



**WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND
HEALTH SCIENCE
DEPARTMENT OF NURSING
ASSESSMENT OF PATIENT SATISFACTION AND
ASSOCIATED FACTORS AMONG ADULT OUTPATIENT
DEPARTMENT AT WOLISO GENERAL HOSPITAL, SOUTH
WEST SHOA, ETHIOPIA, 2023**

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**WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND
HEALTH SCIENCE
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Abbreviation and acronyms

COVID-19	Corona Virus Disease of 2019
DRs	Doctor's
GP	General Physician
HIV	Human Immune Virus
HO	Health Officer
Nrs	Nurses
OPD	Outpatient Departments
SPSS	Statistical Package for the Social Sciences
TB	Tuberculosis

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ABSTRACT

BACKGROUND: Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. Patient satisfaction is defined as the individual's positive evaluation of distinct dimensions of health care and is an important element in the evaluation of service rendered by a hospital. This study sought to investigate level of satisfaction expressed by participants regarding services provided outpatient departments of selected health facilities in the south west shoa zone of Ethiopia and associated predictors.

OBJECTIVE: The main objective of the study is to assess the magnitude of patient satisfaction and associated factors among adult patients who attend Outpatient Department at Woliso General Hospital, Southwest Shoa Zone, and Oromia

METHOD: An institutional cross-sectional study was conducted to assess patient satisfaction towards the outpatient service from April 2023- May 2023 G.C, at OPD of Woliso General Hospital (WGH). Systematic random sampling technique was used to select the total sample size of 376. Patients fulfilling the inclusion criteria were interviewed by using a five scale Likert scale. The data was analyzed using SPSS version 25.0. The result of the study was presented using table, frequency, and percentage. Variables having $p < 0.25$ at bi-variable analysis were fitted to multivariable analysis. OR P-value and 95% CI were computed to show the association of variables ($p < 0.05$).

RESULT: A total of 362 respondents were enrolled, with a response rate of 96% and magnitude of satisfaction was 47%. The predictors associated with patient satisfaction were physical environment (AOR= 1.773; 95% CI 1.080-2.911), medication provision (AOR=2.927; 95% CI 1.652-9.930) and availability of prescribed drug (AOR = 4.035; 95% CI 1.640-9.930) were significantly associated with satisfaction.

CONCLUSION: The overall satisfaction of outpatient health care services provided at Woliso General Hospital was low. Hospital managements and service providers should give attention to

improve physical environment, medical provision and drug availability to improve the level of patient satisfaction.

RECOMMENDATION: Health care providers should modify their provision of services in order to make their patients more satisfied and focused on the predictors.

KEYWORDS: Satisfaction, Patient Satisfaction, Outpatient

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. It is the psychological state that results from confirmation or disconfirmation of expectations with reality (1). Patient satisfaction is defined as the individual's positive evaluation of distinct dimensions of health care and is an important element in the evaluation of service rendered by a hospital (2). Quality of care is "the degree to which health care services provided to individuals and patient populations improves desired health outcomes and to achieve that health care must be safe, effective, timely, efficient, equitable and patient-centered (3).

Patient satisfaction is the level of service satisfaction that patients experience from having used a health service from a health facility. Patient satisfaction is considered as the necessary outcomes of health systems and a tool to measure of health service quality (4). Outpatient Department is considered to be the shop windows of the hospital (5). In addition, if patient satisfaction is very poor, those who are sick may be reluctant to go to health services. This, in turn, affects a country's ability to report outbreaks of new diseases (e.g. COVID-19) or outbreaks of other diseases that may be monitored for potential spread to epidemic and pandemic levels (e.g. measles, polio, etc.). If a country's citizens are not reliably reporting such outbreaks, this, in turn, can affect global security (6).

Main OPD service user's higher satisfaction level demand improving the examination and consultation quality of service delivery and the information provided to the patient in the examination process, establishing or improving an internet or telephone appointment system to decrease waiting times, coordination between doctors, nurses and the outpatient department management, offering incentives for on-time doctors, and improving hospital staff space. Long wait time during registration, doctor visits after registration, examination room privacy, laboratory procedures and doctor revisiting for evaluation with laboratory results, failure to obtain prescribed drugs and supplies from hospital pharmacies, and insufficient information were all observed problems in studies carried in Out Patient Departments (OPD) of various hospitals

in Ethiopia. Registration procedures should be easier in Outpatient Departments (OPD) so that patient satisfaction could be enhanced. Based on one study there are a variety of effective strategies that hospital management can implement to increase patient satisfaction (2). Similarly, the level of patient satisfaction in Woliso General Hospital outpatient services like internal medicine, surgery, pediatrics and gynecology & obstetric medical service need be studied to verify its patient's satisfaction attainment level and the factors. Thus, the objective of this study is to assess outpatient satisfaction level and analyze factors affecting Outpatient satisfaction at Woliso General Hospitals and provide important information for hospital managements to improve outpatients' satisfaction.

1.2 STATEMENT OF THE PROBLEM

In recent decades, assessing of patient satisfaction has been found to be the most important tool for getting patients' views on how to provide care (8). Patient satisfaction is the degree of congruency between a patient's expectations of ideal care and his/her perception of the real care he/she receives (2). The prevalence of patient satisfactions were 89.1% in rural Haryana hospital and 73% in tertiary hospital, India (7).

However in Ethiopia using Black Lion Hospital as a case the amount of time spent in the waiting area and the distance traveled to the hospital were identified as variables that could be improved by working with different stakeholders (8). A case study conducted at teaching Hospital Karapitiya, Sri Lanka, 10.36% of the patients were highly satisfied with health services (4).

A study conducted in Geneva on patient satisfaction with psychiatric outpatient care reveal that the global satisfaction rate was 93.1%. Whereas the satisfaction level in Africa ranges 55–83 %

(9). Individuals in Africa did not visit their local primary health care centers even for serious illnesses, according to study in selected nations of the continent, due to a perception of poor quality of care at these centers (10).

In Ethiopia patient satisfaction towards outpatient services was ranged from 27.8% to 79.7%. From these, 27.8% in Jimma Medical Center (6), 57.8% at Bahirdar Felege Hiwot referral hospital (11). 50.3% in Addis Ababa, St Paulo`s Hospital Hospital OPD (12). Accordingly, 79.7% was at Mekele town public hospitals 70.4% Addis Ababa, at black lion hospital (6). According to (13)48.3% Debre Markos referral hospital. And 64.0% Debre Markos referral hospital (9). 66.5% in Gurage Zone Public Hospitals.

