

## Research Article

# Level of Clients' Satisfaction and Associated Factors with the Service of Out-Patient Department in Dilla University Referral Hospital, Southern Ethiopia, 2021

Dersolign Melesse,<sup>1</sup> Mehret Tesfu ,<sup>2</sup> and Bahiru Mantefard<sup>1</sup>

<sup>1</sup>Dilla University Health Science College, School of Medicine, Dilla, Ethiopia

<sup>2</sup>Dilla University Health Science College, School of Public Health, Dilla, Ethiopia

Correspondence should be addressed to Mehret Tesfu; [mercytes3@gmail.com](mailto:mercytes3@gmail.com)

Received 22 December 2021; Revised 18 April 2022; Accepted 20 May 2022; Published 14 June 2022

Academic Editor: Jianrong Zhang

Copyright © 2022 Dersolign Melesse et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Background.** Client satisfaction with seeking healthcare is generally regarded as one of the core outcomes of the health system. Various efforts are underway to provide hospitals with the necessary manpower, medical equipment, and other services to suit the demands of their patients. The goal of this study was to determine the level of client satisfaction with outpatient department services and the factors that influence it at Dilla Referral Hospital in Ethiopia. **Methodology.** A cross-sectional investigation was undertaken in a hospital setting. An interviewer-administered quantitative data were collected on socio demographic characteristics of respondents and their satisfaction level with the different components of the outpatient services. SPSS version 20 was used to conduct the analysis. The connection between independent and dependent variables was evaluated using bivariate analysis ( $p < 0.05$ ). To discover the determinants of client satisfaction and control confounding, multivariate logistic regression was performed ( $p \leq 0.05$ ). **Result.** The study enrolled a total of 419 individuals, with a response rate of 98.3%. Overall, 52.2 percent of clients were satisfied with the health services provided by the hospitals' outpatient departments. Client satisfaction was significantly predicted by the cleanliness of the consultation room (AOR = 2.05, 95% CI: 1.06–3.95), payment status (AOR = 1.68, 95% CI: 1.08–2.63), and telling clients about the etiology of sickness (AOR = 0.55, 95% CI: 0.34–0.87). **Conclusion.** The general satisfaction of outpatients with Dilla referral hospital's OPD clinics healthcare services was low. The cleanliness of the consultation room, payment status, and readiness to suggest the service to others were all linked to a positive outcome.

## 1. Introduction

The level of client satisfaction is one of the most important factors in determining the quality of healthcare services [1].

Client satisfaction is a multifaceted healthcare issue that is influenced by what clients expect from a service and the service provider's experience. Client expectations about the quality of care are also linked to the perceptions of care, and when patients have favorable impressions, their clinical experience and outcomes are more likely to be positive [2].

Understanding how consumers feel about the healthcare and treatment they have received is crucial to improving the service's quality [3]. In general, the outpatient department accounts for the majority of healthcare delivery sites because

it is the point of first contact between the hospital and the community, as well as the hospital's shop window. As a result, the clients in outpatient department clinics face a variety of issues, such as overcrowding, consultation delays, a lack of proper guidance, and so on, leading to client dissatisfaction [4].

According to a survey conducted in various countries' public tertiary hospitals, the levels of client satisfaction with health care varied. Client satisfaction with services provided from Nigeria [5], Bangladesh [6], and rural India [7] was reported to be 78.5%, 68.9%, and 89.1%, respectively, in a study. A similar study was carried out on the outpatient performance of teaching hospitals in Ethiopia, including the University of Gondar teaching hospital [8], Jimma university

referral hospital, [9] and Wolaita Sodo university teaching hospital [10], which revealed satisfaction rates of 22.0%, 57.1%, and 54.2%, respectively.

The Ethiopian government has implemented various methods to improve the quality of health care service delivery, such as the health system improvement program. Yet, client dissatisfaction remains high, ranging from 22% to 80.1% [3, 11]. It is because of the fact that Ethiopia's and most developing countries' healthcare systems are severely lacking in terms of financing, efficiency, equity, and quality, and they are ill-prepared to face these issues [12]. Client perceptions of healthcare systems appear to have been largely ignored by healthcare managers in developing countries, and clinicians lack awareness and adequate training to address patients' expectations [13]. As a result, the purpose of this study was to assess the level of client satisfaction with outpatient health services and factors associated with it at Dilla University Teaching Hospital. As a result, this research can help to provide stakeholders with evidence-based information that can be used to improve hospital quality.

