

Outpatient Satisfaction on Health Center Services Using Qualitative Study Design in Maraka District, Dawuro Zone, Southern Ethiopia

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Abstract

Background: Globally outpatient satisfaction is an integral component of health service. The effectiveness of health care was determined to some degree by consumer's satisfaction with services provided. Client satisfaction is the level of felt that clients experience having used a service health institution in Africa. **Objective:** Assessment of outpatient satisfaction on health center services in Southern Ethiopia. **Methods:** Qualitative study design with direct observation and in-depth interview methods was conducted from April 1st 2015 to December 30th 2016. A total of 240 clients who received outpatient health care services were involved in the study from Deshi health center and Mari health centers in Mareka Wereda. This 240 study subject was selected judgmental sampling technique in two health center the data was collected by Non-participatory observation and In-depth interview until idea saturation. In-depth interview was conducted with the outpatients by using in-depth interview guideline at the time they leave the health center. **Result:** Most of the outpatients emphasized that they were unsatisfied with interaction of technical and non technical staffs, particularly delivery outpatient department staffs (MCH staffs), laboratory outpatient department staffs, cashier staffs, and case registration room staffs (Triage staffs) while taking outpatient services in health center. The majorities of the outpatients explain that there was offensive smelling on examination bed and waiting room. There was no hand washing services in each outpatient department for health workers, outpatients and no water supply in latrine. **Conclusion:** Majorities of the outpatient affirm that interaction of technical and non technical workers, waiting room arrangement of health center, sanitation of health center, linkage of each room in the health center were greatly affect outpatient satisfaction in health center in spite in the presence of health ethics, health policy, and health sector reform to improve outpatient satisfaction and to strength triage in outpatient health service. **Recommendation:** FMOH/Regional health bureau should strengthen management board of health center to follow health centers performance and public suggestions given on health center at public conference to improve services quality in the health institution. Regional health bureau and worda health office could revitalize health ethics for health workers when they are fresh and newly employed to health center. Health development army and one to five networks could promote positive approach to outpatients from technical and non technical staffs in the health institution.

Keywords: Outpatient, Outpatient Satisfaction, Outpatient Health Services and Triage.

Introduction

Globally time motion and outpatients satisfaction were an integral components of health service and according to world health organization the effectiveness of health care was determined to some degree by consumer's satisfaction with services provided in Africa (1 and 5).

In study conducted in United States on consumers satisfaction with health services provided in the health institution, 148 male outpatients and 150 female outpatients were recruited from an academic medical center in Florida and community hospital in Texas. It was reported that there was significant association between outpatient satisfaction and outpatient health services provided in the hospitals, sanitary condition of hospital, waiting time to services and interaction of health workers with outpatients. Waiting time, interaction of health worker with outpatients did predict a patient's satisfaction on outpatient services care and was only strong predictor of outpatient satisfaction for laboring women who attain outpatient department for delivery services. It was also reported that 79(53.3%) of the outpatients were not satisfied with sanitary condition and triage services of hospital; and 68(45.4%) of the outpatients were not satisfied outpatient health services (2, 3, 4 and 5).

The study conducted in South-Central Ethiopia to assess the quality of outpatient health services in rural settings with emphasis on the structural aspect. It was reported that multiple structural deficiencies were identified in all components of outpatient health care. Adequate amounts of the absolute minimum equipment required for maternity and neonatal care were not available in many health institutions. Sterilizers were available in 11 (15.3%), essential drugs like iron tablets in 14 (19.4%), and ergometrine injection in 48 (66.7%) of the health institution. In the EPI section, refrigerator was available in 57 (79.2%) and steam sterilizer in 43 (59.7%) of the institutions. Combined oral contraceptive was not available widely. Important laboratory tests like syphilis test were available in only one (1.4%) health institution. Only eight (11.1%) health institutions had adequate information, education and communication materials on all national reproductive health components (6)

In a study carried out in a Jimma hospital to assess consumers' satisfaction on outpatient health services. A total of 385 outpatients were interviewed at exist of hospital. It was found that the majorities 140 (36.4%) of users were within the age group of 30-39years. About 56% of females visited, the hospital for children's health care while 87.2% of males visited for their own health care. Overall, 57.1% of interviewee believed that the outpatient health care services they received were good but 43.9% of interviewee believed that the services they received were not good (6, 13).

Outpatient health services was a service which was gave by case registration (triage) room, outpatient department, laboratory department, pharmacy department, cashier department for outpatients at health post, health center, and hospital of government or private institution such as; triage, clinical examination, prescribing drugs for diagnosed disease to pharmacy department, laboratory investigation, attending delivery/labor, immunization for neonate and infant, giving FP (COC, pills, condom), and giving recite for services fee from cashiers.

In medicine, triage literally means, the sorting of patients on the basis of their illness and other factors, into categories that determine the urgency and extent if medical care required. Its aim is to ensure that patients are treated in the order of their clinical urgency and that their treatment should be appropriate and timely. All patients presenting to an outpatient department should be triaged on arrival by a specifically trained and experienced registered nurse (21).

