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REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

SCOPE FOR FURTHER RESEARCH

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- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

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ASSESSMENT OF THE LEVEL AND FACTORS INFLUENCING ADMITTED CUSTOMERS' SATISFACTION WITH HEALTH CARE SERVICE IN UNIVERSITY OF GONDAR TEACHING HOSPITAL, NORTH WEST ETHIOPIA

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ABSTRACT

The study is to assess the level of satisfaction and to examine factors influencing admitted customers' satisfaction with health care service in University of Gondar teaching hospital. A cross-sectional survey was conducted from November 2011 to January 2011. A total of 294 admitted customers from five wards were participated in this study. The overall proportion of admitted customers who were satisfied 36.4%. Majority of the respondents (85%) rated the nurse's service orientation as high. The Doctors service orientation rated as favourable was also 58%. Lesser proportion of patients were rated the service accessibility, the health care service process and physical facility of the hospital as high. Treatment cost was perceived as high (unfair) by most of the service users. The regression analysis shows that the four dimensions (Doctors service orientation, physical facility, service accessibility and nurses' service orientation) are predictors of the overall satisfaction score ($p < 0.05$).

KEYWORDS

admitted customer (inpatient) satisfaction, health care service.

INTRODUCTION

Customers' satisfaction from healthcare decides the fate of healthcare providers and healthcare delivery system, and hence it needs to be periodically measured to enhance the quality of services (Iftikhar and Sirajud, 2010).

Patient satisfaction studies allow service users' voice to be heard and affirm the importance of their experience for improved health care planning (Donabedian, 1988).

Recent researches has shown that service satisfaction can significantly enhance patients' quality of life and enable service providers to determine specific problems of customers, on which corrective action can then be taken (Dagger and Sweeney, 2006).

It is important to conduct such kind of research in developing countries like Ethiopia, to promote patient oriented health services. As Jama (2004) explained the patient satisfaction studies received comparatively little attention in public or government sponsored settings in developing countries in particular. The output of this study will be utilized to enhance customer's satisfaction and it helps as inputs to improve the quality of services delivered by the hospital.

REVIEW OF LITERATURE

LEVEL OF PATIENT SATISFACTION IN DIFFERENT COUNTRIES

A cross-sectional study at Kuwait by Ibrahim, *et al.* (2005) revealed that the overall satisfaction as reported by subjects was high-99.6%. A qualitative research done in rural Bangladesh by Jorge, *et al.* (2001) showed that, a total of 68% of patients expressed satisfaction with the services usually rendered. In a descriptive cross-sectional survey conducted at the eye clinic of the University of Ilorin Teaching Hospital, Nigeria by DS Ademola-P 'opoola, *et al.*, (2005) showed that; most of the patients (94.2%) were satisfied with the services they received. And a survey conducted in Harari region; Eastern Ethiopia by Birna (2006) revealed that, the overall satisfaction level of the patients was 54.1%.

A cross sectional facility based study in central Ethiopia by Birhanu, *et al.* (2010) found that, 62.6% of the patients reported that they have been satisfied with their visit.

A cross-sectional study that involved an exit interview was conducted by Abebe, *et al.*, (2008) in purposively selected government health centers and general hospitals in six regions of Ethiopia depicted that the percentage for high mean score satisfaction with health providers' characteristics ranged from 77.25% to 93.23%; with service characteristics 68.64% to 86.48%; and satisfaction with cleanliness ranged from 76.50% to 90.57%.

In a survey undertaken by Afework, *et al.* (2003) in private clinics in Addis Ababa, high rates of satisfaction (64-99%) were found in all aspects of medical care except affordability of service charges.

In a cross sectional study done by Fekadu, *et al.* (2011) in Jimma University specialized hospital the overall client satisfaction level with the health services rendered at the hospital was 77%. Another cross sectional survey conducted by Mitike, *et al.* (2002) in the hospitals of Amhara region was found that, the level of satisfaction was 22%-50%.

DETERMINANTS OF PATIENT SATISFACTION IN HEALTH CARE SERVICE

A study conducted in Bangladeshi by Andaleeb, *et al.* (2007) on patient satisfaction with health services showed that, Service orientation of doctors was found to be the strongest factor influencing patient satisfaction in hospitals.

Similarly, A study conducted by Habib (2011) on the topic of patient satisfaction in tertiary private hospital in Dhaka revealed that, cost of treatment, physical evidence, doctor services, nurse services and feedback from patient lead to a higher level of patient satisfaction. He revealed that among these variables doctors' service orientation was the most important factor explaining patient satisfaction.