## 2. Methods and Materials

**2.1. Study Area.** The study was conducted in Dilla university referral hospital, which is found in Dilla town Gedeo zone, South Nations Nationalities, and Peoples Region (SNNPR), Ethiopia. It is located about 360 km South of Addis Ababa and 95 km from Hawassa (the administration center of SNNPR). Dilla university referral hospital (DURH) is established in 1977 E.C/1985 G.C as a zonal hospital in Gedeo zone with the former name of Dilla Hospital until June 11/2001 E.C, which was changed to DURH. The hospital gives healthcare service for around 5 million peoples in Gedeo zone and neighboring Oromia region districts. It is a referral center for surrounding primary hospitals and health centers and is also open 24 hours for emergency services. The hospital has six main departments (medical, surgical, orthopedic, pediatrics, gynecology/obstetric, and psychiatry wards), three special care units (medical intensive care unit, neonatal intensive care unit and surgical recovery room), and four clinics (eye, antiretroviral treatment, dental, and dermatology).

**2.2. Study Design and Period.** Institutional-based cross-sectional study was conducted from June 7/2021–July 7/2021.

The source population will include all clients who visited the hospitals for outpatient health services between June 7, 2021, and July 7, 2021, including guardians for minors who are unable to provide information independently.

Clients who visited the outpatient departments of Dilla university referral hospital in Southern Ethiopia during the study period were the study population, which was chosen using a systematic random sampling technique (using clients medical record ID numbers from the registration (log) book as the sampling frame).

### 2.3. Inclusion and Exclusion Criteria

#### 2.3.1. Inclusion Criteria

- (i). All clients of all ages (for children with their attendants) who were presented to OPDs to get health services were included in the study.

#### 2.3.2. Exclusion Criteria

- (i). Very seriously ill clients who did not have somebody to accompany them.
- (ii). Clients came for the second time during the study period.

**2.4. Sample Size.** The sample size was estimated using the single population proportion calculation with the following assumptions: 54.2 percent [10], ( $Z/2 = 1.96$ ), 5% margin of error at 95 percent confidence level, and 10% nonresponse rate. A total of 419 people were included in the study.

**2.5. Sampling Technique.** The average number of client flow in the total OPD in the same month of the previous year (2020) and the month prior to the actual data collection period (2021), which was taken from the log book at each OPD as the baseline for estimating OPDs client flow, was used to determine proportionate allocation. Then, to choose respondents, a systematic random selection procedure using clients' medical record ID numbers was used.

The sampling interval ( $k$  value) was calculated by dividing the source population (which will be derived from the average number of client flows in the total OPD in the same month of the previous year (2020) and the month prior to the actual data collection period (2021) by the total sample size (419), and it was found to be seven. This period was used to choose study subjects in every OPD. The first client was chosen at random from the OPD service users (by lottery method).

**2.6. Data Collection.** The exit interviews of clients were conducted in confidential rooms using a structured and pretested questionnaire. The questionnaire was developed for the purpose of data collection after reviewing relevant literature. The questionnaire was modified from related literature [3, 9, 10] with minor changes to fit the study's objectives. The questionnaire in the beginning was prepared in English and then translated into Amharic and back to English to ensure consistency, however, it was finally administered in Amharic, the common language. It was an interviewer-administered structured questionnaire. The questionnaire was designed to obtain information on socio demographic characteristics of respondents (9 items) and their satisfaction level with the different components of the outpatient services. Client satisfaction is a collective outcome of different kinds of services provided in the hospital. In this study, it was measured using 17-item questions, which is composed of three dimensions. Service utilization, patient and healthcare provider interaction, and facility-

related information were the three different dimensions assessed.

Overall patient satisfaction is measured using five items in the questionnaire. Each item has a 5-point Likert scale, ranging from 1 (very dissatisfied) to 5 (very satisfied).

## 2.7. Variables

2.7.1. *Dependent Variables.* Level of client's satisfaction.

