

Assessment of the Level of Outpatient Satisfaction and Factors Associated with it among Clients of Adare General Hospital, Hawassa, Southern Ethiopia, 2019

Eleni Tesfaye Tegegne¹, Mekibib Kassa Tessema² and Kaleab Tesfaye Tegegne^{3*}

¹*School of Nursing College of Medicine and Health Sciences, University of Gondar, Gondar, Ethiopia*

²*Leishmania Research and Treatment Center, University of Gondar, Gondar, Ethiopia*

³*Department of Public Health, Hawassa College of Health Science, Hawassa, Ethiopia*

Correspondence should be addressed to Kaleab Tesfaye Tegegne, kaleabtesfaye35@gmail.com

Received: August 02, 2020; Accepted: August 20, 2020; Published: August 27, 2020

ABSTRACT

BACKGROUND

Outpatient satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. It is the psychological state that results from confirmation or disconfirmation of expectations with reality. Client satisfaction with treatment process may be both influences and be influenced by treatment outcomes. Clients who are not satisfied with a service may have worse outcomes than others. Because, they miss more appointments, leave against advice or fail to follow on treatment plans.

This study aims to assess the level of out patient satisfaction and factors associated with it among clients in Adare General Hospital, Hawassa, southern Ethiopia, 2019.

METHODS

Institution based cross sectional study was conducted from February 20 to May 28. The sample size was 342 patients Patients whose age ≥ 18 years , visited the Hospital in the study period and selected by systematic simple random sampling was included in the study. Data were collected using pretested standard questionnaires Data entry and analysis was performed by using SPSS version 16 software. Descriptive statistics were employed to show the distribution of socio-demographic characteristics.

RESULTS

There were 342 clients enrolled in the study. Distance with a range of 1 hour to 4 hours. Out of the total 56.4% were males, 30.7% 50 years - 59 years old, 22.8% were illiterates and, 54.5% were married, 37.2% unmarried and the rest divorced and widowed. Most of the clients, 68.4% were farmers, 12.6% were merchant, 10.3% were governmental employee, 79% of the

Citation: Eleni Tesfaye Tegegne, Assessment of the Level of Outpatient Satisfaction and Factors Associated with it among Clients of Adare General Hospital, Hawassa, Southern Ethiopia, 2019. J Clin Cases Rep 5(1): 1-11.

2582-0435/© 2022 The Authors. Published by TRIDHA Scholars.

clients came from the rural areas and, 83.2% were repeat visitors, 81.3% came because of illnesses, 61.6% were clients paid themselves and the rest clients 38.4% were non paying themselves.

CONCLUSION

Levels of patient satisfaction and experiences at Adare General Hospital were higher in rural than in urban areas. Many clients were found to be dissatisfied with the services of the outpatient departments of the Adare General Hospital. Dissatisfaction was associated with the lack of drugs and supplies, long waiting time, and inadequate information provision like that of the factors identified during the exit interview.

KEYWORDS

Level of outpatient satisfaction; Ethiopia

ABBREVIATIONS

MCH: Mother Child Health; MW: Medical Ward; OPD: Out Patient Department; PS: Patient Satisfaction; PSQ: Patient Satisfaction Questionnaire; SW: Surgical Ward

INTRODUCTION

Outpatient Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations. It is the psychological state that results from confirmation or disconfirmation of expectations with reality [1]. Patients' satisfaction is a healthcare recipient's reaction to salient aspects of the contexts, process, and result of their service experience [2]. Client satisfaction with treatment process may be both influences and be influenced by treatment outcomes. Clients who are not satisfied with a service may have worse outcomes than others. Because, they miss more appointments, leave against advice or fail to follow on treatment plans [3]. Service is generally any activity undertaken to meet social needs. Public service particularly refers to those activities of government institutions aimed at satisfying the needs and ensuring the wellbeing of the society as well as enforcing laws, regulations and directives of the government. Service delivery refers to the systematic arrangement of activities in service giving institutions with the aim of fulfilling the needs and expectations of service users and other stakeholders with optimum use of resources. In short improvement of service delivery means increasing the

