

Patients' Satisfaction and Associated Factors Among Outpatient Department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia: A Cross Sectional Study

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Abstract: Background: Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensuring that local health services are meeting patients' needs and expectations. Therefore, identifying factors affecting patient satisfaction at local level is a paramount importance to plan and monitor the utilization of health care services. This study aimed to measure level of satisfaction and associated factors among patients receiving health services in outpatient departments at Wolaita Sodo University Teaching Hospital, Southern Ethiopia. Method: Facility based cross sectional study was conducted from February 1 - 28, 2015 on 421 health care service users using systematic random sampling technique. Data was collected using interviewer administrated pre-tested structured questionnaire and entered into EPI Info version 3.5.1 and then exported and analyzed using SPSS version 20. Variables having $p < 0.2$ at bi-variate analysis were fitted to multivariate analysis. OR, P-value and 95% CI were computed to show the association of variables ($p < 0.05$). Result: Among the total sample size ($n = 421$) four hundred fifteen adult patients were exit interviewed, giving a response rate of 98.6%, of which 211 (50.8) were medicine clinic. Overall patient satisfaction with the health care service provided at OPD clinics of the hospital was 54.2% at 95% CI (49.4% - 59%). The respondents who perceived medium empathy by the provider were found to be more satisfied as compared those who were perceived low empathy (AOR : 2.39(1.32-4.33). Moreover, respondents who reported that the waiting area was clean were more satisfied as compared to those who reported waiting area not clean (AOR: 2.53(1.44-4.47). In addition, respondents waited less than or equal to 30 minutes in waiting area preceding consultation were to be more satisfied than those who were waited 60 minutes and above (AOR: 3.16(1.37-7.25). Conclusion: The overall satisfaction of outpatient health care services provided at Wolaita Sodo University Teaching Hospital was low. Hospital managements and service providers should give attention to reduce waiting time, ensure good interactions with patients, improve drug availability and maintain privacy of patients in order to improve the level of satisfaction of patients.

Keywords: Patient Satisfaction, Outpatient, Patient, Hospital

1. Introduction

Patient satisfaction is the fundamental importance as a measure of the quality of care because it gives information on the provider's success in meeting client values and expectations, matters on which the client is the ultimate authority (1). In recent decades, determining the level of patient satisfaction has been found to be the most useful tool for getting patients' views on how to provide care. Generally, patients are the best source of information on both quality

and quantity of health care services provided and patients' views are determining factors in planning and evaluating satisfaction (2).

Healthcare facility performance can be best assessed by measuring the level of patient's satisfaction. Measurement of patients' satisfaction is increasingly playing important role in the growing push towards accountability among healthcare providers, thus some view it as an established indicator of quality of care (3) and studies have shown that satisfied patients are more likely to comply with prescribed treatment

and advice from doctors. In addition, they are also more likely to return for additional care when necessary and may be more willing to pay for services, thereby increasing revenue (4).

The outpatient department in any hospital considered to be shop window of the hospital, hence, there are various problems faced by the patients in outpatient department clinics, such as overcrowding, delay in consultation, lack of proper guidance and so on, which leads the patients to be dissatisfied (5).

Studies conducted in Out Patient Departments (OPD) of different hospitals in Ethiopia have observed long waiting time during registration, visiting of doctors after registration, privacy of examination room, laboratory procedures and re-visiting of the doctor for evaluation with laboratory results, failure to obtain prescribed drugs and supplies from the hospitals' pharmacies and inadequate information provision were the frequently faced problems affecting utilization leading to dissatisfaction (6,7,8).

In Ethiopia, the potential health service coverage based on availability of health services is estimated 86.7%. But, Utilization of services for the country is as low as 0.32 (9). Such, low rate could entail low availability including basic service capacity standards, affordability and quality of services (10). Therefore, patient satisfaction is an important outcome measure for medical services. In addition, data on patient satisfaction are the key indicators for the quality of care and treatment delivered by the physicians, paramedical staff and the hospital as a whole (11). The study conducted in developing countries including Ethiopia by World Bank showed that the level of patient satisfaction was low (12).

Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care and knowing the predictors of patient satisfaction is very important to provide quality healthcare services and the utilization of health services in public hospitals (13). Hence, Wolaita Sodo University is undertaking different activities to improve the quality of health care service delivery. But, the level of patient's satisfaction with the Wolaita Sodo University Teaching Hospital outpatient health care services is not studied so far.

The aim of this study is to measure the level of patients' satisfaction after a visit with outpatient department health services and factors associated with it in Wolaita Sodo University Teaching Hospital (WSUTH). Hence, this study provides evidence - based information to improve health service delivery and also, helpful to fill gaps which ultimately contribute to desirable quality of outpatient services in the hospital and enhancing the level of patients' satisfaction.

2. Methods

2.1. Study Setting and Period

The study was conducted in Wolaita Sodo University Teaching Hospital in OPD regular working hours from

February 1 - 28 / 2015. The hospital is found in South Nations Nationalities and People Region States (SNNPRs), Ethiopia. It is located in Sodo Town of Wolaita Zone, SNNPRS which is 380 km away from the national capital Addis Ababa and 170 km far from the regional capital, Hawassa. The hospital is serving more than 2 million people in the catchment area in all four major departments and other units since 1928.

2.2. Study Design, Participants, Sample Selection

A facility based cross sectional study design was conducted. The study includes both adult greater than or equal to 18 years and age under 18, their parents or caretakers were interviewed in four outpatient department clinics (Medicine, surgery, pediatric and obstetrics and gynecology).

Sample size was calculated by using single population proportion formula with the following assumptions: Proportion of patients satisfied with hospital care services to be 80.1%, according to a study done in Hawassa University Teaching Hospital (7), margin of error 4%, Confidence level of 95%, Considering 10% non-response rate. The calculated sample size was 421. The total sample size was proportionately allocated for each service clinics depending on the average number of patients who visited the outpatient department clinics one month prior to the start of the study. Then study participants were identified by systematic random sampling method. In addition, Simple random sampling was done for the first patients to get the starting point. Thereafter, depending on sampling interval patients' coming to the clinics to be enrolled in the study until the required sample size was obtained.

Data was collected using pre-tested structured questionnaires by exit interview in four confidential rooms. The questionnaire was adapted from related literatures with slight modification made with the objective of this particular study and to fit with local context. The questionnaire in the beginning was prepared in English and then translated into Amharic and back to English to ensure consistency, but finally interview was administered by four clinical nurses who can speak Wolaita and Amharic fluently.

2.3. Data Management and Analysis

Data was checked and cleaned for completeness and accuracy, and entered into EPI Info version 3.5.1 and then exported and analyzed using SPSS version 20. Bi-variate analysis was done and variables with p-value less than 0.2 were included in multiple logistic regressions analysis to control confounder and identify the most significant predictor of outcome variables. Respondents rated their satisfaction with various aspects of services provided, using a five-point Likert scale contains five items (1-Strongly dissatisfied, 2-dissatisfied, 3-neutral, 4-satisfied, and 5-Strongly satisfied). Responses for each five item was summed and transformed to give an overall satisfaction score from 0 to 100 percentage for each items used in the scales (14). Descriptive statistics

was computed for the study variables and frequency distribution tables were used to describe most of the findings.

2.4. Operational Definitions

Level of patient satisfaction: -all five measuring items in the scale to measure satisfaction together yield a maximum score of 25 and a minimum score 5. Satisfaction level was measured by the responses for each five item was summed and transformed to give an individual level satisfaction score from 0 to 100 percentage for each items used as percentage mean score.

Overall satisfaction level: 75% and above response rate of the five satisfaction measuring items were categorized as "satisfied" and those who were satisfied in less than 75% of the five satisfaction measuring items were categorized as "unsatisfied" (15).