Hence, Accessibility and technical quality, reduced waiting time, improved communication and interaction between the health care provider and patients as a strategy. In line with these similar facts, the level of patient satisfaction in health care services delivered Woliso General Hospitals give inpatient and outpatient services like internal medicine, surgery, pediatrics and gynecology & obstetric medical service. In particular there are, sufficient studies conducted in south west shoaw zone, specific studies of the subject can be raised from various part of the region for instance in Jimma, weteren Oromia and North shew Zone (14).

These prior studies showed that perceived empathy, non-verbal communication, time to complete service, cleanness of rooms and equipment, and level of hospital influenced patient satisfaction. Based on the essence, thus, the objective of this study is to identify factors affecting Outpatient satisfaction at Woliso General Hospitals and provide important information for hospital managements to improve outpatients' satisfaction.

1.3. Significance of the Study

The result of this study offers valuable inputs and directions for the Woliso General Hospital management and other decision-making bodies. The study may help the hospital management in making decisions on how to make patients comfortable. It was a source document that will guide and improve patient's satisfaction and quality of service in the government healthcare institutions

in Oromia especially Woliso General Hospital. The findings can further be used basis of means to increase patients' satisfaction with services. The patients will provide feedback which the management of the hospital may implement to improve quality services provided at the clinic. Again, this study is believed to be helpful as a reference for further studies at national and local level on similar topics, in the context of the health care sector. The finding of this study can be employed as an insight to reduce the gap observed in the service delivery of Woliso General Hospital. Hence the research can provide a better understanding on the existing organization and administrative obstacles to patient's service delivery in Woliso General Hospital.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Level or Magnitude of Patient Satisfaction

Health beliefs are person's ideas, convictions and attitudes about health and illness. They may be based on factual information, misinformation, commonsense or myths, or reality or false expectations. Health beliefs usually influence health behavior this influence can be positive or negative (15). Quality health care delivery affects all sectors of the economy because every economy relies on a healthy working population to offer skill and unskilled labor for increased productivity and the growth of the national income. Hence, the structural connectivity between quality health care services and other sectors of the economy. This had necessitated the need for a system of continuous quality improvement committed to providing better medical services as a surest way of ensuring quality health care delivery. Despite the modern scientific development and technological advancement in health care delivery, issues of patients centered health care delivery still needs improvement. Even in the best systems, mistakes and lapses occur during

treatment leading to injuries and dissatisfaction in service delivery. More importantly, health personnel could also undervalue the psychosocial aspect of treatment during the course of executing their duties (3).

It is no wonder that, states, international organizations, corporate bodies, and even individuals are working tirelessly to promote quality health care and patient's protection and safety. Relevant literatures on quality services, health care, customer satisfaction, and patient's rights were undertaken. The research issues arising from these reviews guided the formulation of the research objectives. (16).

One cannot deny the fact that openness, confidence, motivation, and commitment are the foundations of any quality culture. However, traditional practices and attitudes towards authority, mutual support, and individual responsibility actively resist improvement. This creates a culture of low expectations and quality (from public and professions), vertical command structures, restricted information, and a negative view of accountability and responsibility. This is still a major problem in the whole of Africa (17). Quality designs involves providers, clients and managers in a structured process to explicitly identify clients' needs and design services processes with the key feature to meet those needs. In the context of quality design, the features are concrete, practical expressions of client's needs, desires, and expectations. Quality design is use to develop an entirely new process or redesign an existing process for improved service delivery (15).

Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. It is the psychological state that results from confirmation or disconfirmation of expectations with reality (1). This study defined Patient satisfaction as the individual's positive evaluation of distinct dimensions of health care and is an important element in the evaluation of service rendered by a hospital. (2). Quality of care is "the degree to which health care services provided to individuals and patient populations improves desired health outcomes and to achieve that health care must be safe, effective, timely, efficient, equitable and patient-centered.

In recent decades, assessing of patient satisfaction has been found to be the most important tool for getting patients' views on how to provide care (4). Patient satisfaction is the degree of congruency between a patient's expectations of ideal care and his/her perception of the real care he/she receives (12). The prevalence of patient satisfactions were 89.1% in rural Haryana hospital and 73% in tertiary hospital in India (4). A case study conducted at teaching Hospital Karapitiya, Sri Lanka, 10.36% of the patients were highly satisfied with health services. (6).

Patient satisfaction is considered as the necessary outcomes of health systems and a tool to measure of health service quality (18). Patient satisfaction is a crucial phenomenon that recognizes the patients' needs so as to improve healthcare systems, patient outcomes, and retention and health status of the population and also reduce medical malpractice (5). Service satisfied patients may be more likely to come in for visits, follow clinicians recommendations and better patient understanding scores could indicate that a hospital has stronger teamwork, organizational leadership, and commitment for improvement (12). In recent decades, assessing of patient satisfaction has been found to be the most important tool for getting patients' views on how to provide care (6). Patient satisfaction is the degree of congruency between a patient's expectations of ideal care and his/her perception of the real care he/she receives.

As the quality of healthcare rises, so does the demand for health services. To achieve high quality, the World Health Organization (WHO) now proposes a "people-centered" approach to health care, in which the patient is treated as a whole person with multiple needs, rather than just a disease condition to be managed. Patients' satisfaction with the services they receive is one way to quantify health-care quality (12). The modern patient is more informed and educated, has greater access to information, and has higher expectations of the health-care system. As a result, it is now more important than ever to address service delivery problems in this context (19). A patient with positive attitudes has a better chance of achieving positive results.

Negative patient attitudes and disappointment with health-care services lead to low compliance and, in extreme cases, patients resort to negative word-of-mouth, discouraging others from seeking health-care services from the system (20). A study conducted in Geneva on patient satisfaction with psychiatric outpatient care reveal that the global satisfaction rate was 93.1%. Whereas the satisfaction level in Africa ranges 55–83%.

Individuals in Africa did not visit their local primary health care centers even for serious illnesses, according to studies, due to a perception of poor quality of care at these centers. Patient satisfaction is important because it is linked to better compliance with doctors' instructions, timely care seeking by the patient, and greater understanding and retention of information. One of the indicators of the quality of care is patient satisfaction. Its evaluation will aid in the improvement of health care services and delivery based on patient feedback. (7)

Long wait time during registration, doctor visits after registration, examination room privacy, laboratory procedures and doctor revisiting for evaluation with laboratory results, failure to obtain prescribed drugs and supplies from hospital pharmacies, and insufficient information were all observed problems in studies carried in Out Patient Departments (OPD) of various hospitals in Ethiopia (6) and (5). In Ethiopia patient satisfaction towards outpatient services was ranged from 27.8% to 79.7%. From these, 27.8% in Jimma Medical Center (6), 57.8% at Bahirdar Felege Hiwot referral hospital (18). 50.3% in Addis Ababa, St Paulo`s Hospital Hospital OPD (21).

