



HAWASSA UNIVERSITY COLLEGE OF MEDICINE AND
HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

LEVEL OF PATIENT SATISFACTION AND ASSOCIATED
FACTORS AMONG PRIVATE WING PATIENTS OF WOLAITA
SODO UNIVERSITY COMPREHENSIVE SPECIALIZED
HOSPITAL, WOLAITA, ETHIOPIA: A HEALTH FACILITY-BASED
CONVERGENT PARALLEL MIXED STUDY

BY: BINYAM DANIEL (BSC)

Nov. 2023

HAWASSA, ETHIOPIA

LEVEL OF PATIENT SATISFACTION AND ASSOCIATED
FACTORS AMONG PRIVATE WING PATIENTS OF WOLAITA
SODO UNIVERSITY COMPREHENSIVE SPECIALIZED
HOSPITAL, WOLAITA, ETHIOPIA: A HEALTH FACILITY-BASED
CONVERGENT PARALLEL MIXED STUDY

BY: BINYAM DANIEL (BSC)

ADVISORS: MR. BERHAN MESHESHA (MPH, HEBS)
MR. YLIKAL SIMACHEW (MPH)

THESIS SUBMITTED TO HAWASSA UNIVERSITY SCHOOL OF
PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH
SCIENCE, IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN HEALTH
SYSTEM MANAGEMENT

Nov. 2023

HAWASSA, ETHIOPIA

SCHOOL OF GRADUATE STUDIES
HAWASSA UNIVERSITY ADVISORS' APPROVAL SHEET

This is to certify that the thesis entitled “Level of Patient Satisfaction and Associated Factors among private wing patients of Wolaita Sodo University Comprehensive Specialized Hospital, Wolaita, Ethiopia” submitted in partial fulfillment of the requirements for the degree of Master's with specialization in masters of public health (MPH), the Graduate Program of the School of public health, and has been carried out by Binyam Daniel ID. No. GPHSMR/0001/14, under our supervision.

Therefore, we recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department.

Mr. Berhan Meshesha

Name of major advisor

Signature

Date

Mr. Ylikal Simachew

Name of co-advisor

Signature

Date

EXAMINER’S APPROVAL SHEET
SCHOOL OF GRADUATE STUDIES

HAWASSA UNIVERSITY EXAMINERS’ APPROVAL SHEET-1

We, the undersigned, members of the Board of Examiners of the final open defense by Binyam Daniel have read and evaluated his thesis entitled “Level of Patient Satisfaction and Associated Factors among private wing patients of Wolaita Sodo University Comprehensive Specialized Hospital, Wolaita, Ethiopia”, and examined the candidate. This is, therefore, to certify that the thesis has been accepted in partial fulfillment of the requirements for the master’s degree.

_____	_____	_____
Name of Major Advisor	Signature	Date
_____	_____	_____
Name of Internal Examiner-I	Signature	Date
_____	_____	_____
Name of Internal Examiner-II	Signature	Date
_____	_____	_____
Name of External examiner	Signature	Date
_____	_____	_____
SGS Approval	Signature	Date

Final approval and acceptance of the thesis is contingent upon the submission of the final copy of the thesis to the School of Graduate Studies (SGS) through the Department/School Graduate Committee (DGC/SGC) of the candidate's department.

Stamp of SGS Date: _____

Acknowledgment

First, my special gratitude goes to my advisor's associate professor Mr. Berhan Meshesha (MPH, HEBS), and Mr. Ylikal Simachew (MPH) for their unreserved encouragement and provision of constructive comments and guidance throughout my thesis development. I am also grateful for the suggestions and contributions of several other academic staff at the HU, School of Public Health. My special thanks also go to this study's participants, coordinators, data collectors, workers of hospitals involved in my study, and administrative staff of the WSU.

I am also grateful for my family and friends' support and appreciation.

Table of Contents

Acknowledgment	i
Table of Contents	ii
List of tables.....	vi
List of Figures	vii
Acronyms	viii
Abstract	ix
1. Introduction.....	1
1.1. Background	1
1.2. Statement of the problem	3
1.3. Significance of the study	5
2. Literature review	6
2.1. Patient satisfaction.....	6
2.2. Patient satisfaction assessment on health care delivery	8
2.3. Determinants/ factors associated with patient satisfaction.....	10
2.4. Private wing health care service provision and patient satisfaction.....	12
3. Objective	15
3.1. General Objective.....	15
3.2. Specific Objectives.....	15
4. Methodology	16
4.1. Study area and period.....	16
4.2. Study design	16
4.3. Source population.....	16
4.4. Study population	17

4.5.	Inclusion criteria.....	17
4.6.	Exclusion criteria.....	17
4.7.	Sample size determination	17
4.7.1.	The sample size for the first objective	17
4.7.2.	The sample size for the second objective	18
4.8.	Sampling Procedure	19
4.8.1.	Sampling Procedure for Quantitative.....	19
4.8.2.	Sampling Procedure for Qualitative.....	19
4.9.	Data Collection Procedure	19
4.9.1.	Quantitative.....	19
4.9.2.	Qualitative.....	20
4.10.	Data Quality Control	20
4.10.1.	Quantitative Data Quality Control	20
4.10.2.	Qualitative Data Quality Control	21
4.11.	Data Analysis.....	22
4.11.1.	Quantitative Data Analysis.....	22
4.11.2.	Qualitative Data Analysis.....	22
4.12.	Study Variables.....	23
4.12.1.	Dependent Variable.....	23
4.12.2.	Independent Variables.....	23
4.13.	Operational Definition.....	24
4.13.1.	Patient Satisfaction.....	24
4.13.2.	Net Overall Patient Satisfaction	25
4.13.3.	Overall Satisfaction.....	25

4.13.4.	Private Wing Services	25
4.14.	Ethical Considerations	25
5.	Result	26
5.1.	Sociodemographic characteristics and frequency distribution of response status	26
5.2.	Patient satisfaction with the general amenities of the Hospital.....	28
5.3.	patient and health care provider interaction	29
5.4.	Waiting time and Service-related information	32
5.5.	level of patient satisfaction.....	34
5.5.1.	Overall satisfaction	34
5.5.2.	Net overall patient satisfaction.....	35
5.5.3.	Level of satisfaction for each domain	36
5.6.	Factors associated with patient satisfaction	37
5.7.	Qualitative	40
5.7.1.	Characteristics of the participants.....	40
5.7.2.	Responses of qualitative study by themes	41
5.8.	Suggestions given by qualitatively interviewed patients	44
6.	Discussion.....	45
7.	Strengths and limitations of the study.....	48
7.1.	Strength of the study	48
7.2.	Limitation of the study	48
8.	Conclusion and recommendation.....	49
8.1.	Conclusion.....	49
8.2.	Recommendation.....	49
9.	Reference	51

Annex	56
Annex 1. English version information sheet and consent form	56
Annex 2. English version questionnaire	58
PART ONE: Socio-demographic characteristics	58
PART TWO: questions on respondent satisfaction	59
Annex 3. Amharic version information sheet and consent form	64
Annex 4. Amharic version questioner	65
ክፍል አንድ የተገልጋዮች አጠቃላይ መረጃ.....	65
ክፍል ሁለት የተገልጋዩን እርካታ የሚመዘኑ ጥያቄዎች.....	66
Annex 5. Qualitative questions	70
5.1. In-depth Interview Guiding Questions.....	70

List of tables

Table 1: sample size calculation for associated factors	18
Table 2: socioeconomic characteristics of the respondents (N=300)	26
Table 3: patient satisfaction with the general amenities of the hospital	28
Table 4: patient and health care provider interaction.....	29
Table 5: waiting time and service-related information.....	32
Table 6: Overall Satisfaction	34
Table 7:Net overall patient satisfaction	35
Table 8: Level of satisfaction for each domain.....	36
Table 9: logistic regression analysis of factors associated with patient satisfaction of private wing patients in WSUCSH	38
Table 10: Characteristics of in-depth interview participants	40

List of Figures

Figure 1: conceptual framework for patient satisfaction and the associated factors	14
Figure 2: Net overall satisfaction	35
Figure 3: Level of satisfaction for each domain	36

Acronyms

ALERT	All Africa Leprosy and Tuberculosis Rehabilitation Training Center
ATLAS	Archiv für Technik, Lebenswelt und Alltagssprache
BSc	Bachelor of Science
FMOH	Federal Minister of Health
HU	Hawassa University
I-PAHC	Inpatient Patient Assessment of Health Care
MDG	Millennium Developmental Goal
MPH	Master of Public Health
MSD	Medical Services Directorate
O-PAHC	Outpatient Patient Assessment of Health Care
PAHC	Patient Assessment of Healthcare
PI	principal investigator
PW	private wing
QA	quality assurance
SPSS	Statistical Package Social Science
US	United States of America
WSU	Wolaita Sodo University
WSUCSH	Wolaita Sodo University Comprehensive Specialized Hospital

Abstract

Background: To improve the quality of health care given in the private wing, the health care provider needs to know what factors influence patient satisfaction. Although few studies have been conducted on patient satisfaction in private-wing health services it was never been done in this study area.

Objective: To assess the level of Patient Satisfaction and associated factors among Private wing patients of Wolaita Sodo University Comprehensive and Specialized Hospital, Wolaita, Ethiopia 2023 G.C

Methods: A health facility-based convergent parallel mixed study was conducted. A Systematic random sampling technique was used to select 300 patients. Data was collected by the ODK collect app and was then imported to SPSS version 25 for analysis. The views of 7 qualitative participants selected conveniently until data saturation were explored using in-depth interview. Frequency distribution of variables was tabulated. Bivariate and multivariable logistic regressions were fitted to identify the factors that determine patient satisfaction. Qualitative data analysis used a thematic analysis technique which was supported by ATLAS.ti 7.5.16 data management software.

Result: A total of 300 patients were included in the study and 260 (86.7%) (95% CI= 82.3-90.3) of the patients were satisfied with the service they had gotten. Age between 18-34 (AOR= 0.26, 95% CI= 0.17-0.36), doctors explain medical terms (AOR= 3.50, 95%CI= 1.21-10.07), pharmacist explains about the medication (AOR= 3.16, 95%CI= 1.06-9.41) were significantly associated with patient satisfaction. Similarly, the lack of drugs and supplies in the hospital pharmacies and laboratory, and the unavailability of private toilets and showers were also major problems that led to less satisfaction with the overall private wing services.

Conclusion and recommendation: In conclusion, the net overall level of satisfaction was high. Regarding this study, significant predictors of patient satisfaction were age, doctors explain medical terms, and pharmacists explains about the medication. Making all the essential laboratory investigations, drugs, and standard medical equipment available in the hospital along with toilets and showers available in every private room is important to improve patient satisfaction in the private wing setting.

Keywords: patient satisfaction, private wing, Ethiopia

1. Introduction

1.1. Background

Like many other psychological notions, satisfaction is simple to understand but challenging to define. The idea of satisfaction is related to ideas about happiness, contentment, and overall quality of life (1).

Patient or client satisfaction refers to a person's general attitude toward their entire experience receiving medical care. Relational to prior experiences, expectations, and social networks, satisfaction consists of both cognitive and emotional components (2). It has also been called a particularly passive method of forming consumer opinions. When a patient's or client's perception of the treatment and services they receive in a healthcare setting is favorable, satisfactory, and matches their expectations, satisfaction has been attained (1,3).

In contrast to being a pre-existing entity waiting to be quantified, people construct their opinions about satisfaction over time as they reflect on their experiences. The extent to which intended goals have been realized would be a straightforward and practical definition of satisfaction (1).

Patient satisfaction is a multifaceted concept that includes treatment's technical, interpersonal, and economic components. Whether expressed as happiness or disapproval, customers' evaluations of quality can be incredibly specific (4). The growing body of research on health care reveals that patient satisfaction is a key issue that affects health services strategy. Patient satisfaction should be as crucial to quality evaluations as it is to the planning and management of healthcare systems (5).

Patient satisfaction is crucial for preserving relationships with healthcare professionals, adhering to prescribed treatment plans, and continuing to use medical services. Additionally, it is believed that patient satisfaction is of the utmost importance in terms of quality assurance (QA) and the anticipated outcome of care (6,7). Consumers of hospital services now have high expectations and demands due to socioeconomic advancement and improved access to healthcare. Monitoring customer impressions is a straightforward yet crucial method for healthcare firms to evaluate and boost their performance (2,8).

The reform of health systems and service delivery revolves around improving quality. All nations must overcome obstacles to assure patient engagement, access, equity, safety, and the development of skills, technology, and evidence-based medicine while working within their financial constraints. Measures of patient satisfaction and gathering patient opinions about the services they utilize are becoming more popular (9). To encourage people to use services, adhere to treatments, and improve health outcomes, satisfaction is crucial. The management and functioning of private wings in public hospitals is one of the Reform's main tenets (10).

Establishment of private wings in public hospitals in most regions and at the federal level, public hospitals are permitted to open and operate a private wing with the main goals of enhancing the retention of health professionals, giving options and choices to consumers of private health services, and generating more income for healthcare facilities in 2008 E.C (11). The Wolaita Sodo university compressive and specialized hospital started the private wing service in 2010 E.C providing service in medical and surgical inpatient department with a goal of retaining qualified health staff and improve the quality and timeliness of services.

The private wing's goal is to improve the quality and timeliness of services, especially on weekends, to help reduce the turnover of skilled workers by paying staff more and motivating them to provide more and better service for a fee to those who can pay (12). The quality of services, including deadlines, the availability of private or semi-private rooms, the availability of specialists, private lodgings, the quantity and grade of nursing staff, and the wait time for elective surgery is one of the main issues with the expansion of private wing services (10–12).

Ethiopia is a poor country with weak healthcare systems and infrastructure (13). To address this issue, the administration has emphasized improving the delivery of high-quality healthcare. The government's aims in this regard were reflected in both the 1993 Health Policy and the country's plan to restructure the health sector and Ethiopia's health sector financing reform/health finance and governance project. In efforts to raise the standard of healthcare, providing patients with satisfied care is a crucial part of the process (14). So as patient satisfaction is a crucial part of raising the standard of health care, we need to know the level of patient satisfaction with the health care services patients receive.

1.2. Statement of the problem

Patient satisfaction with the health care they receive at the hospital is a measure of the quality of care provided. By monitoring patient satisfaction hospitals can identify areas for improvement and ensure that hospital care meets the expectations of the patients served (15).

To assess the quality of care provided both in inpatient and outpatient settings, the Federal Ministry of Health of Ethiopia has included patient satisfaction surveys as one of the 36 performance indicators of health service delivery starting in 2003 E.C. However, there is no centrally compiled data that demonstrates the level of patient satisfaction and the factors that contribute to it (15,16).

