

Satisfaction of Chronic Illness Patients at Felege Hiwot Referral Hospital, Bahir Dar City, Northwest Ethiopia

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Abstract

Introduction: Patient satisfaction is a popular way of evaluating quality of health care given in health facilities. This study was done to assess the level of chronic illness Patients' Satisfaction in Felege Hiwot Referral Hospital, Bahir Dar City, Ethiopia. **Method:** Cross-sectional study was conducted by involving 415 patients using systematic sampling method at Felege Hiwot referral hospital, Bahir Dar City, Ethiopia from 1st September, 2012 to 2nd November, 2012. Structured questionnaire was data collection tool. The questionnaire was prepared in English. It was translated to Amharic and back to English. Discrepancies in the translation were resolved by mutual agreement with the research team. Pre-testing was done prior to the actual data collection process on a sample of 20 respondents and modified accordingly. The study was approved by ethics review board of Bahir Dar University. The collected data were checked for completeness and consistency before being coded, entered and analyzed using SPSS version 19. **Result:** The overall level of satisfaction of chronic illness patients in this hospital was 242 (58.3%) which is lower as compared to other local studies in Ethiopia. More than 40% of the patients were not satisfied with the service. **Conclusion and Recommendations:** The current level of patients' satisfaction in the hospital is totally unacceptable care for a referral hospital situated in the capital city of a region in which more than 20 million people reside. Therefore, there is a need to revisit care given to chronic illness patients, and appropriate strategy should be designed to address the lifelong care needs of patients with chronic illness in our set up.

Keywords

Satisfaction, Chronic Illness, Ethiopia

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1. Introduction

Measuring and reporting on patient satisfaction with health care has become a major industry [1]. Patient satisfaction is one of the desired outcomes of health care and it is directly related with utilization of health services [2]. Satisfied patients are more likely to utilize health services, comply with medical treatment, and continue with the health care providers [3]. Studies showed that the overall level of patient satisfaction and associated factors were varied in different countries and settings, for example 75.08% in Tertiary Care Hospital in Nagpur [4], 66.8% in Southeastern Nigeria [5] and in South Africa 51.9% for midwifery service [6] were reported about overall patients' satisfaction.

Ethiopia previous studies showed that, there were differences in different localities with regard to the overall patients' satisfactions; 89.1% in Jimma [7], 80.1% in Hawassa [8], 54.1% in Harari region [9] and 18.0% of the patients at the public hospitals were very satisfied, 54.1% and 47.9% were just satisfied in Addis Ababa [10]. This study was done to assess the level Patients' Satisfaction in Felege Hiwot Referral Hospital, Bahir Dar City, Ethiopia.

2. Methods

2.1. Study Design

Cross-sectional study was conducted at Felege Hiwot referral hospital, Bahir Dar City, Ethiopia from 1st September 2012 to 2nd November 2012. Bahir Dar City is the capital city of the Amhara National Regional State located at about 565 km northwest of Addis Ababa (the capital city of Ethiopia).

2.2. Sample Size Determination and Sampling Procedure

Targeted groups of patients for this study were diabetes mellitus, hypertension, and asthmatic patients. The sample size was determined by using a single population proportion formula, which took the proportion of overall satisfaction as 43.6% [11], with a margin of error of 0.05 at the 95% confidence interval (CI). Adding 10% non-response rate, the final sample size was calculated to be 415 patients. From the hospital previous report about patient flow, average number of adult patients with chronic illness who visited the hospital was 77 per day. Therefore the number of patients who visited the hospital was estimated for the study period; then sampling fraction for selecting the study participants was determined by dividing with total estimated number of patients during the data collection period to the total sample size which was calculated to be five. The first study participant was selected by lottery method among the list from one to five; the next study participant was identified systematically in every 5th intervals until the required sample size was achieved.

2.3. Data Collection Procedure and Quality Assurance

A structured questionnaire was prepared according to the objectives of the study and the local situation of the study area in English language. Then the questionnaire was translated to Amharic and back to English to assure consistency of the tool. Discrepancies in the translation were resolved by mutual agreement with the research team. Pre-testing was conducted on 20 respondents at a referral hospital with similar settings.