cost effectiveness, coverage and impact of services [4]. Patient satisfaction is the fundamental importance as a measure of the quality of care because it gives information on the provider's success in meeting client values and expectations, matters on which the client is the ultimate authority [5]. In recent decades, determining the level of patient satisfaction has been found to be the most useful tool for getting patients' views on how to provide care. Generally, patients are the best source of information on both quality and quantity of health care services provided and patients' views are determining factors in planning and evaluating satisfaction [6].

Healthcare facility performance can be best assessed by measuring the level of patient's satisfaction. Measurement of patients' satisfaction is increasingly playing important role in the growing push towards accountability among health care providers, thus some view it as an established indicator of quality of care [7] and studies have shown that satisfied patients are more likely to comply with prescribed treatment and advice from doctors. In addition, they are also more likely to return for additional care when necessary and maybe more willing to pay for services, thereby increasing revenue [8]; Patient satisfaction is an important outcome

measure for medical services. In addition, data on patient satisfaction are the key indicators for the quality of care and treatment delivered by the physicians, paramedical staff and the hospital as a whole [9]. The study conducted in developing countries including Ethiopia by World Bank showed that the level of patient satisfaction was low [10].

Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care and knowing the predictors of patient satisfaction is very important to provide quality healthcare services and the utilization of health services in public hospitals. Hence, Adare Hospital is undertaking different activities to improve the quality of health care service delivery. But, the level of patient's satisfaction with the Adare Hospital outpatient health care services is not studied so far.

The aim of this study was to measure the level of patients' satisfaction after a visit with outpatient department health services and factors associated with it in Adare General Hospital. Hence, this study provides evidence - based information to improve health service delivery and also, helpful to fill gaps which ultimately contribute to desirable quality of outpatient services in the hospital and enhancing the level of patients' satisfaction.

METHOD

Study Area and Period

The study was conducted at Adare general Hospital in Hawassa city administrative. Hawassa is the regional city of SNNPR and administrative office of Sideman Zone, located 273 km far from the capital city of Ethiopia, Addis Ababa. Adare Hospital, offers different health services for the population of Hawassa and surroundings it. We estimate the number of outpatient service seekers for the previous six consecutive months which were 342 participants selected to the Study conducted from

February 21, 2019 to May 28, 2019 in Adare Hospital, Hawassa, Ethiopia [11].

Study Design

Institution based cross sectional descriptive study was used.

Source and Study Population

Source population

All patients who came to Adare general Hospital to get health services in the outpatient department.

Study population

Clients who came to Hospital during the study period and selected using systematic random sampling technique.

Inclusion and Exclusion Criteria

Inclusion criteria

All clients aged >18 years old.

Exclusion criteria

Very seriously ill patient who was not have somebody to attend them because of the difficulty of interviewed such cases (getting the consent, lack of tolerance the pain or illness).

- Children who are under 18 years and who are alone.
- Cognitive dysfunction or any other inability to finish the interview.

Sample Size Determination and Sampling Procedures

Sample size determination

Sample size was determined by using the single population proportion formula. It was computed by considering 50% proportion (P), 95% confidence level, and 5% margin of error (d). 10% of the total calculated sample size added for non-response (Equation 1).

$$n = \frac{\left(z \frac{\alpha}{2}\right)^2 p(1-p)}{d^2}$$

Where:

n: Required sample size.

f: Estimated non respond rate, which counts 10% of the sample.

d: Precision/Margin of error = 5% (0.05) .

p: Estimated proportion 50% (0.5).