Consultation and Relational Empathy (CARE): Within the CARE tool patients were asked 10 questions to rate different aspects of empathy. Each question was scored on an ordinal scale from 1 (poor) to 5 (excellent). Scores are added, with the maximum possible score being 50 and the minimum 10. Perceived empathy was categorized as indicating low (10–24), medium (25–37) and high (38–50) (16).

2.5. Ethical Consideration

The study was approved by Ethics review board of Wolaita Sodo University, school of public health, College of Health Science and Medicine. Support letter and permission was obtained from Wolaita Sodo University Teaching Referral Hospital. Informed verbal consent was obtained from each client after explaining the objective of the study. Clients were assured that refusal to participate does not affect their care and services they are obtaining. The client's privacy and confidentiality was assured.

3. Result

3.1. Socio-Demographic Characteristics of Respondents

Among the total sample size ($n = 421$) four hundred fifteen adult patients' were exit interviewed, giving a response rate of 98.6%, of which 211 (50.8) were medicine clinic. The mean (SD) age of the respondents was 34.17 ± 11.67 (range = 18–75 years) and 153 (36.9%) of the respondents were between the age category of 18–27 years. More than two-third of respondents were married (75.2%) Table 1.

Table 1. Socio-demographic characteristics of respondents with health care service provided in WSUTH, February 2015 ($n = 415$).

Socio demographic variables	Number	percent
Age category		
18–27	153	36.9
28–37	128	30.8
38–47	73	17.6
48+	61	14.7
Sex		
Male	234	56.4

Socio demographic variables	Number	percent
Female	181	43.6
Marital Status		
Single	95	22.9
Married	312	75.2
Divorced/separated	3	0.7
Widowed	5	1.2
Religion		
Protestant	288	69.4
Catholic	17	4.1
Orthodox	90	21.7
Other	20	4.8
Ethnicity		
Wolaita	333	80.2
Kamabata	13	3.1
Gamo	15	3.6
Other	54	13
Educational Status		
Not attended school	67	16.1
In or completed 1st to 4th grade	44	10.6
In or completed 5 th to 8 th grade	87	21
In or completed 9 th to 10 th grade	74	17.8
In or completed 11 th to 12 th grade	31	7.5
In or completed college or university	112	27
Occupational status		
Farmer	84	20.2
House wife	105	25.3
Student	39	9.4
Employee	103	24.8
Merchant	57	13.7
Other	27	6.5
Family monthly income		
<750 birr	281	67.7
≥750 birr	134	32.3

3.2. Institutional Aspects and Pattern of Visit

Table 2. Institutional aspects and pattern of visit of outpatient department clinics with health services provided at WSUTH, February 2015 ($n = 415$).

Variables	Number	percent
Waiting time in registration process		
Long	101	24.3
Fair	161	38.8
Short	153	36.9
Registration process was done timely		
Agree	334	80.5
Disagree	81	19.5
Waiting time to visit service provider (in minutes)		
≤30	167	40.2
31–60	184	44.3
60+	64	15.4
Laboratory test/x-ray/ultrasound examination ordered		
Yes	238	57.3
No	177	42.7
Laboratory/x-ray/ultrasound result waiting time		
Long	108	26.0
Fair	75	18.1
Short	55	13.2
Availability of prescribed drugs		
All	267	64.3
Some	127	30.6
None	21	5.1
Waiting time for receiving medicines		

Variables	Number	percent
Long	70	17.3
Fair	147	36.4
Short	187	46.3
Type of visit		
New	144	34.7
Repeated/Follow-up	171	65.3
Frequency of visit in the last 12 months		
One	144	34.7
Two	66	15.9
Three	95	22.9
>=four	110	26.5
Knowing provider		
Very well	16	3.9
Well	13	3.1
Know little bit	90	21.7
Not at all	296	71.3
Privacy of consultation room appropriate	355	85.5
Privacy respected during consultation	332	80
Clean waiting area	204	49.2
Clean consultation room	368	88.7
Interviewed language you understand	399	96.1