A hospital based study carried out in Thailand by Amin (2007) explained that, the level of patient satisfaction is influenced by factors like socio-demographic factors, accessibility and availability of health care facilities.

SIGNIFICANCE OF THE STUDY

Primarily it provides information for University of Gondar teaching hospital on how to improve the quality of services. It helps policy makers as an insight to devise effective health care operational plans.

Furthermore, it will help as a source document and as a stepping stone for those researchers who want to make further study on the area afterwards.

STATEMENT OF THE PROBLEM

The health sector occupies an enormously important position in ensuring sustainable overall socio-economic advancement in developing countries (Andaleeb *et al.*, 2007).

Patient satisfaction represents a key indicator for the quality of health care delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the health care systems (Almujali, et.al., 2009, Aldana, et.al, 2002 and Prasanna, et.al., 2009). This is also supported and emphasized by Fitzpatrick (1991) who stated that patient satisfaction is a means of choosing alternative strategies in health care provision. Hence assessing satisfaction is not a onetime action; instead it needs continues monitoring and evaluation.

Despite this fact, the level of patient satisfaction in health care services delivered in the University of Gondar teaching hospital was studied long years back. And it is very low compared to other areas.

Based on this fact, assessing the level of admitted customer's satisfaction and examine the factors influencing admitted customers satisfaction is important in the country and the University of Gondar teaching hospital in particular.

OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE

To assess the level and factors influencing admitted customers' satisfaction with the health care service of the University of Gondar teaching hospital.

SPECIFIC OBJECTIVES

1. To evaluate the satisfaction level of admitted customers' in University of Gondar teaching hospital
2. To examine how factors that affect satisfaction rated by patients
3. To find out the key factors that affect customers' satisfaction

RESEARCH QUESTIONS

1. Are patients satisfied with inpatient department service at University of Gondar teaching hospital?
2. To what extent admitted customers' are satisfied in the health care services of UOGTH?
3. How factors were rated by all admitted patients?
4. What are the major factors influencing admitted customers' satisfaction in University of Gondar teaching hospital health care services?

RESEARCH METHODOLOGY

STUDY DESIGN: A hospital based cross sectional survey with quantitative component was conducted from November 2011-December 2011.

STUDY AREA: This study was conducted in University of Gondar teaching hospital.

STUDY POPULATION: All inpatient customers who visited the five wards during the data collection period and who were selected using the stratified sampling technique after the sample is proportionally allocated to each wards were the study population.

SAMPLE SIZE DETERMINATION

The sample size was calculated based on the following assumptions:

Proportion of admitted customers being satisfied with health care service as 77% by Fekadu, et al. (2011). ($P=0.77$)

Level of significance to be 5% ($\alpha = 0.05$), $Z_{\alpha/2} = 1.96$ and

Absolute precision or margin of error to be 5% ($d = 0.05$).

$$n = \frac{(z_{\alpha/2})^2 P(1-P)}{d^2} = \frac{1.96^2 \times 0.77(0.23)}{(0.05)^2}$$

$n=272$. Adding non responses rate of 10% $N=299$ admitted customers making the final minimum sample size.

SAMPLING PROCEDURE

To select the study participants, the total sample size was allocated proportionally to five strata (wards). Then the required number of respondents was selected based on the number of customers who visited the hospital. The study subjects were selected through random sampling from admitted customers who visited the University of Gondar teaching hospital.

VARIABLES OF THE STUDY

DEPENDENT VARIABLE

Level of admitted Customers' satisfaction

INDEPENDENT VARIABLES

- Admitted customers' socio demographic characteristics
- Doctors' service orientation
- Nurses' service orientation
- Tangibility
- Accessibility
- Health care service process
- Treatment cost

SOURCE OF DATA

To obtain information relevant to the study primary data were used.

RESEARCH INSTRUMENTS

The first draft of English questionnaire was produced based on the SERVQUAL frame work of Parasurama, et al. (1991, 1993), which was refined by Andoleeb (2000, 2001) adapted in to this study.

In general the questionnaire was comprised of eight dimensions with 38 items.

DATA COLLECTION PROCEDURE

Five data collectors who were final year students of the University teaching hospital were recruited for administering the questionnaire. Three supervisors also recruited to monitor the process of data collection. The information was collected through a pre-tested, structured questionnaire with five likert scale types (having a scale of range 1 strongly disagree to 5 strongly agree).

