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SCHOOL OF GRADUATE STUDIES

**HEALTH SERVICE ACCESSIBILITY AND PATIENT'S SATISFACTION
THE CASE OF NEFAS SILK LAFTO SUB-CITY GENERAL JEGEMA
KELO MEMORIAL HEALTH CENTER**

BY: SULTAN OSMAN DAWOD

JUNE, 2021

ADDIS ABABA, ETHIOPIA

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JUNE, 2021

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DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of my advisor Mosis Kajela (PH.D Cand). All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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ENDORSEMENT

This thesis has been submitted to St. Mary's University for examination with my approval as a university advisor.

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Acronyms/Abbreviations

ANC: Ante Natal Care

UHC: Universal health Coverage

UN: United Nation

WHO: World Health Organization

SNNPR: Southern Nation Nationality and People

PHCU: Primary HealthCare Unit

EMoH: Ethiopian Ministry of Health

TB: Tuberculosis

EDHS: Ethiopian Demographic Health Survey

BoD: Burden of Disease

ESHP: Essential Health Service Package

FRP: Financial Risk Protection

STDs: Sexually Transmitted Diseases

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Abstract

The research was intended to assess patient's satisfaction in relation to health service accessibility, the case of Nifas silk Lafto sub-city general Jagama kelo memorial health center. The objectives of the study were to identify relationship between patients satisfaction and accessibility of health service, the researcher was use the sample size of twenty respondents and interview with five health professionals; the sampling techniques was purposive sampling, also called judgment sampling, and it's based on the deliberate choice of a participants due to the qualities that participant possesses. From the findings of the research, it can be concluded that, patient's satisfaction is affected by many factors in healthcare setting, from the gate of health center to the end treatment department every stakeholders in the institution have direct positive or negative impact on the perception of the clients. Each service section of the center has moral and professional responsibility to serve patients timely, politely and especially those attend on frontline, i. e, record office has significant role on patient's satisfaction. As the research finding indicates majorities of the clients were young mothers and vulnerable group of communities those need to have fastest healthcare services in each treatment steps. The researcher recommend that health center should measure patient's happiness on service delivery and all treatment procedure, the cooperation and supports of all stake holders in health center has significance role on clients satisfaction.

Keywords: Patients Satisfaction and Health Service Accessibility

CHAPTER ONE

1.1. Background of the study

The health and wellbeing of people has a long history in the development of environmental and social sciences as for example in sociology, geography and economy (Garner & Raudenbuch, 2012). The demand for healthcare services has been increasing constantly (Schempf & Kaufman, 2011). Researchers still support the fact that the closer the distance to health care services the more accessibility (Hiscock, 2008). Universal health coverage (UHC) is realized when everyone has access to quality essential healthcare services with financial risk protection (WHO, 2019). The United Nations General Assembly, as part of the Sustainable Development Goal for health, calls on all countries to ensure UHC by 2030(UN,2019). Health services that should be provided include essential promotive, preventive, curative, rehabilitative and palliative health services.(WHO,2019) However, each year, almost half of the world's population cannot access needed health services and about 100 million people are forced into extreme poverty because of health expenses. Globally, about 800 million people experience catastrophic financial hardship due to out-of-pocket healthcare spending (i.e., spending more than 10% of their total income for healthcare (Hogan, et al, 2018). Globally, patients are increasingly getting frustrated with the commercialization of medical services, proliferated bureaucratic healthcare system and decaying patients-healthcare provider relationship.(Iftikhar,et,al,2011) .Few number of patients appreciates the available healthcare services offered, while majority express their dissatisfaction with service delivery.(Tonio, et,al, 2011). Their complaints are on poor quality of healthcare services which among others are, due to limited patients-health care providers contact time, unethical practices, lack of physical comfort, unclean and unsafe environment (Taylor K, 2011). Satisfaction is an expression of the gap between the expected and perceived characteristics of service. If the difference is small, client is satisfied. However, if the services fall short of the expectation, client satisfaction is not realized (Barry, 2014). The origin of patient satisfaction can be traced far back at the time of Hippocrates who vowed that “the health of my patients shall be my first consideration” and that was to satisfy the needs of patients. The above patients' concerns hinder their access to quality healthcare services which is one of the fundamental human rights. However, since then, patients' satisfaction remains debatable and there is no clue as to whether satisfaction can be used to monitor the right to health (Barry, 2014).

Even the most technically competent care is meaningless if it does not satisfy the user.

In developed world, patients' satisfaction surveys have improved quality of healthcare delivery. (Rashid Al- Abri and Amina Al-Balushi, 2014) and have become mandatory issue in almost all French hospitals. (Adekanye, et al, 2013). It is being measured annually to help improve quality of healthcare delivery in Germany. (Emmert, et, al, 2014). However, the surveys have received scanty attention in sub Saharan Africa. (Nwabueze, et, al, 2011). In Uganda particularly, there is an imbalance of power between providers and users of health services. (Alemayehu, et, al, 2012). Reports on staff hostility and negligence, staff mistreating patients, gender discrimination, drug shortages, inadequate number of staffs and their absenteeism are not new in health facilities in Uganda. (Garcia- Gutierrez, et, al, 2014).

Healthcare delivery in Ethiopia is organized in a three- tier system.(Federal Democratic Republic of Ethiopia Ministry of Health, 2015). The first, at the district level, is the primary healthcare unit (PHCU). The PHCU comprises one primary hospital, which can serve a population of about 60 000–100 000; four health centres (each serving a population of 15 000–25 000) and five health posts are attached to each health centre (each health post serving 3000–5000 people). The second level comprises general hospitals, each serving a population of 1–1.5 million, while the third level comprises specialized hospitals for a population of 3.5–5 million. (EMoH, 2015).

1.2. Statement of the Problem

It is patient satisfaction level that indicates a quality of care given by a health facility. Patients need an understanding, respectful and a quality care from a health service system (Staniszewska S and Ahmed L, 1998). Patient satisfaction data play significant role in designing policy and practices of healthcare facilities (Andaleeb S, 2001). Measuring patient satisfaction levels has been a part of primary health care administration strategies across the world. Moreover, it is required for quality assurance and endorsement process in many countries (Donabiden A, 1980). Donabedian states it as an important measure because it offers information on the providers' success at meeting those expectations of most relevance to patients (Ashrafun L and Uddin MJ, 2011). For example different studies conducted in Ethiopia showed lack of drugs and other supplies, long waiting time, lack of privacy and inadequate visiting hours were major factors

related to dissatisfaction among patients (Assefa F, et, al, 2011). In recent years, Ethiopian health sector has encountered a couple of problems related to poor patients care and services particularly in government healthcare institutions, as a result government health systems failed to satisfy and attract the majority of patient population seeking health service; Obviously this adversely affects the government health care revenue and it leads to acute financial crunch and failure to modernize public health institutions in the way that can satisfy the patients (Srinivasan K, and Saravanan S, 2015).

The researcher incorporates the study on five treatment areas of Jegama Kelo Memorial Health Center of Nifas Silk Lafto Sub-City. The study were focus on Family planning, Delivery service ,Ante natal care (ANC) , post natal care and tuberculosis (TB) clients to assess and examine patient's satisfaction in relation to health service accessibility, other treatments services were excluded due to the time limitation and the challenge to collect and write data from large field.

1.3. Objectives of the Study

The study has general and specific objectives to conduct the research.

1.3.1. General Objective

To assess client satisfaction in relation to health Services accessibility in general Jegama Kelo Memorial Health Center.

1.3.2. Specific Objectives

- ❖ To assess the services received by patient form the center understudy.
- ❖ To explore the factors affecting patient satisfaction with the service at the centre.
- ❖ To assess the accessibility level of health care services in the study area.
- ❖ To identify relationship between patients satisfaction and accessibility of service.
- ❖ To assess the challenges of healthcare services in the study area

1.4. Research Questions of the study

The following research questions were developed to conduct the research:

- ❖ What are the services received by patient from the center under study?
- ❖ What are the factors that affecting patient satisfaction with the services provided at the centre?
- ❖ How is the accessibility level of health care services in the study area?
- ❖ Is there any relationship between patient satisfaction and accessibility of health service?
- ❖ What are the challenges of the healthcare services in the center?

1.5. Significance of the study

The significance of the study: it gives the clue for government to provide accessible health service in equitable and efficient manner. It also offers hints to cross check clients satisfaction level on the service delivery system. In addition the study give the direction for health sector policy makers and healthcare social workers in framing equal access in health sector for better performance.

The study help social service organizers, healthcare social workers and potential researchers as reference material for further studies while examining and assessing social problems in healthcare settings. The study has an extra value in supporting the country's health policy in building equal and efficient resource in the sector. It has an extra-role on knowledge and capacity building in health service area and clients satisfaction.

1.6. Scope of the study

The scope of the study was Addis Ababa, Nefas Silk Lafto Sub-City ,General Jegema Kelo Memorial Health Center, and focuses on Patients Satisfaction in relation to Health Service accessibility: The other woradas of the sub-city was excluded from the study due to time limitation, financial constraint and the difficulties to collect and write data's in large field.