Various studies in the world were carried out to assess patient satisfaction. Globally patient satisfaction ranges from 99.6% in Kuwait to 55% in Mozambique (17–19). Similarly, in Ethiopia, patient satisfaction with the regular services of public hospitals is low in Tigray (43.6%) and high in Addis Ababa (90.1%) (16,20–26), whereas the private wing services, it is relatively low in Bahir Dar (57.8%) and high in Nekemte (68.84%) (27–29).

Various Studies identified a range of factors affecting patient satisfaction such as socio-demographic characteristics, like age, sex, education, occupation, and marital status affected patient satisfaction (16,18,19,24,25). Additionally, accessibility of services (waiting time, cost, and transport to the service) and availability of services (drugs, requested laboratory, and X-ray at the hospital) were also linked to patient satisfaction. It is also impacted by the politeness of doctors providing clear explanations of medical issues, keeping an eye out for symptoms, knowing whether there are restrooms nearby, seeing if there are any signs or instructions, and drinking water (7,18,20,22,26–29).

Most past studies had limitations like only using a quantitative method which this study tries to resolve by using a mixed method with qualitative study, and of course, some studies also recommend additional research, so addressing those limitations improves the findings and the quality of the evidence.

This study has used qualitative study which helps to gather more information and Incite from the patients on the issues in the private wing of the hospital, factors that need to be improved, and that affect patient satisfaction with the services they receive in the hospital.

Even though similar studies had been conducted in other study areas, to the best of our knowledge these studies had not been done in the private wing of Wolaita Sodo University Comprehensive and Specialized Hospital in the past.

Therefore, this study aimed to find out the level of Patient Satisfaction and the associated factors among Private-wing patients of Wolaita Sodo University Comprehensive and Specialized Hospital, Wolaita, Ethiopia.

1.3. Significance of the study

The findings of this study primarily provide information for Wolaita Sodo University's comprehensive and specialized hospitals, and management on the current level of patient satisfaction and the associated factors and how to improve their patient's satisfaction with services of the private wing.

The study will serve as a baseline for monitoring the changes in the level of patient satisfaction with the services that the private wings perceived. Also, it informs policymakers, health providers, and managers about the factors that affect patient satisfaction with the service given in the private wing of Wolaita Sodo University Comprehensive and Specialized Hospital, Wolaita which can help in defining starting points and ways to improve patient satisfaction on the service.

Hence, this study is assumed to have significant importance in providing the information given patients' satisfaction with private wing services provided by Wolaita Sodo University comprehensive and specialized hospital, it makes an important contribution to managers and policymakers to devise tailored interventions to improve satisfaction. Further, it may serve as an insight for any researcher interested in a similar study in and out of Wolaita Sodo, and for policymakers, strategic planners, and decision-makers regarding patient satisfaction to take the study for their policy-making, strategic planning, and decision-making purpose.

2. Literature review

The idea discussed in this section discusses the elements that influence patient satisfaction, the relationship between service quality and patient satisfaction, as well as the techniques and instruments used to assess patient satisfaction.

2.1. Patient satisfaction

Patients are the only people who can tell whether they were treated with respect and dignity, and they are the finest source of information on the communication, education, and pain-management procedures used by a medical system. Their experiences frequently provide valuable insights into the efficiency of a hospital system and the kinds of adjustments required to bridge the gap between the treatment supplied and the care that should be provided (1,4,30).

Instead of having experts choose these criteria, patients should be free to set their own goals and assess their care (31). Studies on customer satisfaction can help healthcare practitioners understand how they would need to change their service delivery to improve patient satisfaction. The ability of consumers to influence policymakers and healthcare professionals depends not only on the collection of the appropriate data but also on their acceptance of the importance of the consumer's perspective (30,31).

Patient satisfaction is a "patient-centric" process metric, as opposed to clinical process measures, which are solely facility-based. It displays the patient's individual reaction to and assessment of the care (as opposed to the hospital's view of what is appropriate). The only indicator of the individual effects of the entire care process is patient satisfaction (32).

Client satisfaction is widely acknowledged to be a crucial element of service quality, and extended definitions of health service quality frequently specifically reference patient satisfaction (4,33). It has been argued that to some extent, client satisfaction with the services received determines how effective healthcare is. Studies that have shown that a satisfied patient is more likely to follow through with the recommended medical treatment and is more likely to give the physician medically pertinent information have been found to support this point of view. The same reasoning has been used in developing nations, where patient happiness and perceived quality will affect service use and adherence to physician recommendations (33).

Donabedian (1992) asserts that patient satisfaction is one of three factors that affect health care. First and foremost, it serves as an assessment of the quality of medical care, reflecting the hopes and aspirations of the patient. Second, it is an "outcome" of care—a component of the patient's psychological health as well as a result that healthcare institutions could aim for as a measure of their effectiveness. Thirdly, patient satisfaction encourages patients to seek treatment and work with providers to make it more effective. Patient satisfaction, which was a result of care, is thus transformed subtly to become a structural element of the healthcare sector as a whole (34).

However, some still believe that patients cannot really be considered good judges of quality, dismissing their views as too subjective, Petersen (1988) challenges this perspective by arguing that it is not important whether the patient is right or wrong; rather, what is important is how the patient felt, even though the caregivers' perception of reality may be quite different. They should, at the least, contribute to the understanding and establishment of the acceptable levels of care that must be provided to lessen patients' suffering, however arbitrary those standards may be (35).

Various studies in the world were carried out to assess patient satisfaction. A cross-sectional study was conducted in Kuwait on patient satisfaction with primary health care services in the capital health region convenient sample of 1250 patients attending the PHCC aged 18 years and above was included in the study and came up with a patient satisfaction level of 99.6% (17).

The cross-sectional study was conducted in Nepal on patient satisfaction with health care services of the outpatient department at Chitwan Medical College Teaching Hospital through a stratified systematic random sampling technique, 776 patients were selected, and with Overall satisfaction level was 75.9% (18).

A study conducted in Mozambique on satisfaction with outpatient health care services in Manica province came up with a satisfaction level of 55% (19).

Similarly, in Ethiopia, a study was done in Addis Ababa on determinants of patient satisfaction with outpatient health services at public and private hospitals showing that about 18.0% of the patients in the public hospitals were very satisfied whilst 47.9% were just satisfied with the corresponding proportions a bit higher at private hospitals. Studies conducted in different public hospitals in Ethiopia come up with client satisfaction of 43.6 % in Tigray, 54.2 % in Wolaita, 56.1% in Gondar, 77% in Jimma, and 90.1% in Addis Ababa (16,20,23–26).

2.2. Patient satisfaction assessment on health care delivery

There are several ways to evaluate the quality of care. Although there is no one way to evaluate the quality of care, there is growing agreement that it should at the very least be based on patient satisfaction evaluations (36). There is evidence that properly handling patients' perceptions results in Better Health Care, which will significantly raise their level of satisfaction. Patient satisfaction has become a more crucial factor in determining the quality of medical care (37). Quality work entails mapping out patient satisfaction through investigations regarding health care. The provider of healthcare must be aware of the elements that affect patient satisfaction to raise the standard of service, one problem with assessing preferences is that patients' decisions about what is important in healthcare often reflect their individual experience rather than a general view (38).

Professionals have recognized that a systematic and consumer-oriented perspective toward patient viewpoints about the level of care can result in feedback useful for promoting higher quality standards of patient care. Feedback from consumers is required in terms of experiences of health service quality of care received. Feedback from customers will not only improve the knowledge of decision-makers but will also facilitate improved prioritization, improved resource allocation, and improved value for money. It will also serve as a platform for providing better services to citizens (39).

Short, validated instruments called Patient Assessment of Health Care (PAHC) surveys are used in Ethiopia to assess how satisfied people are with the country's medical services. To assess the effectiveness of healthcare facilities, surveys that are intended to record patient experiences should be combined with more impartial indicators of the quality of care and services. Since 2010, there have been two patient satisfaction surveys: an inpatient survey (I-PAHC) and an outpatient survey (O-PAHC). Hospitals are required to report their patient satisfaction rating on a quarterly basis using these tools. According to the report's analysis, factors that consistently affect patient satisfaction include patient-provider interaction, the presence of an information desk and signboard, the cleanliness of the hospital environment, the accessibility of medications within the hospital compound, and the cost of the service (40).

Several healthcare services studies have used perceived quality as a patient satisfaction measure. They suggest that meeting patient expectations is essential, healthcare providers must know their patients and understand their expectations. Because expectation has been defined as customer

desire, service expectations do not represent what service providers offer in reality, but rather what they should offer (41).

FMOH/MSD chose 15 lead hospitals based on patient satisfaction scores for a national survey, which was then conducted. The majority of hospitals were found to be unfamiliar with the assessment of patient satisfaction, but among those that were; inpatient and outpatient waiting times, provider/patient interactions, the availability and accessibility of services, referrals, and other aspects of the physical environment of the hospitals were found to be associated factors (42).

According to a US study, patient satisfaction contributes to the quality of care and is linked to the delivery of health services. In order to implement a continuous quality improvement plan, the study also provides examples of patient satisfaction measurement, control chart creation, result interpretation, and administrative application development (43).

Consumer satisfaction is becoming a more significant factor in healthcare delivery changes and quality of care initiatives, according to a study conducted in Europe (44).

The topic of whether any trustworthy and valid instruments have been devised to measure the quality of care from the patient's perspective was raised in a study conducted in the Netherlands that uses patient satisfaction as an indicator of care quality from the patient's perspective (45).

An analysis of patient satisfaction with the care they received was conducted. The following domains were used to assess patient satisfaction in South Eastern Nigeria: accessibility, patient waiting time, communication between patients and providers, relationships between patients and providers, hospital bureaucracy, and hospital atmosphere. Patients were regarded as satisfied if they had a score of 50% or more in the evaluated domain, whereas patients who received a score of less than 50% were considered unsatisfied. Results: The respondents' overall satisfaction rating was 66.8%. According to the respondents, patient-provider interaction (81.5%), patient-provider communication (79.9%), accessibility (74.2%), and hospital atmosphere (68.2%) were all rated well, whereas hospital bureaucracy (48.8%) and patient waiting time (48.3%) were rated unfavorably (36).

In a study done on Patients' Satisfaction and Associated Factors in the Outpatient Department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia the overall patient satisfaction with the health care service provided at OPD clinics of the hospital was 54.2% at 95% CI (49.4% -

59%). Satisfaction with outpatient health services at Jimma Hospital, South West Ethiopia. 57.1% of interviewees believed that the service they received was either good or very good. A Statistical Analysis of Patients' Satisfaction with Hospital Services: A Case Study at Shashemene and Hawassa University Referral Hospitals, Ethiopia The analysis showed that from the total of sampled patients, 58.4% were satisfied with hospital service while 41.6% of patients were dissatisfied (20–22,28).

2.3. Determinants/ factors associated with patient satisfaction

Patient satisfaction has various determinants or elements that vary from location to location, time to time, society to society, facility to facility, and public to private. Studies carried out in many regions of the world have revealed certain common characteristics that affect patient happiness, while others have identified diverse factors.

In a study in Europe, it was investigated what factors affect patients' satisfaction with the provision of healthcare. 10.4% of patients were satisfied by factors such as patient expectations, health state, and type of care, according to data from 21 European Union nations in the 2003 World Health Organization study (46).

In a study on respondents in Bangladesh, researchers looked at the impact of clinical and procedural quality in achieving patient satisfaction in hospitals. They tried to establish a link between the care patients receive and how it is provided. Patient-centered care, access, courtesy, emotional support, communication and information, technical quality, and the efficiency of care organization, structure, and facilities are major determinants of patient satisfaction, according to the authors, who identified both what and how the health service is delivered as important to patient satisfaction (47).

In a study conducted by Roger T. Anderson et al, the relationship between patient wait times and satisfaction with primary care revealed that longer wait times were linked to poorer patient satisfaction ($p < 0.05$); however, time spent with the doctor was the best indicator of patient satisfaction. Increased time spent with the doctor (five minutes or more) significantly lowers the decline in satisfaction associated with extended wait periods. It's significant to note that very low levels of overall patient satisfaction are linked to prolonged wait times to see the doctor and shorter doctor visits. (45).

In a study conducted in South Africa to identify and evaluate determinants of patient satisfaction in medical service delivery identified the following top ten determinants of patient satisfaction these were care received during my visit, cleanliness of the practice, cheerfulness of the practice(4.5%), friendliness and courtesy of nurses and doctors, my confidence in the care provided, instruction from the health provider for follow-up care, an explanation of my problem by the health care provider on discharge, my involvement in the decision of my care, the amount of time the health provider spent with me, and the length of waiting time spent in hospital (48).

A study done on patients' satisfaction and associated factors among private wing patients at Bahirdar Felege Hiwot Referral Hospital, North West Ethiopia showed that overall patient satisfaction with the health services rendered at the private wing of the hospital was 57.8% at 95% CI (52.8%-63.1%) computed from satisfaction measuring items. Among measuring items, satisfaction was reported to be highest (93.2%) with the cleanliness of the rooms, and least for the availability of signs and directions to ease the way in the private wing (25%) to scale satisfaction. Being outpatients reduces satisfaction by 59% as compared with inpatients (28).

A study was conducted on the assessment of client satisfaction with outpatient Services in Tigray zonal hospitals Satisfaction was rated highest with courtesy and respect by the health workers with a 93.8 % satisfaction rate. The respondents were most dissatisfied (64.9%) with the shortage of medications and supplies at the hospital's pharmacy. 46.7 percent of the respondents said they were dissatisfied with the health personnel's explanations of the services and their health issues. 96% of the customers received a prescription for medications and supplies. Only 32% of individuals with a prescription received all the medicines and supplies that were prescribed. 44.2 % of the respondents were dissatisfied with the overall waiting time to get hospital services (24).

Various Studies identified a range of factors affecting patient satisfaction such as socio-demographic characteristics, like age, sex, education, occupation, and marital status affected patient satisfaction (16,18,19,24,25). Additionally, accessibility of services (waiting time, cost, and transport to the service) and availability of services (drugs, requested laboratory, and X-ray at the hospital) were also linked to patient satisfaction. It is also impacted by the politeness of doctors providing clear explanations of medical issues, keeping an eye out for symptoms, knowing whether there are restrooms nearby, seeing if there are any signs or instructions, and drinking water (7,18,20,22,26–29).

2.4. Private wing health care service provision and patient satisfaction

In comparison to other low-income countries, Ethiopia has substandard health conditions and few, poor-quality health services (49). The government has concentrated on enhancing the delivery of high-quality health care to the population to address this issue. This is because enhancing the health care provided to patients is one of the methods to lessen the burden of communicable diseases and is crucial to achieving the Millennium Development Goals (MDGs). The 1993 Health Policy and the country's Health Sector Development Program both represented the government's intentions in this regard. Patient satisfaction is a key component of the health services supplied to the people in such attempts to improve the quality of healthcare (50).