Zα: Confidence level at 95% (standard value 1.96).

$$n = \frac{(1.96)^2 \cdot 0.5(1-0.5)}{0.05^2} = \text{will be } 384 + 10\% = 422 \text{ total samples.}$$

The study population is finite and not more than 10,000. According to the hospital outpatient flow report of 2010 E.C. average monthly patient flow is 1,800. This needs to correct the number of samples as to minimize the appropriate number by using population correction factor as follow.

$$pfc = \frac{n}{1 + \frac{n}{N}} \rightarrow pfc = \frac{422}{1 + \frac{422}{1,800}} = 342 \text{ is corrected total sample.}$$

Sampling technique

The study was based on patient satisfaction in Adare Hospital. Systematic sampling technique was used to select study participants. As the study intended to use systematic sampling technique address participants.

Sampling plan

Expalined in Figure 1.

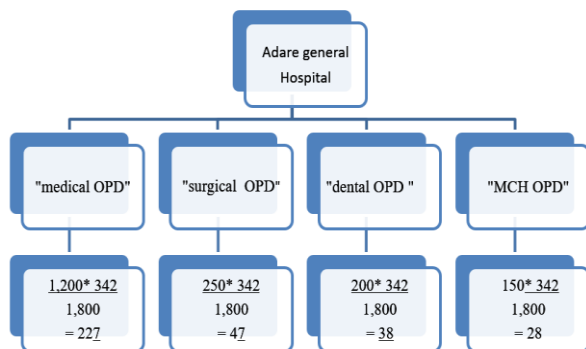


Figure 1: Sample plan.

Study Variables

Independent variables

Independent Variables:- Socio-demographic variables (Age, Sex, Religion, Marital Status, occupation, Income)

Dependent variable

Out patient satisfaction.

Data Collection Tools

Data was collected using Amharic interview administered questionnaire adopted and modified from other similar study conducted in Ethiopia. Questionnaire was containing data on demographic and socio-economic characteristics and other pertinent questions used to assess the level of patient satisfaction.

Data Quality Control

In order to maintain quality of the data, data collectors and supervisors were trained in data collection procedures. The questionnaires were also carefully designed and prepared in English language first, and then translated in to Amharic by language experts and again the Amharic version translated back to English to make it consistent. Finally, Amharic version was used to collect data. Before actual data collection time the questionnaires (tool) were pretested for validity and reliability on 34(10%) of patients at Tula primary Hospital, thereby possible adjustment or modification was made on the tool. The collected data was then reviewed and checked for completeness and consistency by supervisors.

Data Processing and Analysis

Data entry and analysis was performed by using SPSS version 16 software. Descriptive statistics were employed to show the distribution of socio-demographic characteristics.

Operational Definitions

Patient

A person receiving or registered to receive medical treatment.

Out patient satisfaction

The level of satisfaction that clients experience having used a service. The main indicators of patients' satisfaction level used in current research were convenience, courtesy, and quality of care.

The level of satisfaction was measured according to the following categorization:

- Participants who answered 80% and more of the total questions was under good satisfaction.
- Participants who answered below 80% of the total questions were under poor satisfaction.

RESULT

A total of, 342 client were participated in the study with the response rate of 100%, out of the total participant 193(56.4%) were male, most of the participants (57.9%), were between 50 years - 59 years old, one hundred and five (22.8%) were illiterate, regarding their marital status (54.5%) were married, (37.2%) unmarried and the rest

Characteristics		Frequency (n = 342)	Percentage (%)
Sex	Male	193	56.4%
	Female	149	43.6%
Age	18 - 29	33	9.6%
	30 - 39	20	5.8%
	40 - 49	51	14.9%
	50 - 59	198	57.9%
	≥60	40	11.7%
Marital status	Single	127	37.2%
	Married	186	54.2%
	Divorced	23	2.3%
	Widowed	6	1.8%
Educational status	Illiterate	78	22.8%
	Grade1 - 6	234	39.2%
	Grade7 - 12	67	19.6%
	Diploma above	63	18.4%
Occupational status	Government employee	35	10.3%
	Merchant	43	12.5%
	Farmer	234	68.5%
	Unemployed	33	9.7%
Address	Urban	72	21.1%
	Rural	270	78.9%
Payment status	Paying	210	61.6%
	Free	132	38.4%
Reason for visit	Patients	278	81.3%
	Family planning	40	11.2%
	Family member	24	7.5%
Frequency visit	First visit	55	16.8%
	Repeated	287	83.2%

Table 1: Socio demographic characteristics of study participants, at Adare General Hospital, Hawassa, 2019.