Among the total respondents, 271 (65.3%) respondents were repeated or follow - up visitors, while 144 (34.7%) were new visitors. Of the respondent's 110 (26.5%) respondents were visited previous OPD clinics for greater than or equal to four times. In this study, the mean (SD) waiting time to see service provider preceding consultation in waiting area was 56.78 ± 65.93 minutes. More than nine in ten (96.1%) of the respondents reported that they were interviewed in the language they understand. Nearly two third (64.3%) of the respondents were reported to have got all prescribed drugs from hospital pharmacy. Regard to privacy, 83 (20%) of the respondents claimed that their privacy was not respected during consultation but 355 (85.5%) of the respondents felt that the consultation room provide adequate privacy. However, 211 (50.8%) of the respondents reported that the waiting area was not clean (Table 2).

3.3. Interaction with the Health Care Provider

Table 3. Perceived patients and provider interaction variable of patient satisfaction with OPD clinics services at WSUTH, Southern Ethiopia, February 2015(n=415).

Variables	Number	percent
Provider told the name of your illness	285	68.7
Provider told the cause of your illness	184	44.3
Provider told to return if it gets worse	294	70.8
Provider told enough about your treatment	220	53
Provider told you ways of preventing future recurrence	220	53
Told your private issues	346	83.4
Consultation duration(in minutes)		
<6.10	310	74.7
≥6.10	105	25.3
Perceived consultation duration		
Long	35	8.4
Fair	220	53
Short	160	38.6
Perceived empathy		
Low	147	35.4
Medium	242	58.3
High	26	6.3

Among the total number of the respondents, more than two third (68.7%) of the respondents reported that the provider told the name of their illness while more than half (53%) of the respondents were given advice on how to prevent the reoccurrence of their illness. Concerning to duration stay with service provider, the mean (SD) time of consultation duration was 6.10 ± 4.12 minutes (range = 3 - 20 minutes). Regarding perceived empathy 242(58.3%) have medium, 147(35.4%) have low, while the remaining 26 (6.3%) have high (Table3).

3.4. Respondents Score on Satisfaction Measuring Items

Among the total respondents (n=415); 64.8% were responded as "satisfied" with instructions given by the doctor on investigations/prescriptions; while 14(3.4%) of them were strongly dissatisfied. Majority (68%) were satisfied with the amount of time spent with the doctor; while 15(3.6%) were strongly dissatisfied (Table4).

3.5. Determining Patient Satisfaction

The proportion of respondents who were satisfied with health care service provided in this study was 54.2% at 95% CI (49.4% - 59%) computed from satisfaction measuring items (Figure 1)

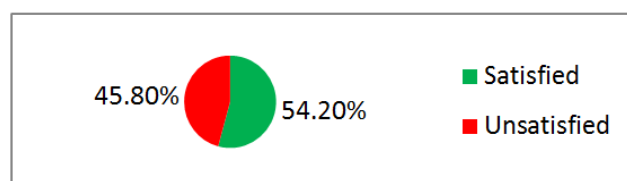


Fig. 1. Diagrammatic presentation of patient satisfaction with OPD health care service in Wolaita Sodo University Teaching Hospital, 2015.

3.6. Factors Associated with Patient Satisfaction

Binary logistic regression was conducted using bi-variate analysis for socio-demographic variables, institutional aspects and pattern of visit and interaction with health care service provider variables. Those variables which were with p -values less than 0.2 at bi-variate logistic regression were included in multiple logistic regressions.

In multivariate analysis, factors that remained statistically significant with patient satisfaction were perceived empathy (AOR 2.39, 95%CI: 1.32-4.33), availability of prescribed drugs in hospital pharmacy (AOR 0.44, 95% CI:0.25-0.76), privacy respected during consultation (AOR 4.08, 95% CI:2.08-8.01), cleanliness of waiting area (AOR 2.53, 95% CI:1.44-4.47), cleanliness of consultation room (AOR 2.42, 95% CI:1.07-5.50),interviewed by the language you understand (AOR 6.27, 95% CI:1.16-33.78), advice given how to prevent reoccurrence of disease (AOR 1.80, 95% CI:1.06-3.04), waiting time to service provider less than or equal to 30 minutes preceding consultation in waiting area (AOR 3.16, 95% CI:1.37-7.25) and payment status (AOR 2.06, 95% CI:1.02-4.17) of the respondents (Table 5).