The establishment of a private wing in public hospitals Allows public hospitals in most regions and at the federal level to open and operate a private wing to generate revenue from patients who are willing to pay higher, or relatively close to market rates for health services. The primary objective of this revenue, some of which is paid to hospital physicians, is to improve health worker retention. The reform also provides alternatives and choices to private health service users and generates additional income for health facilities to use for service delivery improvements (10).

A project was done on the Assessment of Private Wing in St. Paul Hospital Millennium Medical College, Addis Ababa, Ethiopia, it was discovered that, in the six years after the installation of the private wing, the hospital's specialized doctor population rose from 30 to 67. The private wing was considered to have improved the standard of healthcare services. The private wing arrangement produced a rise in yearly revenue from 583,578.18 ETB in 2010 to 1,939,912.2 ETB in 2015.

A study done aimed to assess patients' satisfaction and associated factors among adult private wing patients at Bahirdar Felege Hiwot Referral Hospital, Amhara National Regional State, North West Ethiopia overall patient satisfaction with the health services rendered at the private wing of the hospital was 57.8% at 95% CI (52.8%-63.1%) computed from satisfaction measuring items (28). Also, a study was done on the Private wing of the ALERT Hospital the study showed that the overall satisfaction level of the patients with the quality of care they received was 62.8% (27).

A comparative study was conducted in Nekemte referral hospital to asses client satisfaction among private wing and regular health care services the overall client satisfaction come up with 58.16 and 68.84% at regular and private wings, respectively (29).

The principal components of the Health Care Financing Reform include the development of the legal and regulatory provisions related to Local retention and use of facility user fee revenue, Fee waiver, and exemption systems, Establishing and operating hospital management boards and related steps toward hospital autonomy, Outsourcing of non-clinical health services, Management, and operation of private wings in public hospitals, Revenue retention, and Introducing and expanding health insurance (10).

The private wing aims to increase the quality and promptness of services, particularly on weekends, to help lower the turnover of skilled labor through increased compensation and to inspire staff members to offer more and better service for an additional price to those who can afford it. A major concern in the development of private wing services is the quality of the provided services, which includes timelines, access to private or semi-private housing, the availability of experts, the caliber and quantity of nursing personnel, and the length of the elective surgery waiting period (51). Therefore, both healthcare authorities and healthcare workers want the patients to be actively involved in their health to get satisfied patients and to bring about quality service. The success of providing healthcare depends more on understanding customer expectations, such as their need to feel safe, comfortable, and confident. The provision of effective, humane, and patient-centered care is regularly monitored by healthcare professionals, who also make sure that their staff members can comprehend patient needs and deliver the right kind of treatment in response. To restructure health systems and service delivery, quality improvement is also essential. This study will also assess patient satisfaction with the newly established part of health sector reform in the private wing of Wolaita Sodo University Comprehensive and Specialized Hospital, Wolaita, Ethiopia.

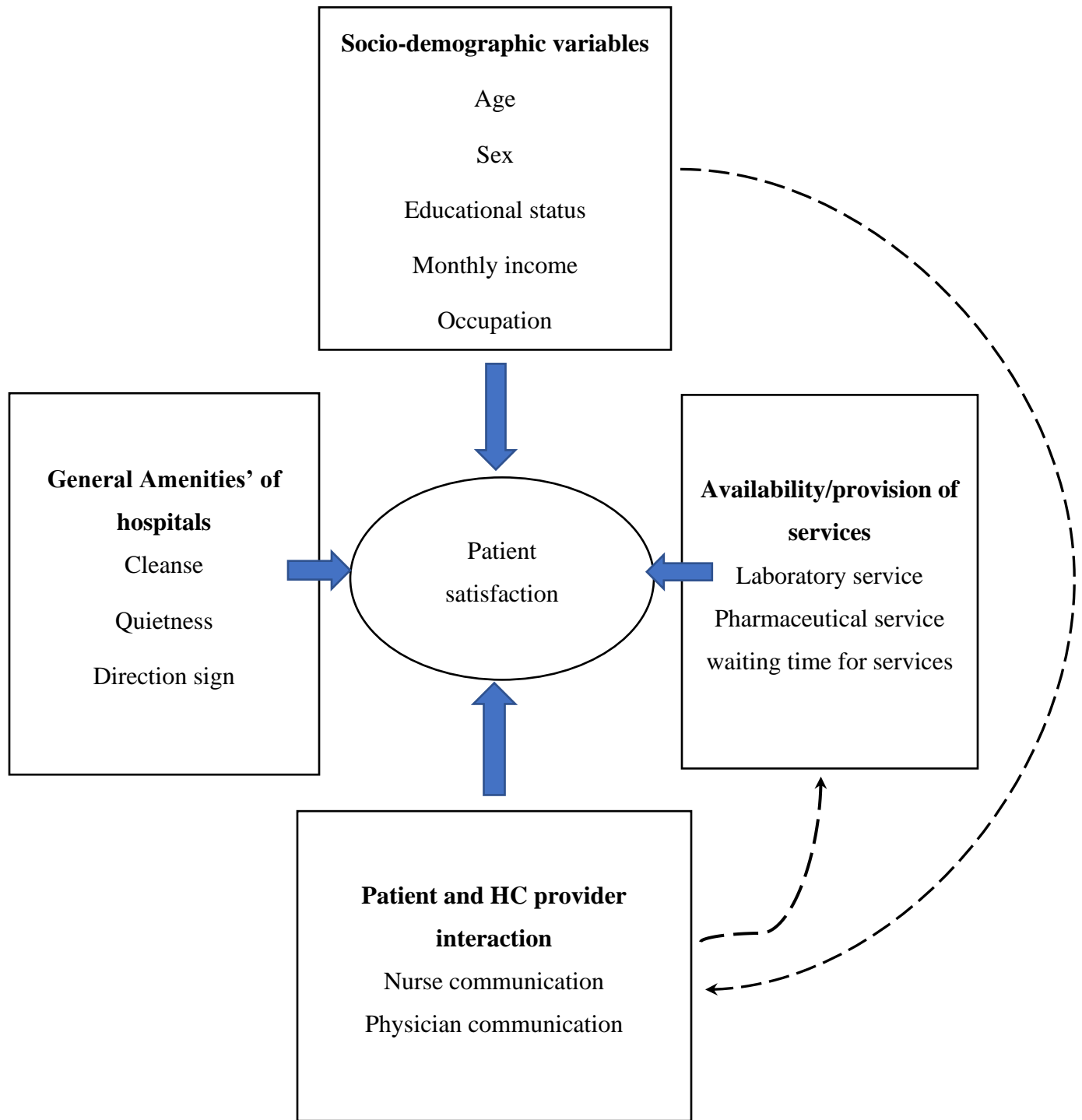


Figure 1: conceptual framework for patient satisfaction and the associated factors

Adapted with modification from a study conducted among admitted patients in selected public hospitals of Addis Ababa Ethiopia. 2013 (16)

3. Objective

3.1. General Objective

To assess the level of Patient Satisfaction and associated factors among Private wing patients of Wolaita Sodo University comprehensive and specialized hospital, Wolaita, Ethiopia Mar15-Jul 22 2023 G.C

3.2. Specific Objectives

1. To determine the level of patient satisfaction among private-wing patients of Wolaita Sodo University comprehensive and specialized hospital, Wolaita, Ethiopia Mar 15-Jul 22 2023 G.C
2. To identify factors associated with patient satisfaction among private-wing patients of Wolaita Sodo University comprehensive and specialized hospital, Wolaita, Ethiopia Mar 15-Jul 22 2023 G.C
3. To understand factors that affect patient satisfaction among private-wing patients of Wolaita Sodo University comprehensive and specialized hospital, Wolaita, Ethiopia Mar 15-Jul 22 2023 G.C

4. Methodology

4.1. Study area and period

The study was conducted in Wolaita Sodo University Comprehensive Specialized Hospital (WSUCSH); the former “Ottona Hospital” which was established in 1928 as a small clinic and served as a primary hospital for 50 years, as a general hospital for 30 years. After being merged with WSU in 2004 E.C. served as a WSU teaching and referral hospital for 10 years. Since 2014 E.C., the hospital was licensed with the comprehensive specialized hospital by FMOH and working with the vision to be a center of health excellence on oncology and renal replacement therapy by 2022 E.C.

It is located in Sodo town of Wolaita zone, south Ethiopia region which is 380 KM away from the national capital Addis Ababa, and 170 km from Hawassa. The hospital serves more than 2 million people in the catchment area in all four major departments and other units (20). The study was conducted from Mar15 -Jul 22 2023 G.C

The hospital provides private wing services currently in the surgical inpatient department. The private wing provides service 24/7 for patients. The hospital's private wing gives services approximately for 5-7 clients per day.

All medical staff working in these departments, pharmacists, laboratory technologists, the administrative staff (including the chief executive officer), finance staff, transportation staff (drivers), other supporting staff (cleaners, runners, registration staff) are involved in the private wing service of the Hospital.

4.2. Study design

A health facility-based cross-sectional study supplemented with an existential phenomenology-type qualitative method was used.

4.3. Source population

The source populations for this study were adult patients who use the private wing of Wolaita Sodo University comprehensive and specialized hospital.

4.4. Study population

The study populations for this research were patients who fulfill the inclusion criteria and use the private wing of Wolaita Sodo University's comprehensive and specialized hospital.

4.5. Inclusion criteria

Patients who used the private wing during the study period equal to and above the age of 18 years were included.

4.6. Exclusion criteria

Patients who were unable to communicate for different reasons like illness were excluded.

4.7. Sample size determination

4.7.1. The sample size for the first objective

The sample size was determined by assuming a satisfied patient proportion of 63% taken from a study done on the Assessment of the level of patient satisfaction with the quality of health care delivery in the private wing of the ALERT hospital Addis Ababa Ethiopia, 2013 (27), giving any particular outcome to be within 5% marginal error and 95% confidence level of certainty (alpha = 0.05). Based on this the actual sample size for the study was computed using a one-sample population proportion formula as indicated below.

$$n = \frac{((z/\alpha)/2)^2 P(1-P)}{d^2}$$

Where: n = Sample size z = critical value 1.96 p = 63% d = precision (marginal error) = 0.05

$$n = \frac{((1.96)^2(0.63(0.37)))}{((0.05)^2)} = 358$$

As the average annual patient flow of the private wing of WSUCSH is 1825

$$\text{By using the finite population correction formula } N = \frac{n}{1 + \frac{n}{N}} = \frac{358}{1 + \frac{358}{1825}} = 300$$

4.7.2. The sample size for the second objective

Sample size calculation for selected potential variables for the second objective by using Epi info 7.2.5

Table 1: sample size calculation for associated factors

Variable	% Outcome unexposed group	% Outcome exposed group	AOR	Power %	Ratio	N
Waiting area clean (20)	40	60	2.25	80	1	214
Provider consult about how to prevent the reoccurrence of disease (20)	35.1	64.5	3.41	80	1	100
The cost of medical service was reasonable (27)	44.4	69.3	2.82	80	1	138
Easy access to medical specialists (27)	51.2	77.7	3.32	80	1	116
Patient privacy (27)	47.1	72.2	2.9	80	1	134
clear information was given by nurses (27)	50.5	74.6	2.87	80	1	142

AOR= Adjusted odds ratio Ratio= unexposed: exposed= 1 Power= 80% n= sample size

The sample size of the second objective was found to be less than the first objective therefore the sample size required for this study is 300.

4.8. Sampling Procedure

4.8.1. Sampling Procedure for Quantitative

As the private wing of WSUCS hospital was providing service only in the surgical inpatient department at the time of the study; study participants were selected by employing a Systematic random sampling technique to ensure the random selection of participants with every second (2) intervals to recruit study participants. Lists of patients from the patient register of the private wing were used as the sampling frame for selection. The interval “K” was identified by dividing the total number of patients (P) who would visit the private wing during the study period (608 patients) by the required sample size (n) 300 $K=P/n = 2$. The lottery method was used to identify the first unique number which was number 2, as a starting point to select study subjects.

4.8.2. Sampling Procedure for Qualitative

Selecting for interviews a random sample of patients that were not included in the quantitative study to describe what factors affect their satisfaction; a convenient sampling technique was employed to increase the breadth of understanding afforded by quantitative data and to identify the common important pattern that cut across variation.

4.9. Data Collection Procedure

4.9.1. Quantitative

First, the questionnaire was adopted from previous study done on patient satisfaction in English and then translated into Amharic (27). To check for its consistency the questionnaire was translated back into English by another translator who has experience with similar works. Before the data collection, the study participants were identified (patients who used the private wing and fulfilled the inclusion criteria), and data collectors took training on data collection procedures/techniques from the principal investigator.

Face-to-face interviews were employed. The data collector used standardized questionnaires that were adopted from previous studies done on patient satisfaction to address the necessary information using the ODK collect app on the data collector’s smartphone. One senior health officer supervises the data collection process by checking the completeness of the required type of

data and correcting errors. With the careful supervision of a senior health officer, a junior health officer who is not an employee in WSUCS hospital gathered information from respondents. The questionnaire contains information on socio-demographics (age, sex, occupation, marital status, and educational level), socioeconomic variables (income), the general amenities of the hospital, the service delivery, and the communication of patients with service providers.

4.9.2. Qualitative

The qualitative study in this research applied an existential phenomenography approach. Participants for the in-depth interview were selected conveniently from patients who fulfilled the inclusion criteria until data saturation.

Data was collected by the principal investigator using in-depth interview guiding open-ended questions. Open-ended interviews were designed to allow participants to discuss their opinions, views and experiences fully in detail. It had been held to explore factors that affect patient satisfaction among private wing patients of WSUCS hospital. In-depth interview was held with convenient patients in a safe room in the hospital. The interview was sound recorded with the permission from the participant to ascertain an accurate account of the interview which was replayed for analytic purposes and anonymity was assured during the recording. The interview was conducted using the local Amharic language and later transcribed verbatim and then translated into English.

4.10. Data Quality Control

4.10.1. Quantitative Data Quality Control

The questionnaires were first prepared in English and later translated into Amharic and retranslated back by another translator to English to compare the similarities. Data collector was recruited by considering the level of education and previous experience.

Training was given before data collection which includes the contents of the questionnaire, measurement scales, ethics during data collection, and how to administer the questionnaire. The training was conducted in the form of readings, discussions, role plays, and mock interviews. Onsite supervision was made by the supervisor. Then pretesting of the questionnaire was conducted on 5% of the study participants (15 patients) in inpatients of WSUCS hospital which

was not included in the actual study then the questionnaire was assessed for its clarity, understandability, completeness, and reliability before actual data collection. The data collected using the ODK collect app by the data collector was uploaded daily and the PI reviewed some of the questionnaires daily to identify any inconsistencies and missing values. All patients were informed about the purpose of the study. Patients were assured that the questionnaires collected by researchers were not shown to their physicians. After the data was imported to SPSS Vs 25, the PI rechecked the data entered against the raw data, and necessary corrections were made before the analysis. The frequency distribution of variables was conducted to check for missing values, outliers, and other data errors.