2.2. Factors which affect patient satisfaction

This part of the paper takes closer look on empirical studies on patient experience and patient satisfaction. Patients tended to be more satisfied when providers gave more information when they were counseled by a physician when payment plans were explained. Other characteristics of the provider-patient relationship that have been related to satisfaction include the nature of the provider-patient communication (22).

In Alasad and Ahemed study showed that the overall rating of patient satisfaction was 77%, it was considered relatively low in comparison to other studies. According to this study comparison between wards, the gynecological ward had a significantly higher percentage of patients'

satisfaction with nursing care than the surgical wards (23). A study conducted in London, 2002, marked associations were found between satisfaction and gender, age and social class. Elderly patients were more likely to report themselves very satisfied, 85% of those over 65 giving this rating compared to 52% of those aged 15 – 39 years. Satisfaction was also related to social class, those from extremes (high social class) tending to be most satisfied than the intermediate groups. Even if the above study did not indicate the odds ratio Adjusted odds ratio with 95% confidence interval and P value < 0.05 were used to identify the factors associated with perceived quality of health services in (24). In this study, the overall weighted SERVQUAL gap score was high with low perceived quality of healthcare services compared with patient's expectation. Weighted SERVQUAL score was also significantly high for reliability and low for assurance dimensions.

Accordingly, the odds of high perceived quality service were 5.27 times higher among those who waited for less than an hour (AOR = 5.27; 95% CI: 2.45–11.31) and 2.97 times higher for 1–2 hours (AOR = 2.97; 95% CI: 1.50–5.88) than patients who waited more than 2 hours, respectively. The odds of high perceived quality of service among patients who had got all laboratory tests within the hospital were 2.62 (AOR = 2.62; 95% CI: 1.41–4.86) times higher than their counterparts. The odds of high perceived quality of health services among those patients who had offered ultrasound order by physicians were 2.01 times (AOR = 2.01, 95% CI: 1.08–3.75) higher as compared with their counterparts. The odds of high perceived quality service were 4.63 (AOR = 4.63; 95% CI: 1.29–16.68) and 2.09- (AOR = 2.09; 95% CI: 1.08–4.05) times higher among patients who had advised on contraindication of drugs compared with those who did not advise on dose and contraindications of drugs, respectively. The odds of high perceived quality of healthcare service were 2.79 (AOR = 2.79; 95% CI: 1.13–6.89) times higher among patients who counseled on the side effects of drugs compared with their counterparts. (24).

As of the study conducted by (17) which aimed at assessing patient satisfaction and associated factors among outpatient health service users at primary hospitals of North Gondar, Northwest Ethiopia. Methods. Facility based cross-sectional study design was conducted in North Gondar from February to March, 2016, among outpatient health service users. The study indicated that

overall level of patients' satisfaction towards outpatient health care services in North Gondar primary hospitals was low.

According to Donabedian the effectiveness of care, in achieving or producing health and satisfaction, is the ultimate indicator of the quality of care. Satisfaction data play a significant role in the strategy and tactics health care providers use in delivering services for patients. In addition, measurement of patient satisfaction is increasingly playing important role in the growing push towards accountability among health care providers. It is also viewed as an established indicator of quality of care (25) Support and respect from nurses, constant availability of nurses and appropriately given responses are the main indicators of satisfaction (13, 27).