2.7.2. *Independent Variables*

- (i). Patient satisfaction is influenced by sociodemographic parameters, such as age, educational status, income, payment, marital status, occupation, and residence/address.
- (ii). Patient and healthcare provider interaction (provision of information, interview by their own language, clarity of instruction for investigations and prescriptions, courtesy of healthcare providers, and maintenance of privacy and confidentiality)
- (iii). Institutional aspects and pattern of visit (waiting and exam room cleanliness, registration process, waiting and walking time, and service availability) (ordered laboratory, X-ray, drugs, and supplies in the hospital).

2.8. *Operational Definition.* The level of patient satisfaction: all five measuring items in the scale to measure satisfaction together yield a maximum score of 25 and a minimum score of 5. Satisfaction level was measured by the responses for every five items summed and transformed to give an individual level satisfaction score from 0 to 100 percentage for each item used as percentage mean score.

Overall satisfaction level: 75% and above response rate of the five satisfaction measuring items was categorized as "satisfied," and those who were satisfied in less than 75% of the five satisfaction measuring items were categorized as "dissatisfied" [14].

This cut point was taken because the satisfaction measuring questions were expected to be answered by majority of respondents.

2.9. *Quality Assurance Techniques.* Then, for ease of communication during the interview, English questionnaires were translated into Amharic (common language). The questionnaire was pretested in 5% (21 participants) of the total sample size, and it was not included in the study. Based on the results, suitable changes were made, such as unclear items being adjusted to be simple and clear. At the end of each data collecting day, the lead investigator evaluated all of the obtained data for completeness, accuracy, clarity, and consistency of the questionnaire. Any errors discovered during data entry were addressed after the original questionnaire was revised.

2.10. *Data Management and Analysis.* SPSS version 20 statistical package was used to check for mistakes, recode, enter, and analyze the acquired data. To summarize the data, descriptive statistics, such as frequencies, and cross-tabulation, such as percentages, were utilized first. Bivariate logistic regression analysis was done, variables with  $p$ -value less than 0.25 were included in multivariable logistic regressions analysis, and  $p$  value less than or equal 0.05 was used as a measure of statistical significance. Finally, the findings were presented in the form of text, tables, and graphs.

2.11. *Ethical Considerations.* The school of medical and public health provided ethical approval. Before the actual data collection, a copy of the letter was sent to the hospital's responsible organizations, and authorization was gained. After the goal of the study was presented to the clients, verbal informed consent was taken from them. They would also be advised that the information they provided would not be shared with any third parties. The study did not use anyone's name or any other identifying information.

## 3. Results

3.1. *Sociodemographic Characteristics of Respondents.* The study enrolled 419 participants, with a response rate of 98.3%. The age of 31.8% of clients was in the range of 28 to 37 years, of which, 237 (57.5%) were men. Regarding their educational status, 108 (26.2%) were unable to read and write. From the total number of participants, 118 (28.6%) worked as farmers. More than half of the respondents (56.5%) were from urban area (Table 1).

3.2. *Institutional Aspects and Pattern of Visit.* 141 (34.1%) of the total respondents had only visited the facility once. When asked why they came, 298 (72.3%) said it was because they were sick. Nearly one third of the clients, 149 (33.7 percent), did not pay for the services and received them for free.

399 clients (96.4%) received a prescription paper for drugs and supplies out of the total responses.

Some of the prescribed drugs were obtained from the hospital's pharmacy by 257 (62.4 percent) of those with a prescription. Concerning the cleanliness of the waiting area and consultation room, 49.3% and 88.6% of respondents said they were clean, respectively (Table 2).

3.3. *Interaction with the Healthcare Provider.* More than two-thirds of the respondents (68.7%) said the provider told them the name and cause of their sickness and more than half (51%) said they were given information on how to prevent the condition from recurring (Table 3).

3.4. *Levels of Client Satisfaction with Different Components of Health Service Provision.* Of the total number of participants, 286 (69.4%) said that they were satisfied with the time it took to see a health worker. On other hand, 285 (69.2) were

TABLE 1: Sociodemographic characteristics of clients in the outpatient department of DURH, SNNPR, Ethiopia, 2021 ( $n = 412$ ).