Table 4. Respondents level of satisfaction with OPD clinics different components of health care services at WSUTH, Southern Ethiopia, February 2015(n=415).

Items	Strongly dissatisfied N (%)	Dissatisfied N (%)	Neutral N (%)	Satisfied N (%)	Strongly satisfied N (%)
I would come back to this hospital	11(2.7)	53(12.8)	13(3.1)	288(69.4)	50(12)
I would send my friends or relatives to this hospital	15(3.6)	40(9.6)	50(12)	275(66.3)	35(8.4)
I am satisfied with instructions given by the doctor on investigations/prescriptions	14(3.4)	52(12.5)	46(11.1)	269(64.8)	34(8.2)
I am satisfied with the amount of time spent with the doctor	15(3.6)	72(17.3)	17(4.1)	282(68)	29(7)
I am satisfied with the condition (comfort, privacy etc.) of the consulting room	10(2.4)	62(14.9)	11(2.7)	302(72.8)	30(7.2)

Table 5. Bi-variate and multivariate analysis showing factors associated with patient satisfaction WSUTH, Southern Ethiopia, February 2015(n=415).

Explanatory variables	Patient satisfaction		COR(95%CI)	AOR(95% CI)
	SatisfiedN (%)	UnsatisfiedN (%)		
Sex				
Male	111(49.3)	123(64.7)	1	1
Female	114(50.7)	67(35.3)	1.89(1.27-2.80)**	1.46(0.86-2.47)
Waiting time to visit service provider (in minutes)				
<30	109(48.4)	58(30.5)	5.20(2.74- 9.85)***	3.16(1.37-7.25)**
31 - 60	99(44)	85(44.7)	3.22(1.72-6.02)***	1.20(0.89-4.49)
60+	17(7.6)	47(24.7)	1	1
Availability of prescribed drugs				
All	160(71.1)	107(56.3)	1	1
Some	57 (25.3)	70 (36.8)	0.55 (0.36-0.83)**	0.44(0.25-0.76)**
None	8(3.6)	13(6.8)	0.41(0.17-1.03)	0.43(0.088,2.112)
How much did you know the provider?				
Very well	12 (5.3)	4 (2.1)	2.96 (0.93- 9.39)	1.90(0.47,7.73)
Well	8 (3.6)	5 (2.6)	1.58 (0.51- 4.94)	1.41(0.30-6.64)
Know little bit	56 (24.9)	34 (17.9)	1.63(1.00- 2.63)*	1.80(0.93-3.46)
Not at all	149(66.2)	147(77.4)	1	1
Educational status				
Not attended school	31(13.8)	36(18.9)	0.89(.487- 1.637)	0.59(0.28-1.27)
In or completed 1 st to 4 th grade	24(10.7)	20(10.5)	1.24(.618-2.503)	1.45(0.59-3.57)
In or completed 5 th to 8 th grade	52(23.1)	35(18.4)	1.54(.874- 2.713)	1.37(0.67-2.83)
In or completed 9 th to 10 th grade	44(19.6)	30(15.8)	1.52(0.84- 2.75)	2.00(0.93-4.33)
In or completed 11 th to 12 th grade	19(8.4)	12(6.3)	1.64(0.74- 3.70)	1.17(0.4-,3.30)
In or completed college or university	55(24.4)	57(30)	1	1
Payment status				
Paying	184(81.8)	166(87.4)	1	1
Free	41(18.2)	24(12.6)	1.54(0.89-2.66)	2.06(1.02-4.17)*
Waiting time for receiving medicines				
Long	30(13.6)	40 (21.7)	1	1
Fair	88(40)	59 (32.1)	1.99(1.12- 3.54)*	1.48(0.70-3.12)
Short	102(46.4)	85 (46.2)	1.60 (0.92- 2.784)	1.19(0.57-2.49)
Privacy respected during consultation				
Yes	204(90.7)	128 (67.4)	4.71(2.74-8.09)***	4.08(2.08-8.01)***
No	21 (9.3)	62 (32.6)	1	1
waiting area clean				
Yes	135 (60)	69 (36.3)	2.63(1.77-3.92)***	2.53(1.44-4.47)***
No	90 (40)	121 (63.7)	1	1
Consultation room clean				
Yes	212(94.2)	156 (82.1)	3.55(1.82-6.96)***	2.42(1.07-5.50)*
No	13 (5.8)	34 (17.9)	1	1
Perceived empathy				
Low	45 (20)	102 (53.7)	1	1
Medium	158(70.2)	84(44.2)	4.26(2.75-6.62)***	2.39(1.32-4.33)**
High	22 (9.8)	4 (2.1)	12.47(4.06-8.70)***	4.28(0.99-18.57)
Interviewed by the language you understand				