The triage area must be immediately accessible and clearly sign-posted to be identified by outpatients. That initial triage of patients occurs within 10 minutes of arrival to health institution and must include taking of vital signs. According to Ethiopian hospital reform implementation guideline, triage was one of the thematic areas to improve health services quality and has two forms such as emergency triage, and simple triage (21, 22).

The major goals of triage are rapidly identify patients with urgent, life-threatening conditions, assess/determine severity and acuity of the presenting problem, to ensure that patients are treated in the order of their clinical urgency, to ensure that treatment is appropriate and timely, and to allocate the patient to the most appropriate assessment and treatment area (22).

Outpatient's satisfaction was the felt that outpatient experience having used a service in health institution. Establishment of the Mari health center and Deshi health center was the previous name's of the Mari health center was Mari health post and Deshi health center was Deshi health post. Both health centers were established as health center in 2000 – 2001. Since they were the only higher health institution in the area, currently they were giving service to106639 people living in 25 kebele farmer associations according to data from Mareka wereda health offices.

Major primary health care activities run in the Mari and Deshi health center were disease preventive and health promotive services including diagnosis and treatment of some disease at outpatient department and inpatients department such as health education and promotion services, maternal and child health services (family planning, delivery services, abortion care , counseling, and immunization), screening for some communicable disease, screening for some chronic illness, and management of common acute and chronic diseases according to data from Dawuro Zone health department.

Significance of the study office

The result obtained from this study was help federal ministry of health, the regional health bureau, wereda health office, and health institution staffs. Particularly it provides health professional to be aware about the actual amount of time the outpatient spent at each services provision point, the amount of time the outpatients expected to spend at each services areas, the satisfaction of outpatients with the service provision, interaction of staffs, and the problems the outpatients faced during consultation, sitting of arrangement waiting area, the sanitary condition of the waiting area, and finally the suggestion of outpatients given to improve the health service provision then to make outpatient should be satisfied with the outpatient health services provided in the health center.

Therefore awareness about outpatient problems and satisfaction of outpatient on outpatient health services help the federal ministry of health and Regional health bureau to plan for appropriate intervention strategies to improve the patient satisfaction with the services, "Since knowing the problem was equivalent to knowing the solution". A simple statement the result of this assessment was tell the health center what was their problem and what they did in providing quality health services keeping in mind the patient satisfaction as central goal of health system.

Conceptual framework

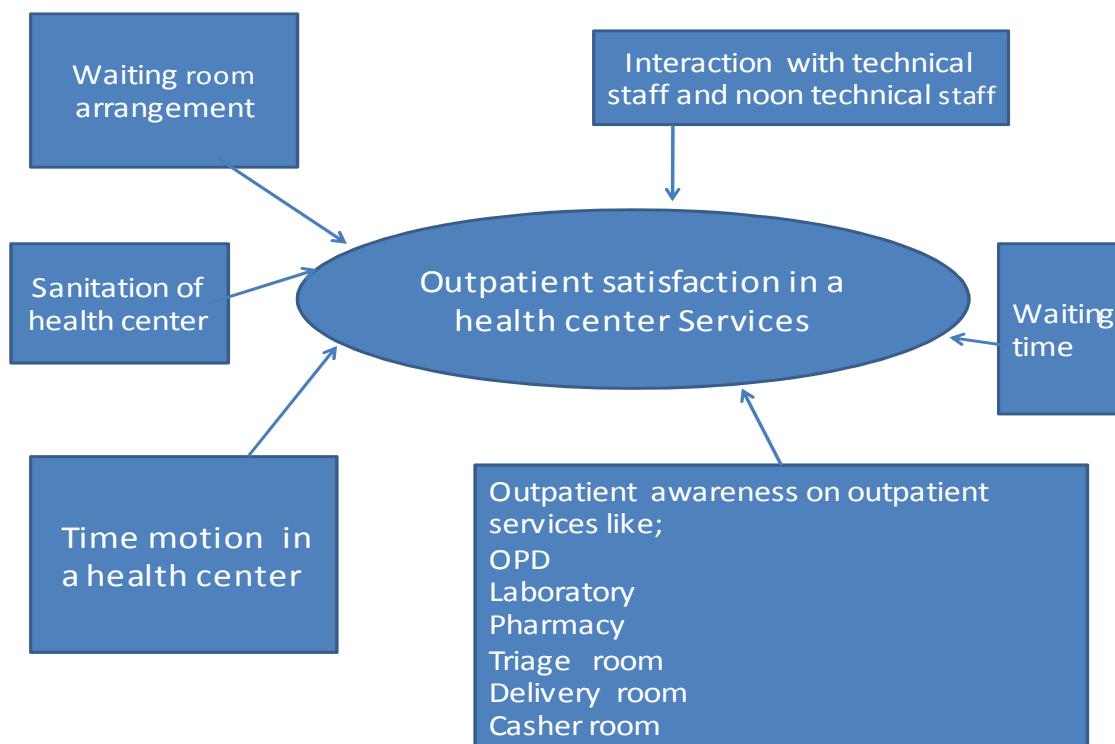


Figure 1 Schematic presentation of conceptual framework (Oljira L. Satisfaction with outpatient health services at Jimma hospital, Southwest Ethiopia. Ethiopian Journal of Health Development 2011:15(3):179-184.)

