

Satisfaction with outpatient health services at Jimma Hospital, South West Ethiopia

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Abstract

Background: The opinions of users about the health care services and the degree of their satisfaction may indicate the efficiency of the services.

Objective: To assess consumer satisfaction of outpatient health care services.

Methods: A cross-sectional survey was conducted at Jimma hospital from November to February 1999. Data were collected by health-workers using pre-tested, structured questionnaire.

Results: A total of 385 outpatients, females, were interviewed at exit of hospital. The majority, 140 (36.4%) of the users were within the age group of 30-39 years. About 56% of the females visited the hospital for children's health care while 87.2% of the males visited for own health care. Overall, 57.1% of interviewee believed that the service they received was either good or very good. Satisfaction with health care was found to have a direct relationship with increase in age but has an inverse relation with increase in educational level of respondents. It has a significant association with length of waiting and consultation time, type of investigations performed and securing prescribed medications from hospital pharmacy ($P < 0.05$).

Conclusion: Based on the findings of the study, efficient health service management to improve drug supply and quality of service are recommended. [*Ethiop. J. Health Dev.* 2001;15(3):179-184]

Introduction

Ethiopia is among the least privileged nations in health in the world with high morbidity and mortality from communicable diseases (1,2). Effective treatment of patients is one of the strategies in controlling the source of communicable diseases and prevention of the transmission of disease. If proper guidance is given by the health workers, modern drugs can be used safely and effectively to treat many of the infectious diseases that are prevailing in developing countries (3,4).

Client satisfaction is an integral component of health service. The effectiveness of health care is determined to some degree by consumers' satisfaction with services provided. A satisfied patient is more likely to comply with the medical treatment prescribed, provider and continue using medical services. Patient satis-

faction with the services and perceived quality tend to influence utilization of services as well as compliance with practitioner recommendation (5). Thus, it is important to elicit the opinion of local people, as well as their degree of satisfaction with available service to improve on quality and efficiency of health services (6).

In a study conducted in Gondar town, 78% of the outpatient visitors to Gondar teaching hospital reported dissatisfaction with services offered at the outpatient department in their past experiences (7). In a study done in Manica, Mozambique, 55% of interviewee believed that the service they received was either good or very good, while 32% rated it as fair and 13% as poor (6). Satisfaction was reported to be Positively associated with increased training level of the provider and short waiting time at the health unit. Other sources of dissatisfaction include lack of adequate transportation, inadequate physical examination by providers and failure to obtain

prescribed medication (6,8). Declining patient satisfaction with increasing level of educational attainment and the reverse with increasing age has been observed (8).

The aim of the present study was to assess the level of satisfaction of outpatient health service users and to identify factors associated with dissatisfaction with the health service provided.

Methods

This cross-sectional survey on outpatient health care service users was conducted between November and February 1999. The data collection process alone was carried out from November 1-20, 1999 in Jimma Hospital, a referral and teaching hospital located at 335 Kms to the South west of Addis Ababa. It is the only hospital in Jimma town with 226 beds. The hospital provides outpatients health services in Internal Medicine, Paediatrics, surgery and Gynaecology-Obstetrics. The daily load of patient/health service user of the hospital ranges from 90-120. The yearly load ranges from 21,000-25,000 individuals.

During the study period all health service users of both sexes were enrolled in to the study at an exit from the hospital after completing their health care service and returning home. Subjects who visited the hospital for own medical check up, family planning services or for their children's check up and immunization services were included in the study. Consent was obtained from the hospital and zonal health bureau officials. Verbal consent was also secured from every respondent. Users were briefly informed about the study and were asked for their willingness to participate in the study. Patients critically ill, emergency cases and children who were not attended by their parents or relatives were excluded from the study.

In the survey, 3 health officer students who previously served as nurses but currently on study in Jimma University collected data using

pre-tested, structured questionnaire. Data collectors were given orientation. Supervision by the investigators during the data collection process was made and incomplete questionnaires were excluded. The questionnaire consisted of closed and open-ended questions prepared in the English language, which was translated into Amharic and Oromiffa languages by the interviewers. The questionnaire was pre-tested in a pilot study conducted prior to the study. The major components of the questionnaire included demographic characteristics of respondents (identifications, marital, educational status, religion), primary reasons for the visit to the health service (curative or preventive), length of time spent waiting for services, the level of satisfaction and problems encountered on the day of visit to the hospital.