Explanatory variables	Patient satisfaction		COR(95%CI)	AOR(95% CI)
	SatisfiedN (%)	UnsatisfiedN (%)		
Yes	223(99.1)	176 (92.6)	8.87(1.99-39.54)**	6.27(1.16-33.78)*
No	2 (0.9)	14 (7.4)	1	1
Provider told you how to prevent reoccurrence of your illness				
Yes	146(64.9)	74 (38.9)	2.90(1.94-4.32)***	1.80(1.06-3.04)*
No	79 (35.1)	116 (61.1)	1	1
Consultation duration(in minutes)				
<6.10	153 (68)	157 (82.6)	1	1
≥6.10	72 (32)	33 (17.4)	2.24(1.40-3.58)**	1.62(0.88-2.96)

(*) P -value <0.05, (**) P- value <0.01(***) P- value < 0.001.

AOR: Adjusted odd ratio, COR: Crude odd ratio.

4. Discussion

The study was conducted in the OPD during the regular working hours and exclude weekends and holy days. This study showed that the overall satisfaction level of the outpatient with OPD clinics health care services provided at WSUTH was 54.2% at 95% CI (49.4% - 59%). This overall satisfaction level report is low compared to the report of the studies conducted in Jimma University Specialized Hospital, Hawassa University Teaching Hospital, Amhara Region Referral Hospital and Health centers in central Ethiopia, which showed 77%, 80.1%, 61.9% and 62.6% respectively (6,7,15,17) but the findings comparable with studies conducted in Eastern Ethiopia and Jimma hospital, which showed 54.1% and 57.1% respectively (18, 19). On the other hand, this finding is higher than the reports of a study conducted in the hospitals of Amhara region and which showed that satisfaction level from 22% to 50% (8,20) and report from Tigray Zonal hospital revealed satisfaction level of 43.6% (21). The difference might be the fact that specialized teaching hospitals are equipped very well and have enough diversity of health professionals, better diagnostic facilities, health service infrastructures, and awareness of service providers of different levels that are expected to demonstrate the standard way of patient examination resulting in higher overall satisfaction level (6,7). In addition, computing way of overall satisfaction level, different classification of satisfaction level, high patient load, shortage of staff, study times and design also contributed.

According to the result of present study perceived empathy is an important factor predicting the level of patient satisfaction. Furthermore as perceived empathy gets better, it's effect on patient satisfaction becomes more positive. So it is important to give attention to the effectiveness of empathy in patient - physician communication during consultation. This supports the view that perceived empathy or empathetic communication during consultation is an essential prerequisite for the delivery of quality health care services and also it is crucial to the effective achievement of patient centeredness. This finding almost consistent with the finding of studies conducted in health centers in central Ethiopia and Nigeria General Outpatient Clinics of Tertiary Hospital (16, 17, 22).