VALIDITY AND RELIABILITY OF DATA COLLECTION INSTRUMENT

Validity of data was assured through the following:

- Careful modification of the data collection tool (SERVQUAL) according to Ethiopian situation
- The data collection tool was pre-tested,
- Data collectors and supervisors were trained
- Coding and data cleaning were done (checked frequencies and cross-tab for each item)
- The data reliability was tested through Cranbach's alpha value of 0.857

METHODS OF DATA ANALYSIS

Data were entered, cleaned and analyzed using SPSS version 16.0. To determine relationship between nominal variables such as socio-demographic variables and admitted customer's level of satisfaction chi square test of association was computed, and to determining the most predicting explanatory variables of customer satisfaction in health care service stepwise linear multiple regressions were employed.

ETHICAL ISSUES

Ethical clearance was obtained from Faculty of Business and Economics, University of Gondar. Then formal letter of cooperation was written to University of Gondar teaching hospital director. Responses of clients were unnamed and data collectors were informed the clients that they have full right to discontinued or refused to participate in the study.

RESULTS**SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

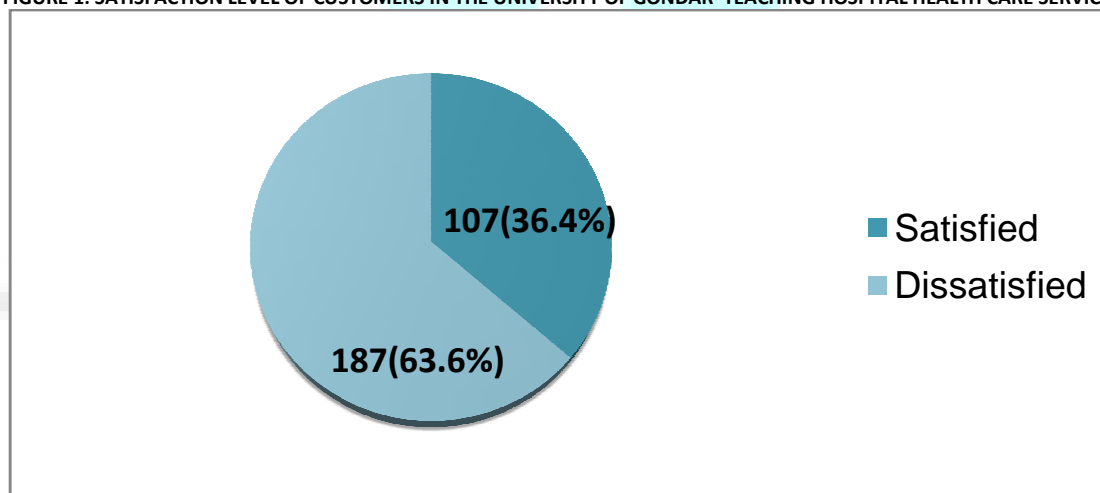
A total of two hundred ninety-four admitted customers from 5 major inpatient wards were interviewed. Out of the total respondents, 25.2% were from medical wards, 27.9% were from surgical wards, 24.8% were from Gynecology wards, 15.6% from pediatric wards and the rest 6.5% were from ophthalmology wards.

TABLE 1: SOCIO DEMOGRAPHIC CHARACTERISTICS OF ADMITTED PATIENTS IN UNIVERSITY OF GONDAR TEACHING HOSPITAL, NORTH WEST ETHIOPIA, 2011 (N = 294)

Characteristics	Total N =294 N (%)
Sex	
Male	134(45.5)
Female	160(54.4)
Age(in years)	
<15	54(18.4)
16-29	93(31.6)
30-44	69(23.5)
>45	78(26.5)
Marital status	
Single	111(37.7)
Married	148(50.3)
Divorced	28(9.5)
Widowed	7(2.3)
Educational status	
Illiterate	140(47.7)
Grade 1-8	87(29.6)
Grade 9-12	43(14.6)
Diploma	18(6)
Degree and above	6(2)
Residence	
Urban	128(43.5)
Rural	166(56.4)
Occupation	
Government employee	25(8.5)
Merchant	33(11.2)
Farmer	104(35.4)
House wife	30(10.1)
Student	68(23.5)
Others	34(11.5)
Days admitted	
<10	154(52)
10-20	70(23.2)
21-30	42(14.2)
>31	29(9.9)