1.7. Limitation of the Study

The limitation of the study was mainly time, Lack of adequate and consistent data, in accurate response of respondents during data collection, financial constraint and COVID -19 in terms of data collection from diverse target population of the study were the anticipated limitations of the study.

1.8. Operational Definitions and Concepts

1.8.1. Accessibility: is a widely studied analytical topic that supports the understanding of people's. Access to social services, is the means to ensure or improve their quality of life (Kwan, 2013). Health is a multi-faceted concept in which the analysis of healthcare services is an important issue that necessitates multivariate approaches (Klomp and de Haan, 2010).

Consequently, accessibility to healthcare services is an important subject to be considered in the study of healthcare, due to the fact that access to healthcare can be thought of as a Facilitator of overall population health (Guagliardo, 2004).

1.8.2. Satisfaction: is a person's feeling of perceived performance and expectations. If a hospital performance falls below expectations, the patient becomes dissatisfied likewise, if the services performed matches or exceeds expectations the patient is satisfied. Most companies today are focused on truly satisfying their clients, and the reason being that just-satisfied clients are prone to switch when they find better options (Kotler, 2000a). Patients that are highly satisfied always create personal connections with their health care providers. Kotler P. (2000b) clearly stated that managers need to focus on setting the right level of customer service expectations in order to develop and manage interpersonal bonds (Kotler, 2005) Patients evaluate a service as satisfying when it is useful, effective and beneficial (Coutler.A, 2003).

1.8.3. Healthcare service

Healthcare access is a fundamental goal of healthcare service. Ensuring equitable and adequate access for the entire population is vital in order to gain and maintain a healthy life. Although health access is generally referred to as the ability of a population to gain the health services they need, it is a more complex concept that involves multidimensional factors (Penchansky, et, al, 1981). According to Penchansky and Thomas access is defined as the degree of fit between

people and healthcare system characteristics presented in five dimensions: availability, accessibility, accommodation, affordability and acceptability.

They have identified that access dimensions could influence access in three ways: The utilization of health services, consumer satisfaction with the service they received, and physician work practice. Aday and Andersen (Aday, et, al, 1974) proposed a health access framework covering five factors that influence access: health policy, characteristics of the population, characteristics of the health system, the utilization of health services, and customer satisfaction. Although quality and customer satisfaction have been identified as critical factors to ensure better access and healthcare, they have yet to be fully utilized in the health accessibility measure.

1.9. Organization of the study

The study contain five chapters: chapter one deal about background of the study, statement of the problem, objective of the study, research questions, significance of the study, scope of the study, and limitation of the study. Chapter two contain review of related literature .Chapter three deal about description of the study area, research design, research methods, qualitative research methods, quantitative research methods, sampling procedures, sample Frame, sample Size. In Chapter four the collected data was analyzed and interpreted using percentages and tables. The last chapter of the study was chapter five which deals with conclusion, recommendation and future direction.

CHAPTER TWO

2. Review of Literature

2.1. Social work and healthcare facilities

It is common knowledge that more of the emphasis of medical sciences is usually on the disease or illness as against the social effects and influences surrounding the illness and its carrier. The latter is the concern of the social worker (Parast & Alaii, 2014).

Furthermore, Social workers in health care settings provide case management services such as working with other social and health service providers, as well as significant entities to address patients' needs. This could be through helping in the process of discharge planning, enabling and mobilizing funding for the indigent, involving relevant professionals where needful, among others (Alenoghena et al, 2017). As an advocate, healthcare social workers speak for the needs of patients at several places where disputes and worries could emanate as a result of their incapacitation. Such places include: homes, neighborhoods, hospitals, schools, workplaces, associations, and communities (Ambrosino et al, 2015). In the event of health services demanding community outreach, social workers are often at the very fore, bargaining, and notifying and preparing the minds of community members toward the health services that will be provided to them.

This is an extension of the education roles social workers play in health facilities. Seminars, workshops and discourses on general health issues like exclusive breastfeeding, HIV/AIDS, STDs, substance abuse, emotional health, etc., could be handled by healthcare social workers (Mullen & Shuluk, 2011). Also central to the roles of Social workers in healthcare are research. Social workers involve in health systems, health financing, healthcare, health behavior and public health research. Findings from their research are capable of influencing health planning, programmes, policies and promotion. The consensus exists that illness and disease bear both medical and psychosocial significance (Portyraj, 2016). While professionals like medical doctors, physiotherapists, dieticians, medical laboratory scientists, surgeons, and nurses, are more biologically and medically oriented, social workers, psychologists, etc., are more psychosocially oriented. These professionals, though with varied orientations, pull their experiences and knowledge together to ensure that patients receive inclusive care, consisting of medical and psychosocial elements (Parast, 2014).

Social workers who practice in such settings are referred to as medical social workers, healthcare social workers, case managers, and in those facilities that are mental health specific, they are referred to as psychiatric social workers. They constitute an important part of healthcare (Falck, 2008).

Globally, patients are increasingly getting frustrated with the commercialization of medical services, proliferated bureaucratic healthcare system and decaying patients-healthcare provider relationship (Ifthikhar, 2011). Few numbers of patients appreciate the available healthcare services offered, while majority express their dissatisfaction with service delivery (Tonio, et al, 2011). Their complaints are on poor quality of healthcare services which among others are, due to limited patients-health care providers contact time, unethical practices, lack of physical comfort, unclean and unsafe environment (Taylor K., 2009).

Satisfaction is an expression of the gap between the expected and perceived characteristics of service. If the difference is small, client is satisfied. However, if the services fall short of the expectation, client satisfaction is not realized (Barry, 2014). The origin of patient satisfaction can be traced far back at the time of Hippocrates who vowed that “the health of my patients shall be my first consideration” and that was to satisfy the needs of patients.

Available articles were on the development and utilization of specific tools but rarely clarified the concept of patients’ satisfaction (Nabyonga, et al, 2008). Patients’ satisfaction determines whether medical advice and care are sought and a prescribed treatment schedules are adhered to (Rama and Kanagaluru, 2011). The dimensions of patients’ satisfaction have been mentioned in many literatures, including cleanliness and hygienic environment, good rapport, privacy and confidentiality as well as participatory approach of patients’ management (Sarah, et al, 2008). These were found to have close relationships with satisfaction as they increase patients’ confidence in healthcare services received (Nicholas, et al, 2005). Other dimensions of patients’ satisfaction worth mentioning include accessibility to healthcare services which encompasses availability of health workers and drugs especially in public health facilities, distance to health facilities and a longer waiting time to access healthcare services (Forough, et al, 2007).

2.1.1. Healthcare Services Package of Ethiopia

Ethiopia's investment in health in the last two decades has resulted in substantial improvements in the health condition of its population. For example, life expectancy has increased from 56.8 years in 2005 to 65.9 years in 2017 (World Health Statistics, 2018). Three consecutive Ethiopian Demographic and Health Surveys (**EDHS**) (2005, 2011 and 2016) have indicated declining trends in neonatal, infant, under-five and maternal mortality.

Despite great progress, Ethiopia is still facing a high burden of disease (**BoD**). Thus, the development of the Essential Health Services Package (**ESHP**), which defines appropriate priority health services, represents a major strategy to maximize the benefits from the demographic dividend by improving the health status of the Ethiopian population (Admassie A, et al, 2015). The Ministry of Health initiated a process to revise the EHSP in July 2019, and as a result, this document presents the revised **EHSP** of Ethiopia and the main elements underlying the revision. This EHSP document not only acts as a guide for the development of other important strategic and operational documents that can improve health services delivery in Ethiopia but also serves as a guiding framework to progressively realize universal health coverage (**UHC**) in the country.

The values and guiding principles of Ethiopia's EHSP draw from the values reflected in the national health policy and other strategic plans. These include value for money, priority to the worse-off, enhanced equity, financial risk protection (**FRP**), poverty reduction, creation of a resilient health system, achievement of **UHC**, cost-effectiveness, affordability, improved quality, building institutional capacity and sustainability of health interventions (Admassie A, et al, 2015).

2.1.2. Health Industry

The uncompensated and discounted health care known and served as the medical safety net is gradually being squeezed out by other health sector competition because of the expansion of the profit making healthcare sector (Thorpe, 1997). Likewise, the health care industry does not operate like other markets because there is the risk of uncertainty, also heterogeneity of clients and the risk of disproportionate finances (Enthoven, 1980).

Adequate access to a well-organized health care system within a country is very important for economic growth and development. A programmed healthcare system ensures service quality. However, many developed countries' healthcare systems have been facilitated by health insurance in order to deliver quality service. A good example is the case of the United States healthcare system that has structured its model towards health insurance to facilitate access to quality medical care. (Millman M, 1993).