Data were manually cleaned and processed using EPI-info version 6 statistical package. Chi-square (χ^2) test was applied to determine difference and association between variables. P-value < 0.05 was considered significant.

Results

Of the total 385 outpatient health service users interviewed at an exit after completing their health care, 140 (36.4%) were within the age group of 30-39 and 118 (30.6%) of them between 20-29 years. There were 195 (50.6%) males and 190 (49.4%) females. About 77% were married, 55.0% Muslims and 41.5% were illiterate (Table 1). The majority, 355 (92.2%) visited the hospital for curative health care while 30 (7.8%) visited for preventive health care. All males and 81.2% of females visited the hospital for curative health care. Majority of males, 87.2% visited the hospital for own curative health care while 56.2% of females visited the hospital for child's health care ($P < 0.05$). Most, (73.2%) reported that they have undergone laboratory and/or x-ray investigations. Majority of interviewees, (97.2%) who visited the hospital for curative

Table 1: Socio-demographic characteristics of study population, Jimma Hospital, November-February 1999

Characteristics		Number	Percent
Age group (in year):	Sex		
10-19	M	20	5.2
	F	18	4.7
20-29	M	56	14.5
	F	62	16.1
30-39	M	74	19.2
	F	66	17.1
40-49	M	32	8.3
	F	32	8.3
50-59	M	8	2.1
	F	12	3.1
60+	M	5	1.3
	F		
Total	M	195	50.6
	F	190	49.4
Marital Status			
Married		295	76.6
Single		75	19.5
Widowed		6	1.6
divorced		9	2.3
Religion			
Muslim		212	55.0
Orthodox		105	27.3
Protestant		68	17.7
Ethnicity			
Oromo		261	67.8
Amhara		49	12.7
Kaffa		32	8.3
Others		43	11.2
Educational Status			
Illiterate		160	41.5
Read & write		14	3.6
Grade 1-6		50	12.9
7-8		35	9.0
9-12		70	18.0
12+		56	14.0
Total		385	100.0

health care were given prescriptions. The most frequently ordered therapeutics were oral preparations followed by injections (Table 2).

Of those given prescriptions, only 33.3% secured medications from the hospital

Table 2: Type of treatment(s) given for the health problem of interviewee, Jimma hospital, Nov.-Feb.

Medications given	Number	Percent
Advice	10	2.6
Oral (syrup, tables)	256	66.5
Injections	24	6.2
Both oral & injections	65	16.9
Other (follow up)*	30	7.8
Total	385	100.0

*Subjects who visited the hospital for preventive services such as immunization

pharmacy. Lack of drugs (87.8%) and lack of money to buy drugs (12.2%) were the main reasons for not getting prescribed medications from the hospital pharmacy. Of those who got prescribed drugs from hospital pharmacy, 12.% denied of getting instructions how to use the drugs. Majority, (63.6%) paid for the services they were offered and the rest (36.4%) got free of charge.

The percentage of users satisfied with health care services increased progressively with increase in age of an interviewee, but decreased with increase in educational status of interviewee. Satisfaction decreased with increase in length of waiting time (Table 3).

There was also a significant association between satisfaction and perceived length of time spent with health care provider for physical examination and consultation, with longer time spent associated with higher satisfaction level ($p < 0.05$). Satisfaction was also found to be significantly associated with undergoing investigations and getting the prescribed medications from the hospital pharmacy (Table 4). No significant differences were identified in satisfaction scores based on place of residence, type of treatment given, payment scheme and gender.

Table 3: Percentage of users satisfaction with health care compared to interviewee's age, educational status and length of waiting time preceding consultations, Jimma Hospital, Nov.-Feb. 1999

Characteristics	Satisfied Number (percent)
Age group (in years)	
10-19	15 (3.9)
20-29	63 (16.4)
30-39	85 (22.1)
40-49	39 (10.1)
50-59	14 (3.6)
60+	4 (1.0)
Educational status	
Illiterate	125 (32.5)
Read & write	10 (2.6)
Grade 1-6	25 (6.5)
7-8	15 (3.9)
9-12	25 (6.5)
12+	20 (5.2)
Waiting time (in hours)	
1	53 (13.8)
2	50 (13.0)
3	75 (19.5)
4	35 (9.1)
5	2 (0.5)
>5	5 (1.3)
Level of satisfaction	
Very good	120 (31.1)
Good	100 (26.0)
Poor	115 (29.9)
Bad	50 (13.0)
Total	385 (100.0)

The most frequently encountered problems affecting utilization on the day of visit were due to failure to collect prescribed medications from hospital pharmacy (36.3%), long waiting time preceding consultation (20.4%), and failure to locate different units easily (15.5%) (Table 5).