In addition, more than half 220(53%) of the respondents

were given advice on how to prevent the reoccurrence of the disease. This finding is greater than the study conducted at primary health care centers in central Ethiopia, which indicate 33.3% of the respondents were given advice on how to prevent the reoccurrence of the disease (16). However, health care providers have an ethical duty to teach the patient about disease and promotion of health, as a clearly stated in the Ethiopian medical code of ethics (23). Perceived long waiting time to receive service in the hospital negatively affected patient satisfaction in this study. This finding is consistent with the studies conducted in outpatient clinics in Ethiopia (7, 17, 18, 19).

Regard to cleanliness of waiting area, 60% of the respondents was satisfied with the cleanliness of waiting area. This finding is greater than the study conducted in India Super Specialty hospital had reported that 50% of the patients were satisfied with regard to the cleanliness of the hospital (5) and also similar study was conducted in India OPD of Tertiary Care Hospital in which 55.55% of patients were satisfied with cleanliness of waiting area (24) but this finding is lower than the study conducted at selected health facilities in six regions of Ethiopia in which 76.50 % (25). In the present study, nearly two third (64.3%) of the respondents did get all prescribed drugs from the hospital pharmacy. Similar study conducted in Jimma University Specialized Hospital, Hospitals of Amhara region, Jimma hospital and Tigray Zonal hospital, indicated that 70%, about 1/3rd of total clients, 66.7%, and 61% of the patients didn't get all or some of prescribed drugs from hospitals pharmacy respectively and lack of drugs and supplies were their major problems, which was in contrast to the findings of this study (6, 8, 19, 21). In addition, the availability of prescribed drugs from the hospital's pharmacy in this study is in line with report from a study conducted in Nepal, where it was 79% of the respondents where did gets all prescribed drugs from the hospital pharmacy (26).

Regarding to privacy during consultation, 90.7% of the respondents were satisfied with privacy during consultation. This finding is lower than the study conducted in the India Super Specialty hospital, in which 97.5% of the respondents were satisfied privacy during consultation [5], but this result is almost similar with the study conducted in Nepal OPD at Chitwan Medical College Teaching Hospital in which 91.2% of the patients who were satisfied with the privacy during

consultation (26). Moreover, the present study showed that the payment status as paying respondents are less satisfied as compared with non-paying (free) respondents. This may be related to their expectation of the services may rise when they incur certain costs to the services. This finding is in agreement with the studies conducted in Jimma University Specialized Hospital (6) and Eastern Ethiopia (18).

5. Limitation of the Study

The finding of this study might be subjected to social desirability bias because the respondents were interviewed in the hospital compound. In addition, patients may experience a relatively short-lived whereby they feel more satisfied immediately after their consultation than they do afterwards.

6. Conclusion

In general, the overall satisfaction of outpatient with OPD clinics health care services provided at WSUTH was low. Perceived empathy, privacy during consultation, availability of prescribed drugs, cleanliness of waiting area, cleanliness of consultation room, interviewed by their language and advice given on how to prevent the reoccurrence of disease were positively associated with patient satisfaction, but waiting time to service provider after registration process in waiting area was negatively associated. The respondent's perceptions of the providers (Physicians) empathy are of key importance in patient satisfaction. So improving provider empathy during consultation may be crucial in enhancing patient satisfaction.

7. Recommendations

Study Hospital management members and service providers should give attention to reduce waiting time preceding to consultation, ensure good interactions with patients, improve drugs availability and maintain privacy of patients in order to improve the level of satisfaction of patients; as well as understand the extent of the problem with cleanliness and plan to look different mechanisms to improve the cleanliness of the hospital.

Finally, it is necessary to conduct further study and periodic assessment of health services, especially from the user's satisfaction perspective.

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Author's contribution

Getu Gamo Sagaro: has conceived the study, participated in the design of the study and performed statistical analysis,

and drafting the manuscript for important intellectual content.

Alemayehu Worku Yalew: has directly participated in the planning of the research, guided overall stage of the research, execution, and analysis of this study.

Mengistu Meskele Koyira: involved in design and analysis of the study, helped to draft the manuscript, drafting the article or revisiting it critically for important intellectual content:

All authors of this paper have read and approved the final version before submission.

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