Objectives

General Objectives:

To assess outpatient satisfaction on health center services in Mareka District, Dawuro zone, Southern Ethiopia

Specific Objectives

1. To Assess interaction of technical and non technical staffs among outpatients in the Mari and Deshi health center.
2. To assess outpatient satisfaction and awareness on outpatient health services in Mari and Deshi health center.
3. To Assess outpatient satisfaction in terms of waiting room arrangement in Mari and Deshi health center.
4. To Assess outpatient satisfaction in terms of waiting time for outpatient health services in Mari and Deshi health center.
5. To Assess sanitary condition of Mari and Deshi health center.

Method and Materials

Study area

Dawuro zone is one of the 14th zones of Southern Regional Government which is located South West of Ethiopia 515 km apart from Addis Ababa which is capital City of Ethiopia, 275 km apart from Hawassa which is regional City of SNNPR. With a total population based on central statistics agency report of 2007, the projected total population in 2015/16 is 636218.

Mareka Wereda is one of the Wereda in Dawuro Zone in which zonal city is established namely Tarcha and the Mareka Wereda city is 17 km apart from Zonal City namely Waka. The Wereda is administratively divided into 37 kebele farmer associations.

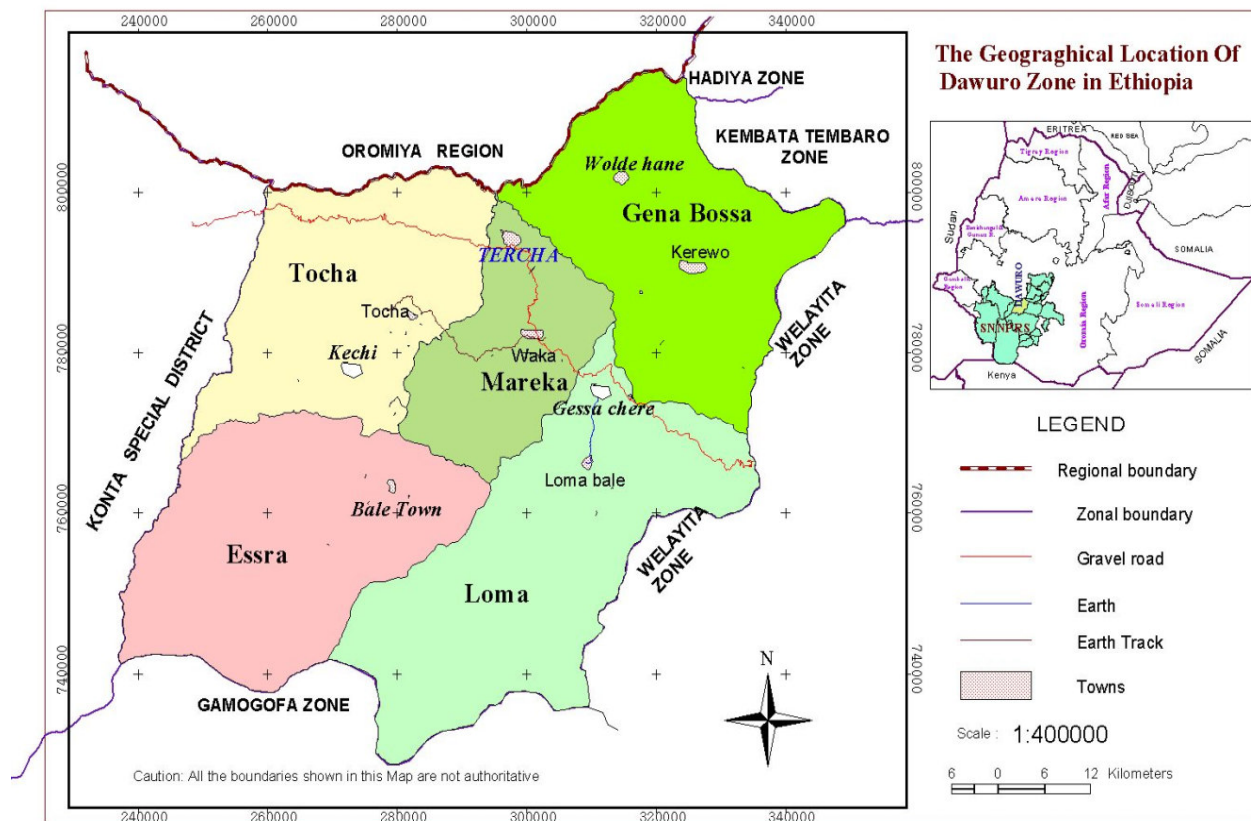
Based on central statistics agency report of 2007, the projected total population in 2015/16 is 152341. From these populations females are 48% (73,767) and males are 52% (78,574). Youth accounts one third of Wereda total populations which is approximately 33% (50,780) in both sexes.

Ninety percent of the Wereda populations are rural dwellers, and the remaining ten percent of the Wereda populations are urban dwellers. Approximately 89% of their income source was agriculture and the remain 11% of their income source was from trade and others.

The district covered an area of 46620 hectares from these 41.77% was high land, 50% was mid land, and the remaining 8.23% was low land. The district was rich in rivers and mountains of different shapes and size.