2.4. Data Management and Data Analysis

The collected data were checked for completeness and consistency before being coded, entered and analyzed using SPSS version 19. Descriptive analysis using frequency distribution and percentages were calculated.

2.5. Ethical Consideration

The research approved by Research Ethics Review Board of Bahir Dar University. Permission to conduct the study was also obtained from Health Bureau of Amhara National Regional State, and Felege Hiwote referral hospital. During data collection, the purpose of the study was clearly explained to the participants, and informed oral consent was obtained. Confidentiality and privacy was maintained.

3. Result

3.1. Socio Demographic Characteristics of the Respondents

A total of 415 adult patients having chronic illness were involved for this study. As shown in **Table 1**, 54.7% of

the respondents were male, 43.4% were above 44 years old, 44.3% were married, and 40% never attended formal education and 60.7% were urban dwellers (**Table 1**).

3.2. Patients' Experience

Patients' experience was assessed using 14 items. These items were about the quality of care, its convenience and the medical expense. Majority (74%) of the respondents had experienced long waiting time for physical examination. Moreover, about 44% of the respondents were having long waiting time to get prescribed medications in pharmacy. About 64.6% of the respondents complained of inconvenient location of the hospital pharmacy.

More than 70% of study participants claimed that the cost of lab tests-blood and urine-was affordable while 55.2% of the patients claimed that the cost for X-ray test was not affordable.

Nearly 90% of study participants rated treatment provided by medical doctor as good. Moreover, nearly 70% of study participants also claimed that medical doctors give chance to patients to ask questions. However, 56.1% of the respondents claimed that nurses were not skilled in using medical equipment. Besides, about 65% of study participants complained that hospital officers did not give due attention to concerns of patients (**Table 2**).

Table 1. Socio demographic characteristics of respondents at FHRH, Bahir Dar City, North Western Ethiopia, 2012.

Variables	Categories	N	%
Sex	Male	227	54.7
	Female	188	45.3
Age	15 - 24	72	17.3
	25 - 34	85	20.5
	35 - 44	78	18.8
	>44	180	43.4
Marital status	Single	93	22.4
	Married	184	44.3
	Widowed	92	22.2
	Divorced/Separated	46	11.1
Education	Never attended school	166	40
	Primary and junior education	64	15.4
	High school education	63	15.2
	Diploma and above	122	29.4
Occupation	Self dependent	90	21.7
	Government employed	103	24.8
	Non-government employed	22	5.3
	Merchant, farmers and others	200	48.2
Family income	<525 Eth Birr	135	32.6
	525 - 2500 Eth Birr	100	24.1
	2501 - 5500 Eth Birr	108	26
	>5501 Eth Birr	72	17.3
Address	Urban	252	60.7
	Rural	163	39.3

Table 2. Experience of patients concerning health care services at the OPD of FHRH, Bahir Dar City, North West Ethiopia, 2012 (n = 415).

Experiences of Patients	Yes	No
	N (%)	N (%)
Experience to health care services		
Waiting time for physical examination was long	307 (74)	108 (26)
Waiting time at pharmacy was long	182 (43.9)	233 (56.1)
Place for receiving the medicine was in convenient	268 (64.6)	147 (35.4)
Place for receiving the treatment was in adequate	173 (41.7)	242 (58.3)
Schedule was appropriate	151 (36.4)	264 (63.6)
Receiving medical services from one department to another department in OPD was difficult	308 (74.2)	107 (25.8)
Medical expense		
The cost of urine was affordable	308 (74.2)	107 (25.8)
The cost of X-ray affordable	186 (44.8)	229 (55.2)
The cost of blood examination was affordable	281 (67.7)	134 (32.3)
Quality of care		
Services by doctor was good	369 (88.9)	46 (11.1)
Availability of Prescribed medicine in pharmacy	316 (76.1)	99 (23.9%)
Nurse was skilled in using medical equipments	182 (43.9)	233 (56.1)
Doctor gave you an opportunity to ask about your illness	290 (69.9)	125 (30.1)
Hospital officers listened to your problem attentively	147 (35.4)	268 (64.6)

3.3. Accessibility of Health Care Services at Outpatients Department

About 50% of the respondents claimed that they travel more than 10 kilometers to reach the hospital. For about 70% of the study participants accessing public transport was not a problem. About 55% of study participants claimed to spent 10 birr or more for public transport.