Ethical consideration

Permission letter was written by Rift Valley University, Department of Nursing to Health Centers. A formal letter, from Rift Valley University was submitted to the head of Adare Hospital. Patients who attend outpatient department of Adare General Hospital was also, informed and requested their permission to conduct the study. The purpose of study was explained to the study subject at the time of data collection and verbal consent was taken from participants the Information obtained should have been kept confidential.

Dissemination of the Study

The result of this study was submitted to Rift Valley University research program offices, Department of Nursing, Adare General Hospital and SPNNR Regional Health Bureau.Hawassa, Ethiopia.

divorced and widowed. Most of the clients, 68.4% were farmers, 12.6% were merchant, (10.3%) were governmental employee, (79%) of the clients came from the rural areas and, (83.2%) were repeat visitors, (81.3%) came because of illnesses, (38.4%) were non paying themselves. Two hundred and ten (61.6%) were clients paid themselves (Table 1 - Table 3).

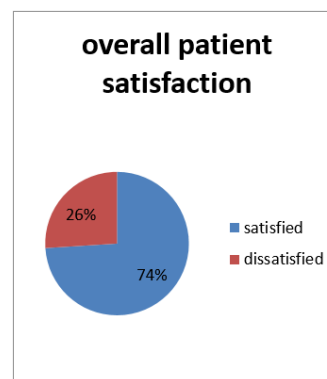


Figure 2: Showed the overall level of out patient satisfaction of study participant in Adare General Hospital, Hawassa, Ethiopia, 2019.

Overall satisfaction of study participants according to the measurement the overall level of satisfaction operational definition for this study 253(74%) of participants were scored 80% and above it showed the overall patients satisfaction as we proposed and was approved

Participants who answered 80% and more of the total questions will be under good satisfaction. Participants who answered below 80% of the total questions will be under poor satisfaction (Figure 2).

Satisfaction question	Satisfied		Dissatisfied		Total
	n	(%)	n	(%)	
How much are you satisfied with the information of the service of the hospital? (e.g., In locating the rooms for registration, exam. rooms, lab and drug dispensing).	130	38	212	62	342(100%)
How much are you satisfied with the time spent waiting to be seen by the a health worker	151	41	191	59	342(100%)
Were you satisfied with the queue process to see a Doctor?	162	47	180	53	342(100%)
How satisfied are you by the waiting time to get the health service and get back?	220	64	122	36	342(100%)
How do you evaluate the overall cleanliness and comfort of the waiting area, examination room and the compound?	241	70	101	30	342(100%)
How do you rate your overall level of satisfaction regarding the delivery of the health service you received	211	62	131	38	342(100%)
How satisfied are you with the cleanliness of the toilets?	221	65	121	35	342(100%)
How do you rate your overall level of satisfaction regarding the delivery of the health service you received	277	81	165	19	342(100%)

Table 2: Response summary for satisfaction questions among outpatient care satisfaction at Adare General Hospital Hawassa city, Ethiopia, 2019.