4.10.2. Qualitative Data Quality Control

4.10.2.1.1. Credibility

Credibility refers to the degree to which the findings reflect the actual “lived experience” of the participants. To preserve data sources, in-depth interviews were conducted in a comfortable setting among the patients. The audio record was transcribed in Amharic word to word before being translated into English. On the same day, data transcription was completed (52).

4.10.2.1.2. Dependability

The dependability of this research finding was ensured through a dense description of the methodology. Reviewing the audio recording and writing notes helped to confirm the manual transcription. The code-recode strategy was used (52).

4.10.2.1.3. Transferability

The investigator provided many details to explain the entire research procedure, from data collection to the final report that could be rich enough for other researchers to be able to make judgments about the transferability of the research findings to different contexts (52).

4.10.2.1.4. Confirmability

The confirmability of the findings was tested by rereading the data to test for fit of the final themes by the researcher. The participant's own words were used instead of the researchers’ opinions and biases (52).

4.11. Data Analysis

4.11.1. Quantitative Data Analysis

Data collected using the ODK collect app was checked on the Kobo toolbox server every night of the data collection and a backup has been taken. On the final date of data collection, the data was checked and imported to SPSS version 25 for Windows for analysis. Out-of-range and missing values were checked by examining the frequency distribution of the variables.

To assess the relationship between the dependent and the independent variables, bivariate and multivariate logistic regression were used and the Hosmer-Lemeshow test was done to check model fitness for logistic regression. During the bivariate analysis, variables with p-value <0.2 were considered statistically significant and were taken to multi-variable analysis. Multi-collinearity was checked using variance inflation factor, VIF. The final compiled result was displayed as text, tables, and statistical graphs.

The questionnaire of this study on patient satisfaction was arranged on a five-point Likert scale (strongly agree, agree, not sure, disagree, and strongly disagree) and (yes, no, and not sure) as a choice for the questionnaire. For analysis “Strongly agree and agree” were merged to “Agree” and “not sure, disagree, and strongly disagree, were merged to “Disagree” and “Yes” remained as it is, and “no, and not sure” were merged to “No”.

4.11.2. Qualitative Data Analysis

The qualitative data analysis was supported by ATLAS.ti 7.5.16 data management software. The data analysis techniques employed a thematic method with five themes identified:

Theme 1. past experience of patients

Theme 2. General amenities of the private wing

Theme 3. Provision of information by health professionals

Theme 4. Availability and provision of services

Theme 5: Factors contributing to dissatisfaction

For the qualitative study, the researcher used the deductive thematic analysis for open-ended in-depth interview questions. To discover new concepts and categories, data were evaluated

immediately after the in-depth interview. After carefully listening to the tape recorder to grasp each respondent's concepts, the audio recording was transcribed verbatim in Amharic and translated into English. The translated data were imported to qualitative data analysis software ATLAS ti. Version 7.5.16 for coding. Quotes cut from the transcription were placed alongside the themes they represent. Finally, the thematic narration was supplemented with sample quotations.

4.12. Study Variables

4.12.1. Dependent Variable

Level of patient satisfaction (unsatisfied, and satisfied)

4.12.2. Independent Variables

- i. Sociodemographic variables
Sociodemographic variables including sex, age, marital status, educational status, occupation, religion, ethnicity, monthly income, and residence of the respondent
- ii. General facility amenities of the hospital-related variables
Under this category, the presence of a sign, clean, quiet, and not crowded compound of the private wing was considered
- iii. Patient and healthcare provider interaction variables
Doctors explain medical terms, offered a chance to ask questions, and doctors give advice about disease
- iv. Availability/ provision of services variables
How frequently do you use the private wing, where do you get the information about the private wing, for what type of service you come for today, was the working hours of the private wing convenient, waiting time to get service (to be seen by doctors, laboratory, and pharmacy), activities performed to ensure the privacy of the patient, visit the private wing again, recommend the private wing to others

4.13. Operational Definition

4.13.1. Patient Satisfaction

considering that patient satisfaction is a collective outcome of different kinds of services provided in the hospital, the level of patient satisfaction was measured using 20 satisfaction measuring items in three 3 domains on a five-point Likert scale, together yielded a maximum of 100 and a minimum score of 20. Then the responses to the 20 measuring items were summed and transformed to give an individual-level satisfaction score the net overall patient satisfaction (53).

Domain one: the general amenities of the Hospital contain 5 variables (Clear sign, the compound of the hospital is clean, the compound of the hospital is quiet, the compound of the hospital has enough space, and the waiting room of the Hospital is clean, comfortable and has enough seats).

Domain two: patient and health care provider interaction contains 11 variables (The registration staff made me feel welcome, I got proper respect and courtesy from the Nurses during my visit to the private wing, and The Nurses explained to me the steps I followed before visiting the Doctor, I get proper courtesy and respect by the Doctor during my visit of the private wing, I feel the Doctor listened attentively during my visit of the private wing, The Doctor is good about explaining the reason for a medical test, I found the Doctors are very competent and well trained, I feel the Doctors never expose me to unnecessary risk and expenses, I feel the nursing staff were competent professional & skillful in using medical equipment & giving nursing care, Doctors spend a reasonable time with me during my visit of the private wing of the Hospital, and I have easy access to the medical specialists I need).

Domain three: Waiting time and Service-related information contain 4 variables (I think the examination room has everything needed to provide complete medical care, are you satisfied with the service you get in the laboratory, are you satisfied with the service you get in the pharmacy, and the cost of the medical services you received is reasonable).

4.13.2. Net Overall Patient Satisfaction

The net overall satisfaction was broadly classified into two as satisfied and unsatisfied by using the demarcation threshold formula $\{(total\ highest\ score - total\ lowest\ score) / 2\} + Total\ lowest\ score = \{(100 - 20) / 2\} + 20 = 60$ (53).

Satisfied patient: Patients who scored 60 and above on the computed 20 satisfaction measuring items were considered satisfied (53).

Unsatisfied patient: Patients who scored less than 60 on the computed 20 satisfaction measuring items were considered unsatisfied (53).

4.13.3. Overall Satisfaction

This is measured by using one item in the questionnaire question number 45 stating “All things considered, the medical care I received was satisfying” (27). Those who answered agreed were considered satisfied and those who answered disagreed were considered unsatisfied.

4.13.4. Private Wing Services

is an annex or an extension within a public hospital where medical services are provided to patients at full cost recovery (54).

4.14. Ethical Considerations

Before starting this study, ethical clearance was obtained from Hawassa University, institutional review board. An official support letter from Hawassa University, the College of Health Sciences, the School of Public Health, and the health system management department was presented to the hospital administration offices. Data collection was begun once hospital administrations had given their approval. Written informed consent was received from the study participant after explaining the study objectives and procedures and their right to refuse to participate in the study at any time they want. Information was gathered in a separate room to maintain their privacy and the information acquired from the patient was kept confidential. Names of participants were kept anonymous by using study record numbers only.

5. Result

5.1. Sociodemographic characteristics and frequency distribution of response status

A total of 300 study subjects with a response rate of 100% participated in this study out of which 173 (57.7%) were males and 127 (42.3%) were females. The median age of the respondents was 45.00 years with a range 18-88 yrs.'. 157 (52.3%) of the respondents had a degree and above education level while around 10 (3.3%) were unable to read and write and the majority of the respondents 270 (90%) were urban residents. A total of 121 (40.3%) of the study subjects had been self-employed and 63 (21%) were unemployed. Some of the participants were either single 46 (15.3%) or married 229 (76.3%) while the rest were separated, divorced, or widowed. Religion-wise, 133 (44.3%) were protestant followed by orthodox 107 (35.7%). Table 2 below summarizes the above descriptions. The average monthly income of 202 (67.3%) study participants was above 6000 ETB.

Table 2: socioeconomic characteristics of the respondents (N=300)

Variable	Description	Frequency	Percentage
Age	18-34	66	22.0
	35-44	80	26.7
	45-65	90	30.0
	>65	64	21.3
Sex	Male	173	57.7
	Female	127	42.3
Educational status	Unable to read and write	10	3.3
	Grade 1-6	28	9.3
	Grade7-12	48	16.0
	Diploma	57	19.0

		Degree and above	157	52.3
Residence		Urban	270	90.0
		Rural	30	10.0
Marital status		Single/unmarried	46	15.3
		Married	229	76.3
		Divorced/separated/widowed	25	8.3
Average income	monthly	<6000	78	32.7
		>6000	202	67.3
		Not willing to tell	20	6.7
Occupation		Unemployed	63	21.0
		Self-employed	121	40.3
		Government Employee	69	23.0
		Non-Governmental organization employee	47	15.7

5.2. Patient satisfaction with the general amenities of the Hospital

Table 3 features patient satisfaction with the general amenities of the Wolaita Sodo University compressive and specialized hospital. The majority of the patients believed that the hospital was not crowded, quiet, and clean 223 (74.4%), 191 (63.7%), and 175 (58.3%) respectively. on the other hand, 125 (41.7%) were uncertain about the presence of clear signage and information that describes the scope of services provided in the private wing of WSUCSH. 225 (75.0%) of the patients agreed that the waiting room of the Hospital was clean, comfortable, and had enough seats provided.

Table 3: patient satisfaction with the general amenities of the hospital

Variable	Description	Frequency	Percentage
Clear sign describing the scope of the service	Disagree	97	32.3
	Uncertain	125	41.7
	Agree	78	26.0
The compound of the hospital is clean	Disagree	45	15.0
	Uncertain	80	26.7
	Agree	175	58.3
The compound of the hospital is quiet	Disagree	59	19.7
	Uncertain	50	16.7
	Agree	191	63.7
The compound of the hospital has enough space (not crowded)	Disagree	29	9.7
	Uncertain	48	16.0
	Agree	223	74.4
The waiting room of the Hospital was comfortable and had enough seats	Disagree	24	8.0
	Uncertain	51	17.0
	Agree	225	75.0

5.3. patient and health care provider interaction

In this study, patients 282 (94.0%) agreed that they got proper respect and courtesy from the nurses during their visit to the private wing and 289 (96.3%) agreed that they got proper respect and courtesy from the doctors. 287 (95.6%), 275 (91.7%), and 279 (93.0%) of the respondents agreed that the doctor listened attentively, the doctor was good about explaining the reason for a medical test, and found the doctors are very competent and well trained respectively.

Similarly, the majority of the respondents 290 (96.7%) agreed that doctors spend a reasonable time with them during their visits to the private wing of the Hospital and 277 (92.3%) agreed that they have easy access to the medical specialists they need.

Table 4: patient and health care provider interaction

Variable	Discretion	Frequency	Percentage
The registration staff were skillful and systematic	Disagree	25	8.3
	Uncertain	21	7.0
	Agree	254	84.7
Got proper respect and courtesy from the Nurses	Disagree	8	2.7
	Uncertain	10	3.3
	Agree	282	94.0
The Nurses explain about the steps I follow before visiting the Doctor	Disagree	6	2.0
	Uncertain	26	8.7
	Agree	268	89.3
Got proper courtesy and respect from the Doctor	Disagree	3	1.0
	Uncertain	8	2.7
	Agree	289	96.3
The Doctor listened attentively	Disagree	2	0.7
	Uncertain	11	3.7

	Agree	287	95.6
Doctors explain medical terms	Yes	225	75.0
	No	69	23.0
	Not sure	6	2.0
The Doctor is good about explaining the reason for medical test	Disagree	6	2.0
	Uncertain	19	6.3
	Agree	275	91.7
Offered a chance to ask questions and be involved in treatment and follow-up	Yes	276	92.0
	No	18	6.0
	Not sure	6	2.0
Found the Doctors to be very competent and well-trained	Disagree	1	0.3
	Uncertain	20	6.7
	Agree	279	93.0
Doctors never expose me to unnecessary risk and expenses	Disagree	1	0.3
	Uncertain	22	7.3
	Agree	277	92.4
Doctors give me advice about my disease	Yes	287	95.7
	No	12	4.0
	Not sure	1	.3
The nursing staff were competent professional	Disagree	2	0.7
	Uncertain	7	2.3
	Agree	291	97.0
Doctors/nurses give more attention to privacy	Yes	276	92.0
	No	10	3.3
	Not sure	14	4.7

Doctors spent a reasonable time	Disagree	3	1.0
	Uncertain	7	2.3
	Agree	290	96.7
I have easy access to the medical specialists I need	Disagree	6	2.0
	Uncertain	17	5.7
	Agree	277	92.3

NB: the questionnaire was arranged on a five-point Likert scale (strongly agree, agree, uncertain, disagree, and strongly disagree). For analysis “strongly agree and agree” were merged to “Agree”, “disagree, and strongly disagree” were merged to “Disagree”, and “uncertain” was used as it is in table 4.

5.4. Waiting time and Service-related information

The majority of the patients 235 (78.3%) used the private wing for the first time and 231 (77.0%) of the respondents got their information about the private wing from friends and other patients. More than half of the respondents 194 (64.7%) waited less than half an hour to see health care providers after registration, and 244 (81.3%) of the patients were satisfied by the waiting time to be seen by the health care provider after registration.

Regarding satisfaction on service, they get in the laboratory, and pharmacy 263 (87.7%), and 264 (88.0%) agreed they were satisfied with the service they got in the laboratory, and pharmacy respectively. Similarly, 199 (66.3%) of the respondents agreed the cost of the medical services they received was reasonable.

Table 5: waiting time and service-related information

Variable	Description	Frequency	Percentage
N ^o of visit to the private wing of the Hospital for health care (including this visit)	1st visit	235	78.3
	2nd-3rd visit	61	20.3
	4th and above	4	1.3
Information about the private wing	Friends/other patients	231	77.0
	Hospital staff (doctor)	69	23.0
Type of service, you came today	Appointment for surgery	300	100.0
Waiting time to see healthcare providers after registration	No wait	47	15.7
	Less than half an hour	147	49.0
	Half to one hour	52	17.3
	one hour & above	54	18.0
Satisfied with the waiting time to see healthcare provider	Yes	244	81.3
	No	35	11.7
	Not sure	21	7.0

Equipped examination room provide complete medical care	Disagree	4	1.3
	Uncertain	46	15.3
	Agree	250	83.4
Waiting time to get laboratory result	Less than two hours	206	68.7
	two to four hours	46	15.3
	above four hours	48	16.0
Satisfied with the waiting time in the Laboratory	Yes	245	81.7
	No	34	11.3
	Not sure	21	7.0
Satisfied with the service in the laboratory	Disagree	12	4.0
	Uncertain	25	8.3
	Agree	263	87.7
Waiting time to get prescribed drug	No wait	220	73.3
	half an hour	71	23.7
	Above an hour	9	3
Satisfied with the waiting time in the pharmacy	Yes	279	93.0
	No	14	4.7
	Not sure	7	2.3
pharmacist explain about the medication	Yes	184	61.3
	No	113	37.7
	Not sure	3	1.0
	Disagree	4	1.3
Satisfied with the service in the pharmacy	Uncertain	32	10.7
	Agree	264	88.0

Reasonable cost of the medical services	Disagree	26	8.7
	Uncertain	75	25.0
	Agree	199	66.3

NB: For analysis “strongly agree and agree” were merged to “Agree”, “disagree, and strongly disagree” were merged to “Disagree”, and “uncertain” was used as it is in table 5.

