

T Patients' Level of Satisfaction with the Health Care Services Received at Outpatient Departments in Kilimanjaro Region, Tanzania

Olomi GA

Community Health Department, Institute of Public Health, Kilimanjaro Christian Medical University College, Box 2240, Moshi, Tanzania

Introduction: Patients' satisfaction is a measure of health system performance and can be used as a foundation of encouraging health care providers to become more responsible to their patients. Satisfaction manifests itself as a distribution, access and utilization of health services. This study aimed to determine patients' level of satisfaction with the health care services received in outpatient department in Kilimanjaro Region.

Methods: A cross-sectional study design was conducted at Mawenzi Regional Referral Hospital (MRRH), Same District Hospital (DH) and Huruma Designated District Hospital (DDH) using Donabedian model to determine patients' level of satisfaction with the health care services received at outpatient departments in Kilimanjaro Region. Systematic sampling was used to select 450 patients. Service quality questionnaire was used for data collection. Descriptive statistics was performed. Paired sample t-test, independent sample t-test and one-way ANOVA with Bonferroni post-hoc test were used to compare mean gap scores. A p-value of <0.05 was considered statistically significant.

Results: The overall patient's level of satisfaction with health service provision at OPD in all three hospitals was 20%. The gap on health services provision in all three hospitals was -37.0 (\pm 47.0) signifying overall dissatisfaction among patients. No statistically significant difference ($p < 0.05$) on the gap in satisfaction with quality of service provision existed between MRRH and Huruma DDH as well as between MRRH and Same DH. However, a significant gap difference was demonstrated between Huruma DDH and Same DH ($p, 0.002$) with a smaller gap in satisfaction at

Huruma DDH compared to Same DH (-28.0 versus -46.7). The highest level of dissatisfaction in the five service dimensions tested was on empathy (-7.8).

Conclusion: Patients attending OPD in all three hospitals demonstrate an overall dissatisfaction with quality of care. Hospital managements should focus on: improvement of patient-provider relationship, availability of equipment and drugs and affordability of hospital bills.

Keywords: Patients; Satisfaction; OPD services; Hospital; Tanzania

Abbreviations: DH: District Hospital; DDH: Designated District Hospital; MRRH: Mawenzi Referral Regional Hospital; OPD: Outpatients Department; SERVQUAL: Service Quality

Introduction: Customarily, nature of human services administrations has been estimated by methods for proficient norms overlooking the significance of patient's fulfillment [1,2]. The degree of patients' fulfillment is significant for improving the nature of care gave. In light of various investigations, there is a high variety of patients' degree of fulfillment among nations and inside nation.

In created nations, patients are exceptionally fulfilled (90-95%) with the essential administrations gave at outpatient offices (OPD, while in creating nations it has been indicated that, the scope of patients' fulfillment change between 95% to <50%. In Nigeria 84% are fulfilled while in Ethiopia 77% are happy with the wellbeing administrations rendered at the OPD [3-5]. In Tanzania, at Muhimbili National Hospital fulfillment level was seen as high (90%-95%) while in Morogoro (Kilosa District Hospital) fulfillment lev-

el was moderate (70%) however at Mwananyamala Referral Hospital, fulfillment level was seen as low (<50%) [6-8]. On the off chance that patient's degree of fulfillment on nature of care doesn't satisfy their guidelines, patients may choose to search treatment elsewhere out of the proper wellbeing framework that may prompt unexpected frailty looking for practices bringing about poor beginning take-up of administrations, poor adherence, poor maintenance of administrations and toward the end this may add to high horribleness and mortality.

How to measure patients' satisfaction level

As per various examinations done around the world, it is very much archived that patient's degree of fulfillment with the nature of social insurance administrations can be estimated through its structure, procedure and result. Structure area (physical assets and confirmation) incorporates accessibility of clinic hardware including drugs, emergency clinic tidiness, staffing level and moderateness of medical clinic administrations. Procedure area (unwavering quality, responsiveness and sympathy) incorporates persistent supplier relationship, classification and holding up time.

In this examination, patient's degree of fulfillment with nature of medicinal services will concentrate on structure, procedure and result. These three spaces were fitted into SERVQUAL device measurements (unmistakable, unwavering quality, responsiveness, affirmation and sympathy).

Materials and Methods

Design and study area

A cross-sectional study design was conducted at Mawenzi Referral Regional Hospital (MRRH), Same District Hospital (DH) and Huruma Designated District Hospital (DDH) in Kilimanjaro region from May to November 2015. Mawenzi is the referral regional hospital located in Moshi Municipality; Same DH is located in Same district, 100 km south-east of Moshi Municipality. Huruma DDH is in Rombo district council located in the north-eastern part of Kilimanjaro

Region. Moshi and Same are urban districts while Rombo is a rural district. During the study period, the selected hospitals had more than 450 patients per day attending the OPD.

