

Clients' Satisfaction Levels at Masvingo Provincial Hospital Outpatient Department

Stephania Manyanye^{1*} Catherine Sithole²

1.Regional Programme Coordinator Health Sciences, Zimbabwe Open University, Masvingo Regional Campus

2.Senior Tutor Masvingo School of Midwifery

Abstract

This study seeks to explore client satisfaction levels on quality of health services provided at Masvingo Provincial Hospital Outpatients department. This study was prompted by the researcher's observation when she used to work at Masvingo Provincial Hospital school of Midwifery. Satisfaction is subjective and individualised and is as such a perception by the individual on the receiving end and this study seeks to unearth clients' satisfaction levels regarding quality of health services as rendered by health personnel in the outpatient department at Masvingo Provincial Hospital. The study employed a qualitative case study design and used semi-structured interviews for data generation. Purposive sampling was used to select participants who were information rich and willing to participate. The study revealed that clients expected health personnel to have good communication, politeness, respond to clients needs promptly, provide privacy, adequate nursing staff to cut on waiting time, and availability of essential drugs, and minimum on waiting time. This study recommends that hospital management to encourage health personnel to work on interpersonal clients relationships where patients are viewed as customers of care, provide privacy, and to improve on quality care and ensure availability of essential drugs.

Keywords: Clients satisfaction, quality health service provision, outpatients department, Masvingo provincial hospital.

1. Back ground to the Study

Patient dissatisfaction at general hospitals is a cause for concern the world over and warrants an in-depth investigation.

There are many concerns about the quality of service at hospitals. Health care providers need to skill up their skills in view of client satisfaction. It therefore, reflects the gap between the expected service and the experience of the service (Mathew and Berth, 2001). Client satisfaction is a critical issue for health care providers. Consumers of health care services have exceptionally higher expectations and demand a high level of accuracy, reliability, responsiveness and empathy. They are becoming more critical of the services they receive (Limn and Nelson, 2000).

Client satisfaction is considered as one of the desired outcomes of health care and is directly related to utilization of health services (Fekadu, Andualem and Johannes, 2011). Outpatient department has become an essential part of the hospital due to the fact that it is the first step of treatment system (Natchaya, Lailo mothong and Beerok Prichanet, 2014).

Client satisfaction has emerged as an increasingly important parameter in the assessment of quality of health care services; hence health care facility performance can best be assessed by measuring the level of patient satisfaction. Net et al (2007), found that a completely satisfied client believes that the organization has the potential in understanding patient's needs and demands. Tam and Wong (2001) have viewed satisfaction as the degree of discrepancy between expectations and experience. Pelz (1982) highlights that satisfaction has been proposed to occur when experiences are equal or better than the expectations. Swartz, Bowen brown and Stephen (1993) see client satisfaction as the result of matching one's expectations of health care service with actual experiences whether it is pleasant or disappointing.

Research on patient's satisfaction suggests that: satisfaction is the result of perceiving service implementation against expectations willingness to buy or come back to receive the same service in the effect of satisfaction. The more the patients are pleased, the greater the level of satisfaction will be (Swan etal, 1985).

Mahon (1996), Ford (1996) and Keegan (2002) describe patient satisfaction as judgment by the patient's own aspects of quality which the patient is capable of appreciating. It has also been viewed by Ford, Bach and Fottler (1997), as an attitude reflecting the degree of congruence between patients expectations and their perceptions of nursing care received.

The health care system is basically service based and patient satisfaction is of the outmost importance. It has direct impact on improving the quality of care in the health care service Institutions (Deepa and Pradham, 2002). One of Zimbabwe's national health development is to achieve high accessibility and utilization and provision of quality services as pronounced by the patients' charter.

Zimbabwe health care delivery system operates a four –tier health delivery system which consists of: Primary, Secondary, Tertiary, quaternary levels and is meant and is meant to function as a referral chain

(National Health System 2009-2013) (NHS). Masvingo Provincial Hospital (M P H) is a government owned institution which is located in Masvingo town and is one of the oldest town in Zimbabwe. Masvingo Provincial Hospital operates as tertiary level and is a referral centre for clients for the seven districts in the province.

The public sector in Zimbabwe provides about sixty five percent (65%) of health care services in the country. In Zimbabwe, a patients' charter was launched in October 1991, and its main thrust was focused on patient's rights. The aim being to provide quality care to all its citizens/ clients. (Consumer Council of Z.w.1994) In 1996, Ministry of Health and Child Welfare (MOHCW) adopted the patients charter and the concept of patient centered was incorporated (MOHCW 2005).