More than 55% of the study participants claimed that the information provided to patients was inadequate. (Table 3).

3.4. Attitude of Study Participants towards Structural and Process Indicators of Health Service Quality

The structural areas include physical facilities, and medical equipments. The process areas include: services provided by deferent categories (doctors, nurses, registration, and laboratory). The level of the patient satisfaction towards OPD services was measured using 19 items with five likert's scale. The scale had five grades which include strongly agreed, agreed, not agreed, disagreed and strongly disagreed. As a result, the mean score of total satisfaction was 59.7%.

The finding of this assessment is displayed in Table 4. As shown in the table, major segment of study participants rated the structural aspect of the hospital (physical facilities, and medical equipments) negatively (not agreed, disagreed, or strongly disagreed). Except for laboratory cost, the process aspects which were related to services rendered by different categories of health professionals were rated positively (strongly agreed or agreed).

3.5. Overall Satisfaction

The overall level of patients' satisfaction was categorized into two categories: satisfied and unsatisfied. The

Table 3. Responses of study participants to accessibility assessment items, FRH, North West Ethiopia, 2012 (n = 415).

Accessibility to health care services	Number	Percent
Distance from hospital		
Less than or equal to 10 km	204	49.2%
Greater than 10 km	211	50.8%
Access to public transport to hospital		
Yes	295	71.1%
No	120	28.9%
Time taken to reach the OPD		
Less than or equal to 1 hour	256	61.7%
More than 1 hour	159	38.3%
Money spent to reach the OPD		
10 birr and less	187	45.1%
Greater than 10 birr	228	54.9%
Waiting time to see the doctor		
Less than or equal to 1 hour	232	55.9%
More than one hour	183	44.1%
The total time of spent to getting complete health services		
Less than or equal to 2 hour	48	11.6%
More than two hour	367	88.4%
Schedule of working hour of OPD is adequate		
Yes	185	44.6%
No	230	55.4%

highest overall score of satisfaction was registered for pharmacy services (86.15%) and the lowest score was attained by patient registration services (Table 5).

4. Discussion and Conclusion

The overall satisfaction level of outpatient service users in the study area was 58.3% (242). This finding was lower than research reports from Ethiopia (89.1%) in Jimma [7] and 80.1% in Hawassa [8], and abroad having overall patient satisfaction of 75.08% in Tertiary Care Hospital in Nagpur [4], 66.8% in Southeastern Nigeria [5].

These studies were about over all patient satisfaction, and our study was about satisfaction level of chronic illness patients. Therefore, the deference could be attributed to the fact that the health system in low income countries including Ethiopia is not prepared to provide care to chronic illness patients such as hypertension, diabetics etc. It is rather prepared for acute infectious and parasitic diseases. Therefore, patients with chronic illness do not get appropriate care.

For instance, recently we conducted clinical audit on care of diabetic patients in the same hospital. The most outstanding finding of the study was that in all 341 diabetic patient case notes reviewed we found even no single record about weight, height, and body mass index let alone, regular check up of eye, foot, lipid profile, glycated hemoglobin, and microalbuminamia (Gedefaw M. unpublished). Hence, they are very much dissatisfied than any other patient category receiving care in the hospital.

Table 4. Patient satisfaction towards OPD health care services at FHRH, Bahir Dar City, Northwestern Ethiopia, 2012.