The potential health coverage of the Wereda is 68%. There are 4 health centers, 33 health posts, one YFS center. The establishment and name of the Mari health center and Deshi health center were the previous name's of the Mari health center was Mari health post and Deshi health center was Deshi health post. Both health centers were established as health center in 2000 – 2001. Since they were the only higher health institution in the area, currently they were giving service to 106639 people living in 25 kebele peasant associations

Map of the study area



Source: Ethiopia, central statistics agency 2011

Study period

The study was conducted on April 1st 2015 up to December 30th 2016

Study design

Qualitative study design

Source population

All outpatients come to health center for outpatient health services in Dawuro Zone.

Study population

Adult outpatients come to health center for outpatient services in Mareka wereda.

Inclusion criteria for study

Adult outpatient come health center to get outpatient health services from health center to her/him self for medical case in selected health center of Mareka district.

Exclusion criteria for study

All adult outpatients come to health center and not get outpatient health services to her/him self for medical problem and severely ill in Mareka district.

Study subjects

Adult outpatient found in selected health center to get outpatient health services in Mareka district.

Sample Size determination and sampling technique

Sampling technique

Purposive sampling was conducted on April 1st, 2015 up to December 30th 2016 at Mareka wereda health center to assess the outpatient satisfaction on outpatient health services. Outpatient was purposely selected at the gate of the health center at morning and flowed until they leave the health center at a time. During follow up all the interaction, action and movements was observed and recorded. In-depth interview was made after taking consent from the patient after completion of the outpatient service in the health center.

Sample size

For direct observation and in-depth interview 240 outpatients were recruited by judgmental sampling technique from Mari and Deshi health center. The age of the outpatients ranged from 25 to 41 years. The average time taken for each in-depth interview was 20-25 minute. All outpatients engaged well with the topic and responded excitedly to the In-depth interview questions.

Data collection methods

1. Non-participatory observation.
2. In-depth interview.

Non-participatory observation: The researcher observes all actions, interaction, movements, non-verbal communication of outpatient and the person accompanies the outpatient were observed and recorded. The sitting arrangement and the hygienic condition of the health center environment were also recorded at each services area.

In-depth interview: In-depth interview was conducted with the client and who accompanies the patient guided by check list by the time they left the health center.

Data collection tools

A detail guideline was adapted to guides the observation and in-depth interview process.

In-depth interview was also guided by semi-structured questionnaire.

Variables to be assessed

1. Sanitation of health center.
2. Waiting time for outpatient services.
3. Waiting area arrangement in the health center.
4. Awareness of outpatient on outpatient health services.
5. Time motion to get health services in health center.
6. The interaction of outpatient with technical and non technical staffs in the health center.

Dependent Variables

Outpatient satisfaction on outpatient health services in health center.

Operational definitions

Outpatient Satisfaction on health center services: The felt of pleasure that outpatient experience having used a service in health center.

Waiting time for outpatient services: Amount of time a outpatient spend at each waiting area, consultation and investigation room to get the services

Sanitation of health center: Neatness of health center in which the outpatient waits the health services providers to get services and the services delivery room.

Interaction of health center staffs with outpatients: Any positive or negative communication of technical and non technical staffs with outpatient in the health center.

Time motion: Amount of time take from home to health center for outpatient services.

Waiting area arrangement: Arrangement of chairs and beds for outpatient to rest before outpatient health services in waiting area of health center.

Data analysis

Data collection and analysis were undertaken simultaneously in line with the looping nature of qualitative research method. All observations, exit interviews and field note of the exit interviews were fully transcribed to Amharic (the Ethiopian official language) then translated into the English language. The principal investigator transcribed and translated all the recorded interviews. On average half an hour long interview took about three hours to transcribe and two hour to translate. Before the analysis repeated reading of the transcribed data to immerse and familiarize ourselves with the data was done (7).

Finally, the data were analyzed using thematic approach. Major themes were derived from the text itself through reading. After repeated reading the transcripts, the investigators identified emergent themes, and then coded each theme to delineate individual topics identified during the discussions. Statements were grouped by code to the corresponding theme (18). The process of analysis proceeds with open coding, identifying theme, categories, and properties/subcategories. First, the principal investigator read the complete transcripts and generates a list of codes. Then after aggregating and defining concept principal investigator develop memos which can elaborate the concepts/categories developed. Finally integration of category was done which is linking categories around a core category. To manage the overall coding process Open code software' was used (18).

Trustworthiness

To maintain the trustworthiness of the study, we tried to follow rigorous criteria, using several strategies. To see the credibility of the study, we invited some outpatients to review the findings and ideas which they think correctly represents their point of views were taken for the study. Moreover, the judgment of the transferability of the idea to a new set of situations depends on the contextual information provided by the investigator, thus in this report we hope there was a rich description that could help reader to understand the circumstances. The idea of dependability includes the consistency with which the data have been analyzed (19).

Ethical consideration

Ethical approval and clearance was obtained from the Wolaita Sodo University Dawuro Tarcha campus ethical Clearance Committee of Public Health department. Letter of cooperation to Mareka woreda was obtained from Dawuro Zone chief administrative office and Zone health department office to respective woreda health office, Deshi health center, and Mari health centers. Informed consent was obtained from study outpatient and parents when needed

Dissemination plan

The findings of this study was presented to WSU, FMOH, Regional health bureau, Dawuro zone health department, Dawuro zone administration, Mareka Woreda administration and other organizations who were working on health services quality.