2.2. Patients and health professionals relationship

Patients health largely depend on the primary health care sector of the country that provide care directly. Primary care involves a sustained partnership between patients and providers that addresses the majority of a population's health needs over time. It is crucial that primary health care providers are engaged in ensuring that their patients are able to access timely diagnostic, treatment and rehabilitative services (Bonnie et al, 2007). The increasing evidence that the service aspects of health care are closely linked to health care outcomes and it has caught the attention of industry leaders (Surjit, 2002). Patient satisfaction has emerged as an increasingly important parameter in the assessment of healthcare quality (Bar-dayan et al, 2002). In improving the service delivery in primary healthcare clinic, there is a need to put at high priority the consumerism and their level of satisfaction with the provided services. Patients' perception of satisfaction is an aspect of healthcare quality that is being increasingly recognized for its importance (Dansky and Miles, 1997). The current consumer of health is better educated and informed than ever before and this has led to the need to address the aspects of service most readily appreciated (Surjit, 2002). A positive patient's perception of care often times translate to a more positive outcome in their clinical experience and satisfaction is thus assured (Leiyu et al, 2002). It is evidenced that addressing patient's perceptions appropriately leads to improved health care and this will go a long way in increasing their level of satisfaction (Surjit, 2002)

2.3. Factors affecting patients Satisfaction

A study of patient's satisfaction showed that patients were dissatisfied with several aspects of access, including waiting areas and the physical environment (Hana and Martin, 2005). Smooth patient flow through the outpatient department is essential in the prevention of delays in outpatient visits (Margolis et al, 2003). To achieve a high level of customer satisfaction, there

must be a healthy relationship between the service provider and the recipient of service. For success, the primary care physician must establish a relationship with an individual (Danielsen et al, 2007). Study also found high level of customer satisfaction correlates well with good relationship between physician and this boost the loyalty of patients and is of importance and vital for satisfactions (Saeed et al, 2001).

Care of patient is fundamentally based on human interaction and healing requires such relationship. Patients' are concerned more about how caring the service provider is rather than how much knowledge possessed (Perneger, 2004). This relationship builds trust in physician and is used by the patient to judge a physician's knowledge or skill (Friedman, 2003). A study done on customer satisfaction in Egypt found that 98.2% of patient trust doctor, 99% felt they were kind and friendly and this contributed immensely to the overall customer satisfaction (Anwer et al, 2003).

2.4. Theories of patients Satisfaction in Health Care System

Patient satisfaction is a relative phenomenon, which has been around since 1960's but active research on the topic was initiated in late 1970's and early 1980's. This led to the replacement of the idea of 'quantity of life' by a more patient centered concept of 'quality of life (Ekram S, and Rahman F. 2006). The literature review highlights many factors that can affect patient satisfaction. These determinants can be either provider-related or patient-related. Some provider-related factors are physician's proficiency and interpersonal communication skills, behavior of hospital staff, access to care, basic facilities, and infrastructure. Patient-related factors include socio-demographic characteristics of patients, stage of their disease as well as patients' perception of a relationship of trust and feeling of being involved in decisions about their care (Sofaer et al, 2018). A patient with positive perceptions has a greater chance of translating it into positive outcomes. Whereas, negative attitudes in the patient and dissatisfaction with health care provided leads to poor compliance and, in extreme cases, patients resort to negative word-of-mouth that discourages others from seeking health care from the system (Khattak et al, 2012).

Studies have shown that individuals did not visit their local centers of primary health care in Africa even for severe illness due to perceived low quality of healthcare at these centers (Debono and Travaglia, 2009).

2.5. Health Care Service Quality

Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted or measured like manufactured goods. Producing tangible goods allows quantitative measures, since they can be sampled and tested for quality throughout the production process and in later use. However, healthcare service quality, because of its intangibility, depends on service process, customer and service provider interactions (Joss and Kogan, 1995; McLaughlin and Kaluzny, 2006; Naveh and Stern, 2005). Some healthcare service quality dimensions, such as consistency, completeness and effectiveness are hard to measure beyond the customer's subjective assessment. It is often difficult to reproduce consistent healthcare services, which differ between producers, customers, places and time. This "heterogeneity" can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs. Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as education/training, experience, individual abilities and personalities (Joss and Kogan, 1995; Jun et al., 1998; McLaughlin and Kaluzny, 2006). Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge "quality" prior to purchase and consumption. Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed.

Donabedian (1980,) defined healthcare quality as "the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk". He distinguishes three components: technical quality – the effectiveness of care in producing achievable health gain; interpersonal quality – accommodating patient needs and preferences; and amenities – such as physical surroundings and organisation attributes. Øvretveit (1992, p. 4) defines quality care as the "Provision of care that exceeds patient expectations and achieves the highest possible clinical outcomes with the resources available". He developed a system for improving healthcare quality based on three dimensions: professional; client and management quality. Professional quality is based on their views of whether professionally assessed consumer needs have been met using correct techniques and procedures. Client quality

is whether or not direct beneficiaries feel they get what they want from the services. Management quality is ensuring that services are delivered in a resource-efficient way.

According to Schuster et al. (1998), good healthcare quality means “providing patients with appropriate services in a technically competent manner, with good communication, shared decision making and cultural sensitivity”. These healthcare services must meet professional standards. On the other hand, they believe that poor quality means too much care (e.g. providing unnecessary tests and medications with associated risks and side effects), too little care (e.g. not providing an indicated diagnostic test or a lifesaving surgical procedure), or the wrong care (e.g. prescribing medicines that should not be given together).

Leebov et al. (2003) believe that quality healthcare is the right and ethical thing. They argue that healthcare quality means “doing the right things right and making continuous improvements, obtaining the best possible clinical outcome, satisfying all customers, retaining talented staff and maintaining sound financial performance. This definition also emphasises the importance of applying professional knowledge when providing healthcare services. Joss and Kogan (1995), in their model, see quality in three dimensions: technical; systemic; and generic. Technical quality is concerned with the professional work-content within a given area. Systemic quality refers to system and process quality that operate across the boundaries between work areas. Generic quality refers quality aspects that involve inter-personal relationships. Gronroos (1984) distinguished two types of service quality: technical and functional. Technical quality refers to delivering core services or their outcomes (i.e. what is offered and received), while functional quality refers to the healthcare service delivery process or the way in which the customer receives the service (i.e. how the service is offered and received). Patients usually rely on functional quality (facilities, cleanliness, food and provider attitudes) rather than technical quality when evaluating healthcare service quality (Wan Rashid and Jusoff, 2009).

Patients’ healthcare service-quality perceptions influence their choice of a healthcare setting or recommending it to family or friends. Therefore, healthcare managers and practitioners should implement continuous quality improvement programmes to maintain high patient-satisfaction levels. However, healthcare services cannot be improved unless they are accurately defined and measured. Healthcare delivery is shaped by clients, providers, regulators, payers and suppliers. Healthcare stakeholder perspectives and priorities must be considered in any effort to define,

measure and improve healthcare quality. While empirical research has been carried out in this area (e.g. Conley et al., 2003; Hudelson et al., 2008; Muntlin et al., 2006; Radwin, 2000), little has been conducted into Iranian healthcare service quality (Tafreshi et al., 2007). Most studies were limited to one or at the most two healthcare stakeholder perspectives.

2.6. Service Characteristics

Most academics deliberate on the difference between goods and services from the view point of intangibility in proportion to the physical product, the tangibles (Lovelock, J.E. & Roger W. Schmenner, 1992). Equally, few writers like Rust and Oliver (2004) consider tangible and intangible service settings as the only characteristics of service quality instruments. Normann (2000), interestingly termed service settings as the „moment of truths“ (MOTs). However, there are some common characteristics of services that differentiate them from product characteristics (Keizer & Render 2007; Bergman, 1994). Service sector economy is described by Lovelock C. (1996) as almost going through “revolutionary proportions” since the established ways of operating a business continues to be shoved aside. Service sector has a diverse characteristic which ranges from small businesses to larger organizations like hospital, banks, transport, insurance, telecommunication, universities and hotels to locally owned businesses like delivery service companies, (dentists, diet, optometrist, obstetrics) clinics, diagnostic laboratories, pharmacies, restaurants, repair shops, malls and many more (Lovelock, 1996).

Many attempts have been made by Gronroos (1983) towards defining service quality in terms of “what is done” and “how it is done”. While other researchers like Zeithaml (1988), describes service quality as a customer’s overall evaluation of distinct excellence. The judgment stated above greatly depends on an individual’s perception. Parasuraman et al (1985) supports the above statement by defining service quality as the difference between predicted customer perceptions and expectations from the service outcome. Also, He detailed that services have four key characteristics namely: intangibility, inseparability, heterogeneity and perishability which are important considerations when measuring service quality especially in the health care sector.

2.6.1. Intangibility

Services are termed intangible when they cannot be felt, tasted or seen. A good example comes from the services a hospital offers to its patients. These services cannot be touched by the patient

as can be evidenced when comparing goods and services. Services cannot be accounted as inventory and it is difficult to manage (Zeithaml & Dwanye, 2006), but goods can. Service market managers should try to “tangibilize” their services. For instance, by making it less difficult to communicate to customers (Zeithaml & Mary, 2000).