ADMITTED CUSTOMERS' LEVEL OF SATISFACTION

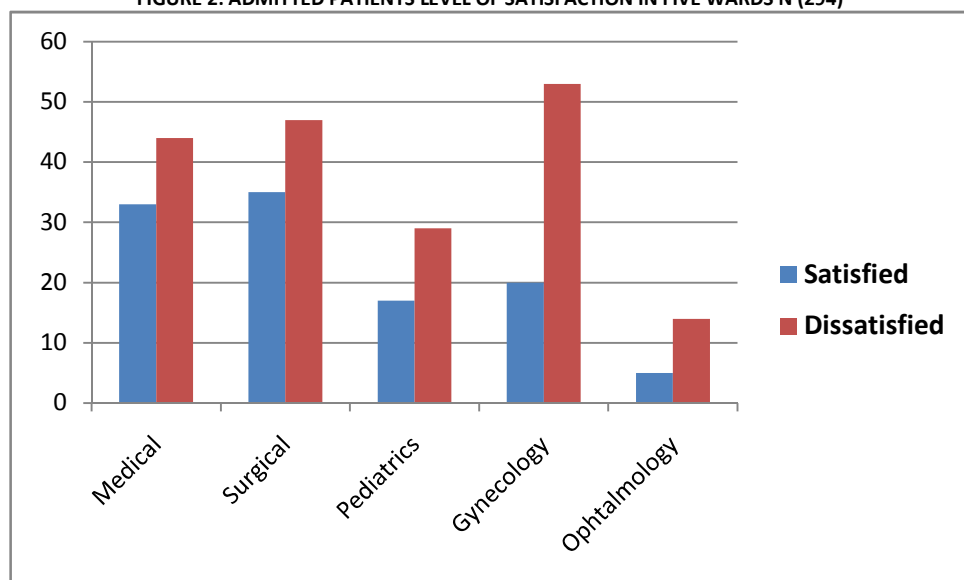
107 (36.4%) of admitted customers were satisfied and more than half of the respondents, 187 (63.6%) were dissatisfied in the hospital health care services (figure 1).

FIGURE 1: SATISFACTION LEVEL OF CUSTOMERS IN THE UNIVERSITY OF GONDAR TEACHING HOSPITAL HEALTH CARE SERVICES**LEVEL OF PATIENTS' SATISFACTION IN FIVE WARDS**

Patients in all wards were dissatisfied. Among 74 patients who were admitted in medical ward, only 30 (40.5%) were satisfied and 44 (59.5%) were dissatisfied. In surgical ward, 35 (42.7%) of patients were satisfied but 47 (57.3%) of them were dissatisfied. In pediatrics ward, 17 (40%) of patients were satisfied and 29(60%) of them were dissatisfied.

In gynecology ward, 20 (27.4%) of patients were satisfied and 53 (72.6%) were dissatisfied. In Ophthalmology ward, 5(26.3%) of patients were satisfied and the rest 14(73.7%) of them were dissatisfied.

FIGURE 2: ADMITTED PATIENTS LEVEL OF SATISFACTION IN FIVE WARDS N (294)



RATE OF THE GIVEN DIMENSIONS OF SATISFACTION BY PATIENTS

Doctors' and nurses' service orientation were rated high by more than half of admitted customers. Whereas, below an average of the respondents rated the rest dimensions as high. But, service accessibility was rated low in all wards. Physical facility of the hospital is also rated low except in gynecology and ophthalmology wards. Treatment cost was rated as high (unfair) in all wards.

TABLE 2: RATE OF DIMENSIONS IN THE FIVE WARDS (N=294)