5.5. level of patient satisfaction

5.5.1. Overall satisfaction

A total of 300 patients were involved in the study, and the majority 257 (85.7%) (95% CI 81.5-89.7) of the patients agreed that all things considered the medical care they received was satisfying at the private wing of WSUCSH. Only 43 (14.3%) (95% CI 10.3-18.5) of the patients disagreed that all things considered the medical care they received was satisfying at the hospital.

Table 6: overall satisfaction

Variable	Description	Frequency	Percentage
All things considered, the medical care I received was satisfying.	Disagree	43	14.3
	Agree	257	85.7

NB: For analysis “strongly agree and agree” were merged to “Agree”. “Uncertain, disagree, and strongly disagree” were merged to “Disagree”.

5.5.2. Net overall patient satisfaction

In this study, patient satisfaction was assessed by 20 items of satisfaction measurement in three domains. The majority 260 (86.7%) (95% CI 82.3-90.3) of the patients were satisfied by the service they get at the private wing of WSUCSH and 40 (13.3%) (95% CI 9.7-17.7) were unsatisfied by the service they get at the private wing of WSUCSH.

Table 7: Net overall patient satisfaction

Variable	Description	Frequency	Percentage
Net overall satisfaction	Satisfied	260	86.7
	Unsatisfied	40	13.3
	Total	300	100.0

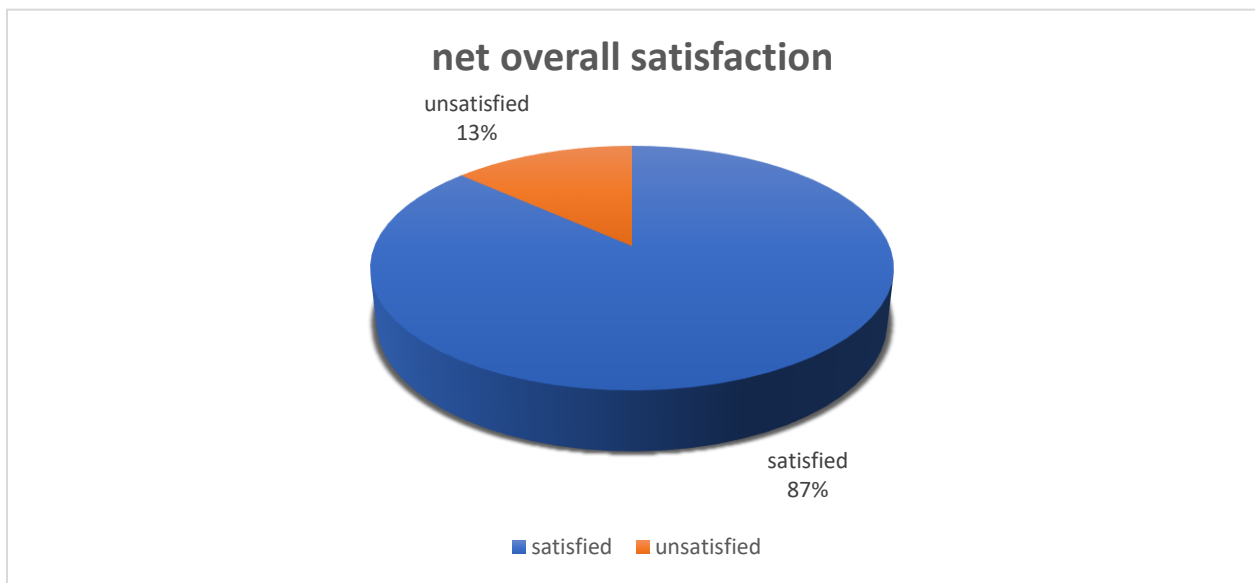


Figure 2: Net overall satisfaction

5.5.3. Level of satisfaction for each domain

Table 8: Level of satisfaction for each domain

Domain	Description	Frequency	Percentage
General amenities of the hospital	Satisfied	238	79.3
	Unsatisfied	62	20.7
patient and health care provider interaction	Satisfied	296	98.7
	Unsatisfied	4	1.3
Waiting time and Service-related information	Satisfied	281	93.7
	Unsatisfied	19	6.3

N.B: patients who scored 15, 33, and 12 and above in general amenities of the hospital, patient and health care provider interaction, and waiting time and Service-related information domain respectively out of their item's summation total were considered satisfied, and patients who scored less were considered unsatisfied as we used threshold demarcation formula for satisfaction in the net overall satisfaction (53).

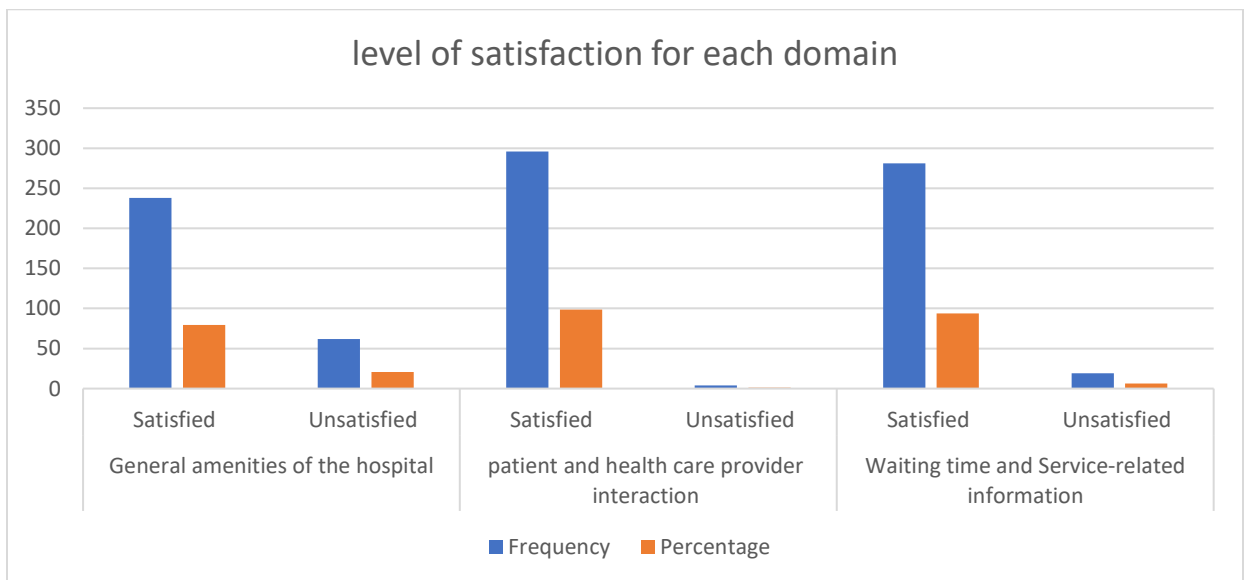


Figure 3: Level of satisfaction for each domain

5.6. Factors associated with patient satisfaction

To find factors associated with patient satisfaction the binary logistic regression was done and eight variables with a significant level of $p < 0.2$ were age, doctor explain medical terms, waiting time to see healthcare providers after registration, satisfied with the waiting time to see health care provider, waiting time to get laboratory result, satisfied with the waiting time in Laboratory, satisfied with the waiting time in the pharmacy, and pharmacist explain about the medication were retained for subsequent multivariable logistic regression. After the multivariable logistic regression was done three variables age, doctor explain medical terms, and pharmacist explaining about the medication were found statistically significant with $p < 0.05$. Hosmer-Lemeshow test was done to check model fitness and found to be 0.738 which shows the model is fit. Multi-collinearity was checked using VIF and no multi-collinearity was found.

As results in Table 9 show that patients ages between 18 and 34 are 0.26 times (AOR= 0.26, 95% CI= 0.17-0.36) less likely to be satisfied by the service they get in the private wing of WSUCSH than patients with ages greater than 65. This shows that as the age of the patient increases the likelihood of being satisfied with the service, they get increases.

Patients where the doctor explain medical terms are 3.5 times (AOR= 3.50, 95% CI= 1.21-10.07) more likely to be satisfied by the service, they get in the private wing of WSUCSH than those who the doctor didn't explain medical terms.

Patients where the pharmacist explain about the medication were found 3.16 times (AOR= 3.16, 95% CI= 1.06-9.41) more likely to be satisfied by the service, they get at the private wing of WSUCSH than the patients where the pharmacist didn't explain about the medication, they were given.

Table 9: logistic regression analysis of factors associated with patient satisfaction of private wing patients in WSUCSH

Variable (N=300)	Categories	Net overall satisfaction		COR (95% CI)	AOR (95% CI)
		Satisfied N=260	Unsatisfied N=40		
Age	18-34	46 (17.7)	20 (50.0)	0.23 (0.18-0.34) *	0.26 (0.17-0.36) **
	35-44	73 (28.1)	7 (17.5)	1.07 (0.34-3.38)	0.86 (0.21-1.52)
	45-65	83 (31.9)	7 (17.5)	1.22 (0.39-3.83)	1.34 (0.33-5.31)
	>65	58 (22.3)	6 (15.0)	1.00	1.00
Doctors explain medical terms	Yes	205 (78.8)	20 (50.0)	3.72 (1.87-7.41) *	3.50 (1.21-10.07) **
	No	55 (21.2)	20 (50.0)	1.00	1.00
Waiting time to see health care provider after registration	No wait	40 (15.4)	7 (17.5)	2.40 (0.89-6.49)	1.22 (0.22-6.75)
	<30 min	137 (52.7)	10 (25.0)	5.76 (2.42-13.74) *	2.40 (0.50-11.48)
	30min-1 hours	45 (17.3)	7 (17.5)	2.70 (1.00-7.26) *	1.28 (0.30-5.43)
	>=1 hour	38 (14.6)	16 (40.0)	1.00	1.00
Satisfied with the waiting time to see healthcare provider after registration	Yes	226 (86.9)	18 (45.0)	8.12 (3.95-16.68) *	2.42 (0.64-9.15)
	No	34 (13.1)	22 (55.0)	1.00	1.00
Waiting time to get laboratory result	<2 hour	197 (75.8)	9 (22.5)	17.02 (7.07-40.97) *	3.76 (0.76-18.62)
	2-4 hours	36 (13.8)	10 (25)	2.80 (1.13-6.91) *	1.18 (0.29-4.73)
	>4 hours	27 (10.4)	21 (52.5)	1.00	1.00
Satisfied with the waiting time in the Laboratory	Yes	230 (88.5)	15 (37.5)	12.77 (6.06-26.90) *	1.55 (0.37-6.49)
	No	30 (11.5)	25 (62.5)	1.00	1.00

Satisfied with the waiting time in the pharmacy	Yes	245 (94.2)	34 (85)	2.88 (1.04-7.93) *	1.48 (0.35-6.21)
	No	15 (5.8)	6 (15)	1.00	1.00
Pharmacist explain the medication	Yes	178 (68.5)	6 (15.0)	12.30 (4.96-30.45) *	3.16 (1.06-9.41) **
	No	82 (31.5)	34 (85.0)	1.00	1.00
sex	Male	148 (56.9)	25 (62.5)	0.79 (0.39-1.57)	
	Female	112 (43.1)	15 (37.5)	1.00	
Occupation	Unemployed	54 (20.8)	9 (22.5)	1.05 (0.36-3.05)	
	Self-employe	107 (41.2)	14 (35)	1.33 (0.50-3.55)	
	Gover. Emp.	59 (22.7)	10 (25)	1.03 (0.36-2.93)	
	Non-gov emp	40 (15.4)	7 17.5)	1.00	
Feel involved in treatment	Yes	249 (95.8)	27 (67.5)	10.89 (4.45-26.66)	
	No	11 (4.2)	13 (32.5)	1.00	
Attention to privacy	Yes	251 (96.5)	25 (62.5)	16.73 (6.64-42.11)	
	No	9 (3.5)	15 (37.5)	1.00	
Recommend to others	Yes	250 (96.2)	16 (40)	37.50 (15.33-91.7)	
	No	10 (3.8)	24 (60)	1.00	
Would you visit again	Yes	250 (96.2)	16 (40)	37.5 (15.33-91.70)	
	No	10 (3.8)	24 (60)	1.00	

N.B: *significant for crude odds ratio ($p < 0.2$) and bold **significant for adjusted odds ratio

5.7. Qualitative

5.7.1. Characteristics of the participants

An in-depth interview was carried out to assess the responses of the WSUCSH private wing patients about the factors that affect satisfaction during their visit to the private wing. participants for the in-depth interview were selected conveniently from patients who fulfilled the inclusion criteria until data saturation a total of 7 patients were interviewed. Most of the participants 4 (57.14%) were male participants. The respondent's age ranges from 30-50 years. In terms of educational status, 2 participants had degrees and above, and 4 participants had diplomas.

Table 10: Characteristics of in-depth interview participants

Characteristics		Frequency (7)	Percentage %
Sex	Male	4	57.14
	Female	3	42.86
Age	18-34	2	28.57
	35-44	3	42.85
	45-65	2	28.57
Educational status	Grade7-12	1	14.28
	Diploma	4	57.14
	Degree and above	2	28.57

5.7.2. Responses of qualitative study by themes

Theme 1: Past experience of patients

Question on the past experience of patients was asked “How would you reflect on your past experience of the private wing service of the hospital?” most of the patients responded that this visit was their first visit to the private wing of the hospital, while two of the interviewees said it was their second visit to the private wing of the hospital. one of them responded that he would prefer his first visit as there was no patient flow during his first visit to the private wing as he said, *“I would say my first visit was better than this one there were no patients at that time”*. However, another patient responded that he would prefer his second visit to the private wing as he developed some complications during his first surgery in the private wing *“I would say this visit of mine was better than my first visit. Otherwise, the service I get was more or less the same”*.

The qualitative finding that most of the patients visited the private wing of the hospital for the first time is comparable with the quantitative result that most of the patients used the private wing of the hospital for the first time.

Theme 2: General amenities of the private wing

Regarding the cleanness, quietness, and comfort of the private wing area most of the patients responded that the compound of the private wing of the hospital is clean and quiet but all responded that the private rooms get a little crowded when visitors come and Also six respondents complain about the unavailability of private toilets and showers in the private rooms of the private wing.

Three respondents said that a clear sign describing the scope of the private wing service should be put where people can see it. As one of the respondents said, *“Direction signs should be put in the outside it is difficult to find the private room alone sometimes when visitors come”*. This finding is supportive of the finding in the quantitative study where most of the respondents are uncertain of the presence of a clear sign describing the scope of the service.