2.3. Conceptual Framework

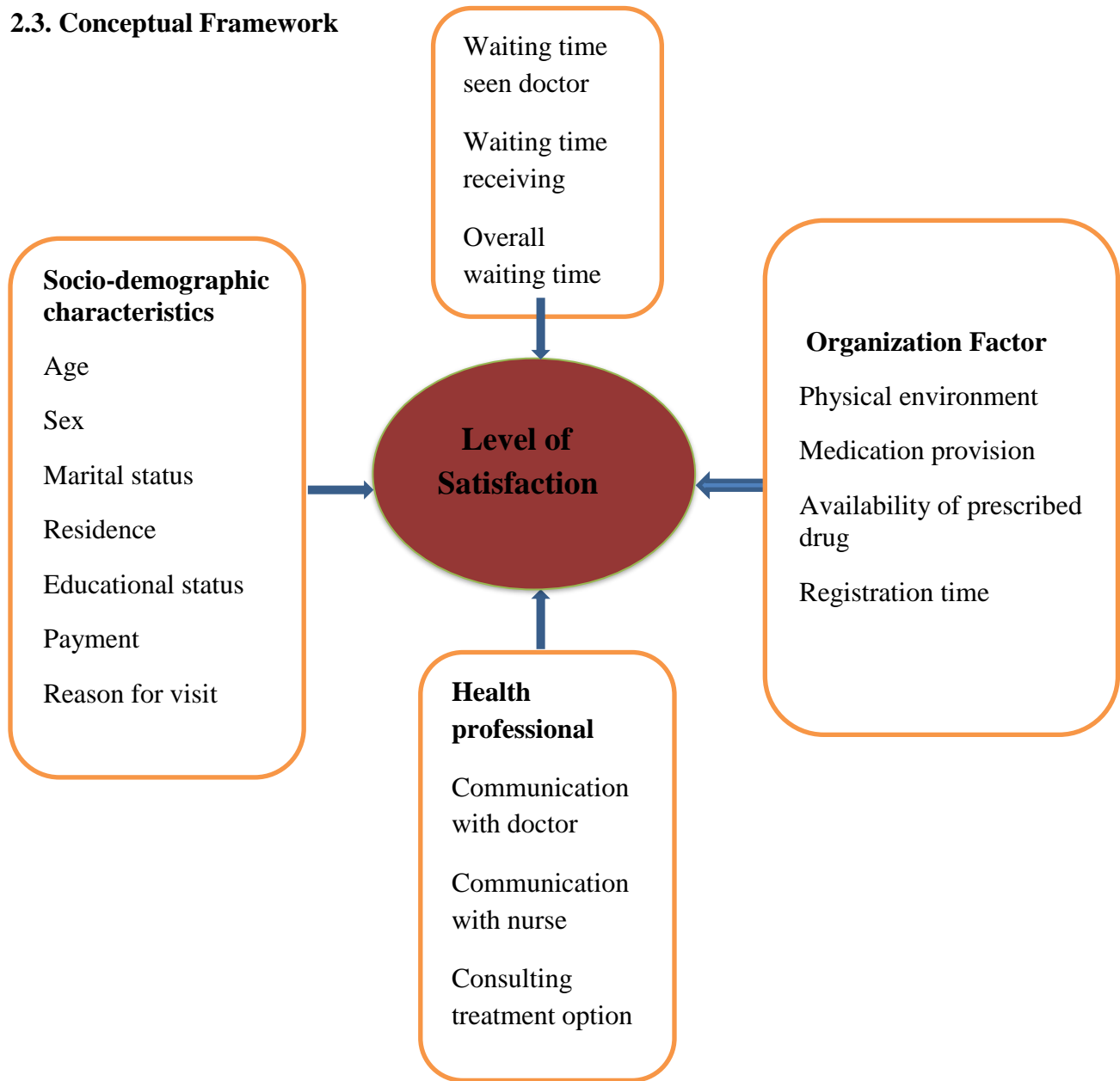


Figure 1. Conceptual frame work for factors associated with level of satisfaction after reviewing different literatures

CHAPTER THREE

OBJECTIVE

3.1. General Objective

To assess the magnitude of patient satisfaction and associated factors among adult patients who attend Outpatient Department at Woliso General Hospital, Southwest Shoa, Ethiopia, and 2015 E.C.

3.2. Specific Objective

- To assess magnitude of patient satisfaction among patients attending OPD at Woliso General Hospital.
- To identify factors associated with patient's satisfaction toward OPD at Woliso General Hospital.

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted in Woliso town, which is found in South West Shoa Zone, Oromia Regional State. Woliso town is located at 114 km from Addis Ababa, the capital city of Ethiopia. Based on Woliso town health office baseline data in 2022 the total number of household and population of the town are estimated to be 1,465 and 70,321 respectively. The town has one governmental hospital and one non-governmental hospital, two public health centers, 13 private clinics, and nine drug stores. Woliso General Hospital is one of the hospitals that are found in Woliso town, Oromia Region. At Out Patient Department about 300 clients are served per day. The hospital has 7 ward and 79 beds. The hospital provides inpatient service, OPD, MCH, psychiatry, labor and delivery, OR, TB/HIV Service etc. The hospital has 5 specialists, 10 GP, 80 nurse, 15 midwife, 3 clinical pharmacies and 8 pharmacists, 8 laboratory professionals and 12 other health professionals. The hospital has served patients comes from south west shoa zone, west shoa zone, Gurage zone and jimma zone. This study was conducted from April to May 2023 G.C

4.2. Study Design

Institution based cross-sectional study design was applied.

4.3. Populations

4.3.1 Source population

All Out patients who were visiting of Woliso General Hospital are source of population.

4.3.2 Study. Population

All selected adult patients who visiting outpatient health services.

4.4. Inclusion and exclusion criteria

Inclusion criteria

- Adult Patients who seek medical service at the outpatient Department (OPD) unit.

Exclusion criteria

- Patients cannot speak or listening, critically ill, and had Mental problems were excluded

4.5. Sample size determination

The sample size was calculated using a single population proportion formula considering the following assumptions: A 95% Confidence level, 0.05 margin of error and proportion of patient satisfaction on outpatient health service at Gurage Zone Primary Hospitals, which reported 66.5% (20) patients' satisfaction with services delivered ($p = 0.665$). These parameters were substituted in a single population proportion formula.

$$n = \frac{z_{\alpha/2}^2 p * [1 - p]}{d^2}$$

Where

n = the desired sample size

p = proportion of outpatient satisfaction at Gurage Zone Primary Hospitals

$Z_{\alpha/2}$ = critical value for normal distribution at 95% confidence level which is equal to 1.96 (Z value at $\alpha = 0.05$)

d = the margin of error taken as 0.05

Therefore, the formula yields 376 sample size and since the total population is less than 10,000 the correction formula was used. Hence, the final sample size was calculated as $n = (Z_{\alpha/2})^2 p(1-p)/d^2$ $n = (1.96)^2 \times 0.665(1-0.665)/(0.05)^2$. including 10% of non-response, the final sample size was 376 participated as a patient respondents.

4.6.Sampling procedure

Systematic sampling technique was used in order to collect the valuable information every two intervals until the sample size is obtained.

With the assumption there were 1000 outpatient in the study period according to the data obtained from last month record of outpatient department.

$$K=1000/376$$

$$K=2.65$$

$$K=2$$

4.7.Study variables

4.7.1. Dependent –Variables

Patient-satisfaction

4.7.2. Independent variables

- Socio-demographic characteristics: age, sex, educational status, occupation, family income, residence and payment status.
- Organizational factor: communication with doctor and nurse, registration time, physical environment, waiting time.
- Health professional characteristics: communication with doctor and nurse and consulting treatment option
- Waiting time seen doctor, waiting time receiving drug and overall waiting time

4.8. Operational definitions

- ❖ **Patient waiting time.** The time between receiving service at the next outpatient station and departing from the previous outpatient station.
 - ❖ **Poor satisfaction;** respondents who scored satisfaction score less than 37.5193 or overall mean score on the given items to measure satisfaction and similarly applied to each domain.
 - ❖ **Good satisfaction;** respondents who fulfill overall mean score 37.5193 or more on the given items to measure satisfaction and the same approach was used to each domain of patient satisfaction.
 - ❖ **Outpatient department** is an area in which the patient is treated in ambulatory care⁽¹⁸⁾.
 - ❖ **Patient Convenience,** measured as the distance a patient must travel to see a doctor or specialist, can be an issue with narrow networks.
 - ❖ **Professional courtesy,** the provision of care without charge or at discounted rates to physicians and their immediate families, has a long history in the medical profession, but is relatively rare in today's complex healthcare payment environment. This once-commonplace practice was intended to foster amicable relationships among health care providers. By the mid-20th century, professional courtesy was often extended to additional medical personnel and employees.
- Quality of care** is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage.

4.9 Data collection Tool

Data were collected using structured questionnaire based exit interview which are composed of many questions with three parts of questionnaire, those were Socio-demographic, Organizational factor, and patient satisfaction towards Health Service. The structured questionnaire prepared in the English language was translated into AfanOromo and then translated back to English to check for consistency.