Dimensions	High N (%)	Low N (%)	Total
Medical ward			
Doctors service orientation	43(16.4)	31(10.5)	74 (25.2)
Nurse service orientation	52(17.7)	22(7.5)	74 (25.2)
Physical tangibility	9(3.1)	65(22.1)	74 (25.2)
Service Accessibility	18(6.1)	56(19)	74 (25.2)
Health care service process	36(12.2)	38(12.9)	74 (25.2)
Treatment cost	49(16.7)	25(8.5)	74 (25.2)
Surgical ward			
Doctors service orientation	48(16.3)	34(11.6)	82(27.9)
Nurse service orientation	68(23.1)	14(4.8)	82(27.9)
Physical tangibility	10(3.4)	72(24.5)	82(27.9)
Service Accessibility	16(5.4)	66(22.4)	82(27.9)
Health care service process	33(13.3)	49(9.5)	82(27.9)
Treatment cost	58(19.7)	24(8.2)	82(27.9)
Pediatrics			
Doctors service orientation	31(10.5)	15(5.1)	46(15.6)
Nurse service orientation	44(15.1)	2(0.7)	46(15.6)
Physical tangibility	12(4.1)	34(11.6)	46(15.6)
Service Accessibility	19(6.5)	27(9.2)	46(15.6)
Health care service process	28(9.5)	18(6.1)	46(15.6)
Treatment cost	30(10.2)	16(5.4)	46(15.6)
Gynecology			
Doctors service orientation	39(13.3)	34(11.6)	73 (24.8)
Nurse service orientation	68(23.1)	5(1.7)	73 (24.8)
Physical tangibility	52(17.7)	21(7.1)	73 (24.8)
Service Accessibility	18(6.1)	55(18.7)	73 (24.8)
Health care service process	26(8.8)	47(16.0)	73 (24.8)
Treatment cost	43(14.6)	30(10.2)	73 (24.8)
Ophthalmology			
Doctors service orientation	12(4.1)	7(2.4)	19(6.5)
Nurse service orientation	18(6.1)	1(0.3)	19(6.5)
Physical tangibility	19(6.5)	0	19(6.5)
Service Accessibility	7(2.4)	12(4.1)	19(6.5)
Health care service process	6(2.0)	13(4.4)	19(6.5)
Treatment cost	14(4.8)	5(1.7)	19(6.5)

ASSOCIATION BETWEEN ADMITTED CUSTOMERS' SATISFACTION AND SOCIO-DEMOGRAPHIC CHARACTERISTICS

Only residence and occupation of respondents had significant association with admitted customer's satisfaction ($P < 0.05$).

TABLE 3: ASSOCIATION BETWEEN ADMITTED CUSTOMERS' SATISFACTION AND SOCIO-DEMOGRAPHIC CHARACTERISTICS IN UOGTH, ETHIOPIA, (N=294)

Characteristics	Satisfied N (%)	Dissatisfied N (%)	Chi-square	P value
Sex				
Male	49(16.7)	85(28.9)	102(34.7)	0.956
Female	58(17.6)			
Age of patients				
<15	18(6.1)	36(12.2)	1.539	0.673
16-29	37(12.6)	56(19)		
30-44	27(9.2)	42(14.3)		
>45	25(8.5)	53(18)		
Marital status				
Single	50(17)	61(20.7)	7.232	0.065
Married	48(16.3)	100(34)		
Divorced	7(2.4)	21(7.1)		
Widowed	2(0.7)	5(1.7)		
Educational status				
Illiterate	45(18.7)	95(32.3)	7.136	0.129
Grade 1-8	34(13.3)	53(18)		
Grade 9-12	16(5.4)	27(9.2)		
Diploma	11(3.7)	7(2.4)		
Degree and above	1(0.3)	5(1.7)		
Residence				
Urban	47(16)	71(24.1)	6.484	0.011
Rural	70(2.8)	116(39.5)		
Occupation				
Government employee	11(3.7)	14(4.8)	17.798	0.003
Merchant	21(7.1)	12(4.1)		
Farmer	26(8.8)	78(26.5)		
House wife	10(3.4)	20(6.8)		
Student	27(9.2)	41(13.9)		
Others	12(4.1)	22(7.5)		

FACTORS INFLUENCE ADMITTED CUSTOMERS' SATISFACTION

Among the six variables, four were found to be significantly related to the dependent variable; customer satisfaction.

TABLE 4: DIMENSIONS THAT INFLUENCE ADMITTED CUSTOMERS' SATISFACTION

	Model	Standardized Coefficients			Collinearity Statistics	
		Unstandardized B	Standardized B	P value	Tolerance	VIF
	(constant)	0.945		$P < 0.001$		
	Doctors service	0.137	0.267	$P < 0.001$	0.746	1.341
	Tangibility	0.119	0.231	$P < 0.001$	0.875	1.143
	Accessibility	0.110	0.208	$P < 0.001$	0.734	1.363
	Nurses service	0.064	0.123	0.018	0.852	1.174

DISCUSSION

The overall proportion of admitted customers' who were satisfied with the hospital service was 36.4%. This percentage is very low compared to other studies - 88.6% in Thailand by Amin (2007), 68% in Bangladesh by Jorge, et al. (2001), 94.2% in University of Ilorin Teaching Hospital, Nigeria by DS Ademola-P'opoola, et al. (2005), 99.6% Kuwait by Ibrahim, et al. (2005), 54.1% in central Ethiopia by Birhanu, et al. (2010) and 77% in Jimma University teaching hospital by Fekadu, et al. (2011). The difference might be due to the research setting.