The qualitative findings on the general amenities of the private wing in cleanness, and quietness are supportive of the quantitative finding as most of the quantitative respondents agreed 58.3%, and 63.7% that the compound of the private wing is clean and quiet respectively. However, the finding on the crowdedness of the rooms is contradictive of the quantitative finding.

Theme 3: Provision of information by health professionals

The question about the information provision by health professionals of the hospital was asked “What do you say about the information provision and communication process of the private wing staff based on what you see do they provide you with full and understandable information?” all of them said the staffs were good with the information provision, and communication of the private wing staffs that the staffs gave their time and asked them what they need and provide them with the information needed like the services given, direction and the medications how it should be taken. As patient 2 said, “*what we need and tell us where we need to go, and when we ask about our illness and the treatments, they gave us enough description and information*”. It is explained by the respondents that information is provided verbally and sometimes written information is posted in the walls of the private wing.

The finding of the qualitative study with the information provision is supportive of the quantitative study in the provision of information and communication of the private wing staff with the patients as the quantitative study shows more than 90% of the participants agreed that the staff of the private wing provide with good information, advise about disease prognosis, offers a chance to ask questions, and do not use medical terms without explanation.

Theme 4: Availability and provision of services

The other question for the interviewees was about the availability and provision of services in the private wing and it was asked as “How would you describe the services provision of the private wing like the laboratory service and the pharmacy, did you find the service you want here in the facility, how about the cost of the service?” some of the respondents were not able to find a full laboratory and pharmaceutical services in the facility which they were prescribed to get the services outside the facility which as most the respondents describe led them to some extra costs as patient 3 said “*The drugs that you can find with 100-200 birr in the facility can cost you like around 2000-3000 ETB which is 10 times costly in the private drug stores*”. Otherwise, the services they get in the facility were satisfactory, and the cost of the services that the patients get in the facility was as they said fairly priced (reasonable) as it is a private service.

The respondents also explained that the private wing needs its laboratory and pharmacy which is separated from the public one as they explained that they are now getting the laboratory and pharmaceutical services from the public part of the hospital as patient 6 suggested: “*It is better if*

they can widen the services they are giving now in the future as it is a private wing it needs to have its laboratory and pharmacy”.

When triangulating the findings between the qualitative and the quantitative study the qualitative finding was supportive of the findings in the quantitative study as most of the respondents were satisfied by the services, they get in the facility laboratory and pharmacy 87.7%, and 88% respectively and 66.3% of the quantitative respondents agreed that the cost of the services they received was reasonable as most of the qualitative study respondents.

Theme 5: Factors contributing to the dissatisfaction of patients

The interviewees were also asked to answer the question “What factors do you think contribute to dissatisfaction of patients on the services including everything you considered that affects your satisfaction?” Most of the respondents gave the same answer that lack of drugs and supplies in the hospital pharmacies, unavailability of private toilets, and showers in the private rooms, and the rooms getting crowded when visitors come were the main factors that affected the patient’s satisfaction. However, some responded the unavailability of clear direction signs in the hospital compound for the private wing, the inability to find the specialist they wanted, and the cost of the services they received were also some of the factors that led them to dissatisfaction with the service they get in the private wing of the hospital.

5.8. Suggestions given by qualitatively interviewed patients

Finally; all the Interviewees were asked to give their comments and suggestions to improve the private wing of the hospital most of the suggestions given by the respondents were the same but some had different comments and suggestions. These are some of the suggestions given by the interviewees:

- Most of them said that effort should be made to make all the essential laboratory investigations and drugs available in the hospital.
- Some of the respondents suggested that the private wing needs to have a private laboratory and pharmacy that gives services only to private wing patients separated from the public part of the hospital.
- All of them responded that the private rooms need to have their private toilet and showers in every bedroom.
- They further said that the private rooms need to be wider so that they can accommodate visitors without being crowded.
- Some also suggested that the private wing needs to widen the service that it is giving now increase the bed capacity to accommodate more patients and invite more specialists from the private hospitals to give their services here in the hospital.

6. Discussion

This study indicated that the net overall patient satisfaction level of patients in the Private wing of Wolaita Sodo University Comprehensive and Specialized Hospital, was 86.7%. The magnitude of the patient satisfaction was different from previous findings (17,20,23,26-28). The finding is higher compared to other studies done on the Private wing of the ALERT Hospital Addis Ababa 62.8% (27), at Bahirdar Felege Hiwot referral hospital, Northwest Ethiopia 57.8% (28), Outpatient Health Service Users at Primary Hospitals of North Gondar 56.1% (23), and Outpatient Department at Wolaita Sodo University Teaching Hospital 54.2% (20). However, it is less than Patients' satisfaction with primary health care services in the capital health region, Kuwait 99.6% (17), and patients' satisfaction and associated factors with nursing care in black lion hospital Addis Ababa 90.1% (26). This discrepancy may be due to the sample size difference, the method used to analyze satisfaction or the area of interest for the principal investigator, or maybe because of a real difference in the quality of services provided.

The study has shown that the levels of satisfaction for each domain were 79.3% (General amenities of the hospital), 98.7% (patient and health care provider interaction), and 93.7% (Waiting time and Service-related information). The findings in patient-provider interaction and general amenities of the hospital were higher than the study conducted in Nigeria which was 81.5% (patient-provider interaction) and 68.2% (general amenities) (36). This might be due to differences in socio-economic characteristics, the number of healthcare providers to patient ratio, the difference in method used to assess satisfaction, and the advancement of technologies that are used to provide health service or maybe because of a real difference in the quality of services provided.

This study shows that the doctor explains medical terms predicted patient satisfaction significantly at both crude and adjusted levels of analysis. In the multivariate analysis, after controlling the effect of the other variables, patients whom the doctors explain medical terms were 3.5 times (AOR= 3.50, 95%CI= 1.21-10.07) more likely to be satisfied than patients whom the doctors didn't explain medical terms. Similarly, patients to whom the pharmacist explained about the medication were 3.16 times (AOR= 3.16, 95%CI= 1.06-9.41) more likely to be satisfied by the service they get in the private of WSUCSH than patients whom the pharmacist did not explain about the medication. This association could be considered valid since good communication is the key to better diagnosis and management of the patient's condition thereby satisfying the patient. Results

obtained from research done in Bangladesh by Marely C, and Goldstein the role of clinical and process quality in achieving patient satisfaction in hospitals communication and information were major determinants of patient satisfaction, according to the authors, who identified both what and how the health service is delivered as important to patient satisfaction (47).

Various Studies identified a range of factors affecting patient satisfaction such as socio-demographic characteristics, like age, sex, education, occupation, and marital status affected patient satisfaction (18,19,24,25). As this study shows the association of age with satisfaction the ages between 18-34 are 0.26 times (AOR= 0.26, 95% CI= 0.17-0.36) less likely to be satisfied by the service than patients aged greater than 65. However, this study and studies conducted on admitted patients in selected public hospitals of Addis Ababa (16) and in Bangladesh, and South Africa (47,48) show that patient satisfaction with health care was found to have no significant association with socio-demographic variables like sex, educational level, occupation, and marital status.

Different study findings revealed that short waiting time to receive service, and ensuring privacy and confidentiality for services provided by the hospital had statistical association in other studies. On the other hand, different literature also indicates that courtesy and respect is also the key indicator for patient satisfaction (20,25,27,35,36). However, none of the variables were found to be significant for patient satisfaction in our study. This may be due to the difference in the type and level of hospital, patient flow, patient-level expectations, and priority of required services of the patient.

The qualitative study has shown that the lack of drugs and supplies in the hospital pharmacies was a major problem that led to less satisfaction with the overall private wing services. This is comparable to studies conducted in Jimma (21), Tigray (24), Addis Ababa (16,27), and Mozambique (19) the studies described that lack of drugs and laboratory tests in a health facility as a number one leading factor to patient dissatisfaction. An in-depth study of the Iringa district in Tanzania also showed that patients bypassed low-quality facilities in favor of those offering high-quality consultations and prescriptions, staffed by knowledgeable physicians, and better stocked with supplies it was mentioned that patients who had all the prescribed drugs and diagnostic services were more satisfied than patients who didn't get the drugs they were prescribed. In the in-depth interview, one patient summing up the idea said “...*they say they don't have the medication*

or the laboratory investigation needed here in the facility the patient becomes vulnerable to extra costs he/she didn't intend to find, so these things affect our satisfaction on the services we get here.” “...It is better if they can widen the services they are giving now in the future as it is a private wing it needs to have its laboratory and pharmacy”. This finding could be very important if the hospital management and the responsible body understand the extent of the problem with drugs and supplies and plan to look for different mechanisms to keep adequate stock of essential drugs and Standard medical equipment. it could be possible to reorganize hospitals in such a way that they can take the initiative to introduce and implement healthcare and financing strategies. However, reorganizing the hospitals in such a way requires further investigations and decisions by the concerned higher officials to deal with the problems so that clients can be able to get what they expect and utilize the hospitals. Many studies have also indicated that patients equate the availability of drugs with high-quality services(16,21,24,27).

Similarly, from in-depth interview responses the unavailability of a private toilet, and shower in the private rooms, and the rooms getting crowded when visitors came were the main factors that affected the patient's satisfaction. A study conducted in southeastern Nigeria shows that patients were satisfied with the sanitation and cleanness of the Hospital service windows and environment (36). In a study done in Eastern Ethiopia, patients were least satisfied with the cleanliness of the health facility. This finding supports the fact that environmental factors may influence the perception of quality of care and patient satisfaction.

7. Strengths and limitations of the study

7.1. Strength of the study

- Both qualitative and quantitative methods were used increasing the validity of the study; An In-depth Interview which was very helpful in finding out the details of the problems. Thus, it will help to find a way to improve the hospital services
- Hundred (100%) response rate were found

7.2. Limitation of the study

- The sample was selected from only one healthcare facility, one section of the hospital (private wing), and one department (surgery inpatient) and the generalizability of our findings may be limited
- Small sample size
- The findings might be subject to social desirability bias because respondents were interviewed in the hospital compound.

8. Conclusion and recommendation

8.1. Conclusion

In conclusion, the net overall level of satisfaction was high. Regarding this study, major predictors of patient satisfaction were age, doctors explain medical terms, and pharmacists explain about medication. Similarly, the lack of drugs and supplies in the hospital pharmacies and laboratory, and the unavailability of private toilets and showers were also major problems that led to less satisfaction with the overall private wing services.

pharmacists explain about medication to patients, and doctors explain medical terms are positively associated with satisfaction. Whereas age was negatively associated with patient satisfaction at the PW of WSUCSH.

8.2. Recommendation

Improving patient satisfaction is one of the key indicators of quality of care and indicator of quality health service. So, to improve the satisfaction of patients and the quality of the private wing of the WSUCS hospital, the hospital management and responsible body need to give attention and take proper measures on the findings of this study.

- There should be a system to ensure the availability of drugs in the hospital daily and supplies and plan to look for different mechanisms to keep an adequate stock of essential drugs and standard medical equipment.
- The hospital managers should routinely assess the patients' satisfaction status and provide tailored on-the-job training to the professionals in the facility to improve their skills for enhancing patients' satisfaction.
- Efforts should be made to make all the essential laboratory investigations available in the hospital.
- Many suggestions were forwarded that there are no private room toilets and showers as it is a private room emphasis should be given to making toilets and showers available in every private room.
- More effort should be made to make the private room more comfortable, and wide to accommodate visitors.

- Periodic assessment of health services and further study in other dimensions of patient satisfaction including facility design dimension, which can be explored from the user's satisfaction perspective, is recommended as a fundamental initiative in the improvement of the performance of health care delivery in the facility.

9. Reference

1. The Health Boards Executive. Health Strategy Implementation Project. 2003 [cited 2022 Sep 24]. Measurement of patient satisfaction. Available from: <http://hdl.handle.net/10147/43559>
2. Keegan O, McDarby V, Tansey A, McGee H. Community involvement in A/E satisfaction survey. 2003.
3. Meredith J, Wood N. The development of the Royal College of Surgeons of England's patient satisfaction audit service. *Journal Quality in Clinical Practice*. 1995; 15:67–74.
4. Donabedian A. The definition of quality and approaches to its assessment. 1980.
5. Andaleeb SS. Service quality perceptions and patient satisfaction; a study of hospitals in a developing country. *Soc Sci Med*. 2001 Apr;
6. Marquis MS, Ross Davies A, Ware JE. Patient satisfaction and change in medical care provider: a longitudinal study. *Med Care*. 1983; 21:821–9.
7. Wartman SA, Morlock LL, Malitz FE, Palm EA. Patient understanding and satisfaction as predictors of compliance. *Med Care*. 1983; 21:886–91.
8. Kul Kamil M., Dasgupta S. Study of satisfaction of patients admitted in a tertiary care hospital in Nagpur. *National Journal of Community Medicine*. 2011 Feb;37–9.
9. Waju B., Challi J., Morakar S. Assessment of quality of Health care in Jimma Zone, Southwest Ethiopia. *Ethiopia J Health Sciences*. 2011;45–50.
10. Ethiopia health sector financing reform/ health finance and governance project end of project report. Vols. 2013–2018.
11. Hailu Zelelew. Health Care Financing Reform in Ethiopia: Improving Quality and Equity. USAID; 2012. 5 p.
12. Gorge P., Abebe A., Wendwosen F. Ethiopia Health Sector Financing Reform Midterm Project Evaluation. Gh Web Site Library. 2011 Nov;29–30.
13. Nada Chaya. Poor Access to Health Services: Ways Ethiopia is Overcoming it. *Research Commentary*. 2007 Apr;2(2).

14. Kumari, Et Al. Study on patient satisfaction in the government allopathic health facilities of luck now district India. *Indian Journal of community medicine*. 2009; 34:35–9.
15. Federal Democratic Republic of Ethiopia Ministry of Health. *Hospital Performance Monitoring and Improvement Manual*. Medical Services Directorate Ethiopian Hospital Management Initiative; 2011. 79 p.
16. Yakob S. assessment of the level of patient satisfaction and its determinants among admitted patients in selected public hospitals of Addis Ababa Ethiopia. 2013.
17. Al-Eisa IS, Al-Mutar MS, Radwan MM, Al-Terkit AM, Al-Eisa. I. Patients' satisfaction with primary health care services at capital health region, Kuwait. *Middle East J Fam Med*. 2005;3(3):10–6.
18. Rajbanshi L, Dungana G, Gurung Y, Koirala D. Satisfaction with health care services of outpatient department at Chitwan Medical College Teaching Hospital, Nepal. *J Chitwan Med Coll*. 2014;4(1):11–8.
19. Newman RD, Gloyd S, Nyangezi JM, Machobo F, Muiser J. Satisfaction with outpatient health care services in Manica Province, Mozambique. *health policy plan*. 1998;13(2):174–80.
20. Getu G, Alemayehu W, Mengistu M. Patients' Satisfaction and Associated Factors Among Outpatient Department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia. *Science Journal of Clinical Medicine*. 2015; 4:109–16.
21. Olijira L, Gebre-selassie. Satisfaction with outpatient health services at Jimma Hospital, South West Ethiopia. *The Ethiopian Journal of Health Development*. 2001;
22. Tariku H. statistical analysis of patients' satisfaction with hospital services: case study of Shashemene and Hawassa University Referral Hospitals. 2011.
23. Gojjam E, Amsalu F, Muluken G. assessment of Patient Satisfaction and Associated Factors among Outpatient Health Service Users at Primary Hospitals of North Gondar, Northwest Ethiopia. 2016.
24. Girmay A. assessment of client satisfaction with patient services in Tigray zonal hospitals. 2006.