Socio demographic variables	Category	Frequency	Percentage
Sex	Male	237	57.5
	Female	175	42.5
Age in year	18–27	128	31.1
	28–37	131	31.8
	38–47	82	19.9
	Single	112	27.2
Marital status	Married	254	61.7
	Divorced	31	7.5
	Widowed	15	3.6
	Unable to read and write	97	23.5
Educational status	Able to read and write	87	21.1
	Primary	107	26.0
	Secondary	74	18
	Diploma and above	47	11.4
Occupational status	Governmental employee	46	11.2
	Merchant	105	25.5
	Farmer	118	28.6
	Student	65	15.8
	House wife	74	18.0
Address	Other*	4	1.0
	Urban	178	43.2
	Rural	234	56.8
	Protestant	200	48.5
Religion	Catholic	62	15
	Orthodox	108	26.2
	Muslim	38	9.2
	Other**	4	1.0
	Gedio	215	52.2
Ethnicity	Sidama	72	17.5
	Oromo	79	19.2
	Gurage	22	5.3
	Amhara	21	5.1
	Other***	3	0.7
Family monthly income	Less than 500	81	19.7
	500–1000	141	32.2
	Greater than 1000–1500	94	22.8
	Greater than 1500	96	23.3

Other\*motorcycle driver, other \*\* Waqefeta and no religion, other \*\*\* Wolayita, Hadiya.

satisfied with provider-related characteristics (courtesy and respect of healthcare providers). Most of (69.7%) the clients gave the clarity of the service provider's instructions on investigations/prescriptions a higher satisfaction rating (Table 4).

In this study, the overall client's satisfaction in outpatient service of DURH was 52.2% as shown below (Figure 1).

**3.5. Factors Associated with Clients' Satisfaction.** In binary logistic regression, eight variables were identified at  $p$ -value less than 0.25 to be fitted for multivariable logistics regression. These variables were educational status, address, payment status, travel time, information on name and cause of illness, drug and supplement order, cleanliness of the consultation room, and recommendation of the service. In multivariable logistic regression, cleanliness of the consultation room, willingness to recommend the service to others, information on the name and cause of illness, and payment

status were the statistically significant predictors of client satisfaction.

As a result, clients who thought the consultation room was clean were 2.05 times (95% CI: 1.06–3.95) more satisfied than those who thought the consultation room was dirty. Clients who are ready to recommend the service to others are 2.03 times (95% CI: 1.32–3.11) more satisfied than those who do not recommend the service to others. Clients who did not pay for health services were 1.68 times (95% CI: 1.08–2.63) satisfied than those who paid. Clients who were informed of the name and cause of their sickness were 2.01 times (95% CI: 1.45–2.05) more satisfied than those who were not informed of the name and cause of their illness (Table 5).

## 4. Discussion

Our study finding shows that the overall patient satisfaction rate is 52.2%. This level of satisfaction is low when compared to the results of studies conducted in Hawassa University

TABLE 2: Institutional aspects and patterns of visit among clients in the outpatient department of DURH, Ethiopia, 2021 ( $n = 412$ ).

Variables	Characteristics	Frequency	Percentage
Reason for visit	Illness	298	72.3
	Follow-up	30	7.3
	Screening	84	20.4
Frequency of visit within the last 12 months	First visit	141	34.2
	Second visit	117	28.4
	Third visit	90	21.8
	≥ Fourth visit	64	15.5
Payment status	Paying	273	66.3
	Free	149	33.7
Travel time in hour	Less than 1 hour	196	47.6
	Greater than 1 hour	216	52.4
Registration process was done timely	Yes	239	58
	No	173	42
Laboratory test ordered	Yes	279	67.7
	No	173	32.3
Availability of ordered procedure	Not ordered	133	32.3
	Yes all	201	48.8
	Some available	73	17.7
Were drugs and supplies ordered	None of them	5	1.2
	Yes	396	96.1
	No	16	3.9
Availability of prescribed drugs	Not ordered	16	3.9
	Yes all	136	33.6
	Some available	257	33.6
Cleanliness of waiting area	None of them	3	0.7
	Yes	203	49.3
	No	209	50.7
Cleanliness of consultation room	Yes	365	88.5
	No	47	11.4
Would you recommend the service to others	Yes	261	63.3
	No	151	36.7
Satisfaction by the overall waiting time to get the service and get back.	Yes	119	28.9

TABLE 3: Perceived client and provider interaction of OPD service at DURH, Ethiopia, 2021 ( $n = 412$ ).