To this effect Masvingo Provincial Hospital can achieve the patient's charter mission and vision if clients who come to receive care at hospital outpatient department are satisfied with the care accorded to them during their encounter at the outpatient department. Given this premise the question is therefore whether clients who come to Masvingo Provincial Hospital outpatient department are satisfied with care rendered to them by the health care providers at the outpatient department. This question is critical because quality service is what consumers say it is (Wes Burnham, 1992).

Patient satisfaction is the corner stone of every health institution and clients who come to a health Facility have only one need that is to have their expectations fulfilled then they are not dissatisfied. Dissatisfaction can threaten the reputation of the institution through bad publicity and none utilization of the public facility. Health care is changing rapidly and client of today is more educated and are demanding the value of their dollar.

2. Statement of the problem

Long queues are the order of the day at most general hospitals. Outpatient clients take too long to be saved and get the attention they need. There is a lot of negative publicity in national papers with regarding service provision at most public institutions. Client's dissatisfaction levels are high at most outpatient departments, hence the need for this study to assess client satisfaction levels.

3. Main research question

How do clients who visit Masvingo Provincial Hospital outpatient perceive the health care accorded to them?

4. Research questions

- 1 To what extent are clients satisfied with the services accorded to them at Masvingo Provincial Hospital outpatient?
- 2 How much do clients value the services rendered to them at Masvingo Provincial Hospital outpatient department?
- 3 To what extent do clients appreciate the care provided to them at Masvingo Provincial Hospital outpatient department?
- 4 To what extent does the information given to clients at Mph opd fulfill their expectations?

5. Purpose of the study

A number of studies have been done elsewhere to look at client satisfaction with care provided at outpatient departments. Perceptions of outpatient's clients at Masvingo Provincial Hospital outpatients on services accorded to them have not been looked into in terms of their satisfaction levels. This study therefore seeks to unearth their satisfaction levels on care accorded them during their visit at MPH outpatients.

6. Theoretical framework

This study employed the fulfillment theory model. This model is premised on the understanding that a person's satisfaction is determined by the outcome of the experience and previous expectations are not important in comparison to what actually happens Sitzia & Wood(1997),inferred that expectations govern satisfaction, that is , the more a service meets expectations of a user , the more that user will be satisfied with the service. This model best fits with this study that satisfaction is an end response.

7. Related Literature

Keegan e t al (2002), argues that satisfaction is not some preexisting phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. It is an attitude, a person's general orientation towards a total experience of care services. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, and social network

Literature suggests that patient satisfaction is the result of perceiving service implementation against expectations. Willingness to come back to receive the same services is the effect of satisfaction. The more the patients are pleased, the greater the level of satisfaction will be (Swan et al 1985).

Maitra & Chikhani (1992), in a study in the United Kingdom on patient satisfaction concluded that patient satisfaction is directly correlated with waiting time to see a doctor. While in another study by Fernandes et al (1994), found that because of prolonged waiting times, a substantial number of patients left the outpatient department.

In a study in Nigeria by Omar Ochre al (2011), observed that majority of patients who visited outpatients services were dissatisfied with the service offered, and the major cause of dissatisfaction was the long waiting time. This finding was found to be consistent with other studies Nett et al (2007) Roy (2002).

A recent study by Felcadu (2011) at Jimma University specialized hospital, reported that 77% of patients interviewed were satisfied with the way doctors examined them and dissatisfaction was reported to be highest by respondents with time spent to see a doctor. A study conducted in South revealed lack of communication and relevant messages to 805 Of patients which were identified as an important issue impacting on quality thus affecting client satisfaction and 20 % of clients in this study valued promotion of information dissemination about hospital services and their problems. Morris (2008) from a study in Manica Mozambique found that failure to obtain drugs from hospital pharmacy was found to be the most complaint associated with lower satisfaction.

Mackey and Cole (1997), in their study on patient satisfaction asserted that patient waiting time play an increasingly important role in a clinic's ability to attract new business. It is difficult to sell services if individuals are dissatisfied with waiting time which is the length of timeframe which the patient actually left the hospital. Waiting time becomes a factor in retaining current users of services. Many studies about outpatient services have revealed some problems as overcrowding, long waiting time, high hospital fee and poor behaviour of staff. Nabbuye and Jetta (2011) articulate that long waiting times as measured by time spent at the facility from arrival to completion of the visit were associated with lower satisfaction levels. A number of studies done in outpatients department in different hospitals in Ethiopia revealed that long waiting hours during registration, visiting of doctors after registration, laboratory procedures, failure to obtain medication and difficult to locate different locations were the frequently faced problems affecting utilization of health facility leading to dissatisfaction.