4.10. Data collection Technique

In conducting this study face to face interview was used to collect the relevant data. The data was collected by selected students who were trained for one day by the researcher and they also got supervised every other day.

4.11. Data Quality Assurance

To assure the quality of the data properly design data collection tools was developed. To assure the quality of quantitative data oral translation of questionnaire in to local language before the time of interview will carried out. Finally, pre-testing was conducted in Woliso General Hospital itself prior to main survey questionnaire distribution.

4.12. Data analysis

The data obtained from study participant was checked for completeness by simple frequency. The data was coded, entered, cleaned and analyzed using SPSS version 25.0. During the analysis, and association b/n variables was determined. Descriptive statistics was used.

Completeness and consistency were checked during data collection and at the end of data collection by the supervisor and investigators. After checking for completeness and consistency, the data was entered to SPSS version 25 software for advanced analysis. Both descriptive and Inferential statistical procedures and econometric model was employed. To explore existing OPD service delivery and socioeconomic situations of patient's descriptive statistical techniques was used to summarize data in terms of percentage, frequencies of variables and Frequency distribution. To analyze association b/n variables with patient satisfaction level inferential statistical test like Pearson chi was computed. Finally, to identify factors associated with patient satisfaction, best fit econometric model was estimated like logistic regression. However only those variables which are statistically significant in inferential statistical analysis was included in

the regression. Subsequently, Adjusted Odds Ratio (AOR) at 95% Confidence Interval (CI) was used to indicate the strength of statistical associations of variables.

4.13. Ethical consideration

Ethical clearance letter was obtained from Wolkite University ethical review committee and dispatched to selected hospitals. Before data collection, the data collectors were informed about COVID-19 infection prevention and control protocol. The participants were informed and their oral consent would be obtained. They have the right to refuse or withdraw from participating at any time and the information provided by each participant must keep confidentially, each questionnaire would be coded and information would not share to the third party.

CHAPTER FIVE

RESULT

Socio- demographic characteristics of the respondents

In this study a total of 362 Adult patients were participated with the cumulative response rate of 96%.

In detailed socio-demographic characteristics of the study participants: 182 (50.3%) were male and 180 (49.7%) were females. The age distribution of the participants revealed that 123 (34.0%) were in the age group of greater than 44. Regarding to educational status 136 (37.6%) respondents had diploma and above, while 110(30.4%) were governmental employer. More than half of the study participant were new visit 194 (53.6%). Regarding to economic status the majority 215(59.4%) of patient's monthly income was less than 1000 ETB.as shown in table 1 below.

Table 1: Socio-demographic status of the study population, at south west shoa zone General Hospital, Ethiopia, April, 2023 (n=362).

Variable	Category	Frequency	Percent (%)
Sex			
	Male	182	50.3
	Female	180	49.7
Age			
	18-24 years	73	20.2
	25-34 years	98	27.1
	35-44 years	68	18.8
	>44 years	123	34.0
Marital status			
	Single	105	29.0
	Married	246	68.0
	Divorced	8	2.2
	Widowed	3	0.8

Residence			
	Urban	213	59.3
	Rural	146	40.7
Educational Status			
	Unable to read and write	97	26.8
	Primary Education	65	18.0
	Secondary Education	64	17.7
	Diploma and Above	136	37.6
Occupation			
	Farmer	104	28.7
	Merchant	65	18.0
	Government employ	110	30.4
	Unemployed	44	12.2
	Other	39	18.8
Payment			
	Free	23	6.1
	Paying	181	50.0
	Health Insurance	158	43.6
Resen for visit			
	Current Illness	181	50.0
	Follow Up	123	34.0
	Family Planning	42	11.6
	Other	16	4.4
Frequency of visit			
	New	194	53.6
	Repeat	168	46.4
Monthly income			
	<1000 ETB	215	59.4
	1000 -2000 ETB	38	10.5
	>2000 ETB	109	30.1

Patient Satisfaction towards Health service at outpatient department

In this study the overall patient satisfaction was 47% in the adult outpatient department as shown in figure 1 below.

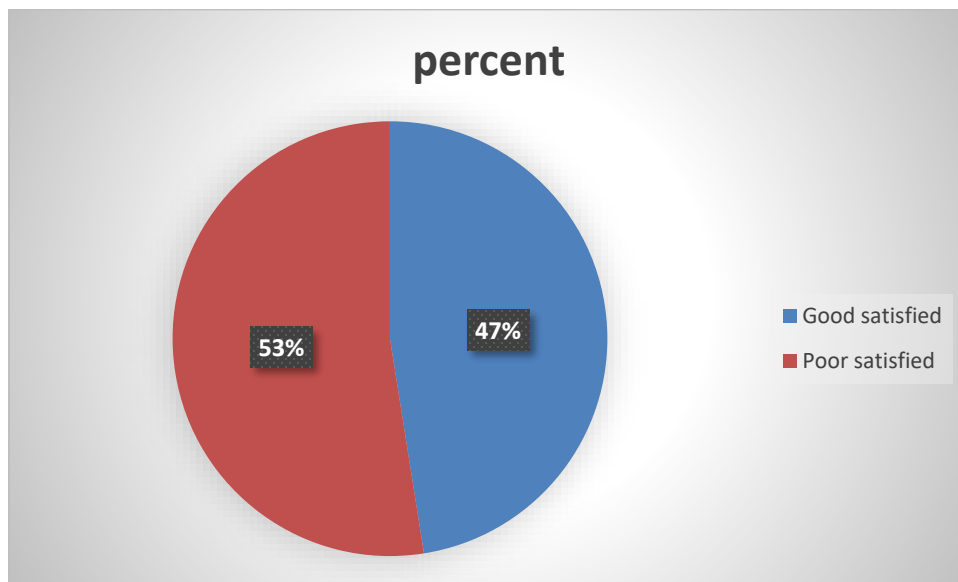


Figure 2: Patient satisfaction towards Health service at OPD in Woliso General Hospital, 2023

Organizational factor among health service

The satisfaction of patient regarding communication with doctor 193 (80.9%) of the respondent were satisfied and 291(80.4%) were satisfied for communication with nurse. The majority of the respondents were satisfied 245 (67.7%) for their consulting on treatment option. Regarding to physical environment the respondents 222(60.3%) was satisfied as shown in table 2.

