching hospital has 371 health care workers. Among them the senior physicians, general practitioners, pharmacist laboratory technicians, nurses & radiographers of 36, 30, 25, 32, 209 & 9 respectively. The emergency unit has its own nurses, pharmacists, laboratory technicians, cleaners & guards. The hospital have 400 beds average of 65,000 peoples seen per year. But the seniors & junior physicians In Hawassa there are two hospitals and three health centers with the total population of around 5 million peoples.

4.2 study period

The study was conducted between December 2013 to June 2014 G.C.

4.3 Study population

All Emergency surgical & medical patients who came to Adult & Pediatrics Emergency units during the study period.

4.4. Inclusion & exclusion criteria

4.4.1 Inclusion criteria:

- Patients who seek emergency service & treated at Hawassa Referral Hospital ED of both adult medical - surgical & pediatric OPD.
- Patient who are voluntary and willing to participate in the study.
- Patient attendants who came to attend patients in state of coma.
- Attendants who bring pediatric age group.

4.4.2 Exclusion criteria:

- Patients & relatives attending the emergency department but involuntary to participate in the study are not included.
 - psychiatric patients
 - Mental retardation.

4.5.1 Sample size determination

The minimum number of sample required for this study is determined by using Single population proportion formula considering the following assumptions:

$$n_i = \frac{(Z\alpha/2)^2 p (1-p)}{d^2}$$

Where

n_i = minimum sample size required for the study

Z= standard normal distribution (Z=1.96) with confidence interval of 95% and $\alpha=0.05$

P= the prevalence of patient satisfaction is unknown in our country is unknown;

hence, P= 50 % (0.5) was used.

d= Absolute precision or tolerable margin of error (d) =5%=0.05

$$n_i = \frac{(Z\alpha/2)^2 p (1-p)}{d^2} = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384$$

Then adding 10% ($384 \times 0.1 = 38.4 \approx 39$) of non respondent the total sample size for this study is $384+39=423$.

4.5.2 Sampling technique

A convenient sampling technique was used and hence all patients who came to emergency department of Hawassa University Referral Hospital during the study period was taken as a whole & who can answers to the questions which are standardized questionnaires by Emergency Department Quality Study (EDQS).

4.6. Sampling procedure

Among patients attending Hawassa Referral Hospitals who visit emergency room are eligible for the study period. The total sample size was (n=384) with non respondent rate adding 39 became 423.

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4.7 Data collection procedures

Patients' satisfaction with emergency medical service care was assessed using the modified version of research done in Iran. The questionnaire was translated to Amharic version for interview. After giving a clear introduction, participants were asked to complete self administered semi structured Questioners. Prior data collection training to data collectors how to check completeness, errors how to handle were given most satisfaction score items are scored on a four-point. Participants were asked to rate their satisfaction by selecting only one number that best described their opinion on each item of the scale. Pretest of the questionnaire was carried out for 5% of participants & the result of the pretest was discussed & some corrections have made on the questionnaire. Supervisors & principal investigator have checked collected data in order to maintain accuracy & completeness on daily basis.

The data was collected from the study hospital by 12th grade complete individuals who were not involved in patient care.

4.8 OPERATIONAL DEFINITIONS

-**PATIENT SATISFACTION** is the feelings of pleasure or disappointment as a result of a rendered service with a comparison of the performance of the institution's care against the expectations of the patient.

- **FULLY SATISFIED** – refers to participants who respond as very / agree for satisfaction items.

- **NOT FULLY SATISFIED** – refers to participants who respond as very / disagree for satisfaction items.

- **EMERGENCY DEPARTMENT**; type of field of study that deals with emergency cases.

-**WAITING TIME**; is time that patients stay in the waiting time after the arrival to the triage until seen by the respective physician.

4.9 DEPENDENT AND INDEPENDENT VARIABLES

4.9.1. Dependent variable

- Patient satisfaction in emergency service of Hawassa University Referral Hospital.

4.9.2. Independent variables

- Gender
- Income
- Ethnicity
- language
- Education
- marital status
- Religion

4.10. Ethical consideration

Ethical clearance was obtained from Internal Institutional review board of University of Addis Ababa. Official letter was submitted to the respective offices of Hawassa university health science collage research review board. Self administered questionnaire was given to those who signed the consent form or agreed verbally after being informed of the purpose of the study and the right of the participants not to participate in the study.

4.11. Dissemination of the result

The results of this study was submitted to department of Emergency Medicine, University of Addis Ababa, and school of Medicine. The copies of this study also will be given to the respective health institutions, health office of Hawassa university referral hospital so that they can use the results for planning and implementation of intervention programs. And I would send this paper to a reputable journal for possible publication.