Variable	Characteristics	Frequency	Percentage
Consultation duration about illness by doctor (in minutes)	Less than five	181	43.9
	Greater than five	231	56.1
Providers told the name and the cause of your illness	Yes	293	71.1
	No	119	28.9
Providers told you how to prevent recurrence of your illness	Yes	210	51
	No	202	49
Interviewed by the language you understand	Yes	396	96.1
	No	16	3.9

TABLE 4: Level of client satisfaction with different component of health service provider at the OPD of DURH, Ethiopia, 2021 ( $n = 412$ ).

Characteristics	Highly dissatisfied $N$ (%)	Dissatisfied $N$ (%)	Neutral $N$ (%)	Satisfied $N$ (%)	Highly satisfied $N$ (%)
Satisfaction with the waiting time to be seen by the health worker	12 (2.9)	56 (13.9)	10 (2.4)	286 (69.4)	48 (11.7)
Courtesy & respect of health worker	14 (3.4)	38 (9.2)	40 (9.7)	285 (69.2)	35 (8.5)
Privacy of the rooms and comfort during your examination	20 (4.9)	58 (14.1)	30 (7.3)	272 (66)	32 (7.8)
Clarity of instructions given by the service provider on investigations/ prescriptions	14 (3.4)	69 (16.7)	17 (4.1)	287 (69.7)	25 (6.1)
Overall level of satisfaction regarding the delivery of health service	12 (2.9)	60 (14.9)	11 (2.7)	296 (71.8)	33 (8)

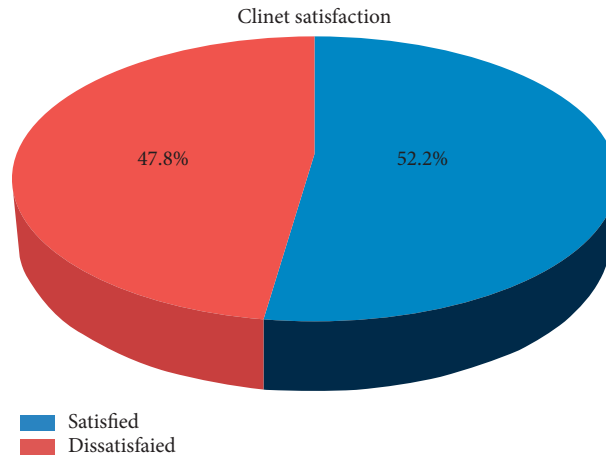


FIGURE 1: Overall client satisfaction in outpatient service of DURH, South Ethiopia, 2021 ( $n = 412$ ).

TABLE 5: Predictors of client satisfaction in the OPD of DURH, Ethiopia, 2021 ( $n = 412$ ).

Explanatory variables	Patient satisfaction		COR (95% CI)	AOR (95% CI)	P Value
	Satisfied N%	Dissatisfied N%			
<b>Educational status</b>					
Unable to read and write	48 (22.3%)	49 (24.9%)	0.93 (0.46–1.88)	1.06 (0.53–2.13)	0.63
Able to read and write	35 (16.3%)	52 (26.4%)	0.64 (0.31–1.31)	1.55 (0.75–3.16)	0.66
Primary	65 (30.2%)	42 (21.3%)	1.48 (0.74–2.96)	0.67 (0.33–1.34)	0.06
Secondary	43 (20%)	31 (15.7%)	1.32 (0.63–2.77)	0.75 (0.36–1.56)	0.23
Diploma and above	24 (11.2%)	23 (11.7%)	1	1	
<b>Address</b>					
Urban	99 (46%)	116 (40.1%)	1.27 (0.86–1.88)	1.10 (0.69–1.76)	0.66
Rural	79 (54%)	118 (59.9%)	1	1	
<b>Payment status</b>					
Free	151 (70.2%)	122 (61.9%)	1.45 (0.96–2.18)	1.68 (1.08–2.63)	0.03
Paying	64 (29.8%)	75 (38.1%)	1	1	
<b>Travel time in hour</b>					
Less than 1 hour	110 (51.2%)	86 (43.7)	1.35 (0.91–1.99)	1.44 (0.94–2.20)	0.09
Greater than 1 hour	105 (48.8%)	111 (56.3)	1	1	
<b>Information on name and cause of your illness</b>					
Yes	158 (69%)	149 (75.5%)	0.6 (0.42–1.00)	2.01 (0.34–0.87)	0.01
No	54 (31%)	48 (24.4%)	1	1	
<b>Drugs and supplies ordered</b>					
Yes	270 (96.3%)	190 (96.4%)	0.95 (0.33–2.67)	1.01 (0.32–3.13)	0.97
No	8 (3.7%)	7 (3.6%)	1	1	
<b>Cleanliness of consultation room</b>					
Yes	197 (91.6%)	168 (85.3%)	1.88 (1.01–3.52)	2.05 (1.06–3.95)	0.03
No	18 (8.4%)	29 (14.7%)	1	1	
<b>Would you recommend the service for others</b>					
Yes	152 (70.7%)	109 (55.3%)	1.94 (1.29–2.92)	2.03 (1.32–3.11)	0.00
No	63 (29.3%)	88 (44.7%)	1	1	