The findings would be presented in different seminars, meetings and workshops and published in a scientific journal.

Result

A total 108 female and 132 male outpatients, age range from 25-41 years old were interviewed. Three up to four in-depth interviews were taken per day on purposive selection of outpatients in health center by researcher. All outpatients engaged well with the topic and responded enthusiastically to the questions.

The findings were presented in five thematic groups: waiting area arrangement of health center, time motion in the health center, hygienic condition of health center, interaction of technical staffs with outpatient, outpatient health services, and interaction of non technical staff with outpatient. Across the data there emerged a strong interplay between the outpatient services and the resultant outpatient satisfaction. In general, the findings showed no major gender differences, nor differences between urban and rural outpatients, within the themes. The findings by individual has therefore been integrated within each theme, and presented as a whole. However, any specific differences identified between these individual were highlighted in each theme, as appropriate.

Time motion from home to health center for outpatient health services

Most of the outpatients described that they were not happy with time taken to health center and in each outpatient department. There was long trip from home to health center and there was no public transport to arrive health center. Outpatients from Deshi health center said that,

“.....they were living 15km up to 20km away from Deshi health center and they came here by bare foot trip. After 4hr up to 5hr trip they were reached the health center, at a time they were very hunger and need rest, and they faced a problem to get the respective windows or places to the outpatient health services in short period of time.”

Some of the outpatients explained that the road to health center was not comfortable when transporting laboring mother/ critical ill individuals in a laying position with medical stretcher for outpatient health services, since the road was very narrow and entwined with mountains. Outpatients from Mari health center said that,

“..... they were faced flooding from mountain to their main road while transporting laboring mother by stretcher to Mari health center therefore they were enforced to go 20km to reach Waka health center in other bad alternative road.”

Waiting area arrangement in a health center

Majorities of the outpatient affirm that there were no chair, no table, and no bed on waiting room. The waiting room has full of dusts, broken chairs, offensive odour, and there was no health education session and no health education related TV program for outpatients. Outpatient from Mari and Deshi health center said that,

“.....there were a lot of patients in front of the laboratory room, patient's contact with the laboratory technician through a window. The area around laboratory room was not clean some of the patients and attendants sat on the ground there was no chair there was no sign mark in each room and the compound was unhygienic, no chairs, had foul smell, and the staffs were non cooperative one another's in a laboratory department.”

Most of the outpatients explained that waiting area near to delivery room was not neat, and it was very narrow even if it was not enough for two laboring mother at a time but it tended to serve outpatients for FP and child health services in a health center.

Waiting time to get outpatient health services in a health center

Majorities of the outpatients described that they spent more than an hour in waiting room prior to get outpatient health services at each outpatient department. Most of the health workers were not present on time to outpatient department in the health center, as stated by majorities of the outpatients. The outpatient from Deshi health center said that,

“.....after 30- 45 min staying in the health center he was close to gate keeper and talked to him about the process of getting card; a gate keeper told to him to show the referral paper through by pointing the window.”

Then he was picked out the referral paper, went to the window, and show referral paper to the person in charge of case paper registration. Again after 10 min waiting in face of case paper registration room, the person in charge of case paper registration ordered him to sit and available until the name was called."

In addition, some outpatient explains that laboratory technician was took long time to do single investigation. Outpatient from Mari health center said that,

".....he was brought a prescribed paper to the technician and then the technicians took a paper and wrote a price on it and send him to the cashier. The cashier collect fee for the services and return back him to a laboratory and a technician took blood sample from his vine and the result was collected after 2hr."

Table 1: In-depth interview description of expected time taken vs. actual time taken, interaction of health center staffs, price of drugs in a H/C, and availability of drugs in a H/C experienced by outpatients at Mari and Deshi health center, April 2015 (N=240).

S.No	Variables	Expected	Actual	
			Mari health center	Deshi health center
1	Time			
	At start from home to reach a H/C (a health center)	2hr	4:30 hrs	4:00hr
	Getting triage services in a H/C	10 min	45 min	50 min
	OPD consultation/Clinical examination in a H/C	45 min	1hr 30 min waiting to get OPD consultation	1hr 20min waiting to get OPD consultation
	Laboratory investigation in a H/C	1:00 hrs	2hr 30min within OPD consultation	2hr 30min within OPD consultation
	Collecting prescribed drug in H/C	15 min	30 min	25min
2	Interaction of non-technical staffs Among outpatients in a H/C	Attractive interaction	Less attractive interaction	Less attractive interaction
	Interaction of technical staffs Among outpatients in a H/C	Attractive interaction	Less attractive interaction	Less attractive interaction
3	Provision of a drugs for outpatients as prescribed	All drugs	Some drugs	Some drugs
	Outpatients had all the drugs as per prescription in a H/C Cost of a drugs for outpatients in a H/C	Low cost	Expensive	Expensive

Sanitary condition of a health center

The majorities of the outpatients explained that there was offensive smelling on examination bed and waiting room. There was no hand washing services in each outpatient department for health workers, outpatients and no direct water supply to latrine but it was supplied by cleaner from 1km distance. Some of the outpatients explained that placenta pit was full of solid wastes and it had no cover then there was diffusion of offensive smelling from placenta pit to delivery ward science it was in very proximity to MCH department in which delivery was attended. Outpatient from Deshi health center said that,

".....the waiting area was very dirty, there were offensive smelling in the waiting room, the beds were partially soiled with vomitus, the chairs were fully of dusty, the floor environment in the delivery room was stained with blood, and in generally it was unhygienic that decrease the motivation to take services in the health center."