2.6.2. Inseparability

The word separable means able to be separated or to be treated apart and inseparable means unable to be treated apart. It can be used to distinguish between objects or boundaries just as Lovelock. & Christopher (1991), stated that the concept of inseparability involved individuals as part of the product. This means there is a simultaneous interaction in most services produced and consumed. For example, in some cases, services are to be paid for first by the customer before it is delivered and consumed at the same time. However, consumers should be present and even partake during service delivery. A surgeon can perform a surgical procedure when fees are

Paid and the patient is present throughout the operation. This link has to be established in order for a patient to share expected views with the service provider. In the case of an interruption, where the patient never meets the surgeon and there is no shared view, the service quality and customer satisfaction will highly depend on what happens during the healing process. (Lovelock... & Christopher, 1991).

2.6.3. Heterogeneity

There are no two patients who share the same expected view, experience and preferences. Human beings are diverse in character, implying that there are no two services perceived as exactly alike. People have different tastes at different times .Managers face a lot of challenges to satisfy just one client. Also the needs of a patient differ when it comes to gender, bodyweight, illness, social class and values. Zeithaml Valerie & Dwanye (2006) gave another reason for heterogeneity as a characteristic of service which supports the assumption that customers are distinct in their demands and ways.

2.6.4. Perishability

Services cannot be stored, resold or returned to the provider, but goods can be. A nurse cannot take back the services already delivered from the patient. Neither can a doctor resell or return the

procedure to another patient (Zeithaml, 2006). The above characteristic implies that the health service market is very different and challenging from other service industry markets.

2.7. Service Quality Instrument

The service quality instrument is widely used in many service industries today, such as hotels, hospitals, universities, transport agencies and many more (Foster, 1995). Most research work on health care service quality is based on the service quality instruments; even though several other models assessing health care have been proposed. Coulter (1991) claimed that there are four areas which need to be considered when assessing the health care environment:

- Assess the pattern of care for specific patient groups.
- Assess the treatment procedure, for example, surgical procedures.
- Assess the institutions or the organizations as a whole.
- Assess the health care system.

The above mentioned areas are considered to be important in many studies related to Customer satisfaction (Cochrane, 1997). Cochrane also summarized three principles which could be used to assess medical procedures, such as the effectiveness of the procedure, equality, and efficiency. Social acceptability was later proposed in addition to the above three by Sitzia and Wood (1997). Parasuraman, Zeithaml and Berry (1985), recommended ten dimensions to perceived Service Quality namely; tangibility, responsiveness, competence, courtesy, credibility, access, security, communication reliability and the preparedness to listen to customer complaints (Boshoff. & Gray, 2004). However, it was later classified by Parasuraman et al (1998), into five dimensions used by several service industries particularly healthcare providers, to evaluate their standards (Carmam, Lam, & sheikh, 2006).

2.7.1. The five dimensions of service standard

2.7.2. Tangibility: This refers to the physical appearance of the personnel, equipment and facilities. Hospitals or clinics with good infrastructures, neat personnel and equipment visually appeals and attracts lots of customers. This simply creates a positive impact and signals quality to patients, thus encourages them to visit such hospital environments for treatment.

2.7.3. Reliability: This is the ability to perform promised services and duties proficiently to customers. This dimension is very significant to hospitals that need to evaluate their overall service quality level. For instance, when hospital schedules are reliable, especially in problem solving, time, date, recording data, and the fulfillment of an agreement, customers tend to trust the health provider.

2.7.4. Responsiveness: This is the willingness to provide prompt and helpful services to customers. Many patients are dissatisfied when they have to wait hours for treatment or consultation. Hospitals should place more emphasis on promptness and communicate important treatment plans ahead of time in order to satisfy customers.

Dealing with client complaints and requests is another issue, and hospital personnel should be trained to tackle them easily and readily.

2.7.5. Assurance: The knowledge and courtesy of the health care provider to be able to convey trust and confidence. “Health is wealth” no one can afford to risk it. Patients/customers with uncertainty about the service quality have little or no confidence in the healthcare provider. This seeps into the feelings of doubt about the diagnosis or even the treatment. Health care providers should endeavor to courteously convey constant trust to the customers.

2.8. Empathy

This is the ability to provide individualized care and attention to customers. Generally, a good customer/employee relationship can be established when the employee understands the personal needs and values of the customer. The attention paid to the customer and the uniqueness in the manner in which this is addressed can build trust, empathy, and satisfaction between the customer and the service provider.

2.8.1. Role of Health professionals to assure patient’s satisfaction

Patient satisfaction is an important component of healthcare quality reflecting healthcare provider's ability to meet patient's needs and expectations. In many countries assessment and measurement of patient satisfaction with the health care system is recognized as the key indicator of health care quality which is defined as the “the totality of features and characteristics of a service that bear on its ability to satisfy a given need” (Mathew and Beth ,2001). Quality

healthcare includes characteristics such as availability, accessibility, affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities and facilities (Sreenivas and Babu, 2012).

Quality is an increasingly becoming an important aspect of health care that is given a priority now a days. Patients have become more aware of quality issues and want health care to become safer and of higher quality where the providers have a moral obligation to provide high-quality and safe care (Weeks WB, 2002). There are a number of factors that have made it difficult for the health-care industry to achieve customer satisfaction and retention in the last two decades. These include increasing patient awareness and knowledge, new research and innovations in the health-care field, the increasing cost of services and continuous competition among healthcare providers. Yet continuously improving quality to make services more efficient, effective and consumer friendly is not an option but a necessity for health-care providers (Patwardhan and Spencer, 2012).

An understanding of the factors contributing to satisfaction and attempts to foster those attributes of care, have the potential to gain a return to the health service in the form of more effective use of medication and health service resources and to the individual patient in the form of a faster recovery and a better health outcome (Gage, et al., 2002). Evaluation of clients' satisfaction can address the reliability of services or the assurance that services are provided in a consistent and dependable manner (Al-Doghaither AH, 2004).

Evaluation of clients satisfaction can address the reliability of services or the assurance that services are provided in a consistent and dependable manner; the responsiveness of services or the willingness of providers to meet clients need; the courtesy of providers; and the security of services and records to keep the best level of confidentiality (The health boards executive ,2003).

Measurement of patient satisfaction plays an important role in the growing push toward accountability among health care providers. Studies on patient satisfaction have a significant role in developing and delivering high quality health care in the hospital with the involvement of patients in the management of their problem and treatment (Thailand SSO, 2004).

2.8.2. Patient Satisfaction and Outcomes

Satisfaction is a person's feelings of perceived performance and expectations. If a hospital performance falls below expectations, the patient becomes dissatisfied likewise, if the services performed matches or exceeds expectations the patient is satisfied. Most companies today are focused on truly satisfying their clients, and the reason being that just-satisfied clients are prone to switch when they find better options (Kotler P., 2000a).

Patients that are highly satisfied always create personal connections with their health care providers. Kotler P. , (2000b) clearly stated that managers need to focus on setting the right level of customer service expectations in order to develop and manage interpersonal bonds (Kotler P. , 2005) Patients will evaluate a service as satisfying when it is useful, effective and beneficial (Coutler.A., 2003). Satisfaction is a very complex concept. It is multi-dimensional and difficult to measure (Kotler P., 2005) because at this juncture the product is an idea and not an object.

However, patient's judgments are significant indicators of the quality of care, accuracy of diagnoses and the effectiveness of treatment (Epstein AM, 2004). When satisfaction is measured, changes can be very essential to make the service delivery process impeccable. Thus identifying the needs and wants of customers can create dazzling offers, stimulate minds and develop familiarity (Rasmusson, 2000 & Lawrence, 2004).The outcome from highly satisfied customer is loyalty (Kotler P., 2000c).

Patient satisfaction has emerged as an increasingly important health outcome. Satisfaction is believed to be an attitudinal response to value judgments that patients make about their clinical encounter (Kane et al., 1997, p. 714). Satisfaction is either implicitly or explicitly defined as an evaluation based on the fulfillment of expectations (Williams, 1995, p. 559). In our point of view, satisfaction is what a consumer expectations, judging and at the end, acceptance or rejection is the outcome from the product or service.

Patient satisfaction regarding health care is a multidimensional concept that now becomes a very crucial health care outcome. A meta-analysis of satisfaction with medical care revealed the following aspects for patient satisfaction and overall performance of an organization: overall quality, trust, reputation, continuity, competence, information, organization, facilities, attention to psychosocial problems, humaneness and outcome of care (Hall & Dorman, 1988, p. 935).

Patient satisfaction represents a key marker for the quality of health care delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the health care systems (Almujali, et al, 2009).

Patient is the best judge since he/she accurately assesses and his /her inputs help in the overall improvement of quality health care provision through the rectification of the system weaknesses by the concerned authorities (Baba I, 2014). Patient satisfaction is reportedly a useful measure to provide a direct indicator of quality in healthcare, hence needs to be measured frequently so that a domesticated and localized healthcare plan could be developed (Farooqi JH, 2005). User satisfaction is a very important part of any clinical practice therefore it is imperative to consistently undertake surveys in the community or facility to introduce better services (Al-Mehtab M, et al. 2007). Thus, patient's satisfaction is an important issue both for evaluation and improvement of healthcare services (Al-Eisa IS, 2005).