Teaching Hospital, Jimma University Specialized Hospital, Amhara Region Referral Hospital, and Health Centers, which showed 80.1%, 77%, 61.9%, and 62.6%, respectively [10, 11, 15, 16]. The difference could be because of the fact that specialized teaching hospitals are better equipped and have a greater diversity of health professionals, better diagnostic facilities, health service infrastructures, and service providers of various levels who are expected to demonstrate the standard way of patient examination, resulting in a higher overall satisfaction level.

It is low when compared to a survey conducted in a Nigerian public tertiary hospital, which found that 78.5% of patients were satisfied with hospital services [5]. It could be because of the differences in setup and the client's perception of the service, as well as societal and cultural issues.

The other finding of the study shows that 91.6% of respondents said the consultation room was clean. This level of satisfaction with the cleanliness of the facilities is comparable to the 90% satisfaction found in research done at Wolaita Sodo University Teaching Hospital [10]. It is low when

compared to the findings of a study conducted at Wolkite University Hospital, which revealed that the cleanliness of consultation rooms was approximately 98.3% [14].

Payment status is another predictor of clients' satisfaction in this study, as nonpaying (free) for health care service respondents are more satisfied than paying respondents. It may be related to the fact that their expectation of the services may rise when they incur certain costs to the services. This finding is in agreement with the studies conducted that when people acquire health insurance, their expectations for services rise. This conclusion is supported by research conducted at Wolaita Sodo University teaching hospital [10].

Another aspect of client satisfaction is the likelihood of recommending the service to others. According to the findings of this study, 70.7 5% of respondents are satisfied with their desire to suggest the service to others, compared to those who do not. It is low when compared to that in the research conducted in a Nigerian public tertiary hospital, which found that 91.7% of respondents would suggest the hospital to a friend [5].

The disparity could be attributable to the type of service provided or the difference in hospital and setting facilities.

In this study, providing information about the name and cause of their sickness had a detrimental impact on patient satisfaction. According to the findings of this study, 69% of patients were told about their illness's name and causes. It is higher than that in research done in basic healthcare clinics in central Ethiopia, which found that 62.6% of patients were unaware of the source of their sickness [16]. This disparity could be related to the differences in setup and resources between referral hospitals and health centers.

**4.1. Limitations of the Study.** Because the respondents were questioned in the hospital compound, the results of this study may be prone to social desirability bias. Furthermore, patients may experience a brief period of satisfaction following their consultation, which is followed by a period of dissatisfaction.

## 5. Conclusion

Outpatients' overall satisfaction with DURH's OPD clinics' healthcare services was low. Patient satisfaction was positively associated with cleanliness of the consultation room and payment status, desire to suggest the service to others, as well as information supplied on the name and etiology of their ailment.

## Data Availability

Data used are available upon reasonable request to the corresponding author.

## Ethical Approval

The Dilla University Ethical Review Board provided ethical clearance and a permission letter.

## Consent

Participants were given written informed consent. The confidentiality of the information provided by respondents was ensured.