Some of the outpatients stated that there was broken benches and table near the outpatient's waiting room. There were solid wastes like paper, plastic bag, infusion set, discarded safety box with full of wastes near outpatient waiting room. Outpatient from Mari health center said that,

".....the sanitary condition of case registration area and waiting place was unhygienic and full of dusts; the number of benches arranged was not enough comparing to the number of patients flow to health center. Most of the benches were broken and not comfortable for outpatients to sat down when they were severely ill."

Interaction of technical and non technical staffs among outpatients in a H/C

Majorities of the outpatients were explained that the cashiers, case registration staffs (triage staffs), midwifery nurses, and laboratory technicians of health center were used offensive words when they were asked to give outpatient services. Particularly cashiers were not gave recites for outpatient health services fee. Most of outpatients describe that gate keepers were very autocratic and they were ordered entrance of outpatient to health center without relatives hence some outpatients had no efforts to reach each pin point alone in the health center to get outpatient health services timely .Outpatient from Mari health center said that,

".....he took laboratory request to cashier for fee and he was requested to pay 20 EB hence he gave 100EB to cashier and agreed to collect 80EB later to be investigated on time for his illness. After getting laboratory services, he was asked the cashier to return 80EB but the cashier strike him by using offensive word ("Sedibe" in official language of Ethiopia) final he has not get 80EB and this was common in health center when the outpatient was illiterate and come from rural society."

Most of outpatients were explained that there was no senior health professional in a health center for some cases

to consult and the numbers of outpatients were outranged than health professionals in a health center therefore outpatients were not get the services timely and they were nervous/agitated on health professionals for delayed services provision. Outpatient from Deshi health center said that,

“..... he explained that majorities of technical staffs were diploma nurses, they were very young, and not use their gown in examination room of a health center hence some of the outpatient were not interested to consult and even if they were not told to them their deep internal feeling to get treatment and counseling.”

Table 2: The distribution of health workers by professional categories in Mari and Deshi health center vs. expected numbers of health professionals, April 2015

S.No	Categories of health professionals	Number of Professionals		
		Expected # in a H/C	Actual # in a Mari health center	Actual # in a Deshi health center
1	Dr	1	0	0
2	Health officer	2	1	1
3	BSC nurse	2	1	1
4	Midwifery nurse	5	3	3
5	Clinical nurse	6	4	4
6	Environmental health officer	2	1	0
7	Laboratory technician	3	2	2
8	Pharmacy technician	3	2	1
Total		24	14	12

Source: Annual activity report, Mareka wereda health office, April, 2015

Outpatient awareness on outpatient health services in a health center

Majorities of the outpatient were explained that outpatient health services was a service which was gave by case registration (triage) room, outpatient department, laboratory department, pharmacy department, cashier department for outpatients at health post, health center, and hospital of government or private institution such as; triage services, clinical examination, prescribing drugs for diagnosed disease to pharmacy department, laboratory investigation, attending delivery/labor, immunization of neonates and infants, giving FP (COC, pills, condom), and giving recite for services fee from cashiers.

All outpatients were explained that there was no organized triage room and staffs for screening the outpatients for appropriate outpatient departments in the health center to get appropriate diagnosis and treatment (outpatient health services) in line with this the triage staffs had no health back ground to screen the outpatients for appropriate outpatient department.

Most of the outpatient was described that the outpatient department in health center was not integrated internal and had shortage of drug supply. Outpatient from Deshi health center said that,

“.....the drug was prescribed from outpatient department to him and he was hurried to a pharmacy department and the pharmacy department technician took the prescription paper and wrote something on prescription paper and sent to cashier to collect a fee for drugs, then the cashier again wrote something on prescription paper and returned to pharmacy department. But technician ordered him to private pharmacy/clinic to collect a drug.”

Most of outpatients were described that health center were not embraced full equipment for physical examination and laboratory investigation for each outpatient health services. Outpatient from Mari health center said that,

“.....after he was waiting for 30- 40 minutes for outpatient services the outpatient department case manager called him to enter the outpatient department .There were around two nurses with the runner, who were assigned to outpatient department, and the examiner nurse ask a him the main reason for coming here; then he told to the examiner nurse that, he felt head ache, fever, vomiting, and burning sensation at epigastria area. Then, the examiner nurse was jotted down what he told to him. Following that examiner nurse ordered other nearby nurse to take vital sign measurement (blood pressure, respiratory rate, and temperature and pulse rate) and the nurse said that; there was no vital sign equipment in the outpatient department, again the examiner nurse ordered the nurse to search the equipment in other outpatient department. These processes took 1hr to finish the physical examination process in the outpatient department.”