Patient's assessment, therefore, suggests guidelines for improving the attitudes of doctors and other paramedic staff in better serving the patients thereby improving the health services (Al-Qatari GM and Haran D, 2008).

Patients' satisfaction is concerned with several factors, for example, they have to be happy with doctors, treatment, medicine and clinical conditions. Likewise, satisfaction of the patients is also affected by their awareness about the health Services. Research shows that survey approach to data collection is the most frequently used mode of observation in the social sciences (Babbie, Earl. 2004).

2.8.3. Conceptual Frame work of The Study

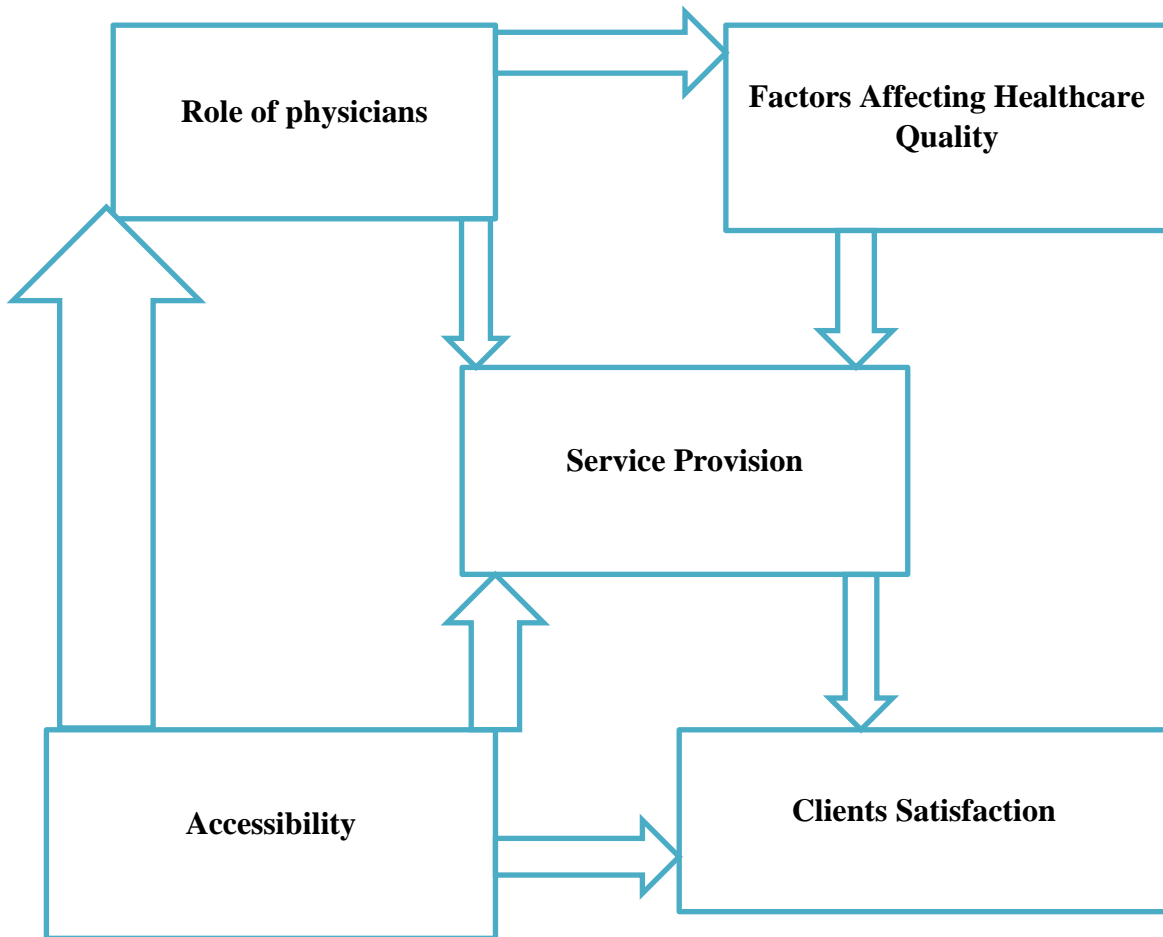


Figure: 1.1. Conceptual Frame Work of the Study (Source: Own Completion, 2021).

CHAPTER THREE

3. RESEARCH DESIGN AND METHODOLOGY

3.1. Description of the study area

3.1.1. Location

Nifas Silk - Lafto sub-city is one of the sub cities of Addis Ababa administration. It was established in 1995 E.C./2002. It is bounded to the north by Kolfe Keranio and Lideta Sub – Cities, to the south east by Oromia region special zone of Gelan Town, south west Akaki Kality sub- city and to The North West direction by Cherqos sub city. Among the 10 Woredas, Woreda three (03) Health Center were selected as the “Patients satisfaction in relation to Health Service Accessibility, The Case of Nifas Silk-Lafto Sub-City General Jagema Kelo Memorial Health Center for the purpose of my study.

3.1.2. Climate

The altitude of the sub city is ranged from 2074 to 2485 meters above sea level. The land area covered by Nifas silk lafto sub city is 5879.02 hectares; this constitutes 11.31% of the total land area of the city which makes the Nifas Silk Lafto sub city in 5th place in land area covered from the 10 sub cities. Among the 12 woredas in Nifas silk lafto, the large area is covered by woreda 01 with 2592.83 hectares that is 44.12% of the sub city land area, and woreda 08 covers the smallest land area of 105.84 hectares which is 1.8% of the sub city land area.

3.1.3. Demography

According to the (2007) census, the total population with in this sub city is 285,457 which are 10.42% of the entire population of the city. Lots of people live in woreda 01 with population number of 39,512. Average of 48.58 people live in each hectare area of the sub city which makes Nifas silk lafto the 7th densely populated sub city in Addis Ababa. Woreda 03 of Nifas lafto sub-city has total population of 38,000 according to the census.

3.2. Research Design

Research design is as a plan for a study, providing the overall framework for collecting data and it as a plan for selecting subjects, research sites, and data collection procedures to answer the research question(s). The goal of a sound research design is to provide results that are judged to be credible and it's a strategic framework for action that serves as a bridge between research questions and the execution, or implementation of the research strategy. The research design was descriptive and its approach was qualitative and quantitative.

3.3. Research approach

Qualitative research is a research Approach aimed at the development of theories and understanding. It involves an interpretive, naturalistic approach to the world, i.e. qualitative researchers study phenomena in their natural settings, attempting to make sense of, or interpreting phenomena in terms of the meanings people bring to them. Qualitative research implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured .The qualitative research was used to describe the attitudes and motives of the respondents.

Quantitative research is a research approach aimed at testing theories, determining facts, demonstrating relationships between variables, and predicting outcomes. Quantitative research uses methods from the natural sciences that are designed to ensure objectivity, generalizability and reliability. Quantitative method was used to crosscheck the credibility of gathered data's.

3.4. Target Population of the study

The target populations of the study were patients available during data collection at five treatment departments; namely, Family planning, Delivery service, Ante natal care (ANC) and Post Natal Care Services, Tuberculosis Patient and Interview With Health Center Administration Staff And Health Professionals from the mentioned treatment sections.

3.5. Sample Size and Sampling Techniques

To measure an entire population the researcher used the sample size of twenty (20) patients and interview with five (5) health professionals; the sampling techniques was purposive sampling, also called judgment sampling, and it's based on the deliberate choice of a participants due to the qualities that the participant possesses.

3.6. Data Collection tools

Data Collection instruments were questionnaire with patients from five treatment departments, Interview with health center medical director, and health professionals from each treatment sections and researchers observations.

3.7. Data Analysis

The collected raw data was, coded, carefully analyzed in terms of frequency and percentage for quantitative data and interpretation for qualitative data.

3.7. 1. Ethical Considerations

The ethical approval and clearance for the study was obtained from Addis Ababa health Bureau before data collection. Official letter from Addis Ababa Health Bureau was delivered to Nifas silk lafto sub-city General Jagema Kelo Memorial Health Center Medical Director Office.

The approval and verbal consent from the Medical directors, Mr. Henok Admasu was obtained too. Informed consent was also obtained from the clients after the purpose of the study was explained to the Patients. To ensure privacy and confidentiality the exit interview was conducted where questions and answers cannot be overheard. They were also informed that the information obtained from them would not be disclosed to the third person /body. Name and other identifying information were not used in the study.

CHAPTER FOUR

4. DATA ANALYSIS AND INTERPRETATION

This chapter presents empirical finding in reference to patient's satisfaction in relation to health service accessibility. The finding basically focused on the data collected from the respondents through the distributed questionnaires, interviews and researcher observations. The questionnaire was distributed to twenty (20) patients through purposive sampling at five different treatment sections, whereas the interview was conducted with health center medical director, health professionals from different departments. A total of twenty (20) questionnaires were distributed to patients who account 80% and five (5) for health professionals and administrative staff at center and represent 20% respectively.