## Conflicts of Interest

The authors declare that they have no conflicts of interest.

## Authors' Contributions

Dersolign Melesse was involved in the conceptualization, design, analysis, interpretation, and writing of the report and manuscript. Bahiru Mantefardo and Mehret Tesfu were also involved in the design, analysis, and interpretation of the data, as well as the manuscript authoring. The final manuscript was read and approved by all the authors.

## Acknowledgments

Firstly, the authors want to express their gratitude to the Dilla University College of Medicine and Health Science's Department of Public Health for providing them with this opportunity. The authors also like to express their gratitude to all of the study participants for their openness, honesty, and time.

## References

- [1] Y. H. Aldebasi and M. I. Ahmed, "Patients' satisfaction with medical services in the Qassim area," *Journal of Clinical and Diagnostic Research*, vol. 5, no. 4, pp. 813–817, 2011.
- [2] A. Naidu, "Factors affecting patient satisfaction and health-care quality," *International Journal of Health Care Quality Assurance*, vol. 22, no. 4, pp. 366–381, 2009.
- [3] R. Mezemir, D. Getachew, and M. Gebreslassie, *Patients' Satisfaction and its Determinants in Outpatient*, Department of Debere Birhan Referral Hospital, North Shoa, Ethiopia, 2014.
- [4] "Ethiopian hospital reform implementation guideline," 2010, <https://www.scribd.com/document/358431689/Ethiopian-Hospital-Reform-Implementation-Guideline-PDF>.
- [5] A. O. Adekanye, S. A. Adefemi, A. G. Okuku, K. A. Onawola, I. T. Adeleke, and J. A. James, "Patients' satisfaction with the health care services at a north central Nigerian tertiary hospital," *Nigerian Journal of Medicine*, vol. 218–224, 2013.
- [6] J. Mendoza Aldana, H. Piechulek, and A. al-Sabir, "Client satisfaction and quality of health care in rural Bangladesh," *Bulletin of the World Health Organization*, vol. 512–517, 2014.
- [7] A. Jain, N. Mishra, and C. M. Pandey, "An assessment of patients satisfaction with services obtained from a tertiary care hospital in rural Haryana," *International Journal of Collaborative Research on Internal Medicine & Public Health*, vol. 4, no. 8, 2012.
- [8] M. Dagne and D. Zakus, "Community perception on OPD performance of a teaching hospital in Gondar town," *Ethiopian Journal of Health Sciences*, vol. 153–160, 2015.
- [9] I. Olijera, "Satisfaction with outpatient health services at Jimma hospital, south west Ethiopia," *Ethiopian Journal of Health Development*, vol. 179–184, 2011.
- [10] G. Getu, "Patients' satisfaction and associated factors among outpatient department at Wolaita Sodo university teaching

- hospital, southern Ethiopia,” *Science Journal of Clinical Medicine*, vol. 109-116, 2015.
- [11] A. Anteneh, K. Andargachew, and D. Muluken, “Patient satisfaction with outpatient health services in Hawassa university teaching hospital, southern Ethiopia,” *Journal of Public Health and Epidemiology*, vol. 6, no. 2, pp. 101–110, 2014.
- [12] A. Peter, “Decade of health sector reform in developing countries international,” *pub med*, vol. 12–18, 2013.
- [13] R. Rozenblum, M. Lisby, P.M. Hockey et al., “Uncovering the blind spot of patient satisfaction: an international survey,” *BMJ Quality and Safety*, vol. 20, no. 11, pp. 959–965, 2011.
- [14] A. Tayelgn, D. T. Zegeye, and Y. Kebede, “Mothers’ satisfaction with referral hospital delivery service in Amhara region, Ethiopia,” *BMC Pregnancy and Childbirth*, vol. 11, no. 1, p. 78, 2011.
- [15] A. Fekadu, M. Andualem, and H.M. Yohannes, “Assessment of clients’ satisfaction with health service deliveries at Jimma university specialized hospital,” *Ethiopian Journal of Health Sciences*, vol. 21, no. 2, 2011.
- [16] M. Dereje and G. Tadiwos, “Patient satisfaction and associated factors with services in Wolkite hospital,” *International Journal of Public Health Science*, vol. 8, 2019.