Table 3: The problems that outpatients were experienced during uptake of outpatient services and their suggestions on a services, in a Mari and a Deshi health center, April 2015 (N=240)

So. No	Services delivery room/department	Expected problem	Actual	Suggestions on a services
1	Triage room to get case paper	No problem	There was no chair, unclean floor, Offensive words and more waiting time.	Arrange chair for waiting, services provider was hired more than one, and gave training to them.
2	Outpatient department for consultation	No problem	There was no chair, bad odor, more waiting time, and Unhygienic room.	Arrange chairs, beds for waiting, gave training for health worker, maintaining sanitation of the room, and hire cleaners give orientation.
3	Pharmacy to collect prescribed drugs	No problem	There was foul smelling, some drug shortage, and more waiting time.	Monitor store before shortage and full fill drugs in health center. Private pharmacy was more expensive.
4	Laboratory for investigation.	No problem	More waiting time, poor interaction, offensive smelling and offensive word from technician.	Give training for technician, maintain hygienic condition, and advise discipline for technician
5	Cashier room to collect fee for the services	No problem	Offensive words from cashier, some time no recite, and more waiting.	Maintain hygienic condition, and advise discipline and giving recite for clients.

Outpatient satisfaction

Most of the outpatients emphasized that they were unsatisfied with interaction of technical and non technical staffs, particularly delivery outpatient department staffs (MCH staffs), laboratory outpatient department staffs, cashier staffs, and case registration room staffs (Triage staffs) while taking outpatient services in health center. Majorities of outpatients explained that they were unsatisfied with sanitation condition of waiting room, delivery room, injection room, and in that health center was without enough water supplies for proper sanitations particularly, Deshi health center. Outpatient from Deshi health center said that,

".....she was pregnant for 9 month, and attained delivery department at 3:30hr in the morning due to pushing down sensation. The bed was spoiled with blood, the linen was soaked with liquid and it was the only bed in the delivery room; the midwifery nurse came too late, and insults the outpatient woman on laboring and then she was cried after 4hr of giving birth by memorizing the context."

Some of outpatients described that they were unsatisfied on outpatient services as they were not received recite for the service fee due to cashier in charge was not cooperative to serve on weekend and holy day, thus some of the fee was collected by health works without recite in the health center. Majorities of health workers explained that they were collected fee in addition to doing clinical services by nearby boss obligation which was not their duty on finance and resource law of Ethiopia. Outpatient from Mari health center said that,

".....he had acute bloody diarrhea on public holy day (epiphany, 2015) then he was arrived to Mari health center outpatient department, the examiner nurse on duty was examined him after giving antibiotics with oral rehydration salt and asked him to pay 145 EB for services without recite and he was paid, then after two months back public conference held in Mari health center chaired by chief administrator of the wereda. The audiences of the conference explain that health workers collect services fee without recite and there was no cashier to collect fee in public holy day. Final the chief administrator said that these were one of rent seeking behavior which our government struggle to exercise good government in the public sector which give services for public such as health institution finance institution education institution and etcetera."

Table 4: The satisfaction level of outpatient by in-depth interview in Mari and Deshi health center at exit of gate, April 2015 (N=240)

S. No	Variables	Satisfaction level of outpatient in Mari and Deshi health center on outpatient services (N=120)				
		Percent of very satisfied outpatient	Percent of satisfied outpatient	Percent of outpatient	Percent of unsatisfied	Percent of very unsatisfied
1	Sanitation of health center	0(0%)	2(0.8%)	220(91%)	18(7.5%)	240
2	Triage services	0(0%)	6(2.5)	200(83%)	34(14%)	240
3	OPD services	0(0%)	0(0%)	224(91%)	16(7.5%)	240
4	Laboratory services	0(0%)	0(0%)	240(100%)	0(0%)	240
5	Pharmacy services	16(7.5%)	40 (16%)	180(75%)	4(1.6%)	240
6	Cashier services	0(0%)	0(0%)	220(91%)	20(8%)	240
7	Waiting time& waiting area	0(0%)	0(0%)	220(91%)	20(8%)	240
8	Interaction with: Non-technical staffs	0(0%)	0(0%)	200(83%)	40(16%)	240
9	Interaction with: Technical staffs	6(2.5%)	10(4.1%)	200(83%)	24(9%)	240

Discussion

This study was assessed a range of possible predictors including sanitary condition of health center, waiting time to get outpatient health services, triage services, waiting room arrangement, patient interaction with health workers, and patient interaction with non technical staff, which affects outpatient satisfaction while taking outpatient health services in the health center which was in line with stud conducted in Uganda.

The mean age of the attendees was 34.35 with SD of 1.63 and from total attendees of outpatient health services, majorities of outpatients who received outpatient health services were not satisfied with outpatient health services which was similar study conducted in south west Ethiopia(1, 7).