Study population

The study population consisted of patients who gave their consent and parents or caretakers of sick children who attended outpatient departments of the three selected hospitals during the study period. Critically ill patients, re-attendance of patients during study period, patients under 18 years olds without parents/care takers and admitted or discharged patients on the day of interview were excluded.

Sample size and sampling

A solitary populace extent test size assurance recipe was utilized with the accompanying supposition: the patients' degree of fulfillment in Kilimanjaro locale is half, edge mistake of 5%, and non-reaction pace of 10% and the ideal degree of certainty span at 95% . A base example size of 422 was determined yet the example size of 450 members was enlisted. Purposive inspecting was utilized to choose the region of study dependent on area and possession. Basic arbitrary strategy was utilized to choose the principal member through drawing a bit of paper composed YES among five bits of papers in a container set at a library area. The remainder of members were chosen by utilizing a methodical testing dependent on the anticipated day by day participation at OPD. To get the inspecting stretch, an equation N/n was utilized whereby N =the all out number of patients going to OPD every day and n =the evaluated test size. Mysterious, organized SERVIQUAL survey was adjusted and afterward embraced to address the examination targets . The SERVIQUAL poll is partitioned into five assistance measurements (effects, dependability, responsiveness, affirmation and compassion) to decide patients' degree of fulfillment with the social insurance administrations arrangement. As indicated by SERVIQUAL survey, the inquiries to evaluate patients' degree of fulfillment are in two classifications: 1) desire and 2) recognition questions.

The survey was created in English with to and fro deciphered in Kiswahili, the nearby language in Tanzania. The SERVIQAUl survey in Kiswahili was then steered with an advantageous example of n=30 for legitimacy and unwavering quality. Minor modifications were made dependent on the pilot testing.

Results: A total of 450 patients participated in this study. Females were 70.2% with the mean (\pm SD) age of 42.0 ± 16.5 years. A majority of respondents (58.2%) were younger than 45 years and were residing in rural areas (56.9%). Most of the socio-demographic characteristics of patients were not statistically different except for place of residence ($p=0.025$) (Table 1).

Majority of patients were non-referral (89.3%, n=402) and had visited the hospital at least twice (70.4%). Most of participants had health insurance coverage (64.2%) and were attended using health insurance the day of interview (97.2%). The differences between hospitals visited did not statistically differ except according to referral status ($p=0.02$) and insurance status ($p=0.001$) (Table 2).

Satisfaction with quality of health service provision by hospitals

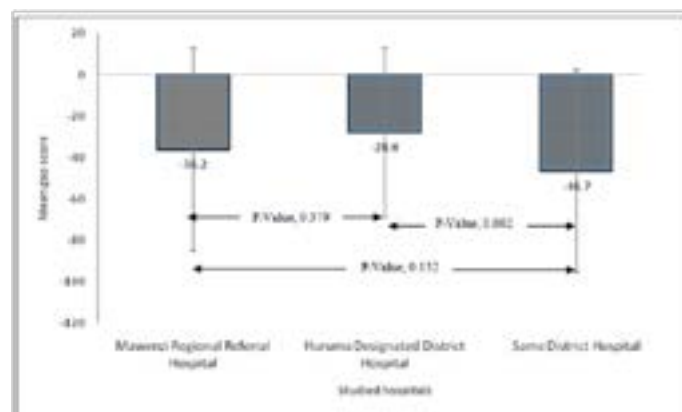
The overall patient's level of satisfaction with health service provision in all three hospitals was only 20%. The gap in health service provision in all three hospitals was $-37.0 (\pm 47.0)$ signifying overall dissatisfaction among patients in health service provision. In comparison between hospitals there was no significant difference between Mawenzi and Huruma ($p=0.379$) or same ($p=0.152$). A significant gap difference was demonstrated between Huruma and Same Hospitals ($p, 0.002$). A smaller gap in satisfaction with service provision at Huruma DDH was -28.0 and Same DH was -46.7 (Figure 1).

Demographic characteristics were compared with patients' level of satisfaction among the three hospitals visited.

In general, level of satisfaction in relation to socio-demographic characteristics of patients did not statistically differ between hospitals, except according to patient's age (mean gap difference -10.7 , 95%

CI: $-19.5, -1.9$; $P=0.017$), place of residence (mean gap difference 11.5 , 95% CI: $2.7, 20.2$; $P=0.010$) and number of OPD stations visited (mean gap difference 12.6 , 95% CI: $3.3, 21.8$; $P=0.008$) (Table 3).

In all five service dimensions, namely, tangibles, reliability, responsiveness, assurance and empathy; patient's expectations were higher than patient's perceptions. The highest mean expectation score was recorded on Reliability (75.84) followed by Empathy (74.17). Lowest mean expectation score was recorded on Assurance (61.73). Empathy had the highest perception-expectation mean gap score (-7.8), followed by Reliability (-7.64) and then by Tangibles and Responsiveness with mean gap score of -7.61 each respectively (Table 4).