25. Assefa F, Mosse A, H/Michael Y. assessment of client satisfaction with health service deliveries at Jimma University Teaching Hospital. *Ethiopian. Journal of Health Science.* 2011 Jul;21.
26. Molla M, Berhe A, Shumye A, Adama Y. Assessment of adult patients' satisfaction and associated factors with nursing care in black lion hospital, Ethiopia; institutional based cross-sectional study. *Int J Nurs Midwife.* 2014;6(4):49–57.
27. Zeyneba A. Patient Satisfaction on Quality of Health Care Delivery on Private wing of the ALERT Hospital Addis Ababa, Ethiopia. 2013.
28. Yeshambel A, Amsalu F, Measho G. Patients' satisfaction and associated factors among private wing patients at Bahirdar Felege Hiwot Referral Hospital, North West Ethiopia. *Science Journal of Public Health.* 2014; 2:417–23.
29. Babure ZK, Jiru FA, Weldemariam TD. Client satisfaction among private wing and regular health care services at Nekemte referral hospital, east Wollega zone, Oromia regional state, Western Ethiopia: a comparative cross-sectional study, 2016. *J Public Health Epidemiology.* 2018;10(2):43–61.
30. Michael Oerlemans, Terry Mills, Jenni Ham. *Measuring patient satisfaction.* 2004.
31. David Locker, David Dunt. theoretical and methodological issues in sociological studies of consumer satisfaction with medical care. *Soc Sci Med.* 1978; 12:283–92.
32. Irwin Press. *The measure of Quality, Q Manage Health Care.* 4th ed. Vol. 13. 202–209 p.
33. Michael H, Berhart, I.G.P, Wiadnyana, Haryoke Wihardjo, Imbalos Phuan. Patient satisfaction in developing countries. *Soc Sci & Med.* 1999; 48:989–96.
34. Carol M. WWW.Asha.Org. 1990. p. 41–4 Measuring Client Satisfaction. *ASHA In the Winter.*
35. Bekele Chaka. *adult patient satisfaction on nursing care.* 2007.
36. GUP I et. al. Evolution of Patient Satisfaction with Quality of Care Provided at The National Health Insurance. Scheme Clinic of Tertiary Hospital in South Eastern Nigeria. *Niger J Clin Pract.* 2012;115–20.

37. Bamidele A, Hoque M, Vander H. patient satisfaction with the quality of care in a primary health care setting in Botswana. *S Afr Fam Pract.* 2011; 53:170–5.
38. Johansson P, Oléni M, Fridlund B. Patient Satisfaction with Nursing Care in The Context of Health Care. *Scand J Caring Sci.* 2002 Dec; 16:337–44.
39. N. Phaswana-Mafuya, A. S. Davids, I. Senekal, S. Munyaka. Patient Satisfaction with Primary Health Care Services in a Selected District Municipality of the Eastern Cape of South Africa. ISBN. 2011; 4:89–94.
40. FMOH. Patient Assessment of Health Care in Ethiopia. 2010.
41. Ping L, Alain J. A Three-Model Comparison of The Relationship Between Quality, Satisfaction and Loyalty. *BMC Health Serv Res.* 2012;12(436).
42. FMOH. Ethiopian Hospital Alliance for quality. 2011.
43. Campen Cv. Quality of Care and Patient Satisfaction. *Scand J Public Health.* 2008;
44. Kane RL MM, Finch M. The relationship of patient satisfaction with care and clinical outcomes. *Med Care.* 1997; 35:714–30.
45. Roger T Anderson, Fabian T Camacho, Rajesh Balkrishnan. Willing to wait? The influence of patient wait time on satisfaction with primary care. *BMC Health Service Research.* 2007; 7:31.
46. Murray SNBEÖCJ. How does satisfaction with the health-care system relate to patient experience. *Bull World Health Organ.* 2009;87.
47. Marely C, Goldstein. The role of clinical and process quality in achieving patient satisfaction in hospitals. *decision science.* 2004;35.
48. M.Y. Coonvadia. identification and evaluation of patient satisfaction determinant in medical service delivery in South Africa. *BMC Health Serv Res.* 2008; 18:1.
49. MOH. Establishing Private Wings in Public Health Facilities. Addis Ababa; 2009 Nov.
50. Abebe B, Girum T, Yared M, Woldemariam G, Ambaye D, Asnakech M, et al. Levels of Outpatient Satisfaction at Selected Health Facilities in Six Regions of Ethiopia. *EthiopJHealth Dev.* 2008; 22:43–7.

51. Gorge P, Abebe A, Wendwosen F. Ethiopia Health Sector Financing Reform Midterm Project Evaluation. Gh Tech Web Site Library. 2011; 11:29–30.
52. Anney VN. Ensuring the Quality of the Findings of Qualitative Research: Looking at Trustworthiness Criteria. *Emerging Trends in Educational Research and Policy Studies*. 2014;
53. Tahir Ahmed, Nega Assefa, Asrat Demisie, Abera Kenay. Levels of Adult Patients' Satisfaction with Nursing Care in Selected Public Hospitals in Ethiopia. *International Journal of Health Sciences, Qassim University*. 2014 Oct;8.
54. Federal Ministry of Health of Ethiopia. The National guideline on the establishment of private wing in public Hospitals. 2014. 1–10 p.
55. Claire Batchelor, David J. Owens, Martin Read, Michael Bloor. Patient Satisfaction Studies, Methodologies, Management and Consumer evaluation. *An international Journal of Health Care Quality Assurance*. 1994;7(7):22–30.

Annex

Annex 1. English version information sheet and consent form

English version information sheet and consent form for the questionnaire developed for the assessment of patient satisfaction in the private wing of Wolaita Sodo University Comprehensive and Specialized hospital

A. Information Sheet

Good morning/good afternoon, my name is..... I am a data collector on behalf of Binyam Daniel a Master's Student at HU, College of Health Sciences School of Public Health, who wants to conduct this survey in this institution. We would like to ask a few questions about the private wing service of this hospital (WSUCSH). The objective of this study is to assess the level of patient satisfaction with the private wing service of the hospital and to identify the factors affecting the satisfaction of the clients. We believe that this study will help us to bring change in the quality of health service delivery in the hospital. You are selected to be one of the participants in this study and you will help us by answering the questions we ask you. We ask you to participate voluntarily and that there will not be any negative consequences on the services you get if you refuse to participate. Your name will not be written in the form and we assure you that whatever answer you give us will be kept strictly confidential. We also like to inform you that you have the full right to withdraw from the study or stop the interview at any time and/or skip any questions that you don't want to answer. You will not get/receive a direct benefit for your cooperation. The interview takes approximately 25-30 minutes. Your cooperation and willingness for the interview are very helpful in identifying the problems related to the issue. Do you have any questions to ask?

Thank you very much!!

Are you willing to participate in this study? Yes _____ No _____

If yes go to the next page

Contact address PI: Binyam Daniel Tel: 0939435703/0927209798

Wolaita Sodo University comprehensive and specialized hospital, Wolaita, Ethiopia

B. Consent form

I the undersigned have been informed that the purpose of this study is to assess the level of patient satisfaction in the private wing service of WSUCS hospital.

- I have been informed that I am going to respond to these questions by answering what I know about the issue.
- I have also been informed that the information I give will be used only for this study
- My identity and the information I give will be confidential
- I have also been informed that I can refuse to participate in the study or not respond to questions I am not willing to answer. Furthermore, I have been informed that I can stop responding to questions at any time in the process.

Based on the above information I agree to participate in the study voluntarily.

Signature_____

Date_____

Contact address PI: Binyam Daniel

Tel: 0939435703/0927209798

Annex 2. English version questionnaire

Questionnaire for the data collection on the assessment of the level of patient satisfaction in the private wing of WSUCS hospital, Wolaita Ethiopia

Circle the response in the response column that best matches the answer of the respondent.

PART ONE: Socio-demographic characteristics

S. N°	QUESTIONS	RESPONSE	CODE	Skip to
1	Sex	1. Male 2. Female		
2	Age (in completed years)		
3	Educational status	1. Illiterate 2. Grades 1-6 3. Grade7-12 4. Diploma 5. Degree and above		
4.	Ethnic group	1. Wolaita 2. Kenbata 3. Gamo 4. Amhara 5. Other Specify		
5	Residence	1. Urban 2. Rural		
6	Marital status	1. Single/unmarried 2. Married 3. Divorced/separated 4. Widowed		
7	Religion	1. Protestant 2. Orthodox 3. Catholic 4. Muslim 5. Traditional 6. Other Specify		
8	Average monthly income in Ethiopia birr		
9	Occupation	1. Unemployed 2. Self-employed 3. Government Employee 4. Non-Governmental organization employee 5. Other Specify		

PART TWO: questions on respondent satisfaction

S. N°	QUESTIONS	RESPONSE	CODE	Skip To
10	How frequently do you use the private wing of the Hospital for your health care (including this visit)?	<ol style="list-style-type: none"> 1. 1st visit 2. 2nd-3rd visit 3. 4th and above 		
11	Where do you get the information about the private wing of the Hospital?	<ol style="list-style-type: none"> 1. Mass media/ TV, radio 2. Friends/other patients 3. Hospital billboard/banner 4. Other Specify 		
12	For what type of service, you came today?	<ol style="list-style-type: none"> 1. Dermatology 2. Eye clinic 3. Internal medicine 4. Appointment for surgery 5. Obstetrics and Gynecology 6. Other Specify 		
13	I feel the Hospital has a clear signage and information that describes the scope of services provided	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
14	The compound of the Hospital is clean	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
15	The compound of the Hospital is quit (no sound pollution)	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
16	The compound of the Hospital have enough space /not crowded/	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
17	The waiting room of the Hospital was clean, comfortable and has enough seats.	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 		

		5. Strongly Disagree		
18	The registration staff made me feel welcome and the services (talking about where to pay, where to wait my turn, where the private wing of the Hospital examination rooms are) are skillful and systematic	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
19	I get proper respect and courtesy of the Nurses during my visit to the private wing of the Hospital	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
20	The Nurses explain to me about the steps which I follow before visiting the Doctor	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
21	I have easy access to the medical specialists I need during my visit to the private wing of the Hospital	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
22	I think the examination room has everything needed to provide complete medical care (availability, cleanliest & tidy)	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
23	I get proper courtesy and respect by the Doctor during my visits to the private wing of the Hospital	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
24	I feel the Doctor listened to my concerns/fears/complaints attentively during my visit of the private wing of the Hospital	1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree		
25	The Doctor does not use medical terms without explaining what they mean during my visit to the private wing of the Hospital	1. Yes 2. No 3. Not sure		

26	The Doctor is good about explaining the reason for medical test during my visit of the private wing of the Hospital	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
27	Do you feel that you offered A chance to ask questions and be involved in your treatment and follow up during your visit of the private wing of the Hospital	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 		
28	I found the Doctors are very competent and well-trained	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
29	I feel the Doctors never expose me to unnecessary risk and expenses during my visit to the private wing of the Hospital	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
30	Doctors give me advice about my disease prognosis, ways to avoid illness and stay health during my visit to the private wing of the Hospital	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 		
31	I feel the nursing staff were competent professional & skillful in using medical equipment & giving nursing care. during my visit to the private wing of the Hospital	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
32	When you receive medical care do doctors or nurses give more attention to your privacy?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 		
33	Doctors spend a reasonable time with me. during my visit to the private wing of the Hospital	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
34	The working hours when I can get medical care in a private wing of the hospital are convenient(good)for me	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 		

35	How long did you stay to see healthcare providers after you register at reception/triage?	<ol style="list-style-type: none"> 1. No wait 2. Less than half an hour 3. Half to one hour 4. one hour & above 5. Don't know 		
36	Are you satisfied with waiting time spent to be seen by health care provider?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 		
37	How long did you wait to get your laboratory result?	<ol style="list-style-type: none"> 1. Less than an hour 2. one to two hours 3. two to four hours 4. above four hours 5. Don't know 6. Not applicable 		Skip to Q.40
38	Are you satisfied with the waiting time in the Laboratory?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not Sure 4. Don't want to answer 		
39	Are you satisfied with the service you get in the laboratory?	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
40	How long did you wait to get your prescribed drug?	<ol style="list-style-type: none"> 1. No wait 2. half an hour 3. Above an hour 4. Don't know 		
41	Are you satisfied with the waiting time in the pharmacy?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not Sure 		
42	Does the pharmacist explain to you about the medication/drug that prescribed to you?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not Sure 		
43	Are you satisfied with the service you get in the pharmacy?	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		

44	The cost of the medical services you received is reasonable.	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
45	All things considered, the medical care I received was satisfying.	<ol style="list-style-type: none"> 1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 		
46	Would you visit the private wing of the hospital again in case of sickness?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not Sure 		
47	Would you recommend the private wing of the hospital to another person/family/friend?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not Sure 		
48	On a scale of 0-10 (0 being the worst facility, 10 being the best facility), how would you rate this health facility?	0 1 2 3 4.....5 6 7 8 9 10 Worst facility.....Best Facility		

Annex 3. Amharic version information sheet and consent form

የመረጃ መስጫ እና የስምምነት ቅጽ (ውል)

ሃዋሳ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የሕብረተሰብ ጤና ት/ቤት በ ወሳኝ ሆስፒታል የግል ህክምና ክፍል ላይ የተገልጋዮችን እርካታ ለመመዘን ለተዘጋጀው መጠይቅ የመረጃና የስምምነት ቅጽ

ሀ/ የመረጃ ቅጽ

ጤና ይስጥልኝ ስሜ _____ ነው። ይህንን መረጃ የምንሰበስበው ለ ቢኒያም ዳንኤል በ ሃዋሳ ዩኒቨርሲቲ የ ህክምና ሳይንስ ህብረተሰብ ጤና ት/ቤት በሚደረግ ጥናት የ ማስተር ትምህርታቸውን በማጠናቀቅ እንዲረዳቸው ሲሆን እኔ የመረጃ ሰብሳቢ ነኝ። የ ጥናቱም ዓላማ በ ኦቶና ሆስፒታል የግል ህክምና ክፍል ስለሚሰጣቸው አገልግሎት የተገልጋዮችን እርካታ መመዘን ነው። ይህንን አስመልክቶ ጥቂት ጥያቄዎችን እጠይቆታለሁ። ይህ ጥናት በ ኦቶና ሆስፒታል የግል ህክምና ዘርፍ የተገልጋዮችን እርካታ መመዘን እና የተገልጋዮችን እርካታ የሚቀንሱ ጉዳዮችን አውቆ የ ሆስፒታሉን የ ግል ህክምና አገልግሎት ለማሳደግ የሚረዳ ይሆናል። እርስዎ በዚህ ጥናት እንዲሳተፉ ከተመረጡት ውስጥ አንዱ ስለሆኑ መጠይቆቹን በመመለስ እንዲተባበሩን እጠይቆታለሁ። በጥናቱ ላይ በፍቃደኝነት እንዲሳተፉ እንጠይቆታለን። ነገር ግን በጥናቱ ለመሳተፍ ፍቃደኛ ባይሆኑ በ ሆስፒታሉ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተጽዕኖ አያሳድርም። የሚሰጡኝ መረጃ ሙሉ ሚስጥራዊነቱ የተጠበቀ ነው። በዚህ ጥናት የ እርስዎ ስምና አድራሻ አያስፈልግም። በዚህ ጥናት መሳተፍ ካልፈለጉ እምቢ ማለት ይችላሉ። ወይም በቃለ መጠይቁ መሀል ማቋረጥ ይችላሉ። አለ በለዚያም መመለስ የማይፈልጉት ጥያቄ ካለ መዘለል ይችላሉ። በጥናቱ በመሳተፍ ምንም ዓይነት ክፍያ አይሰጠትም። ቃለመጠይቁ ከ25-30 ደቂቃ ሊፈጅ ይችላል።

ሊጠይቁን የሚፈልጉት ጥያቄ አለዎት?