But it is comparable to studies conducted in the hospitals of the Amhara region, 22.0% to 50%, Mitike, et al. (2002), a report from Tigray zonal hospitals (43.60%) by Grmay (2006). This result is somewhat better than the previous community based study conducted in University of Gondar teaching hospital - 22% by Dagnew and Zakus (1997).

The rate of nurses' service orientation (85% is comparable with the cross sectional study done by Abebe, et al. (2008) in central Ethiopia (77.25% to 93.23%). Regarding to accessibility, this result is contrary to a hospital based study in Thailand by Amin (2007), which showed highest rate in convenient of physical facility (84%) and in good accessibility of service (64.9%).

Tangibility (cleanliness of toilets, bath rooms and beddings) was rated very low (65.3%). This result is very low compared to a cross-sectional study conducted by Abebe, et al. (2008) in health centers and general hospitals of six regions of Ethiopia (76.5% to 79.6%).

Treatment cost was rated as high by majority of customers (66%), this result is divergent to a research conducted by Andoleeb et al. (2007) i.e. treatment cost is perceived as low in both public and foreign hospitals.

Residence and occupation of patients had significant association with patients' satisfaction. But the rest socio-demographic variables were not found to be associated with patient satisfaction.

More than 50% of patients were dissatisfied with the physical facilities of the hospital except patients who were admitted in ophthalmology and gynecology wards. This might be due to, fistula ward is one category of gynecology wards, and it was the new ward which began to deliver services in the year of 2011 same as ophthalmology ward.

The regression analysis results indicated that among the six variables that were expected to be related to patient satisfaction, only four were found significantly related to the dependent variable (patient satisfaction score).

The doctors' service orientation, physical facility, accessibility and nurses' service orientation are predictors of patient satisfaction score. A similar finding was reported by Andaleeb, et al. (2007) in Bangladesh showed that, service orientation of doctors was found to be the strongest factor influencing patient satisfaction in hospital.

Service accessibility (ease to get bed, waiting time to get service and availability of service providers) in University of Gondar teaching hospital was rated low in 216 (73.5%) of customers. Since most of patients were from rural residents and traveled a long distance, they can be easily disappointed when they get the service they need was not accessible.

Treatment cost (laboratory cost, drug and total medication cost) was rated high in 194 (66%) of respondents. Since, most service users of the University hospital were farmers 104 (35.4%), they may not ready to spend higher cost.

Yet, the overall ratings of doctors and nurses in this study are positive. Whether this represents a social desirability bias among patients evaluating the 'esteemed' doctor or it is due to the sample from hospital based.

CONCLUSION

The existing level of admitted customers' satisfaction with service provision of the inpatient departments of the hospital is found to be very low. Level of satisfaction of customers in all wards was below an average.

More than an average of respondents rated the service accessibility, physical facility and health care service process of the hospital as low. The physical facility cleanness is not up to the expected standard. However; physical facility of the hospital was rated high in gynecology and ophthalmology wards. Treatment cost is also perceived as high (unfair) in this hospital service user. The service orientation of nurse and doctors was rated better than the other factors in all wards.

Among the socio demographic characteristics resident and occupation of customers had association with satisfaction. Respondents who were farmers and from rural area were cover more percentage. Customers who recommend this hospital to other service users and willing to come back to use services again were very low percentage.

This study shows that doctors service orientation, nurse service orientation, accessibility of service and physical facilities were the main predictors of admitted customers' satisfaction.

RECOMMENDATIONS

1. Administrators, practitioners and evaluators of health care service of the hospital should give attention to enhance the level of customers' satisfaction.
2. The hospital administrator should improve the accessibility of services, like ease to get bed, reducing waiting time to obtain health care services and increase the proportion of health service providers with the number of customers so as to make maximum utilization of their services and in turn to benefit the patients.
3. It will be better to set reasonable treatment cost as it is a public hospital and with assuming that a large number of service users were from rural areas.
4. The hospital administrators should give attention to physical facility in a way that may employ additional cleaners who can clean toilets, bath rooms and bedding as every time it needs to be cleaned. Likewise, giving orientation to patients and their attendants on how to use these facilities properly will be helpful to keep its cleanness.
5. Adopting customer oriented policies and procedures. The concerned body needs to understand the extent of the problem and stimulate changes that are required to close the gap between the care provided and the care that should be provide.
6. It will be better for health care managers to consider doctors service orientation, physical facility of the hospital, service accessibility and nurses' orientation in the process of overall service delivery process.

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