4.1. Sex Profile of the Patients

Table 1: Background Information of the patients

No	Discription	Alternative	Frequency	Percentages
1.	Sex	Male	2	10%
		Female	18	90%
		Total	20	100%

Source: Survey, 2021

The above table indicated that, 10% of the patients were male and 90% of the patients were female. From the finding we understand that the majority of patients at general Jagema kelo memorial health center were female.

From the finding of the study we can understand that Jagema kelo memorial health center is more accessible for female's healthcare services than male.

Table 2: Age range, marital status, Educational level and monthly income of patients

No	Description	Alternative	Frequency	Percentages
1	Age	25-30	12	60%
		31-35	4	20%
		>36	4	20%
		Total	20	100%
2.	Marital Status	Married	20	100%
		Single	0	0%
		Total	20	100%
2.	Educational level	Grade 10	7	35%
		Diploma	7	35%
		BA Degree	6	30%
		Total	20	100%

Source: Survey, 2021

The above table contains three items. The first item shows the age of respondents, the second item indicate the marital status of respondents and the third item describes the educational level of respondents. Accordingly 60% of the respondents were between age ranges of 25-30, 20% in the age range of 31-55 and rest 20% were more than 36 ages. Regarding the marital status 100% respondents were married and 0% was single.

The educational level of the respondent's shows that 35% of respondents were grade 10 complete, another 35% of respondents have diploma/certificate level and the rest 30% have bachelor degree in education. From the above three items, we can understand that the majority of the patient found at the center were at the young age, 100% of the patient were married which is encouraged form social perspective and more than 50% of the patient found educationally at good level.

Table 3: Monthly Income of the patients

No	Description	Monthly Income Range	Percentages
1	Five Patients	2000-3000	25%
2	Seven Patients	3000-4000	35%
3	Eight Patients	>4000	40%
		Total	100%

Source: Survey, 2021

The above table indicated that, 25% of patients have monthly income of 2000-3000 birr, 35% of patients have monthly income of 3000-4000 birr and 40% patients have monthly income of more than 4000birr. From the finding of patients income level, it shows that the majority of the clients were found at the lowest monthly income level which surely have an impact on their health issue for better treatment and 40% relatively found at good level of monthly incomes.

Table 4: Types of treatment received by the patients

No	Discription	Alternatives	Frequency	Percentages
1.	What are the types of treatment do you received from the center?	Antenatal Care	8	40%
		Family Planning Service	3	15%
		Post natal Care	4	20%
		Delivery Service	3	15%
		Tuberculosis	2	10%
		Total	20	100%

Source: Survey, 2021

The above table showed that, 40% of the patients were attending the health center for antenatal care, 15% for family planning service, 20% of the patient for post natal care, 15% of clients for delivery service and 10% tuberculosis treatment. From the finding we can understand that the health center was providing better service in antenatal care which was the majority of the clients.

Table 5: Patient's relationship with general Jagema kelo memorial health center

No	Discription	Alternatives	Frequency	Percentages
1.	How long do you have relationship with general Jagema kelo memorial health center?	First time Patient	8	40%
		Two Years	2	10
		More than Two Years	10	50%
		Total	20	100%

Source: Survey, 2021

From above table, it indicated that 40% of the patients were first time client, 10% of the patients have relationship of two years and 50% of the patients have long term relationship of more than two years. From the history of the client's relationship with the health institution we can understand that the center has well communication with almost half of the clients and we can

conclude that, those clients who have long term relationship attended the center due to the best service they received from health center.

Table 6: Factors Affecting Patient’s Satisfaction at Jagema kelo memorial Health Center

No	Discription	Alternatives	Frequency	Percentages
1.	What is the common Factors Affecting Patient’s Satisfaction at Jagema kelo memorial health center?	Long time recording process	12	60%
		Weak welcoming culture	1	5%
		Fragile service delivery	5	25%
		Weak patient-physician relationship	2	10%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 60% of the patients were affected by long time record process which directly decreases their satisfaction on the service delivery, 5% of the patient have complain on the service as weak welcoming culture, 25% of client believe the service as breakable, 10% of the patient responses factors affecting patients satisfaction as Weak patient-physician relationship. From the finding we realize that, health center record office needs quick action to minimize patients complain and upgrading the record and registration system to computer technology to increase the speed of service delivery of the center.

Table 7: Service delivery level at general Jagema kelo memorial health center

No	Discription	Alternatives	Frequency	Percentages
1.	How do you measure the Service Delivery level at general Jagema kelo memorial health center?	Weak	2	10%
		Good	10	50%
		Very good	4	20%
		Excellent	4	20%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 10% of the patients rating the service as weak, 50% of clients good, 20% as very good and 20% as excellent service. From these findings we can understand that, the perception of the patient toward the service delivery level within the single health center

were varies, and we can conclude that these variation can occurred due to the weak service delivery at different departments; namely the record office, weak patient-health professional relationship.

Establishing continues patient’s satisfaction evaluation system, maintaining positive clients-physician relationship and quick service delivery can preserve the above highest dissatisfaction of the patients.

Table 8: Relationship between Service Accessibility and Patient’s Satisfaction

No	Discription	Alternatives	Frequency	Percentages
1.	Is there any relationship between service accessibility and patient’s satisfaction?	Yes	13	65%
		No	7	35%
		Total	20	100%

Source: Survey, 2021

The above table shows that, 65% of the patients find the existence of relationship among service accessibility and patient’s satisfaction, and, 35% of the patient rejects the relationship of the two. From the finding we understand that, fully equipped health service accessibility has significant role on patient’s satisfaction and the inverse is true.

Table 9: Patient-physician relationship at the health center

No	Discription	Alternatives	Frequency	Percentages
1.	How do you measure patient-physician relationship at general Jagema kelo memorial health center?	Weak	4	20%
		Good	14	70%
		Very Good	2	10%
		Total	20	100%

Source: Survey, 2021

Table: 4.2.3. Indicate that, 20% of patient-physician relationships were rated as weak, 70% as good relationship and 10% as very good relationships. From these findings we recognize that the lowest percentages on patient-physician relationship may result due to weak the patient-physician communication, slow treatments from the health centers different department and hiring social workers are the right solution to minimize patients complain at consistent manner.

Table 10: Patient’s perception toward the efficiency of health professionals at the center

No	Discription	Alternatives	Frequency	Percentages
1.	How do you measure the physician's proficiency at Jagema kelo memorial health center?	Good	3	15%
		Medium	6	30%
		Very good	8	40%
		Excellent	3	15%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 15% of patients rating health professionals proficiency as good, 30% as medium, 40% as very good and 15% as an excellent. From the finding we can conclude that patient’s perception toward the proficiency of health professionals were varying, these variations occurs due to professional’s relationship and communication, since treatment is the two way process of patient –physician relationship, so discussion and common decision procedure is very important to establish long term clients connection and regularly to meet maximum patients satisfaction; each bureaucracy at different service stage have an adverse impact on clients satisfaction, in relation to the proficiency issue; professionalism and ethics is very essential tools in health care setting.

Table 11: Patient’s perception toward suggestion on service delivery of the center

No	Discription	Alternatives	Frequency	Percentages
1.	Do you agree that your feedback on the service delivery has value on the best future of the center?	Yes, I agree	18	90%
		No, I didn’t agree	2	10%
		Total	20	100%

Source: Survey, 2021

The above table shows the perception of patients toward the values of feedback on the service they received from the health center and 90% of the clients believe that, they agree on the value of their feedbacks for the better future improvement of the institution and 10% of the clients consider that as they don’t agree on the values of clients comment.

Table 12: Major Challenges of the Health Center

No	Discription	Alternatives	Frequency	Percentages
1.	What are the major challenges of the health services at general Jagema kelo memorial health center?	Lack of quick service	12	60%
		Weak patient-physician relationship	4	20%
		Absence of social worker	4	20%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 60% of the complaint was the lack of quick service at health center, 20% as Weak patient-physician relationship and 20% recognize the absence of social workers at general Jagema kelo memorial health center. From the finding we understand that, the record office staff needs capacity building on quick service delivery and role of professionals on client's satisfaction and other motivation means to encourage the working teams in the center.

Table 13: Treatment as the dual process between physicians and patients

No	Discription	Alternatives	Frequency	Percentages
1.	Do you agree that, treatment is twin process between patients and physicians?	Yes, I agree	19	95%
		No, it's the duty of physicians only	1	5%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 95% of the clients believe that patients treatment as a twin process between patient-physicians relationship, to maximize these connections to the top level of understanding, management team have a duty to establish network between twos through social workers. 5% of the clients didn't misrecognize the question and it may be due to the misunderstanding on treatment as the only duties of the professionals. The administration team should shape this kind of misunderstanding on healthcare setting, the roles of patient's and family other stakeholders would be recognized for the better common achievement. Social workers are the right professionals in healthcare setting to serve as a bridge between patient and physicians. Advocacies and consultancy services are the major duties of social workers in healthcare setting.