Table 4: Levels of satisfaction relation to time spent with the health care provider, undergoing investigations and provision of prescribed medication from hospital pharmacy, Jimma Hospital, Nov.-Feb., 1999

Variables	Levels of Satisfaction			P-value
	satisfied	Not satisfied	Total	
Time spent				
Long	130	45	175	$\chi^2 = 38.5$,
Short	90	120	210	$P < 0.05$
Total	220	165	385	
Investigations				
Yes	180	102	282	$\chi^2 = 19.254$,
No	40	63	103	$P < 0.05$
Total	220	165	385	
Provision of medications¹				
Yes	85	30	115	$\chi^2 = 28.455$,
No	105	135	240	$P < 0.05$
Total	190	165	355*	

*This total does not include those who came for follow up or preventive care.

Table 5: Problems identified by respondents during visit to health care provider, Jimma Hospital, Nov.-Feb., 1999

Problems encountered	Number	Percent
Failure to get drugs	140	36.3
Long waiting time	76	20.4
Failure to locate rooms in hospital	60	15.5
Ill-responses from staffs	30	7.7
Fefusal of Lab. Staff to perform request in the afternoons	16	4.0
shortage of waiting facility	14	3.5
No problem faced	49	2.6
Total	385	100.0

Discussion

The satisfaction level of outpatient service users in the study area was 57.1%. This report is very low but comparable with a study conducted in Mozambique, which showed 55.0% satisfaction rate with the health care (6). On the other hand, this finding is higher than the reports of a study conducted by Dagnew et al (7) in Gondar which showed 22.0% satisfaction rate. The differences could be attributed to the differences in method of data collections, The present study was an exit interview using health professionals and that of Gondar was a community-based one. Thus, this study should be interpreted with caution, as it may tend to exaggerate satisfaction level due to social desirability bias.

Satisfaction score was directly related to the age of interviewee, i.e., with an increase in age, there was an increase in satisfaction score, but it showed an inverse relation with educational status of an interviewee; high educational level associated with lower satisfaction score. Thus has similarity with a study conducted in Trinidad and Tobago, which showed the percentage of satisfied patients decreased with increasing level of educational attainment but increased with increasing age (8). The reason could be due to high expectations by those who are more educated than the illiterate. In agreement with a previous study, short waiting time and long consultation time were associated with high satisfaction scores (8). The study also revealed that high satisfaction scores were associated with undergoing investigations and securing prescribed medications for the hospital pharmacy. In a study conducted in Manica, Mozambique, failure to receive prescribed medications was found to be the most common complaint associated with lower satisfaction scores (6).

As to this study there was no association between satisfaction scores and place of residence, type of treatment given, provision of drugs free or buying and gender. There were similar findings in other studies based on

these characteristics (6,8). In the present study, there was slight male preponderance (50.6%) in outpatient health care service users than females (49.4%) while Kebede et al (9) identified 52.9% females and 47.1% males who were served. Majority of males (87.2%) visited the hospital for own health care services, while majority of females (56.1%) visited the hospital for their children's health care. This finding is similar with the study conducted in Mozambique (6), but there is slight difference from a report by Mitikie et al (10) where 95.9% visited hospitals for health care service. The relatively lower number of health service users in preventive aspects in the hospital is mainly preventive services are run by the MCH clinics and health centre located in the town.

The most frequently faced problems affecting utilization on the day of visit leading to dissatisfactions were: failure to obtain prescribed medications from hospital pharmacy, long waiting time preceding consultation and difficulty to locate different sections easily. This is comparable with report of study conducted in Mozambique (6).

In conclusion, the satisfaction level of outpatient service users in Jimma hospital was low. There should be an efficient management system within the health units including outpatients department, pharmacy, laboratory and examination rooms in order to reduce long waiting time and shortage of drugs in order to improve quality of services and level of users satisfaction.

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