Characteristics	Satisfied		Dissatisfied		Total	
	n	%	n	%	n	%
Sex						
Male	151	78%	42	22%	193	100%
female	106	71%	43	29%	149	100%
Age (Years)						
18 - 29	20	62%	13	38%	33	100%
30 - 39	17	86%	3	24%	20	100%
40 - 49	36	70%	15	30%	51	100%
50 - 59	156	79%	42	21%	198	100%
≥60	30	74%	10	26%	40	
Educational status						
Illiterate	76	97%	2	3%	78	100%
Grade1 - 6	110	82%	24	18%	134	100%
grade7 - 12	48	71%	19	29%	67	100%
Diploma & Above	32	51%	31	49%	63	100%
Occupational status						
Government employed	23	65%	12	35%	35	100%
Merchant	30	70%	13	17%	43	100%
Farmer	194	83%	40	30%	234	100%
No job	26	79%	7	21%	33	100%
Address						
Urban	41	57%	31	43%	72	100%
Rural	246	91%	24	9%	270	100%
Payment status						
Paying	134	64%	76	26%	210	100%
Free	110	84%	22	16%	132	100%
Frequency of visit						
First visit	47	85%	8	15%	55	100%
Repeated visit	189	66%	98	34%	287	100%

Table 3: Comparison of overall level of out patient satisfaction by socio demographic characteristics in Adare General Hospital, Hawassa, Ethiopia, 2019.

DISCUSSION

The study was conducted in the OPD during the regular working hours and exclude weekends and holy days. As

shown this study showed that the overall satisfaction level of the outpatient with OPD health care services provided at Adare was 74%. This overall satisfaction level report is moderate as compared to the report of the studies conducted in Jimma University Specialized Hospital, Hawassa University Teaching Hospital, Amhara region/Bahirdar felegehiwot referral hospital and Mekele hospital, which showed 57%, 80.1%, 52% and 72% respectively [12-15].

The other thing prior conducted in Eastern Ethiopia and Jimma hospital, which showed 54.1% and 57.1% respectively [16,17]. The result of Adare General Hospital is higher than it's when we compared. The difference might be the fact that Adare General Hospital are equipped very well and have enough diversity of health professionals, better diagnostic facilities, health service infrastructures, and awareness of service providers of different levels that are expected to demonstrate the standard way of patient examination resulting is high overall satisfaction level [18,19].

In addition, computing way of overall satisfaction level, different classification of satisfaction level, high patient load, shortage of staff, study times and design also contributed. According to the result of present study perceived empathy is an important factor predicting the level of patient satisfaction. Furthermore as perceived empathy gets better, it's effect on patient satisfaction becomes more positive. So, it is important to give attention to the effectiveness of empathy in patient - physician communication during consultation. This supports the view that perceived empathy or empathetic communication during consultation is an essential prerequisite for the delivery of quality health care services and also it is crucial to the effective achievement of patient. This finding almost consistent with the finding of studies conducted in Adare General Hospital Hawassa; Ethiopia and in Mozambique Outpatient department [20,21]. In addition, more than half 181(53%) and 55%

of the respondents were given advice on how to prevent the reoccurrence of the Disease.

This finding is greater than the study conducted at primary health care centers in central Ethiopia, which indicate 33.3% of the respondents were given advice on how to prevent the reoccurrence of the disease [22]. However, health care providers have an ethical duty to teach the patient about disease and promotion of health, as a clearly stated in The Ethiopian medical code of ethics [23]. Perceived long waiting time to receive service in the hospital negatively affected patient satisfaction in this study. This finding is consistent with the studies conducted in outpatient clinics in Ethiopia [19,24-26].

Regard to cleanliness of waiting area, 65% of the respondents was satisfied This finding is greater than the study conducted in Mozambique hospital had reported that 55% of the patients were satisfied with regard to the cleanliness of the hospital [5] and also similar study was conducted in India OPD of Tertiary Care Hospital in