A study by Chifamba (2013) in Zimbabwe at Bindura public health institution found that the service quality does not meet the client's expectations, and only thirty six percent would recommend the institution to their friends and relatives. The study also found that clients were not satisfied with availability of essential drugs that they were said to be out of stock and waiting time was rather too long until one is seen by the doctor. These findings were also cited in other studies especially from developing countries. Again according to Zimbabwe health services study (2008) indicates that there has been a decrease in the utilization of public health services. Many patients are seeking health care from private and Mission hospitals instead at public health institutions.

8. Research Methodology

The study employed qualitative methodology and a case study design. A qualitative research design takes place in natural settings employing a combination of observations, interviews and document reviews (Strauss and Cobin, 1990). This study employed semi structured interviews for data generation which encourage participants to describe their experience in their own terms and using their own language. This allowed them to freely recount aspects which were important to them without being influenced by a chain of questions. Purposive sampling was used to select participants. Patton (1990) argues that the logic and power of purposive sampling lies in selecting information rich cases for in-depth study. This study focused on participants who had lived experiences of care received at MPH outpatients and who were willing to participate in the study. (Flick, Kardorffand Steinke, 2004). These participants were clients who had received care at Masvingo Provincial Hospital outpatients.

Participants were verbally asked to give their consent, and were assured that participation and information provided would not be used against them. They were also assured of their right to confidentiality and anonymity. Participants were informed of their right to withdraw from study at any stage (Burns and Grove 2001 196-201).

9. Data analysis

This study used the thematic approach for data analysis to generate the emerging themes from data generated by participants. Analysis of qualitative data is a difficult dynamic intuitive and creative process, the aim being to determine the categories and relationships that inform participants 's view of the world in general and the issue under investigation (McCracken, 1988). This includes "working with data, organizing it and breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned and deciding what you will tell others" (Bogdan and Biklein, 1982: 145). It allows research findings to be drawn from significant themes from raw data without the constraints of more structured methodologies (Thomas, 2003). The primary aim is to generate understanding of the participants 'sense making in the study or research situation. The researcher identified the emerging categories and generated themes from these for ease presentation of

findings and data discussion. Themes that emerged from the interviews were as follows:

- *Waiting time is the biggest problem here at Masvingo Provincial Hospital Outpatient Department. You wait in line nearly half a day.*
- *Service is rather slow here at Masvingo Provincial Hospital Outpatient.*
- *Waiting time is too long before one is seen by the doctor*
- *Drugs are often not available at the pharmacy and one has to go and buy at pharmacies in town and drugs there are very expensive*
- *It seems there is shortage of staff at the outpatients especially of the doctors as we have to wait for a long time to be seen*
- *Student nurses were friendly*
- *Nurses welcomed us with a smile especially student nurses*
- *You are not informed of when the doctors are going to come you just have to sit and wait in darkness*
- *We are not informed of what's going on and when the doctors are coming*
- *Queues are sometimes too long here at the outpatients.*
- *You would hear them saying the last patient the rest in the afternoon yet one would have come at 7am and have to wait for the afternoon imagine the hunger*
- *Problem of not knowing where to go not explained where to go next.*
- *Almost used my cash when I could have used my medical aid until was assisted by one of the clients.*
- *Information sometimes not given to us on hospital paying policy*
- *Just told your drug is out of stock.*
- *Privacy afforded when history taking*
- *Would not recommend my relatives to come here because drugs are always out of stock*
- *Would not want to come back again because of these long queues you spent a whole day her*

10. Findings and discussion.

10.1 Waiting time

P 1 made the following remark: *I came very early at 7 am here, but had to wait in cue till 12 midday without being seen. This is a place not to come again.*

P2: *Waiting time to see the doctor is the biggest problem here at Masvingo hospital, you wait in line nearly half a day without being seen by a doctor, it's very frustrating.*

P3: *You wait in cue and wonder when those doctors are going to come and you would not have eaten anything from early morning.*

P4: *It seems there is a shortage of staff here especially that of doctors because I had to wait for more than 5 hours before being seen.*

P5: *I wonder whether something could be done so tha we do not have to spent the whole day here waiting to be seen*

The above findings are similar to other studies done in developing and developed countries. For example a study in Zimbabwe by Chifamba (2013) at Bindura hospital found that long waiting times was the main reason for dissatisfaction of clients. This scenario was also found by Thatcher (2005) that the problem of long waiting time for services has been identified as a reason people avoid presenting for care in African countries. Prolonged waiting time before consultation and average duration of examination were found to be the greatest source of discomfort in Trinidad and Tobago (Singh, Hagg & Mustapha, 1999). Clients perceive long waiting times as barriers to actually obtaining services.