Table 2: Frequency distribution of patient satisfaction health service at OPD regarding to organizational factor at South west shoa zone,General Hospital, Ethiopia, 2023

Variable	Category	Frequency	Percent
Satisfied with communication with doctor	Yes	193	80.9
	No	69	19.1
Satisfied with communication with nurse	Yes	291	80.4
	No	71	19.6
Satisfied with Physical environment	Yes	222	60.3
	No	140	38.7
Satisfied with Medication Provision	Yes	145	40.2
	No	216	59.8
Availability of Prescribed drug	All	90	24.9
	Some	218	60.4
	None	53	14.7
Registration Process Was done timely	Yes	142	39.2
	No	220	60.8
Waiting time for receiving drug	Long	68	18.8
	Fair	108	29.8
	Short	186	51.4
Satisfied with overall waiting time	Yes	133	36.8
	No	228	63.2
Consulting on treatment options	Yes	245	67.7
	No	117	32.3

Factor associated with patient satisfaction

Binary and Multivariable logistic regression analysis were employed to identify factors associated with adult patient's satisfaction in outpatient service. After the adjustment of these independent variable; satisfaction with Communication with nurse, satisfied with physical environment, satisfied with medication provision and availability of prescribed drug respondent were significantly associated to patient satisfaction at P-value of < 0.05. Physical environment were 1.773 [AOR=1.773; 95% CI (1.080-2.911)] times more likely to be satisfied than patient not satisfied, medication provision were 2.927 [AOR=2.927; 95% CI (1.652-9.930)] and Availability of prescribed drug were 4.035 [AOR=4.035; 95% CI (1.640-9.930)] times more likely to be satisfied than the availability of prescribed drug not found.

Table 3: Bi-variable and Multivariable analysis of factors associated to patient satisfaction among adult OPD at south west shoa zone Woliso General Hospital, Ethiopia, 2023

Variable	Categories	Satisfaction		COR	AOR	P values
		Good Satisfaction	Poor Satisfaction			
Satisfied with physical environment	Yes	120(54.1%)	102(45.9%)	1.991(1.292-	1.773(1.080-2.911)	0.024
	NO	52(37.1%)	88(62.9%)	3.069)		
Satisfied with medication provision	Yes	87(60.0%)	58(40.0%)	2.312(0.281-	2.927(1.652-5.186)	0.000
	No	85(39.4%)	131(60.6%)	0.665)		
Availability of prescribed drug	All	49(54.4%)	41(45.6%)		4.035(1.640-9.930)	0.002
	Some	110(50.5%)	108(49.5%)	4.083(1.88.779)		
	None	12(22.6%)	41(77.4%)	3.480(1.735-6.979)		

CHAPTER SIX

DISCUSSION

The overall adult patient satisfaction in outpatient departments at Woliso General Hospital was (47%), This percentage is very low compared to other studies done in Tertiary Care Hospital in Rural Haryana, India 89.1%⁽⁴⁾, comparative cross sectional study done at Addis Ababa public hospitals 89.3%⁽⁶⁾, and Hawassa University Teaching Hospital 80.1% , Jimma University Specialized Hospital 77% and Tertiary Care Hospital, Jabalpur, Madhya Pradesh, India 73% , this study was less than a mixed study done in department of Suva sub-divisional health center, Fiji, Australia 69.3%. This result also low compared to the study conducted Gurage zone primary hospitals 65.5%⁽²⁰⁾, Debre Berhan referral hospital 57.7% Wolayita Sodo Teaching Hospital 54.2%, North Gondar primary Hospitals 56.1%⁽¹⁷⁾, This result also similar to Yekatit 12 hospital 47%, psychiatry outpatients of St Paulo's Hospital 50.3%⁽⁶⁾, adult patients satisfaction with clinical Laboratory method attending outpatient departments at Debre Markos referral hospital 48.3%⁽⁶⁾, this study was greater than Dangila primary hospital, Awi zone 24.4% , OPD of Jimma medical center 27.8%⁽¹³⁾. Hospital based cross sectional study has attempted to assess the satisfaction of patients and associated factors in Woliso General Hospital, Woliso, Ethiopia. The overall state of satisfaction 47% of the respondent in this study was low compared to other studies. Similar studies ,According to a cross-sectional study conducted by Tehran University of Medical Sciences , 78.1% of patients were satisfied with the general status of hospitals (16). According to cross-sectional research conducted in Sudan's Khartoum Teaching Hospital, overall satisfaction was 73%, indicating that general satisfaction with the services is good (18). According to a survey conducted in Debre Berhan Referral Hospital in Debre Berhan, Ethiopia, about half of the hospitalized patients were happy with nursing care (49.2% of patients) (16) The study done at Hawassa university specialized hospital in SNNPR of Ethiopia was 47%. Findings of this study indicated that the patients were satisfied with the overall nursing care and their satisfaction level exceeded their expectations.

The difference may due to the change in time with awareness of health providers and also patient's awareness to request their right.

On multivariable logistic analyses this study, the overall satisfaction was significantly associated with satisfied with physical environment, Satisfied with medication provision and Availability of prescribed drug. Similar study shows that communication with nurse, physical environment,

medication is all linked to patient satisfaction with health care services. According to a study conducted in Wolaita Sodo University Teaching Hospital, Ethiopia⁽⁶⁾ the availability of prescribed drugs in hospital pharmacy, cleanliness of waiting area and cleanliness consultation room had significant influence on patient satisfaction.

The study has revealed that lack of drugs and supplies in the hospital pharmacies was the major problem, where about 60.4% of the clients with prescription paper for drugs did not get some or all of the ordered drugs from the Hospital's Pharmacy. This finding is similar with that of the study conducted in Jimma hospital earlier, where 63.7% of the clients lacked drugs from the hospital's pharmacies. It is also a comparable finding with that of study in Tigray Zonal hospitals which reported about 61% of those clients with prescription paper for drugs did not get the ordered drugs from the hospital pharmacies (17). However, our finding is higher than that of the study conducted in the hospitals of the Amhara region where about 1/3rd of the clients did not get the prescribed drugs (16). Failure to obtain the prescribed drugs from the hospital's pharmacy is in line with a report from a study conducted in Manica, Mozambique where it was found to be the most complaint associated with lower satisfaction (20).