Table 14: Relationship between Patients and Physicians Satisfaction

No	Discription	Alternatives	Frequency	Percentages
1.	Is there any relationship between and patient's and physicians' satisfaction?	Yes, the more physicians satisfied, the more treat the patients	19	95%
		No, the more patients get better treatment, the more health professionals dissatisfied	1	5%
		Total	20	100%

Source: Survey, 2021

The above table shows that, 95% of patient's response that their satisfaction is based on physician's pleasure and better service received when health professionals are happy. 5% of the patient disagrees with question and as a research; we understand the respondents doesn't understand the question may be due to the educational level.

We can conclude that patient's satisfaction cannot fulfill unless the pleasure of health professionals meet at the center. Health professional motivation package and training on patient-physician's relationship is very important to create better treatment environment.

Table 15: General Jagema Kelo Memorial Health Center Accessibility Concerns

No	Discription	Alternatives	Frequency	Percentages
1.	Do you satisfied by the Health services of general Jagema kelo memorial health center?	Yes	15	75%
		No	5	25%
		Total	20	100%

Source: Survey, 2021

The above table shows that, 75% of the patients were satisfied by the service delivery of the center and, 25% were dissatisfied as showed on the above. From this we can conclude that more than 50% of the patients at the center recognizes the comfort of service delivery even though the rest 25% clients complain it, general Jagema kelo memorial health center administration should fix others dissatisfaction and facilitate all inclusive available services.

Table 16: Relationship between patient’s satisfaction and health center accessibility

No	Discription	Alternatives	Frequency	Percentages
1.	Is there any relationship between patient satisfaction & accessibility of the service?	The more the service accessible, the more patient’s satisfied	17	85%
		Health Service accessibility doesn’t have more impact on patient’s satisfaction	3	15%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 85% patients believe that the direct relationship of health service accessibility and patient’s satisfaction, the more accessible health service available, the more patients satisfied. 15% of the clients disagree with the concept of the relationship of health service accessibility and patient’s satisfaction, logically this response occur due to the misunderstanding on the questions.

Table 17: Client’s perception toward on the reliability of health professionals

No	Discription	Alternatives	Freque	Percentage
1.	When do you reliable on your Health Center physicians as a Client?	When they solve my health problems timely	14	70%
		When record office provide Service	4	20%
		When physical appearance of all personnel, and facilities are clean	2	10%
		Total	20	100%

Source: Survey, 2021

The above table indicates that, 70% of the patient’s reliable health professionals when they solve their health challenges and 20% of the patient believe that they trustworthy on the center when record office provide quick recording service and 10% of the clients agree on when physical appearance of all personnel, and environment of the facilities are clean.

From the finding we can conclude that, primary interest of the majority of patients need proper utilization of treatment, quick service delivery and attractiveness of the physical appearance of all personnel and health facilities.

Table 18: Accessibility of Health Center and Client's Satisfaction

No	Discription	Alternatives	Frequency	Percentages
1.	Do you agree that general Jagema kelo memorial health center has fully accessible to meet patient's satisfaction?	Yes, I agree	6	30%
		No, I didn't agree	1	5%
		I agree partially	13	65%
		Total	20	100%

Source: Survey, 2021

As indicated on the above table, 30% the patient agree on the accessibility of the health center, 5% disagree and 13% of the client partially agree on the question. Health service accessibility incorporate many facilities as supported in literature part, i.e. location, quick service delivery, medical supply, trained man power , price several more facilities.

Form these variations we can understand that, it occurs may be due to the difference on treatment, the time spent to have the service and patient-physician relationships.

Client's perception toward single service institutions were vary based on their interest and previous experience; the health sector as social service provider should balance patients perception to Create long term relationship.

Table 19: Patient's Perception toward Sources of Satisfaction around Health Centers

N	Discription	Alternatives	Frequen	Percentages
1.	What are the Sources of Satisfaction around health centers?	Clean Treatment Environment	5	25%
		Accessible Health Service	5	25%
		Quick Service Delivery	10	50%
		Total	20	100%

Source: Survey, 2021

The above table shows that, 25% of the patient prefer clean treatment environment to meet their satisfaction on health service, 25% interested to have all inclusive accessible health service and the majorities were give the priority for quick service delivery. From the finding the above patient's interest to meet their satisfactions are the major instrument of quality services in healthcare setting which approved by many literatures. The health sector administration and policy makers should consider all sources of patient's satisfaction beside efficiency of professionals and the medical instrument supplies.

Table 20: Roles of organized Patients satisfaction data to design health sector policy

No	Discription	Alternatives	Frequency	Percentages
1.	Do you agree Organized Patients satisfaction data plays role to design better health sector policy?	Yes, I agree	18	90%
		No, I don't agree	2	10%
		Total	20	100%

Source: Survey, 2021

The above table indicates that, 90% of the clients agree on the roles of organized Patients satisfaction data to design better health sector policy and 10% of the client disagree with the idea. From the result we can conclude that health centers should follow-up and organize clients perception toward the services received on their daily bases and provide proper answers to keep maximum patients satisfaction.

Table 21: General Jagema kelo Memorial Health Center Administration Staff and Health professionals Interview result

No	Discription	Alternative	Frequency	Percentages
1.	Does the Jagema kelo memorial health center have Social worker?	No	5	100%
		Yes	0	0%
		Total	5	100%
2.	Do you agree that client's satisfaction indicate qualities of health center?	Yes, I agree	4	80%
		No, I don't agree	1	20%
		Total	5	100%
3.	What's Quality Healthcare System for You?	Providing Complete Health Service	2	40%
		Quick Service Delivery	1	20%
		Accessible Medical Supply	2	40%
		Total	5	100%

Source: Survey, 2021

As indicated on the above table, 100% of health professional's response that, the center has no social worker those support and consult the patients and 80% of health professionals agree on patients satisfaction emerged from the quality health service providers and 20% of professionals disagree with the concept. On the perception of the quality of health care system, 40% of

professionals believe that; quality healthcare system as the one who provide complete health Service, 20% consider the idea as the one who provide quick service and 40% of respondents believe that quality healthcare system which equipped with accessible medical supply. From the finding we conclude that, social workers are very important experts at healthcare setting, quality health care is sources of patient’s satisfaction and complete health system is essential for client’s pleasure.

Table 22: Health professional’s perception toward the role of social workers in healthcare setting

No	Discription	Alternatives	Frequency	Percentages
1.	What do you know about the role of Social workers in healthcare setting?	Support patients	2	40%
		Organize social Issues	2	40%
		Offer consultancy service	1	20%
		Total	5	100%
2.	Does the Health Center Have Regular Service Evaluation schedule?	Yes	5	100%
		No	0	0%
		Total	5	100%
3.	If your answer on number 2 above was “yes” on what time interval does the center conduct evaluation?	Every three months	5	100%
		Every two months	0	0%
		Total	5	100%

Source: Survey, 2021

The above table shows that, 40% of health professionals at general Jagemo kelo memorial health center have knowhow about the role of social workers in healthcare setting and believe as patient supporter, 40% of professionals consider social workers as social Issues organizer and 20% reflect that social workers are consultancy service providers.

In response to service delivery evaluation schedule, 100% of health professionals reply that the center has regular evaluation time. Consequently, 100% of professional responses as the center conduct evaluation every three months. From the finding we can conclude that, Jagemo kelo memorial health center professionals have enough knowledge about the role of social workers in health care setting, the center has regular service evaluation which conducted on each three months.

Table 23: Researcher Observation Check List

No	Major Observed Treatment Areas	Observation Criteria's	Service Level
1	Clients Record Office	<ul style="list-style-type: none"> • Wel-coming culture • Quick Recording habit • Cooperation • Technology use (Computer) 	Good
2	Patients-Physician relationship	<ul style="list-style-type: none"> • Interpersonal Communication skill • Waiting areas • Physical environment • Treatment procedure 	Very good
3	Patients service perception	<ul style="list-style-type: none"> • Expectation • Attitude • Satisfaction • Healthcare accessibility 	Very good
4	Pharmaceutical Supply	<ul style="list-style-type: none"> • Availability • Price 	Very good
5	Physicians Responsiveness	<ul style="list-style-type: none"> • Cooperation • Efficiency • Professionalism 	Very good
6	Administration Qualities	<ul style="list-style-type: none"> • Service Follow up • Clients relationship • Evaluation on clients satisfaction 	Good
7	Health professionals Attentiveness	<ul style="list-style-type: none"> • Treatment • Collaboration • Inspiration 	Very good
8	Social work Practice	<ul style="list-style-type: none"> • Patient advocacy • Consultancy • Support 	No Social Work Practice at all
9	Overall Healthcare status of the center	<ul style="list-style-type: none"> • Management-Health professional Cooperation and relationship 	Very good

Source: Survey, 2021

The above table shows, researchers observations of service delivery from different point of views based on the major settled criteria's. Founded the above main elements and measurement standards, majority of the services were on satisfactory level, even though it needs more improvement to insure maximum level of patients satisfaction.