4.10. Ethical consideration

Ethical clearance was obtained from Internal Institutional review board of University of Addis Ababa. Official letter will be submitted to the respective offices of Hawassa university health science collage research review board. Self administered questionnaire was given to those who signed the consent form or agreed verbally after being informed of the purpose of the study and the right of the participants not to participate in the study.

CHAPTER FIVE: RESULT

5.1 The socio- demographic characteristics of participants

The data was collected from both adult and pediatric EOPD of Hawassa University Referral Hospital one hundred seventy eight (42.1%) & two hundred forty five (57.9%) respectively. In this study total of four hundred twenty three patients and attendants are involved during the data collection period.

Among 423 subjects enrolled in the study who, 44.4% or one hundred eighty eight individuals filed questioners are the patients themselves and the rest 55.6 % or two hundred thirty five participants are patient attendants. With regards to time of visit, who fill at the time of morning are two hundred eleven (49.9%), evening one hundred forty four (34%) and night time sixty eight (16.1%). The minimum age of participants is 13years old & maximum of 84 years old with the standard deviation of 11.94 & range of 71.

In terms of classifying in gender, hundred forty six (58.2%) are male and one hundred seventy seven (41.8%) are female. Three hundred eight (73%) are from urban and one hundred fourteen (27%) from rural area.

The majority of peoples in Hawassa town communicate in Amharic language others are sidamigna, wolaitigna & rarely others. So patients who can speak Amharic language can easily communicate with the staffs. Three hundred sixty nine (87.2%) can speak Amharic where as fifty two (12.3%) cannot speak. The details of socio-demographic characteristics are maintained below in table 1.

Table 1: Distribution of patients by sociodemographic factors at Hawassa University Referral Hospital; 2014

Variables	Frequency /Percentage
Age	
14-35years	230 (54.4%)
36-49years	130 (30.7%)
Above 50years	63 (14.9%)
Total	423 (100.0%)
Sex	
Male	246 (58.2%)
Female	177 (41.8%)
Total	423 (100.0%)
Ethnicity	
Sidamma	105/24.8%
Wolayita	35/8.3%
Oromo	103/24.3%
Amhara	30/7.1%
Others	150/35.5%
Total	423/100.0%
Marital Status	
Married	117/27.7%
Single	209/49.4%
Divorced	45/10.6%
Widowed	32/7.6%
Separated	20/4.7%
Total	423/100.0%
Religion	
Orthodox	91/21.5%
Muslim	134/31.7%
Protestant	159/37.6%
Catholic	20/4.7%
Other	19/4.5%
Total	423/100.0%

Educational status	Frequency	Percentage
Illiterate	78/18.4%	
Write & read	120/28.4%	
10th completed	102/24.1%	
Above diploma	123/29.1%	
Total	423/100.0%	
Occupational status		
Government employee	102/24.1%	
Merchant	82/19.4%	
Farmer	74/17.5%	
Student	55/13.0%	
Day laborer	29/6.9%	
House wife	43/10.2%	
Other	38/9.0%	
Total	423/100.0%	

5.2 participant's characteristics of satisfaction in emergency medical service

391(92.4%) are willing to pay for the outpatient service on the contrary 32 (7.6%) are not willing to pay. 132 (31.2%) considered the outpatient department service charge is expensive where as 288 (68.1%) considered the service charge is not expensive

403 (95.3%) of patients felt pain in the hospital stay where as only 20 (4.7%) doesn't feel pain. 215 (58.8%) of participants can distinguish nurses and doctors but 208 (49.2%) can't

Pertaining to the length of stay before seen by physician the minimum length of stay prior to be seen by the doctors is 1 minute, maximum 140 minutes the mean and standard deviation of 29.52 and 20.128 respectively.

317 (74.9%) of patients was prescribed new medication from this participants 183 (43.3%) the staffs told about the drug for which disease the drug is prescribed, only 188 (25.5%) have information about the newly prescribed drug. Only 77 (18.2%) of patients have gotten all the prescribed drugs in the hospital dispensary where as 247 (58.4%) patients doesn't get all the prescribed drugs in the dispensary of the hospital & they buy from other private pharmacy.

165 (39%) of patients have an information about the bad symptoms to look after when discharged from hospital but the rest doesn't know.

For 58.9% of patients and relatives it was not easy to find ways where to move in the hospital 382 (9%) of the participants defiantly not recommend the hospital for others 110 (26%) probably not recommend the OPD for others 169 (40%) probably will recommend for others 106 (25.1%) participants will defiantly will recommend the EOPD of HURH to others.