Most of outpatients explained that they were unsatisfied with outpatient health services provisions in the health center outpatient departments (OPD) such as laboratory services, delivery services, case registration services (triage services), pharmacy services and they were explain that there was very long waiting time and some of the drugs were not available in pharmacy department. This was supported by in-depth interview, one interviewee from Deshi health center explain that,

“.....drug was prescribed from outpatient department to him and he was hurried to a pharmacy department and the pharmacy department technician took the prescription paper and wrote something on prescription paper and sent to cashier to collect a fee for drugs, then the cashier again wrote something on prescription paper and returned to pharmacy department. But technician ordered him to private pharmacy/clinic to collect a drug” which was in-line with study conducted in Jimma hospital (7).

Most of outpatients were described that health center were not embraced full equipment for physical examination and laboratory investigation in addition to drug shortage in a health center for each outpatient health services. Outpatient from Mari health center said that,

“.....after he was waiting for 30- 40 minutes for outpatient services; the outpatient department case manager called him to enter the outpatient department .There were around two nurses with the cleaner, who were assigned to outpatient department, and the examiner nurse ask a him the main reason for coming here; then he told to the examiner nurse that, he felt head ache, fever, vomiting, and burning sensation at epigastria area. Then, the examiner nurse was jotted down what he told to him. Following that examiner nurse ordered other nearby nurse to take vital sign measurement (blood pressure, respiratory rate, and temperature and pulse rate) and the nurse said that; there was no vital sign equipment in the outpatient department, again the examiner nurse ordered the nurse to search the equipment in other outpatient department. These processes took 1hr to finish the physical examination process in the outpatient department.”

Majorities of the outpatients were not satisfied with health center sanitation and reasoned out that, there was offensive smelling in the compound, chairs were full of dusts and rooms were not clean, and there was more

waiting time in the health center to get services health workers not arrive on time. Over all ninety one percent of the outpatient were not satisfied with health center sanitation, outpatient health services, and interaction of technical staffs and non technical staffs. This was supported by in-depth interview and observation in Deshi health center the interviewee describes that;

“.....she was pregnant for 9 month, and attained delivery department at 3:30hr in the morning due to pushing down sensation. The bed was spoiled with blood, the linen was soaked with liquid and it was the only bed in the delivery room; the midwifery nurse came too late, and insults the outpatient woman on laboring and then she was cried after 4hr of giving birth by memorizing the context” which was in line with study conducted in Jimma hospital and Uganda (7, 13).

Strengths and limitations of the study

Strengths

The in-depth interview guide line was adopted from validated instruments and pretested in the local context and the principal researcher was data collector.

Limitation of the study

There might be other structural variables which might be influence the quality of health services and hence, influence patient satisfaction with service provision, which didn't included in the assessment and observer bias.
Conclusion and Recommendation

Conclusion

The study shown that majorities of outpatients were approved that immoral interaction of technical and non technical staffs with outpatients in a health center, lack of waiting room arrangement in a health center, poor sanitation of health center and loosen linkage of each outpatient department in a health center were greatly affect outpatient satisfaction in a health center services in despite of the presence of health policy, and health sector reform to improve outpatient satisfaction and to strength triage in health institution.

The study shown that most of outpatients were aware of outpatient health services which was gave by case registration (triage) room, outpatient department (OPD), emergency department, laboratory department, pharmacy department, cashier department for outpatients in health post, health center, and hospital of government or private institution such as triage services, clinical examination, prescribing drugs for diagnosed disease to pharmacy, laboratory investigation, and giving recite for services fee from cashiers but health centers were not afforded this services in satisfactory manner to outpatients in the face of health sector reform and health sector developmental plan in Ethiopia at all level of health structure.

The study shown that majorities of outpatients were affirmed that health professionals had poor interaction with outpatients and they were used offensive words during provision of health services for outpatient especial triage workers, laboratory technicians, midwifery nurse and cashiers which were very stressing issue in rural setup in despite of the presence of health ethics and health policy at operational leader level to maintain health ethics for health workers and “civil servants” discipline guideline for non technical staffs in each health institution.

The study shown that attractive interaction of health workers to outpatients and high-quality sanitation of health center were adjusted mental status of outpatients on their illness in view of the fact that looking this outpatients contemplated that they were get quality health care for their health problem and excite d to adhere health center for their health problems and the resultant was outpatient satisfaction then by increased screening tendencies of outpatients for acute illness to decrease the spread of public health important communicable disease.

The study shown that long waiting time and unavailability of medical equipments for clinical examination at each outpatient department in health center were affect outpatients and services providers interaction then by outpatients were not express their entire health problems simply to health professionals, thus health professionals reach on wrong impression and wrong action.

The study pointed out that fine quality of health center sanitation, less waiting time of outpatients for outpatient health services, equipped waiting area for outpatients in each outpatient department and hopeful interaction of technical and non technical staffs with outpatient starting from gate of health center up to main service point were primarily enhance outpatient satisfaction on outpatient health services in a health center.

Recommendation

Ministry of health and regional health bureau should strengthen management board of health center to follow health centers performance and public suggestions given on health center at public conference to improve services quality in the health institution.

Ministry of health and regional health bureau and woreda health office could revitalize health ethics for

health workers when they were fresh and newly employed to health institution.

Ministry of health and regional health bureau should strength Clean and safe health institution project in Ethiopia for in all level of health structure.

Health development army and one to five networks could handle feedbacks from outpatients technical and non technical staffs at all level of health structure and then should offer for decision makers to improve health services quality.

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