Service delivery approach at record offices needs health center management intervention to improve and bring quick record systems those decrease the anxieties and high burden of the patients.

Pregnant mothers were at the highest need of quick services to have priorities in treatment and patient oriented procedures. Social workers are the right professionals to help, support and consult patients at the center, the health center management and other concerned bodies should consider assigning these experts to deliver the service in cooperation with the health professionals. Social workers contribution in healthcare setting can help the center to provide proper treatments those reflect social factors affecting the health of patients.

CHAPTER FIVE

5. CONCLUSSION, RECOMMENDATION AND FUTURE DIRECTION

5.1. Conclusion

From the findings of the research, it can be concluded that, patient's satisfaction is affected by many factors in health sector, from the gate of health center to the end treatment department every stakeholders in the institution have direct positive or negative impact on the perception of the clients. Each service section of the center has moral and professional responsibility to serve patients timely, politely and especially those attend on frontline like record office has great role on patient's satisfaction. The warmest welcoming culture in healthcare area, especially in public health center and hospitals can play countless roles to create positive perception toward the service and institution and for further positive image building. The health center has failed to establish quick recording system using computer technologies around waiting area of the patients. As the research finding indicates majorities of the clients were young mothers and vulnerable group of communities those need to have fastest healthcare services in each treatment steps. From research finding the center lack social workers those facilitate, support, consult and serve as a bridge between patient and health professionals based on the principle of social workers in healthcare setting. Patient –physician relationship and communication are very essential tools to increase client's satisfaction and minimize complains and discomfort on the service received from the center. Maintaining smart relationship and better treatment and all inclusive service delivery can help the center to upgrade the level of the center to medium hospitals, since the masses of the client have long time connection and good relationship with the center. From research finding the center has good image on delivery service, ante natal care and post natal care which would help to maximize professional's cooperation, efficiency and professionalism to increase maximum patient's satisfaction.

5.2. Recommendation

From the above finding and conclusions, the following measures are recommended in response to patient's satisfaction to provide accessible heath service. Health center should measure patient's happiness on service delivery and all treatment procedure, the cooperation and supports of all stake holders in the health center has significance role on clients satisfaction, therefore

each treatment and service activities of professionals and support staffs should follow the principle of smart patient- physician relationship, quick service delivery especially around the center record office and clients waiting area.

Unnecessary patient's long time gathering for record create anxieties; beside their usual sickness and push them to dissatisfaction on the service of the health center. Establishing safest patient data record using computer technologies; the traditional manual record system is the main factor for client's dissatisfaction on the service delivery of record office. Facilitating alternative waiting areas for patients up to the clients receive their service and complete treatment procedure.

Hiring efficient social worker on serious job positions to provide support for vulnerable group of the patient.

5.3. Future direction

Further study should be performed to apply the result of this study .In order to make the finding of this study more successive further research could be broadened to create awareness about patient's satisfaction in healthcare setting and to enhance the performance level of health services accessibility for better maximum level of patient's satisfaction.

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APPENDIX



ST. MARY UNIVERSITY

INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES

DEPARTMENT OF SOCIAL WORK

Section 1: Key Informants questionnaire on Common Demographic background

These Questionnaires are Developed by aiming Collecting data's for Thesis entitled as "PATIENTS SATISFACTION IN RELATION TO HEALTH SERVICE ACCESSIBILITY: THE CASE OF NEFAS SILK LAFTO SUB-CITY GENERAL JEGEMA KELO MEMORIAL HEALTH CENTER" for the fulfillment of Master's degree qualification in Social Work. Dear respondents please put your answer in the box provided by putting (√) or (×) mark or by choosing the given alternatives for each questions and by working on the space provided.

1. Gender: Male Female
2. Age: 25-30 31-35 Above 36
3. Educational Status? Grade 8th Complete 10th Complete Diploma
1st Degree (BA/BSC) Above
4. Monthly Income level? 1500 -2000 Birr 2500- 3000 Birr above 4000 Birr

Section 2: Questionnaire on Patients satisfaction and Service Delivery Level

•Dear Respondents please put your answer in the box provided by putting (√) or (×) mark or by choosing the given alternatives for each questions and by working on the space provided.

5. What are the services received by Client from the center under study?

Family planning Delivery service Antenatal care Post natal care TB

6. How long you have been helped in General Jegama Kelo Memorial Health Center?

First time Two Years More than Two Years

7. How do you rank the treatment procedure at general Jagema kelo memorial health center?

Poor Good Very good Excellent

8. Is there any relationship between patient satisfaction and accessibility of the service?

Yes No

9. If your choice on the question number 9 above is "yes" please describe it? -----

10. How do you measure the patient-physician relationship at Jagema kelo memorial health center? Poor Good Very good

11. What are the common factors affecting your satisfaction level at Jagema kelo memorial health center? Long time registration process Poor wel-coming culture
Weak patient –physician relationship

12. How do you rank the physician's proficiency at Jagema kelo memorial health center?

Good Medium Very good Excellent

13. Do you agree that your feedback on the service delivery has value on the best future of the center? Yes, I agree No, I didn't agree

14. What are the major challenges of the healthcare services at general Jagema kelo memorial health center? Lack of quick service Weak patient-physician relationship

Absence of social worker at the center

15. Do you agree that, medication is two way process of patients and physicians relationship?

Yes, I agree No, it's the duty of physicians only

16. Is there any relationship between and patient's and physicians' satisfaction?

Yes, the more physicians satisfied, the more treat the patients

No, the more patients get better treatment, the more health professionals dissatisfied

17. Do you satisfied by the Health services of general Jagema kelo memorial health center?

Yes No

18. Is there any relationship between patient satisfaction and accessibility of the service?

The more the service accessible, the more patient's satisfied

Health service accessibility doesn't have more impact on patient's satisfaction

19. When do you reliable on your health center physicians as a client?

When they solve my health problems timely

When reception office provide quick registration process

When physical appearance of all personnel and facilities are clean

20. Do you agree that general Jagema kelo memorial health center has fully accessible to meet patient's satisfaction?

Yes, I agree No, I didn't agree I agree partially

21. What are the Sources of Satisfaction around health centers for you?

Clean treatment environment Fully accessible health service Quick Service delivery

22. Do you agree that Organized Patients satisfaction data play role to design health sector policy for accessible health facilities? Yes, I agree No, I don't agree



ST. MARY UNIVERSITY

INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES

DEPARTMENT OF SOCIAL WORK

Section 3: General Jagema kelo Memorial Health center Administration Staff and Health professionals Interview questions, These questionnaires are developed by aiming Collecting Data's for Thesis entitled as "PATIENTS SATISFACTION IN RELATION TO HEALTH SERVICE ACCESSIBILITY: The Case of Nefas Silk Lafto Sub-City General Jegema kelo Memorial Health Center" for the fulfillment of Master's degree qualification in Social Work. Dear Management staffs and Health professionals please put your answer in the box provided by putting (√) or (×) mark or by working on the space provided.

1. Does the health center have Social worker experts those assist the patients?

Yes No

2. Do you agree that client's satisfaction indicate the qualities of health center?

Yes, I agree No, I don't

3. What's Quality healthcare System for you?

Providing complete health service Quick service delivery

Accessible medical supply

4. What do you know about the role of Social workers in healthcare setting?

5. Does the Health Center Have Regular Service Evaluation Schedule?

Yes No

6. If your answer on question number 5 above is “yes” on what time interval does the center conduct the service evaluation?

Every three months Every two months

7. Does the health center have motivation procedure for the best performed health professionals?

Yes No

8. Does the evaluation of patient’s satisfaction have a significance role to improve the quality of healthcare system? -----

9. Do you agree that patient’s satisfaction is the result of quality service?

Yes, I agree No, I didn’t agree

10. How do you measure your Client’s satisfaction on your treatment?

Section 4: Researcher Observation Check List

No	Major Observed Treatment Areas	Observation Criteria's	Service Level
1	Clients Record Office	<ul style="list-style-type: none"> • Wel-coming culture • Quick Recording habit • Cooperation • Technology use (Computer) 	
2	Patients-Physician relationship	<ul style="list-style-type: none"> • Interpersonal - Communication skill • Waiting areas • Physical environment • Treatment procedure 	
3	Patients service perception	<ul style="list-style-type: none"> • Expectation • Attitude • Satisfaction • Healthcare accessibility 	
4	Pharmaceutical Supply	<ul style="list-style-type: none"> • Availability • Price 	
5	Physicians Responsiveness	<ul style="list-style-type: none"> • Cooperation • Efficiency • Professionalism 	
6	Administration Qualities	<ul style="list-style-type: none"> • Service Follow up • Clients relationship • Evaluation on clients satisfaction 	
7	Health professionals Attentiveness	<ul style="list-style-type: none"> • Treatment • Collaboration • Inspiration 	
8	Social work Practice	<ul style="list-style-type: none"> • Patient advocacy • Consultancy • Support 	
9	Overall Healthcare status of the center	<ul style="list-style-type: none"> • Management-Health professional Cooperation and relationship 	