Overall satisfaction level of Hawassa University Referral Hospital is 55.9% participants are dissatisfied with the Hospital emergency medical service delivered & 44.1% are satisfied.

Table 2: Participants characteristics of dissatisfaction

Variables	No_(%)	AOR(95% CI)	P- value
Sex			
Male	246(58.2%)	0.678(0.447-1.028)	0.067
Female	177(41.2%)	1	
Completing survey			
Patient	187(%)	0.845(1.285-0.555)	0.431
Another one	235(%)	1	
Age			
14 to 24years	72(17%)	1.446(4.03-0.519)	0.48
25 to 34years	168(39.7%)	2.207(5.786-0.842)	0.108
35 to 44years	91(21.5%)	2.270(6.175-0.834)	0.108
45 to 54years	61(14.4%)	1.752(4.997-0.614)	0.295
Above 55years	30(7.1%)	1	
Education			
Illiterate	78(18.4%)	0.353(0.779-0.160)	0.010
Write & read	120(28.4%)	1.075(1.847-0.625)	0.794
10 th completed	102(24.1%)	0.967(1.675-0.559)	0.906
Above diploma	122(29.1%)	1	

Table 3: Aspect of EMS given satisfied versus not satisfied

	Not satisfied	Satisfied
Aspects	Number /Percent (%)	Number /Percent (%)
1 The speed of reception	232 /54.8 %	191/45.2%
2 length of stay before seen	240/ 56.7 %	183/43.3%
3 The kindness , respect & curiosity of nurses	185 /43.7 %	238/56.3%
4 Nurses listening to the patient	233 /55.1 %	190/ 44.9%
5 Nurses explained in a way that I can understand	233/ 55.1 %	190/44.9%
6 The kindness , respect & curiosity of Doctors/Interns	176/41.6%	247/ 58.4%
7 Doctors listening to the patient	167/39.5%	256/60.5%
8 Doctors explained in a way that I can understand	270/ 63.8%	153/ 36.2%
9 The cleanness of EOPD	151/35.7%	272/64.3%
10 cleanness of the bathrooms & latrine	327 / 77.3%	76/17.9%
11 personal privacy maintained	301/71.2 %	122/28.8%
12 Pain well controlled	278 /69.5%	129/30.5%
13 Staffs willingness to control pain	264/62.4 %	159/ 37.6%