10.2 Drug availability

Participants echoed the following sentiments:

P1: *I was ordered some drugs and went to hospital pharmacy and only to be told your drug is out of stock, imagine after having spent half of the day here, drugs in town are very expensive.*

P2: *Drugs are often out of stock here at Masvingo Hospital, we are told to go and buy from private pharmacies in town and they are expensive.*

P3: *The hospital should have adequate drugs for us when we come for treatment here, I had to go and buy in town which was not easy for me as their prices very different.*

The cry for unavailability of drugs in this study was found to be a major cause of dissatisfaction as was similar from other studies such as in Zimbabwe. A study by Chifamba (2013) at Bindura Hospital found that unavailability of drugs and doctors were the main reason of dissatisfaction. Chifamba cited satisfaction arises from a process of comparing perceptions of services with expectations (Tom, 2005). Failure to obtain prescribed drugs from hospital pharmacies were the frequently faced problems affecting utilization of health facilities leading to dissatisfaction. Access to drugs was one of the most suggested priorities for improvement of public

health services in a study by Binna (2006).

10.3 Information dissemination

P1: *We wait and wait and nobody really tells us when the doctors are going to see us*

P2: *We wish if the nurses would tell us what's going on than just leave us sitting here without any clue of when the doctors are coming. Imagine we would have come here very early*

P3: *We are not informed at all when we would be examined*

P4: *I almost paid cash when I did not know about their hospital paying policy with regards to medical aid I think the need to explain us.*

This finding was also found to be of importance by (Mckinely 2001) who argued that the most important health service factor affecting satisfaction in the practitioner relationship includes communication, empathy information dissemination courtesy and respect. Moris (1998), also cited that lack of communication and relevant messages were identified as an important issue impacting on quality thus affecting client satisfaction.

10.4 Health care provider interaction

P1: *I found the attitude of nurses welcoming especially student nurses.*

P2: *Student nurses were very friendly, greeted us with a smile*

P3: *Some nurses were not polite at all,*

Perceived welcoming approach of service provider was seen as a significant determinant of patient satisfaction in an Ethiopian study by (Masood, 2008). Physicians and nurses communication skills with patients are key components to high level of patient satisfaction

10.5 Privacy

P1: *I was very happy that they took my history in a closed door that is really good.*

P2: *I appreciated that I was afforded some privacy when they asked my history in a closed room.*

Zimbabwe's Patients Charter's main trust is focused on patients rights, and that patients have the right to privacy and confidentiality (Consumer Council of Zimbabwe 1994)

11. Conclusions

Basing on the findings discussed above, this study concludes that clients were dissatisfied with services provided at Masvingo Provincial Hospital Outpatient. The study also concludes that that clients were dissatisfied with long waiting time and that some clients may never return again to utilize the health facility. Findings also showed that clients were dissatisfied with the unavailability of drugs at the hospital pharmacy. Lack of information dissemination was found to be a cause of dissatisfaction as clients expected to be informed when they were to be seen by the doctors.

However, some health care providers were found to be welcoming especially student nurses which is a positive aspect, and the provision of privacy was also found to be appreciated by clients.

12. Recommendations

Having made these conclusions, this research put forth the following recommendations from the findings of the study:

- There is need for regular times for doctors to see clients at the outpatient department in order to reduce the waiting time for clients.
- There is need to increase the number of doctors at MPH OPD. or have at least one doctor come early to consult clients to improve on the waiting time for clients
- It is highly suggested and recommended that needed and adequate amount of drugs should be made available at the hospital pharmacy.