No	Variables	Level of satisfaction (n = 415)				
		5 = SAG	4 = AG	3 = NAG	2 = DAG	1 = SDAG
Physical facilities						
1	Building of this hospital is clean	50 (12.1%)	175 (42.2%)	62 (14.9%)	108 (26%)	20 (4.8%)
2	Ventilation inside the hospital is good	35 (8.4%)	144 (34.7%)	122 (29.4%)	88 (21.2%)	26 (6.3%)
3	Enough light inside the building of hospital	54 (13%)	174 (41.8%)	114 (27.5%)	60 (14.5%)	13 (3.2%)
4	Noise around the hospital	37 (8.9%)	162 (39%)	103 (24.8%)	85 (20.6%)	28 (6.7%)
5	Waiting room has enough sitting chairs	30 (7.2%)	60 (14.5%)	78 (18.8)	200 (48.2%)	47 (11.3%)
6	Enough clean toilets are available	6 (1.5%)	26 (6.3%)	52 (12.5%)	228 (54.9%)	103 (24.8%)
7	Enough examination rooms are available	17 (4.1%)	77 (18.6%)	100 (24.1%)	135 (32.5%)	86 (20.7%)
Medical equipment						
8	Enough medical equipment for examination is available	14 (3.4%)	35 (8.4%)	84 (20.2%)	224 (54%)	58 (14%)
9	Supplies of medical equipment are always available	5 (1.2%)	30 (7.2%)	91 (21.9%)	197 (47.5%)	92 (22.2%)
Doctor services						
10	Hospital doctors do physical examination with respect	88 (21.2%)	228 (54.9%)	51 (12.3%)	34 (8.2%)	14 (3.4%)
11	Doctors spend enough time to patient	55 (13.2%)	199 (48%)	87 (21%)	55 (13.2%)	19 (4.6%)
Nurse services						
12	Hospital nurses treat the patient with respect	66 (15.9%)	180 (43.4%)	84 (20.2%)	59 (14.2%)	26 (6.3%)
13	Nurses explain the treatment clearly	44 (10.6%)	182 (43.9%)	82 (19.8%)	79 (19%)	28 (6.7%)
Pharmacy services						
14	Hospital pharmacists treat the patient with respect.	138 (33.3%)	178 (42.9%)	45 (10.8%)	37 (8.9%)	17 (4.1%)
15	Pharmacists explain the use of medicine clearly	91 (21.9%)	196 (47.2%)	67 (16.2%)	46 (11.1%)	15 (3.6%)
Registration services						
16	Registration staffs treat the patient with respect	26 (6.3%)	116 (28%)	54 (13%)	153 (36.8%)	66 (15.9%)
17	Registration staffs have good communication skill	19 (4.6%)	84 (20.2%)	91 (21.9%)	141 (34%)	80 (19.3%)
Expense for laboratory tests						
18	Expenses for pathology laboratory tests are affordable	25 (6%)	83 (20%)	98 (23.6%)	168 (40.5%)	41 (9.9%)
19	Medical expenses for X-ray laboratory tests are affordable	17 (4.1%)	87 (21%)	101 (24.3%)	154 (37.1%)	56 (13.5%)

*SAG: strongly agree; AG: agree; NAG: not agree; DAG: disagree; SDAG: strongly disagree.

To put it in a nut shell, more than 40% of the patients were not satisfied with the service. This is totally unacceptable care for a regional referral hospital situated in the capital city of a region home for more than 20 million

Table 5. Number and percentage distribution overall satisfaction.

Variables	Level of satisfaction n = 415			
	Satisfied		Not satisfied	
	N	%	N	%
Physical facilities	257	62.05	158	37.95
Medical equipment	140	33.75	275	66.25
Doctor services	293	70.6	122	29.4
Nurse services	318	76.85	97	23.15
Pharmacy services	358	86.15	57	13.85
Registration services	195	46.95	220	53.05
Expense for laboratory tests	205	49.5	210	50.5

people. Therefore, there is a need to revisit care given to chronic illness patients, and appropriate strategy should be designed to address the lifelong care needs of patients with chronic illness in our set up.

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