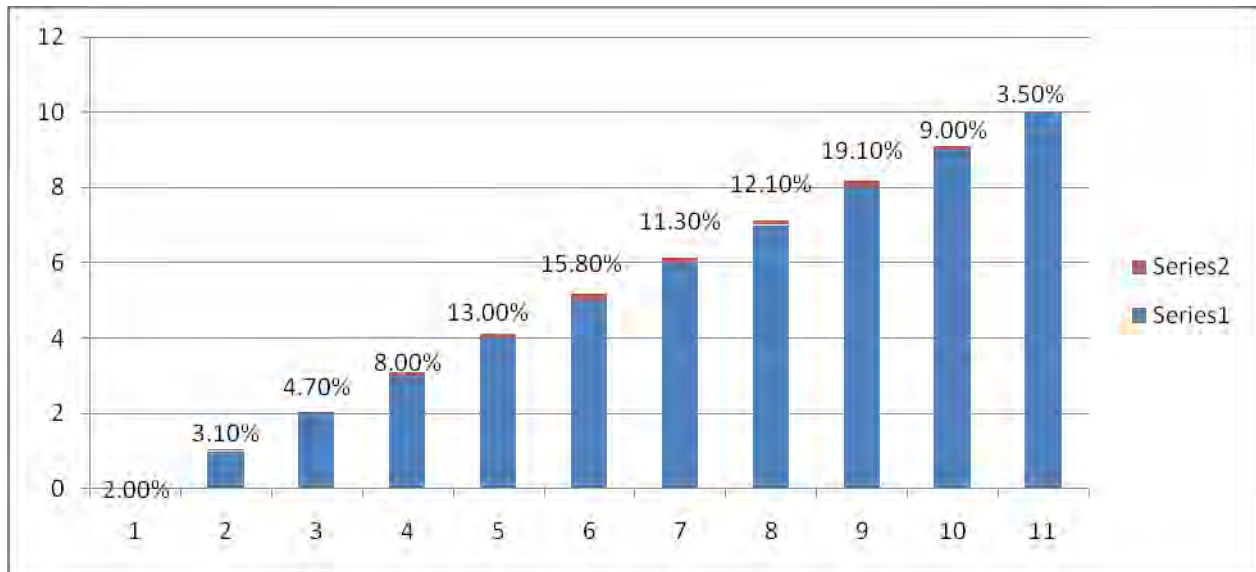
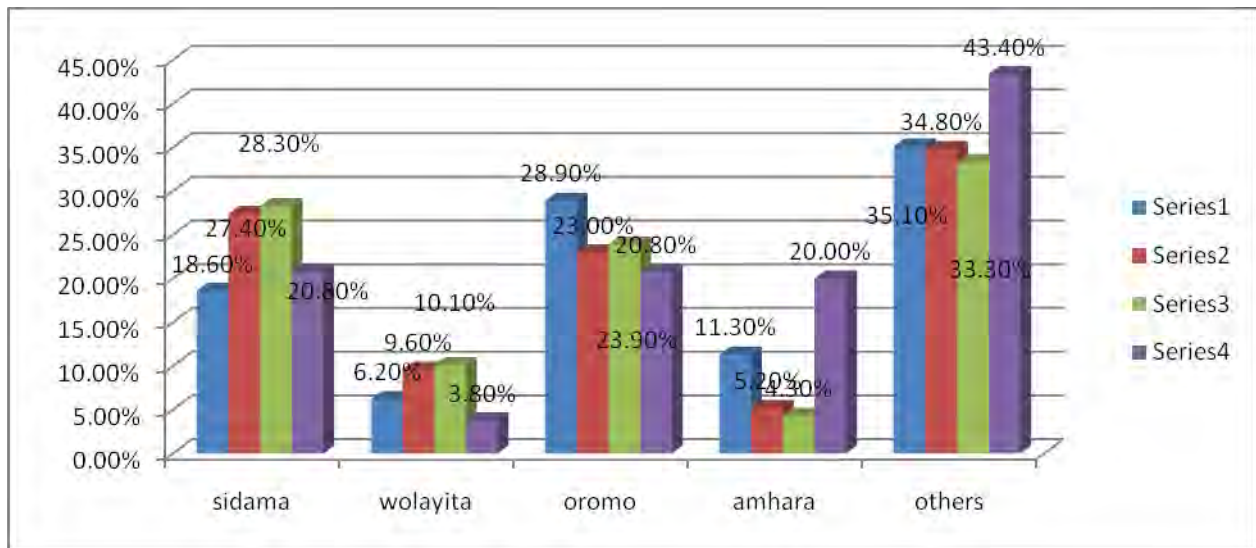


Figure 1: The overall score given one to eleven putting the minimum value 1 & maximum of 11 to the facility by the participant's x- axis for the score given & y-axis for percentage of people.



Key blue – strongly dissatisfied
 Red – dissatisfied
 Green – satisfied
 Violen – strongly satisfied

Figure 2: percentage of satisfaction level by different ethnic groups in HURH south Ethiopia 2014.

CHAPTER SIX: DISCUSSION

Overall satisfaction level of Hawassa University Referral Hospital is 55.9% participants are dissatisfied with the Hospital emergency service delivered but only 44.1% are satisfied which very low. where as in a research done in Ethiopia, at Gondar University Hospital The overall satisfaction using the mean score indicated that 498 (51.7%) 95%CI: (48.4% - 54.9%) were satisfied with the service, the providers and the facility suitability whereas 465(48.3%) 95%CI: (45.1%- 51.6%) were dissatisfied. (37) A research done in Moroccan 2009 G.C. A total of 212 patients were enrolled Sixty six percent of participants were satisfied with overall care delivered (38) this could be because of the HURH as a new referral hospital; many deteriorating & end stage patients are referred, treated and they may die immediately after admission; by looking so, the perception clients is changed to as a hospital of killer & when they came to the hospital, they came with negative attitude.

In our study those who are illiterate are about 65% times less likely to be satisfied than who have learned above diploma. At Mulago, the satisfaction levels in regard to the subjects' educational background were 45.7%, 51.5%, 53.7%, 76.3% and 65.8% for those holding bachelor degrees and above, associate degrees, high school diplomas, those under the high school level and those who were illiterate, respectively. Dissatisfaction levels among them were 23.9%, 9.1%, 13.7%, 9.1% and 18.4%, respectively. (36) Data analysis shows that those with higher educational levels were more dissatisfied ($P= 0.05$).research done in Morocco also shows that illiterates are less satisfied than those who are educated population. (38)

Most recently, Sun and colleagues studied over 2300 patients using 68 potential determinants of satisfaction with care; including patient characteristics demographic variables this study reveals that the waiting time (WT) for the first visit to emergency medicine residents or specialists was 24.15 min, with a maximum of 35 min and minimum of 1 min. For the association analysis between waiting time and satisfaction levels, $P= 0.03$ indicates that those with longer WTs were dissatisfied. In our study, the waiting time for Doctors & interns 1 minute minimum 140 minute maximum, mean of 29.52 & standard deviation of 20.128. When we compare them, they have the same minimum where as time taken for the maximum is different in our set up the maximum is higher this is because when the interns enter to the morning they stay there for about more than 2 hours.