Variable	All (n=450)	Mawenzi (n=150)	Huruma (n=150)	Same (n=150)	p-value
	No. (%)	No. (%)	No. (%)	No. (%)	
Sex					
Male	114 (25.3)	37 (24.7)	42 (28.0)	45 (30.0)	
Female	336 (74.7)	113 (75.3)	108 (72.0)	115 (77.0)	0.301
Age (years)					0.821
Mean (n SD)	42.0 (n 16.5)	41.4 (n 16.8)	42.3 (n 16.5)	42.3 (n 16.2)	
range	16.1-88.0	16.8-88.0	16.5-88.0	16.1-88.0	
Younger than 35	131 (29.1)	48 (32.0)	41 (27.3)	42 (28.0)	
35-44	131 (29.1)	42 (28.0)	41 (27.3)	48 (32.0)	
45-59	124 (27.6)	33 (22.0)	33 (22.0)	38 (25.3)	
60 or older	64 (14.2)	27 (18.0)	29 (19.3)	28 (18.7)	0.001
Marital status					
Married/cohabiting	394 (87.6)	133 (89.0)	99 (66.0)	100 (66.7)	
Single	34 (7.6)	10 (6.7)	15 (10.0)	15 (10.0)	
Widowed	11 (2.4)	9 (6.0)	11 (7.3)	10 (6.7)	
Divorced/separated	20 (4.4)	6 (4.0)	6 (4.0)	8 (5.3)	0.339
Nighest education level					
None	14 (3.1)	6 (4.0)	14 (9.3)	14 (9.3)	
Primary	201 (44.7)	64 (42.7)	63 (42.0)	74 (49.3)	
Secondary	113 (25.1)	33 (22.0)	46 (30.7)	34 (22.7)	
Post-secondary	41 (9.1)	17 (11.3)	11 (7.3)	13 (8.7)	0.341
Residence					
Rural	256 (56.9)	81 (53.3)	98 (65.3)	77 (51.3)	
Urban	194 (43.1)	69 (45.7)	52 (34.7)	73 (48.7)	0.021
Occupation					
Formal employment	77 (17.1)	23 (15.3)	28 (18.7)	26 (17.3)	
Self-employment	281 (62.9)	104 (69.3)	90 (60.0)	87 (58.0)	
Unemployed	92 (20.6)	23 (15.3)	32 (21.3)	37 (24.7)	0.333

Table 1. Social demographic characteristics of patients (n=450)

Discussion: This investigation was led to decide patient's degree of fulfillment with the human services administrations got at outpatient offices in Kilimanjaro Region, Tanzania. When all is said and done we found that patients were not happy with the administrations given from the three medical clinics (just 20% were fulfilled). The general hole in wellbeing administration arrangement in every one of the three emergency clinics was $-37.0 (\pm 47.0)$, meaning by and large disappointment among patients with wellbeing administrations arrangement. This is in accordance with discoveries of patients' fulfillment concentrates somewhere else [8,12]. Be that as it may, this is in opposition to the examination done in Thailand, whereby a higher extent of patients were happy with nature of care [16]. This investigation uncovered that patients' desires were higher than their discernments in every one of the three emergency clinics whereby the most reduced hole between patients' observation and desires was found at Huruma DDH. This implies patients were at any rate disappointed with the administration arrangement contrasted with MRRH or Same DH. The purposes behind the distinction could be because of responsibility for three emergency clinics. Huruma DDH is claimed by a Faith-Based Organization that could be progressively dedicated, effective and stretches out cordiality to patients in conveying a quality consideration when contrasted with Government clinics. Then again, our discoveries are like that detailed from another investigation which found that the fulfillment level was moderately low. Studies in Ghana and Thailand found that the general patient's fulfillment level with

nature of administrations conveyed was acceptable [8,16,17]. The reasons of these distinctions watched could be because of varieties in the investigation region, test size, medical clinic administrations, diverse degree of desires among patients and the examination populaces.

Conclusion: The aftereffects of this investigation by and large demonstrated that, patients' were not happy with the social insurance arrangement in every one of the three emergency clinics. There were negative holes between patient's recognition and desires on administration quality given by the three emergency clinics. In this way, to accomplish the patients' desires, the nature of social insurance benefits should be improved through improving patient-supplier relationship, holding up time, appearance of physical offices, accessibility of hardware and medications and reasonableness of emergency clinic bills.

A subsequent report is prescribed to be directed among social insurance suppliers on challenges they are looking in living up to patients' desires. Another investigation of patient fulfillment ought to incorporate inpatients and outpatients utilizing blended techniques.

Acknowledgment: The creators say thanks to Pump Priming upheld via Training Health Researchers into Vocational Excellence (THRiVE) in East Africa, award number 087540, financed by Well come Trust for subsidizing the investigation. Associates at Institute of Public Health at Kilimanjaro Christian Medical University Collage.