finding is lower than the study conducted in the India Super Specialty hospital, in which 97.5% of the respondents were satisfied privacy during consultation [5], but this result is almost similar with the study conducted in Nepal OPD at Chitwan Medical College Teaching Hospital in which 91.2% of the patients who were satisfied with the privacy during the present study attempted to assess the satisfaction of the patients with various aspects of health care in a Adare General Hospital, the results of the study indicate that most of the respondents were satisfied with the services they received. When compared to the report of the study conducted in zonal hospital and Jimma hospital, and also similar studies have been done in difference hospital which is showed moderate. So, the findings of the studies are quite helpful if they are transformed into actions for improving the quality of health care. However, the high

which 55.55% of patients were satisfied with cleanliness of waiting area [24] but this finding is lower than the study conducted at selected health facilities in six regions of Ethiopia in which 76.50 % [25]. In the present study, nearly two third (64.3%) of the respondents did get all prescribed drugs from the hospital pharmacy.

Similar study conducted in Jimma University Specialized Hospital, Hospitals of Amhara region, Jimma hospital and Tigray Zonal hospital, indicated that 70%, about 1/3rd of total clients, 66.7%, and 61% of the patients didn't get all or some of prescribed drugs from hospitals pharmacy respectively and lack of drugs and supplies were their major problems, which was in contrast to the findings of this study [6,8,19,21]. In addition, the availability of prescribed drugs from the hospital's pharmacy in this study is in line with report from study conducted in Nepal, where it was 79% of the respondents where did gets all prescribed drugs from the hospital pharmacy [26]. Regarding to privacy during consultation, 90.7% of the respondents were satisfied with privacy during consultation.

This satisfaction must be put into the context of Adare General Hospital, being a referral hospital, which receives patients who have often, being shunted around between lower health facilities and attended by auxiliaries and general practitioners. Measuring patient satisfaction has many purposes, but there are three prominent reasons to do so. Such interviews help to evaluate health care services from the patient's point of view, facilitate the Identification of problem areas and help generate ideas towards resolving these problems. Despite a pretty good level of patient satisfaction, a small, but by no means insignificant, proportion of patients expressed dissatisfaction. The fact that patients expressed dissatisfaction with the services indicates that hospital administration needs to do more in the drive towards improving services.

CONCLUSION

Based on the findings of this descriptive cross sectional study, the following conclusions can be drawn.

Some clients are found to be dissatisfied with service provision of the outpatient department of the hospitals. These include:-Lack of drugs and supplies in the hospital pharmacies, inadequate information provision about the hospital services and their health problems and long waiting time to get the hospital services. In balance of the hospital capacity with flow rate of the client in the hospital. Therefore from the problems stated above, the level of clients' dissatisfaction is high in the outpatient departments of the Adare General Hospital.

ACKNOWLEDGEMENT

First and foremost we would like to thank almighty God for help us in every circumstances of this study. Our deep appreciation and thanks also goes to study participants

and staff members of Adare General Hospital.Hawassa for their willingness to allow us to conduct the research.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Permission letter was written by Rift Valley University, Department of Nursing to Health Centers. A formal letter, from Rift Valley University was submitted to the head of Adare General Hospital. Patients who attend outpatient department of Adare General Hospital was also informed and requested their permission to conduct the study. The purpose of study was explained to the study subject at the time of data collection and verbal consent was taken from participants the Information obtained should have been kept confidential.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