Limitation of the study

- Shortage of literatures in our set up particularly with this specific topic could be maintained as a limitation.
- The noisy emergency room is not covenant to fill the questioners.
- The study participants may create social desirable biases during the interview
- Time constraint is also the other problem. Because of the interview was held with an interview the patient may afraid to say whatever they feel when they were still in OPD. So the findings of this study might be inflated when we compared to the real world.

Strength

- High response rate.
- Since there is no similar study conducted in this area, it can contribute a lot as baseline information for the future studies.

CHAPTER SEVEN: CONCLUSION

In Ethiopia, studies & information on emergency medicine patient satisfaction is very scarce, & this study will help policy makers, service providers, and program coordinators to improve quality of medical care delivered in HURH. Further analysis of the data revealed that in terms of the literacy and academic background of the interviewees in Morocco, the lesser satisfaction were in illiterate patients than educated ones.

In Ethiopia, studies & information on emergency medicine patient satisfaction is very scarce, & this study will help policy makers, service providers, program coordinators to improve quality of medical care delivered in HURH.

The study findings indicated the need for evidence-based interventions in emergency care services in areas such as:-

- Speed of reception area
- Medical care
- Well control of pain
- Nursing care
- Courtesy of staff
- Efforts should focus on shortening waiting intervals and improving patients' perceptions about waiting in the ED

Keeping private personal privacy is very important factor for patient satisfaction, especially the Muslims needs similar sex to be examined during physical examinations.

Having two way good communications between nurses & patients, nurses & patient relatives, doctors & patients, doctors & relatives as well and also improving the overall cleanliness of the emergency room & latrine finally increasing the human resources will have a great contribution to the output of having well satisfied attendants to the hospital. As the emergency department is the newly emerging field of study in our country so far the emergency medical care services were delivered in the ER of HURH was carried out by team of general practitioners, interns & clinical Nurses.

In near future the hospital will have four emergency medicine specialists' physicians & emergency medicine & four critical care practitioners. When they return back we expect it will be a great input for the enhancement of the medical service delivery.

CHAPTER EIGHT: RECOMENDAATIONS

Based on the research findings, the following recommendation can be made.

1. I recommend that the hospital to have adequate drug supply in the dispensary through the year.
2. To give enough information about the disease process, drugs side effect storage & related health education to the patients.
3. The hospital has to establish clean examination rooms & latrines.
4. To make patients pain free during the whole stay in the ER; training on physiology, management options & WHO pain management ladder.
5. The speed of reception should be well organized & fast as much as possible there should be emergency triaging system in the hospital.
6. The staffs should listen to the patients carefully & explain in a way that they can understand.
7. Public health education, promotion & awareness has to be created in mass media towards the quality of health care delivery in governmental hospitals this is because the patients & relatives themselves came with their bad attitude towards the hospital as a killer.
8. It is better to the hospital to have translators mainly; from Oromiffa to Amharic & Sidamifa to Amharic language.
9. The hospital has to prepare guider indicating where to move inside the facility.

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ANNEX III: Consent form

Patients Information Document

Code No: _____

Dear Participants,

My name is Ephrem Geja; I am a student at the Adiss Ababa University school of medicine, undertaking a Masters degree in emergency medicine & critical care. One of the requirements for the degree is to conduct a research project. This letter serves to ask consent from you to take part in this research. The purpose of the research is to assess patient satisfaction. The purpose of this studies this to determine factors that contribute for being not satisfied with emergency medical service in Hawassa University Referral Hospital. This will be critical input for policy makers and organizations involved on care and support of emergency patients. Your participation in this research is voluntary. If you decide not to participate there will be no negative consequences for you. If you do decide to participate there will be no benefits for you. However your participation on this study is very important for achievement of the study and for emergency patients thereby increasing the quality of care for the patients. There is no any risk will occur to you because of your participation in this study. All the responses given by you and results obtained will be kept confidential using coding system whereby no one will have access to your response. You are not expected to give your name or phone number. Without permission from you and legal body any part of this study will not be disclosed to third person. You have full right to refuse and withdrawal to participate in this study if you don't wish. The interview period will take about 15 minute. If you are willing to participate in this study, you need to understand and sign the agreement form, and then you will asked to give your responses by data collectors.