This big difference may be due to hospitals were establish earlier than other, not greater access to resources, including better trained and experienced staff. High patient load also may decrease patient satisfaction in WGH, study setting, difference in methodology, study period difference, and also may be because of a real difference in quality of services provided by hospitals

CHAPTER SEVEN

CONCLUSION

From the study we can conclude that most of the participants around 52% have good satisfaction level in general and the patient's satisfaction level with the nurses and doctors is good which is 80.4% and 80.9% respectively which shows that nurses and doctors have good relation and approach in communicating with the patient which this is supposed to be continued. Their relationship with the environment is not as such satisfactory which shows around 60.3% of them are only satisfied with it so it needs improvement in order to improve the satisfaction level of the patients. Also on the provision and availability of prescribed drugs the result show that those who are satisfied with medication provision are around 40.2% and those satisfied with availability of prescribed drug are only 24.9% the results show that there is problem in availability of medication which the problem rise from poor follow up from the hospital also poor fulfillment the medication to be imported also less budget from the government for the medications. In relation with the time also patients have less satisfaction regarding the time wasting for registration which is only 39.2% of them satisfied and also the time for receiving drug which is 18.8% of them only satisfied which is from the works who are obliged to work.

Limitation of the study

- Because of the cross-sectional nature of the study, we can infer association but not causation between the outcome and independent variables.
- The finding of this study might be subjected to social desirability bias because the respondents were interviewed in the hospital compound.

RECOMMENDATION

To The Patients

Satisfaction is personal in which one believed to be good for one person may not be good for one person may not be good for others so it is also expected from patients to rationalize what is done inside the hospital may also be in other places.

To The Hospital

The hospital management should have to focus on any individual who have relation with patient may be in developing behavior of any employee or improving the quality of environment also as much as possible on availing any medication which is needed.

To The Government

The government should focus on the budget also on importing also producing medications which is needed also improving the quality of education focusing on improving the satisfaction of any patient even workers each other in work environment

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ANNEX

ANNEX I : ENGLISH CONSENT FORM

Questionnaire

Hello, how are you?

Here are some questions about the health care delivery and customer satisfaction you just received in this health facility. Currently study is being conducted in this Woliso General Hospital with the aim of improving the health care delivery and customer satisfaction. Since clients are receivers of the services asking your view on health services is very important for quality improvement. And thus you are selected to give your view on some of the questions about the health services. The result of this study was used for improvement of the quality of the health service in this health unit and Woliso General Hospital. All views you provide for us will not in any case be disclosed to anyone, only used for the research purpose. As you answer I would like you to answer referring only to the health care provider you saw today (or on your last visit)

- If you are willing to take part in the study, you are kindly requested to respond to all questions honestly!
- Now, do you agree to participate in the study?
Yes___, (if yes put signature___) No___

Part I: Socio-demographic characteristics of the respondents

S.N	Questions	Response
1.1	Age	_____in years
1.2	Sex	1. Male 2. Female
1.3	Marital status	1. Single 2. Married 3. Divorced 4. Widowed
1.4	Where is your residence?	1. Urban 2. Rural
1.5	What is your higher educational status	1. Unable to read and write 2. Primary education 3. Secondary education 4. Diploma and above
1.6	Occupation	1. Farmer 2. Merchant 3. Government employee 4. Unemployed 5. Others
1.7	Payment status to get this health services	1. Free 2. Paying 3. Health insurance
1.8	Reason for visit this health institution	1. Current illness 2. Follow-up 3. Family planning 4. Others

1.9	Frequency of visit	1. New 2. repeat
1.10	Average family Monthly income	_____ETB/month

Part II: Organizational factors among health service

S.N	Question	response
2.1	Satisfied with communication with doctors	1. Yes 2. No
2.2	Satisfied with communication with nurse	1. Yes 2. No
2.3	Satisfied with physical environment	1. Yes 2. No
2.4	Satisfied with medication provision	1. Yes 2. No
2.5	Availability of prescribed drugs	1. All 2. Some 3. None
2.6	Registration process was done timely	1. Yes 2. No
2.7	Waiting time to be seen by doctor	1. <1hr 2. 1—2hr 3. >2hr
2.8	Waiting time for receiving drugs	1. Long 2. Fair 3. Short
2.9	Satisfied with overall waiting time	1. Yes 2. No
2.10	Consulting on treatment options	1. Yes 2. No

Part III: Client's view on health service after visiting Woliso General Hospital

Rate the following health service satisfaction questions with your view

Strongly satisfied =5, somewhat satisfied=4, Uncertain =3, somewhat dissatisfied =2 and strongly dissatisfied=1

S.N	In your view	Score				
		5	4	3	2	1
3.1	The care you received was so good that you will recommend this health service to families and friends					
3.2	The person you saw did enough examinations and tests to find out what is wrong with you					
3.3	The person you saw did prescribe enough drugs to treat you					
3.4	The person you saw did consider referrals timely					
3.5	After finishing today's visit you feel well					
3.6	The health care providers (doctors, health officers, nurses and laboratory technician, pharmacy technician and others) you just attended gave to your information and explanations with courtesy, respectful, sensitivity and friendliness personal manner.					
3.7	The health care providers utilized clear and complete information about the diagnosis of your disease, treatment and drug use, referral and follow up.					
3.8	The health care providers that you have attended were delivered the health services in complete, carefully and competence manner.					
3.9	This Hospital overall building of the clinic, equipment (regarding usage of basic equipment and technology), cleanness of the facility and privacy of the facility was good for the care.					
3.10	The overall quality of health care providers in this hospital was					
3.11	The overall quality of facility in this hospital was					
3.12	The overall quality of care received today in this hospital was					
3.13	You have got the consultation service with expected waiting time and with convenience approach way.					
3.14	The price you paid was reasonable for the care you received					

Gaaffii

Akkam, fayyaa keetii?

Gaaffiiwwan waa,ee kenniinsa fayyaa fi itti quufinsa maamiltoota amma dhaabbata fayyaa kana keessatti argattan tokko tokko kunooti. Yeroo ammaa kana Hospitaala Waliigalaa Wolisoo kana keessatti kenniinsa eegumsa fayyaa fi itti quufinsa maamilaa fooyyessuuf kaayyeffatee qorannon gaggeeffamaa jira. Maamiltoonni tajaajila fayyaa fudhatan waan ta,aniif tajaajila fayyaa irratti ilaalcha keessan gaafachuun fooyya,iinsa qulqullinaaf bay,ee barbaachisaa dha. Akkasitti immoo gaaffilee waa'ee tajaajila fayyaa ilaalchisee ka'an tokko tokko irratti ilaalcha kee akka kennituuf filatamta. Bu'aan qorannoo kanaa qulqullina tajaajila fayyaa kutaa fayyaa kanaa fi Hospitaala Waliigalaa Wolisoo fooyyessuuf kan oolu ta'a. Llaalchi isin nuuf kennitan hundi haala kamiinuu nama kamiifuu hin ibsamu, kaayyoo qorannoo qofaaf kan oolu. Akkuma deebii kennitan ogeessa eegumsa fayyaa har'a (ykn daawwannaa keessan isa dhumaa) qofa eeruun akka deebii kennitan nan barbaada.