REFERENCES

1. Donebedian A (1980) The definition of quality and approaches to its assessment. Ann Arbor, MI: Health Administration Press.
2. Bahrapour A, Zolala F (2005) Patient satisfaction and related factors in Kerman hospitals. EMHJ-Eastern Mediterranean Health Journal 11(5-6): 905-912.
3. Andaleeb SS (2001) Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. Social Science & Medicine 52(9): 1359-1370.
4. Ofili AN, Ofovwe CE (2005) Patients' assessment of efficiency of services at a teaching hospital in a developing country. Annals of African Medicine 4(4): 150-153.
5. Jawahar SK (2007) A study on out patient satisfaction at a super specialty hospital in India. Internet Journal of Medical Update 2(2).
6. Assefa F, Mosse A (2011) Assessment of clients' satisfaction with health service deliveries at Jimma University specialized hospital. Ethiopian Journal of Health Sciences 21(2): 101-110.
7. Asefa A, Kassa A, Dessalegn M (2014) Patient satisfaction with outpatient health services in Hawassa university teaching hospital, Southern Ethiopia. Journal of Public Health and Epidemiology 6(2): 101-110.
8. Mitike G, Mekonnen A, Osman M (2002) Satisfaction on outpatient services in hospitals of the Amhara Region. Ethiopian Medical Journal 40(4): 387-396.
9. World health organization (WHO) (2009) Regional office for Africa country cooperation strategy 2008-2011, Ethiopia.
10. World Health Organization (2000) The world health report 2000. Health systems. Improving performance. World health organization Geneva, Switzerland.

11. Cleary PD (1999) The increasing importance of patient surveys: Now that sound methods exist, patient surveys can facilitate improvement. *British Medical Journal* 319: 7212.
12. De Geyndt W (1995) Managing the quality of health care in developing countries. *The World Bank Technical paper* 258: 80.
13. Kane RL, Maciejewski M, Finch M (1997) The relationship of patient satisfaction with care and clinical outcomes. *Medical Care* 35(7): 714-730.
14. McColl E, Thomas L, Bond S (1996) A study to determine patient satisfaction with nursing care. *Nursing standard (Royal College of Nursing (Great Britain): 1987)* 10(52): 34-38.
15. Tayelgn A, Zegeye DT, Kebede Y (2011) Mothers' satisfaction with referral hospital delivery service in Amhara Region, Ethiopia. *BMC Pregnancy and Childbirth* 11(1): 78.
16. Birhanu Z, Woldie MK, Assefa T, et al. (2011) Determinants of patient enablement at primary health care centres in central Ethiopia: A cross-sectional study. *African Journal of Primary Health Care & Family Medicine* 3(1): 1-8.
17. Birhanu Z, Assefa T, Woldie M, et al. (2010) Determinants of satisfaction with health care provider interactions at health centres in central Ethiopia: A cross sectional study. *BMC Health Services Research* 10(1): 78.
18. Abdosh B (2006) The quality of hospital services in eastern Ethiopia: Patient's perspective. *The Ethiopian Journal of Health Development (EJHD)* 20(3): 199.
19. Oljira L, Gebre-Selassie S (2001) Satisfaction with outpatient health services at Jimma hospital, South West Ethiopia. *Ethiopian Journal of Health Development* 15(3): 179-184.
20. Dagne M, Zakus D (1997) Community perception on OPD performance of a teaching hospital in Gondar town. *Ethiopian Medical Journal* 35(3): 153-160.
21. Girmay A (2006) Assessment of clients' satisfaction with outpatient services in Tigray Zonal Hospitals.
22. Adamu H, Oche MO (2014) Patient satisfaction with services at a general outpatient clinic of a tertiary hospital in Nigeria. *Journal of Advances in Medicine and Medical Research* 4(11): 2181-2202.
23. Ethiopian Medical Association (2003) *Medical ethics for physicians practicing in Ethiopia. 2nd (Edn.)*, Addis Ababa: Artistic Printing Enterprise.
24. Bilkish P, Sangita S, Prakash A, et al. (2012) A cross sectional study of patient's satisfaction towards services received at tertiary care hospital on OPD basis. *National Journal of Community Medicine* 3(2): 232-237.
25. Bekele A, Taye G, Mekonnen Y, et al. (2008) Levels of outpatient satisfaction at selected health facilities in six regions of Ethiopia. *Ethiopian Journal of Health Development* 22(1): 42-48.
26. Rajbanshi L, Dungana GP, Gurung YK, et al. (2014) Satisfaction with health care services of out patient department at Chitwan Medical College Teaching Hospital, Nepal. *Journal of Chitwan Medical College* 4(1): 11-18.