Name of investigator: Ephrem Geja

Tel: 0911066463

E-mail: ephi.geja@gmail.com

Are you voluntary to participate in the interview? Yes No

Informed consent form

I hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating voluntarily in the research project. I understand that I am at autonomy to withdraw from the project at any time.

Signature of participant

Date

Name and signature of supervisor _____ Date _____

Name and signature of data collector _____ Date _____

SECTION I: SOCIO DEMOGRAPHIC INFORMATION

No	Questionnaires	Alternative response
1	Who is completing this survey?	Patient <input type="checkbox"/> Another one <input type="checkbox"/>
2	Time of visit:	Morning (2-11) <input type="checkbox"/> Evening (11-4) <input type="checkbox"/> Night (4-2) <input type="checkbox"/>
3	How old are you?	Age in years-----
4	Sex	1. Male 2. female
5	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. catholic 5. Others-----
6	What is your marital status?	1. Single 2. Married and living together 3. Married but not living together 4. Divorced 5. Widowed
7	What is your ethnicity?	1. Sidamo 2. Wolayita 3. Oromo 4. Amhara 5. Others -----
8	What is the level of your education?	-----
9	Location of living	Urban area <input type="checkbox"/> No urban area <input type="checkbox"/>
10	What is your job?	1. Government employed 2. Merchant 3. Farmer 4. Students 5. Day laborer 6. house wife 7. Others-----
11	What is your monthly income?	_____birr
12	How many minutes did you wait before you were seen by a doctorminutes
13	Do you speak Amharic?	1. yes 2. no

14	Was there meet language barrier?	1.yes 2.no
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Patient satisfaction in emergency medical service of Hawassa University Referral Hospital survey

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Are you comfortable with the speed of reception	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Prior going to examination room how long you stay there.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3 During this visit, <u>nurses</u> treated me with courtesy and respect.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. During this visit, <u>nurses</u> listened carefully to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. During this visit, <u>nurses</u> explained things in a way I could understand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. During this visit, <u>doctors/Interns</u> treated me with courtesy and respect.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. During this visit, <u>doctors/Interns</u> listened carefully to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. During visit, <u>doctors/Interns</u> explained things in a way I could understand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. I could distinguish between doctors and nurses.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
10. The outpatient department was clean.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11The bathrooms/latrines were clean (leave blank if not applicable).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. I was prescribed new medication at this visit.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, Skip Q11, 12, & 13			
13. The staff told me what the medication was for	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			

14. The staff described the medications possible side effects in a way I could understand.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No			
15. All the medications I needed were available at the drug dispensary here.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No			
16. Someone discussed with me what symptoms to look out for after I left the health facility.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No			
17. It was easy for me to find my way around the facility.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No			
18. On a scale of 0-10 (0 being the worst facility, 10 being the best facility), I would you rate this health facility a:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10 Worst.....Best			
19. I would recommend this outpatient department/clinic to my friends and family.	₁ <input type="checkbox"/> Definitely no	₂ <input type="checkbox"/> Probabl y no	₃ <input type="checkbox"/> Probabl y yes	₄ <input type="checkbox"/> Defin itely yes
20. I had to pay for this outpatient visit.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No, Skip Q19			
21. I consider this outpatient visit too expensive.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No			
22. During this health facility stay, how often did you have enough personal privacy?	₁ <input type="checkbox"/>	₂ <input type="checkbox"/>	₃ <input type="checkbox"/>	₄ <input type="checkbox"/>
23. During this health facility stay, did you experience any pain?	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No, Skip 22 & 23			
24. During this health facility stay, how often was your pain well controlled?	₁ <input type="checkbox"/>	₂ <input type="checkbox"/>	₃ <input type="checkbox"/>	₄ <input type="checkbox"/>
25. During this health facility stay, how often did staff do everything they could to help you with your pain?	₁ <input type="checkbox"/>	₂ <input type="checkbox"/>	₃ <input type="checkbox"/>	₄ <input type="checkbox"/>