References

- Anderleeb, S.S. Siddione, N. and Khandakar, S. (2007). Patient satisfaction with health services in Bangladesh. *Health Policy Planning* Vol.1. (11).
- Asefa Anteneh, Andargachew Kassac and Muleken Dessalegn. (2014) Patient satisfaction with outpatient health services in Hawassa University Teaching Hospital Southern Ethiopia. *Journal of Public Health and Epidemiology* Vol. 6 (2) pp;101-110.
- Attre, M. (2001), Patients and relatives experience and perspectives of good and not so good quality care, *Journal of advanced nursing*, Vol. 33 (4), pp456-466.
- Birna A. The quality of hospital services in Eastern Ethiopia: *Patient perspective*. *Ethiop. J. Health Dev*, 2006;2013. 199-200.
- Bodgan, R.C., and B, Klein, S.K. (1982) *Qualitative research for education: An introduction to theory and*

- research methods. Boston, M.A.: Allyn and Bacon.
- Bonds and Thamas, L.H. (1992). Measuring patient's satisfaction with nursing care. *Journal of advanced nursing* 17: 52-63.
- Brown, S.W. Swartz and Teresa A.A. (1989). Gap analysis of professional service quality, *Journal of service marketing*; Vol.53, pp92-98.
- Burns, N. and Grove, K.S. (2005). *The Practice of Nursing research: Conduct critique and Utilisation* . 5th Edition Elsevier. Saunders.
- Chifamba, F. (2013). *An assessment of service quality and customer satisfaction of Zimbabwe Public health institution: A study of Bindura Provincial Hospital*.
- Deep R., Pradham, P, (2002). *Patient counseling at Aravind Eye Hospital*. *Illumination* 2002 2 (3): 13-7.
- Felcadu, A. (2011). *Assessment of client satisfaction with health service deliveries at Jimma University Specialised Hospital*. *Ethiopian Journal Health Sciences* 2011, July 21, (2): 101-109.
- Fitz Patrick R. (1991) *Surveys of patient satisfaction: Important general considerations*. *British Medical Journal*, 1991, 302:1129-1132.
- Ford, R.C., Bach SA, Fottler MD (1997). Methods of measuring patient satisfaction in health care organization. *Health care manage review* 22;74-89.
- Health Service Study (2008), MOHCW, Zimbabwe.
- India, A, Ashma Ibrahim (2008). *Patient Satisfaction with Health Services at Outpatient Department of India Gandhi Memorial Hospital Male Maldives*.
- Lim, P.C. and Nelson, K.H. (2000). A study of patients' expectations and satisfaction in Singapore Hospital. *International Journal of Health Care Quality Assurance*, Vol.13 (7) pp. 290-299.
- Mahon, P.M. (1996). An analysis of the concept 'Patient Satisfaction' as it relates to contemporary nursing care. *Journal of Advanced Nursing*, 24: 1241-1248.
- Mathew, S and Beth, E. (2001). *Guide to assessing client satisfaction Durban*, (South Africa): Health System Trust; January 2001.
- Mckinely, R.K., Stevenson, A.S. and Mauku-Scott, T.K. (2002). Meeting patients' expectations of care. The major determinants of satisfaction without off hours in primary medical care: *Journal of family practitioner*. Oxford University Press.
- Mcraben, G. (1988) *The long interview*: Newbury Park, C.A.: Sage Publication.
- Morris, G. (2008) *Improving Quality of services*, South Africa.
- National Health Strategy 2009-2003. MOHCZ, Zimbabwe.
- Net. N. Sermsris, S., Chompikul, J. (2007) *Patient satisfaction with health services at the outpatient department clinic of Wangmamyen Community Hospital, Sekeao Province*. Thailand, J. Public Health Development. 5 (2) : 33-43.
- Patton, M. (1990). *Qualitative evaluation and Research methods*, pp, 169-186 Beverly Hills, C.A; Sage.
- Pelz, S.L. (1982). Toward a theory of patient's satisfaction. *Social science and medicine*, Vol.37, pp 577-582.
- Singh,H, Hagg, E. Mustapha, N. (1999). Patients' perception and satisfaction with health care professionals at primary care facilities in Trinidad and Tobago, *Bulletin of WHO*, 1999,77 (4). 356-358.
- Sitzia, J., Wood, N. (1997). *Patient satisfaction*. A review of issues and concepts. *Social Sciences and Medicine* 1997; 45 (12): 1829-1843.
- Strauss, A., AND Corbin, J. (1998). *The basis of Qualitative Research*. Thousand Oaks, C.A.: Sage Publication.
- Swartz,T., Brown, T. (1989). *Consumer and Provider expectations and experiences in evaluating Professional Service Quality*. *J. Acad. Marh* Vol. 17 (2): 189-195.
- Swartz, T.A., Bowen D.E., Brown, S.N. and Stephen in 1993, *Advances in Service Marketing and Management*. Pp 65-85.
- The National Health Strategy for Zimbabwe. 2009-2013. *Equity and Quality in Health: A people's right*.
- ThomasD.R (2003). *A general inductive approach for qualitative data analysis*. Paper presented at school of population health. University of Auckland. New-zealand.