- Qo'annaa kanarratti hirmaachuuf fedhii yoo qabaattan, gaaffiiwwan ka'an hundaaf amanamummaadhaan akka deebii kennitan kabajaan isin gaafanna!
- Amma, qorannicha irratti hirmaachuuf walii galtuu?
Eeyyee ____,(yoo eeyyee ta'e mallattoo kaa'i ____) Lakki ____

Kutaa 1: Amaloota hawaas-dimoogiraafii deebii kennitootaa.

S.N	Gaaffilee	Deebii
1.1	Umurii	_____waggaa keessan
1.2	Saalaa	1. Dhiira 2. Dhalaa
1.3	Haalaa gaa'elaa	1. Qeenxee 2. Kan fuudhe 3. Hiikkaan
1.4	Bakkii Jireenyaa keessan eessa	1. Magaalaa 2. Baadiyyaa
1.5	Sadarkaan barnoota kee maali	1. Dubbisuu fi barreessuu dadhabuu 2. Barnoota sadarkaa tokkoffaa 3. Barnoota sadarkaa lammaffaa 4. Dippiloomaa fi isaaol
1.5	Hojii	1.Qotee bulaa 2.Daldalaa 3.Hojjetaa mootummaa 4.Hojii dhabeeyyii 5.kaan
1.7	Tajaajila fayyaa kana argachuuf haala kaffaltii	1.Bilisa 2.kaffaltii 3.Inshuraansii fayyaa
1.8	Dhaabbata fayyaa kana dhufuf sababni kee	1.Dhukkuba yeroo ammaa

		2.Hordoffii 3.Karooraa maatii 4.kaan
1.9	Yeroo meeqa yalidhaaf dhuftaan	1.Jalqabaaf 2.Irraa deedebiidhan
1.10	Giddugaleessa maatii galii ji'aa	_____ETB/ji'a

Kutaa II: Tajaajila fayyaa gidduutti dhimmoota gurmaa,insaa.

S.N	Gaaffii	Deebii
2.1	Tajaajila Doctooree isiinif kenne irratti quftanii	1.Eeyyee 2.Lakki
2.2	Tajaajila Narsiin isiinif kenne irratti quftanii	1.Eeyyee 2.Lakki
2.3	Naannoo qaamaan mul,atu irratti quuftanii	1.Eeyyee 2.Lakki
2.4	Dhiyeessii qorichaa irratti itti quftani	1.Eeyyee 2.Lakki
2.5	Qorichoota ajajaman argachuu irratti quftanii	1.Hunda 2.Muraasa 3.Homaa
2.6	Adeemsi galmee yeroon isiinif raawwatameera	1.Eeyyee 2.Lakki
2.7	Yeroo turtii doktora biratti illaalamuu	1.<1hr 2.1—2hr 3.>2hr
2.8	Yeroo qoricha argachuuf eegdan	1.Dheeraa 2.Walqixxee 3.Gabaabaa
2.9	Yeroo eegaa waliigalaa irratti quuftanii	1.Eeyyee 2.Lakki
2.10	Filannoo wal'aansaa irratti mari'atanii	1.Eeyyee 2.Lakki

Kutaa III: Llaalcha maamiltoonni Hospitaala Waliigalaa Wolisoo erga dhufanii booda tajaajila fayyaa irratti qaban

Gaaffiiwwan itti quufinsa tajaajila fayyaa armaan gadii ilaalcha keessaniin madaala

Sirritti itti gammadeen jira =5, hamma tokko itti gammadeen jira=4, hin beekuu =3, hammanas itti hin gammadee =2 fi ommaa itti hin gammadne=1

S.N	Akka ilaalcha keessaniiti	Qabxii				
		5	4	3	2	1
3.1	Tajaajili isin argattan baayyee gaarii waan tureef tajaajila fayyaa kana maatii fi hiriyoota keessaniif ni gorsitu					
3.2	Oggessii ati argite sun maaltu akka si mudate baruuf qorannaa gahaa siif tasiisee jira					
3.3	Oggessii ati argite sun qoricha gahaa si yaaluuf ajakeera					
3.4	Oggessii ati argite sun rifaralaa yeroon akka ta'e ilaaleera					
3.5	Yaalii har'aa erga xumurtee booda miira gaarii sitti dhaga'ama					
3.6	Dhaabbileen eegumsa fayyaa (doktorooni, qondaalli fayyaa, narsootaa fi ogeessa laabraatoorii, ogeessa faarmaasii fi kanneen biroo) amma argamtan odeeffannoo fi ibsa kabaja, kabaja, miiraa fi michoomaa haala dhuunfaatiin siif kennaniiru.					
3.7	Dhaabbileen eegumsa fayyaa odeeffannoo ifa ta'ee fi guutuu ta'e waa'ee adda baasuu dhukkuba keessanii, wal'aansaa fi itti fayyadama qoricha, rifaralaa fi hordoffii fayyadamaniiru.					
3.8	Dhaabbileen eegumsa fayyaa isin irratti argamtan tajaajila fayyaa haala guutuu, of eeggannoo fi gahumsa qabuun isiiniif kennameera.					
3.9	Hospitaalli kun ijaarsi waliigalaa kilinika, meeshaalee (itti fayyadama meeshaalee bu'uuraa fi teeknooloojii ilaachisee), qulqullina dhaabbatichaa fi iccitii dhaabbatichaa kunuunsaaf gari ture.					
3.10	Haalii kenninsaa tajajiila waliigalaa ogeeyyii fayya hospitaala kana keessatti argaman					
3.11	Tajaajilii waliigalaa dhaabbata hospitaala kanaa itti ture					
3.12	Tajaajilii kunuunsa waliigalaa har'a hospitaala kana keessatti argame .					
3.13	Tajaajila marii yeroo eegaa eegamuu fi karaa itti dhihaannaa mijataa ta'een argatteetta.					

3.14	Gatiin ati kaffalate tajajiilaa ati argatteef madaalawaa ture.					
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