ጫገጋረማ ፎትሳተየ ናእ ጽቅ ጃረመ ውሚካታየ
ጃረመ ውሚካታየ

ችዎፋታሳተ ድው

ልፍክ ትርህምት ኛተገንድ ቲሲርቫኒዩ ባበአ ስዲአበ ንሆስ ሪማተ ቲሲርቫኒዩ ባበአ ስዲአበ ::ልላባይ ጃኔ ምሬፍኤ ሜስ
:ውነ ታዴግ ንወናከማ ትናጥ ርመርምዩ ርባግተ ትብለያ ግረደመ ውናዎ ቅረመመለ::ኝነ ሪማተ ቃረም ረህድዮ:: ህይ
ሁለጋልፈኝ ዝበጋመለ ኑሆዲንኝ ፊታሳተ ይላ ርምርም ህዚበ ቤዳብደ:: ቲሲርቫኒዩ ሳዎአበ ማላዓ ትናጥ ህዚዩ
ግደሳማለ ንቱሎግልገአ ምህይ ::ውነ ትናጥማለ ታካርኦ ንወቶላያ ልፍክ ኛተገንድበ ንማሙህዩ ንውለያ ልታፒስሆ
ጉልፈቢ ፍተሳመለአ ::ውነ ዎስርኦ ውኔሳው ፍተሳመዩ ይላ ትናጥ ህዚበ ::ልዎረኖይ ታሜቀጠ ኛተፍክ
ህዚበ ንግ ምናዎ ምትዎርኖይአ ምቅጥ ትነይአ ምንም ኑሰወከ ምፍተሳመለ::ምርኖይአ ርግች ትነይአ ምንም ትዎብጣመዩሚዩ
ትሎግልገአ ናምክህዩ ንውጠሰሚዩ ችዎሚካታለ ምህይ ::ልናሆይ ቡሰተረብህለ ታሜቀጠ ኛተፍክ ምፍተሳመ ይላ ትናጥ
ትዳጉ ትነይአ ምንም ስርደሚዩ ይሊ ዎስርኦ ትቅወ ትብፋተሳሚበ ይላ ቱናጥበ ::ልላችስያ ስርደዲንኝ ይላ ጃረደ ኛተፍክ
ውስ ምንማለ ንሆሲ ጥመቀሚዩ ትነዊራጢስሚበ ትዓርስ ድኮበ ስልመ ናእ ትየያተስአ ምውኛንማ ትጠሰሚዩ ይላ ትናጥ ህዚበ ::ምለዩ
ውጃረመ ንገወ ኛተስሰለ ትብመ ዊጋህ ናእ ድቃፍ ዎስርኦ ለካ ::ምትዎብቅበጠይአ ትጠስመ ንዎርጥቁ ክልስ ነሆ ምንዎምስ ::ምጥሰይአ
::ትዎልአ ትብመ ለሙ ልለግማዩ ንዎስራ ትነፈታሳተ ትናጥ ህዚከ ትዎልሰመልካ ዎስርኦ ::ምፍለላተይአ

ቁይጠመለቃ20 ንሆሲ ጅፈሚዩ ቃቂደ:: ምረፈመ ይላ ፀቅበ ዎማርፉ ትነምምስዩ ጉለፈክ ፍተሳመለ ይላ ትናጥ ህዚበ
::ሉቃዩጠይ ጡሰዲንኝ ንዎሽላም ቹዎቢሳብሰ ታዳበ ምያዚክ ::ልታዎብርኖይ

ጃኔ ምሬፍኤ :ምስ ውሪማራመተየ

:ክልስ0911066463

ምስ ርዘይቫድአዩ.ዶ/ዘዘአ ሉሊክአ ር(ትሊሻፕስ ዌደ ጥስውዩ)
2.ውመረገ ትናጥይህ ቶአ(ሲ ሰኤ ምኤ)

ውነ ዎድቃፍ ፍዘተሳመለ ይላ ቁይጠመለቃበ? ምለደይኦ

ዎአ

ጫገጋረማ ፍትሳተየ

ፊተሳመለ ምይላ ትክጀሮፕ ርመርም ህዚበ ::ሁለቻድረተ ማላአ ምንቱክጀሮፕ ርምርምዩ ንሆሲ ሁዳረተየ ትዘይ ንዱነሰዩ
::ሁለቃውአ ኝለዳንኝ ትብመ ሌለግማለ ንሱራ ቱናጥከ ምትዓስ ምውኛንማበ ::ሁለኛሆ ኛደቃፍ

ማርፉ ፋታሳተየ _____ ንቀ _____ ማርፉ ናእ ምስ ርዘይቫርጥሱዩ _____ ንቀ _____
ማርፉ ናእ ምስ ቢሳብሰ ታዳየ _____ ንቀ _____