በጣም አመሠግናለሁ።

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ናት? አዎ

አይደለውም

መልስዎ አዎን ከሆነ ወደ ሚቀጥለው ክፍል ይለፉ።

የምንገኝበት አድራሻ፡- ጥናት አድራጊው ቢኒያም ዳንኤል

ስልክ ቁጥር 0939435703/0927209798

ወላይታ ሶዶ ዩኒቨርሲቲ ኮምፕርህንሲቭ እና ስፐላይዝድ ሆስፒታል ኢትዮፒያ

Annex 4. Amharic version questioner

የጥያቄዎቹ አማርኛ ትርጉም

ሃዋሳ ዩኒቨርሲቲ የህክምና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ቤት በ ወሶዩኮስ ሆስፒታል የግል ህክምና ክፍል ላይ የተገልጋዮች እርካታን ለማወቅ ለመፈተስ) የተዘጋጀ መረጃ መሰብሰቢያ መጠይቅ

መልስ መስጫው ክፍል ውስጥ መላሱ የመለሳቸው መልሶች አክብቡ

ክፍል አንድ የተገልጋዮች አጠቃላይ መረጃ

ተ.ቁ.	ጥያቄ	መልስ	ኮድ	ዝላል
1.	ፆታ	1.ወንድ 2. ሴት		
2.	እድሜ (በአመት)	1		
3.	የትምህርት ደረጃ	1. ያልተማረ 2.ከ1ኛ - 6ኛ ክፍል 3.ከ7ኛ-12ኛ 4.ዲፕሎማ 5.ዲግሪ እና ከዚያ በላይ		
4.	ብሔር	1.ወላይታ 2.ከንባታ 3.ጋሞ 4.አማራ 5.ሌላ ይጠቀስ=====		
5	መኖሪያ አድራሻ	1. ከተማ 2. ገተር		
6	የጋብቻ ሁኔታ	1.ያላገባ 2.ያገባ 3.የተፋታ/የተለያየ 4.ባሏ የሞተባት/ሚስቱ የሞተችበት		
7	ሀይማኖት	1. ፕሮቴስታንት 2.አርቶዶክስ 3.ካቶሊክ 4. ሙስሊም 5.ባህላዊ 6. ሌላ ካለ ይጠቀስ		
8.	አማካኝ የወር ገቢ በኢትዮጵያ ብር	1,		
9.	የስራ ሁኔታ	1.ስራ የሌለው 2.የግል ስራ 3.የመንግስት ስራ 4.መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 5.ሌላ ይጠቀስ		

ክፍል ሁለት የተገልጋዩን እርካታ የሚመዘኑ ጥያቄዎች

ተ.ቁ.	ጥያቄ	መልስ	ኮድ	ዝላል
10.	ያሁኑን ጨምሮ ለምን ያህል ጊዜ የሆስፒታሉን የግል የህክምና ክፍል (ለመታከም) ተጠቅመውብታል?	1.ለመጀመሪያ ጊዜ 2.ከ 2ኛ - 3ኛ ጊዜ 3.ከ 4 ጊዜ በላይ		
11.	ስለ ሆስፒታሉ የግል የህክምና ክፍል መረጃውን ከየት አገኙ?	1.ከመገናኛ ብዙሀን/ ቴሌቪዥን/ ራዲዮ/ጋዜጣ 2.ከጓደኞቼ እና ሌሎች በሽኞች 3.ከሆስፒታሉ ማስታወቂያዎች 4.ሌሎች ይጥቀሱ		
12.	ዛሬ ለምን አይነት የህክምና አገልግሎት ነው የመጡት?	1.ለቆዳ ህክምና 2.ለአይን ህክምና 3.ለውስጥ ደዌ ህክምና 4.ለአፕሪሽን ቀጠሮ(ለአይን) 5.ሌሎች ይጥቀሱ		
13.	ሆስፒታሉ ህክምና የሚሰጥበትን ክፍሎች የሚገልፁ ግልፅ አቅጣጫ ጠቋሚ ምልክቶች እንዳሉት ይሰማኛል	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም 6. አላስተዋልኩትም		
14.	የሆስፒታሉ ቅጥር ግቢ ፅዱ ነው	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
15.	የሆስፒታሉ ቅጥር ግቢ በድምፅ የማይረብሽ ነው	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
16.	የሆስፒታሉ ቅጥር ግቢ በቂ ቦታ (ያልተጨናነቀ)ነው::	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
17.	በሆስፒታሉ ውስጥ ያለው የታካሚዎች ተራ መጠበቂያ ክፍል ንፁህ፤ ምቹና በቂ ወንበሎች ያሉት ነው::	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
18.	የሆስፒታሉ ካርድ ክፍል ሰራተኞች ጥሩ አቀባበል አድርገውልኛል በተጨማሪም የት መክፈል እንዳለብኝ፣የት ተራዬን መጠበቅ እንዳለብኝ፣የግል ህክምና መመርመሪያ ክፍሎቼ የት እንደሆኑ በአግባቡና ዘዴ በተሞላው መልኩ ነግረውኛል::	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		

19.	በሆስፒታሉ የግል ህክምና ክፍል ያሉት ነርሶች አክብሮትና በትህትና አስተናግደውኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
20.	ነርሶች ወደ ሀኪሙ ከመግባቱ በፊት ምን ማድረግ እንዳለብኝ አብራርተውልኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
21.	በሆስፒታሉ የግል ህክምና ክፍል በምገለገልበት ጊዜ የምፈልገውን የህክምና እስፔሻሊስት ሀኪም በቀላሉና በምርመራ ማግኘት ችያለሁ።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
22.	በሆስፒታሉ የመመርመሪያ ክፍሎች ውስጥ ለህክምና የሚረዱ የተሟሉ መሳሪያዎች ንጥህናቸውን በጠበቀ መልኩ እንዳሉ አስባለሁ።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
23.	በሆስፒታሉ የግል ህክምና ክፍል ያሉ ሀኪሞች አክብሮትና በትህትና አስተናግደውኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
24.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም (ትኩረቱን /ፍርሀቴንና ችግሮቼን) በአግባቡ እንዳዳመጠኝ ይሰማኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
25.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም የህክምና ቃላቶችን ትርጓሜዎቹን ሳያስረዳኝ አልተጠቀመም።	1. አዎ 2. አይመስለኝም 3. እርግጠኝ አይደለሁም።		
26.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም የህክምና ምርመራዎችን ምክንያት በአግባቡ ነግሮኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
27.	በሆስፒታሉ የግል ህክምና ክፍል አገልግሎት ሲያገኙ ጥያቄዎችን ለመጠየቅና በህክምናው እንዲሳተፉ እድል የተሰጠኝ ይመስለኛል።	1. አዎ 2. አይመስለኝም 3. እርግጠኝ አይደለሁም።		
28.	ሀኪሞቹ በህክምና በጣም የሰለጠኑና ብቃት ያላቸው ናቸው።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
29.	በሆስፒታሉ የግል የህክምና ክፍል ያሉት ሀኪሞች ለአላስፈላጊ ስጋትና ወጪ እንደማይዳርጉኝ ይሰማኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		

30.	በሆስፒታሉ የግል የህክምና ክፍል አገልግሎት ሳገኝ ሀኪሞች ስለ በሽታዬ ሁኔታ፣ህመምን እንዴት ማጥፋት እንደምችል እና ጤነኛ ሆኜ ለመቆየት የሚረዱ መንገዶችን መከረውኛል።	1. አዎ 2. አልመከሩኝም 3. እርግጠኝ አይደለሁም		
31.	በሆስፒታሉ የግል የህክምና ክፍል አገልግሎት ሳገኝ ያሉት ነርሶች ሙያዊ ብቃት ያላቸው የህክምና እቃዎችን ሲጠቀሙ በጥንቃቄና የህክምና እርዳታ ሲያደርጉ ጥበብ በተሞላው መልኩ እንደሆነ ይስማኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
32.	በሆስፒታሉ የግል የህክምና ክፍል የህክምና አገልግሎት በምትገኝበት ጊዜ በሀኪሞች ና የነርሶች አሳስፈላጊ የአካል መጋለጦችን ወይም መራቆትን እንዳይኖር ትኩረት የሰጡ ይመስሉታል?	1. አዎ 2.አይመስለኝም 3.እርግጠኛ አይደለሁም		
33.	በሆስፒታሉ የግል የህክምና ክፍል አገልግሎት ሳገኝ ሀኪሞች በቂ የሆነ ጊዜ ከኔ ጋር አሳልፈዋል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
34.	የሆስፒታሉ የግል የህክምና ክፍል የሰራ ሰአት ለኔ ምቹ ነው።	1. አዎ 2. አይደለም		
35.	የህክምና ካርድ ካወጡ በሃላ በህክምና ባለሙያ ለመታየት ምን ያህል ጊዜ ጠብቀዋል/ቆይተዋል?	1. ምንም አልጠበኩም 2. ከግማሽ ሰአት በታች 3. ከግማሽ ሰአት እስከ አንድ ሰአት 4. አንድ ሰአትና ከዚያ በላይ 5. አላውቅም		
36.	በህክምና ባለሙያ ለመታየት በቆዩበት ሰአት ረክተዋል?	1. አዎ 2. አልረካሁም 3. እርግጠኝ አይደለሁም		
37.	የላቦራቶሪ ውጤት ለማግኘት ምን ያህል ጊዜ ጠብቀዋል?	1.ከአንድ ሰአት በታች 2.ከአንድ እስከ ሁለት ሰአት 3.ከሁለት እስከ አራት ሰአት 4.ከአራት ሰአት በላይ 5.አላውቀውም 6.ወደ ላብራቶሪ አልሄድኩም		ወደ 40ኛ ጥያቄ ይሂዱ
38.	የላቦራቶሪ አገልግሎት ለማግኘት በቆዩበት ሰአት ረክተዋል?	1. አዎ 2. አልረካሁም 3. እርግጠኝ አይደለሁም		
39.	ላብራቶሪ ውስጥ ባገኙት አገልግሎት ተደስተዋል	1.በጣም እስማማለሁ 2.እስማማለሁ 3. እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
40.	የታዘዘሎትን መድሀኒት ለማግኘት ምን ያህል ጊዜ ቆዩ?	1. ምንም አልቆየሁም 2.ግማሽ ሰአት 3.ከአንድ ሰአት በላይ 4. አላወኩም		

41.	በመድሀኒት ቤቱ አገልግሎት ለማግኘት በቆዩበት ሰዓት ረከተዋል?	1. አዎ 2. አልረከሁም		
42.	ፋርማሲሲቱ ስለታዘዘልህ መድሀኒት ገለፃ አድርገውልህል?	1. አዎ 2. አላደረጉልኝም		
43.	መድሃኒት ብት ውስጥ ባገኙት አገልግሎት ተደስተዋል	1.በጣም እስማማለሁ 2.እስማማለሁ 3. እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
44.	ለህክምና አገልግት ለማግኘት የከፈልከው ክፍያ ተመጣጣኝ ነው።	1.በጣም እስማማለሁ 2.እስማማለሁ 3. እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
45.	ሁሉም ነገር የህክምና አገልግሎቱን በተመለከተ አርኪ ነው።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም		
46.	ወደፊት ለመታከም ቢፈልጉ የሆስፒታሉን የግል ህክምናን ክፍልን ይጠቀማሉ?	1. አዎ 2. አልጠቀምም 3. እርግጠኛ አይደለሁም		
47.	የሆስፒታሉን የግል ህክምና ክፍል ለሌላ ሰዎች/ለጓደኛ/ለቤተሰብ እንዲመጡ ያበረታታሉ?	1. አዎ 2. አላበረታታም 3. እርግጠኛ አይደለሁም		
48.	ከ 0-10 ባሉት ደረጃዎች ለዚህ የጤና ተቋም የምሰጠው ውጤት እንደሚከተለው ነው	0 1 2 3 4 5 6 7 8 9 10 እጅግ ዝቅተኛ..... እጅግ ከፍተኛ		

Annex 5. Qualitative questions

5.1. In-depth Interview Guiding Questions

InterviewerStart time: - Date:

Socio-demographic characteristics of the patient

- Code No. _____
- Age (years) _____ Sex _____
- Educational status _____ Hospital department _____

Theme 1: past experience of patients

- How do you reflect on your past experience of the private wing service?

[probe: did you use the service before this visit, comparison with the current service...]

Theme 2: General amenities of the private wing

- How would you describe your overall satisfaction with the care and services provided in the private wing?

[probe: can you discuss any specific areas in which you have expressed satisfaction or dissatisfaction?]

Theme 3: provision of information

- What do you comment on the information provision & communication process of the private wing in general?

[Probe: understandable, frequent...]

Theme 4: Availability and provision of services

- How would you describe the service provision of the private wing?

[Probe: Laboratory services (availability, test needed, cost), Pharmaceutical services (Availability, required drugs, cost...)]

Theme 5: Factors contributing to dissatisfaction with the private wing service

- What do you think contributes to dissatisfaction with patients at the private wing service?

[Probe: Reception, service provision, communication, cost...]

Finally, would you please mention other comments or suggestions to improve the private wing of the Hospital?