ልፍክሰ ቸዎጃረመ ርድድአ ዊራብህማየ

ተ.ቁ	ቅይጠመ	ጫርም
ቁ-101	ውነ ትንሰ ዎሜድኢ?	ትመዓበ ሜድኢ-----
ቁ-102	ታዎ	1. ድንፀ 2. ትሴ
ቁ-103	ውነ ንድንም ዎትኖማይህ?	1. ስከዶቶርኦ 2. ምሉስሙ 3. ትንታስቴርፕ 4. ከሊቶካ 5. ችልሌ
ቁ-104	ዎታኔህ ቻብጋየ	1. ባገላዎ 2. ርኖሚየ ይላ ድንኦ ቶብግኦ 3. ርኖይማየ ይላ ድንኦ ምኖሆ ባገዎ 4. ታፈየ 5. ትብተሞየ
ቁ-105	ውነ ንድንም ዎርሑብ?	1. ማዳሲ 2. ሞሮኦ 3. ታይላወ 4. ራማኦ 5. ችሎሌ
ቁ-106	ጃረደ ትርህምትየ	_____
ቁ-107	ውነ ንድንም ዎራስ?	1. ኛተራሰ ትስግንመየ 2. ዴጋጎ 3. ናርብግ 4. ሪማተ 5. ኛተራሰ ንቀየ 6. ትቤመኦ ትቤየ 7. ችሎሌ
ቁ-108	ውነ ርብ ልህዩ ንም ዎቢገ ዊሃርወ?	_____
ቁ-109	ህየኮ ልህዩ ንም ይታትሳ?ካኪደ
ቁ-110	ውዳጎ ንሁታነንግ ህልቻመለኦ ኛርማኦ ?	ይኦ ንዎኦ

ተ.ቁ	ጥያቄ	በጣም አልሰማም	አልሰማም	እስማማለሁ	በጣም እስማማለሁ						
1	የካርድ ክፍል ፍጥነታቸው ጥሩ ነው።										
2	ወደ መታከሚያ ክፍል ከመሄድዎ በፊት ብዙ አልቆየሁም።										
3	በጤና ተቋሙ ቆይታዬ ነርሶች በትህትናና በአክብሮት አገልግለውኛል።										
4	በቆይታዬ ነርሶቹ በደንብ አድምጠውኛል /ተረድተውኛል።										
5	በቆይታዬ ነርሶቹ ለለሀመሜ በሚገባ መንገድ አብራርተውልኛል።										
6	በጤና ተቋሙ ቆይታዬ ሀኪሞች በትህትና እና በአክብሮት አገልግለውኛል።										
7	በቆይታዬ ዶክተሮቹ በደንብ አድምጠውኛል።										
8	በቆይታዬ ዶክተሮቹ በሚገባ መንገድ አብራርተውልኛል።										
9	የህክምና ሰታው ንዕህና ተስማምቶኛል።										
10	የሻወር /ሽንትቤት ንዕህና ተስማምቶኛል።										
11	በቆይታዬ ገመናዬ ተሸፍኖልኛል።										
12	ለሀመሜ እርዳታ ተሰጥቶኛል።										
13	ለሀመሜ ማሰታገሻ ተሰጥቶኛል።										
14	ነርሶቹን እና ዶክተሮቹን ለይተህ ማወቅ ችለሁል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
15	አዲስ መድሃኒት ታዘልሁል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
16	መድኃኒቱ ለምን በሽታ እንደታዘዘልህ ተነገሮህል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
17	የመድኃኒቱን የጎንዮሽ ጠንቅ ተነገሮህል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
18	የታዘዘልህ/ሽ መድሃኒቶች ሁሉ በፋርማሲው ይገኛሉ?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
19	ማንኛውም አደገኛ ምልክት ሲኖር መመለስ እንደሌለህ/ሽ በቀላሉ ማወቅ ችለህል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
20	በግቢው ውስጥ ስትዘዋወር ወዴት መሄድ እንደሌለህ/ሽ በቀላሉ ማወቅ ችለህል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
21	ለተቋሙ ከ0 እስከ 10 ደረጃ ምን ያክል ትሰጣለህ/ሽ?	1	2	3	4	5	6	7	8	9	10
22	ለንደኞቹ እና ለቤተሰቦቹ ወደዚህ ሆስፒታል መተው እንዲታከሙ እመክራቸዋለሁ።	በፍፁም አላደርገውም	ምናልባት ላደርገውም	ምናልባት አደርገዋለሁ	በፍፁም አደርገዋለሁ						
23	ለተሰጠህ አገልግሎት መክፈል ነበረብህ/ሽ?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
24	ክፍያው ውድ ነው ?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								
25	በቆይታህ/ሽ ህመም ተስምቶህ ያውቃል?	አዎ <input type="checkbox"/>	አይደለም <input type="checkbox"/>								

