



# PATIENTS SATISFACTION WITH HEALTH CARE SERVICES PROVIDED IN REFERRAL HOSPITAL IN KARONGI DISTRICT, RWANDA.

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## ABSTRACT

**Introduction:** A patient's hospital stay involves three key parties: the hospital, the patient, and the healthcare professionals. Among these parties is the satisfaction of the patient. Research indicates that patients who are satisfied with their care and hospital stay are more likely to adhere to self-care guidelines and experience improved clinical results. Since reputation influences volume and revenues, which in turn affect the financial bottom line, hospitals have made it their mission to provide patients with highly satisfaction care and services. As a result, patient satisfaction with care and experience is important. It's not just the right thing to do, either. Unfortunately, not all patients are as satisfied with the medical system as others are. **Aim of the study:** This study was primarily focused on the satisfaction of admitted Clients for maternity services at Kibuye Referral Hospital, a public hospital in Karongi District. Percentages of satisfaction with the various outcomes was examined as well as important health characteristics including demographics, cleanliness and rooms rightening and service timing features was examined. **Methodology:** The study design used information from structured questionnaires that are distributed to patients and/or their caregivers. A study was a cross sectional study and 298 participants was randomly selected for interviews. Patients who agreed to participate in the study were freely interviewed using kobo toolbox during the data collection period. Data was analyzed using statistical package for social sciences (SPSS) version 25.0. Data was presented using figures and tables. It was described using frequencies, percentages, mean, graphics and Chi-square was used to ascertain the relationship between the variables. **Results:** The majority of client 281(95%) reported being overall satisfied with the received treatment in the hospital services, The majority of client agreed that hospital's clinicians were incredibly reliable 280(94%) and happy with pain management 287(96%). The degree of privacy offered with satisfaction 244 (82%) and the bedside manner for Doctors and Nurses 260(82%) and the volume of noise was suitable in hospitalization rooms 256(86%). The Clients were highly satisfied with the care they received from medical staff and the met of requirement 281(94%). **Conclusion:** Although, the study conclude that Clients were highly satisfied for the healthcare services provision in Maternity Department at Kibuye Referral hospital. It is recommended that that further research should be conducted to assess patient satisfaction for a wide range of Hospital departments and the focus should be made to get regular feedback from the patients.

**Key words:** Patient satisfaction, hospital care, health facility.

## INTRODUCTION

Patient's satisfaction refers to patients' general appreciation and understanding of the quality of provided health care service Ziapoor et al (2016). In the same views, (Mohan and Sai Kumar,2011) regarded patient satisfaction as patients' perceptions of healthcare services they received. Concurrently,Shinde and Kapurkar (2014) defined patient's satisfaction as a patient's feeling of pleasure or disappointment resulting from the service outcome compared with their expectation. Patients' satisfaction within the hospital is merely related to the evaluation of nursing care received from admission to discharge. In this evaluation, a patient makes his/her own assessment of health care services such as a hospital environment, access services, the admissions procedure, personnel services, room, and the discharge process Powell (2001). According to (Shinde and Kapurkar ,2014), patient's satisfaction is essential to understand the need of the patient.

In the worldwide countries, several types of research on patient's satisfaction have been conducted in different areas of the world and highlighted different determinants of patient satisfaction and the contribution of patient satisfaction in improving

the quality of health care services. In the USA, Kutney-lee et al (2010) in his study revealed that the nurse working environment affects patient satisfaction. In his study, statistics shown that patient satisfaction depends on the nursing working environment. In hospitals with better nurse working environments, 69.9 % of patients were satisfied with nursing care service than those cared for in hospitals with poor environments 59.6%. From this research, the level of patient satisfaction depends on the nursing working environment which is better or poor.

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Through the assessment of patients' needs with regard to the delivery of healthcare services and their results, patients' satisfaction has evolved into an overall point in the wellbeing sector used to quantify the quality of medical services provided by healthcare practitioners to their clients. Meeting the needs of healthcare customers results in patients being satisfied with the treatments they receive (Wen;2014). Because patient satisfaction is applicable in numerous healthcare facilities, it is currently a key perspective in Rwanda. In Rwanda, the Ministry of Health regularly holds conferences and seminars where the topic of customer service is discussed. Both public and private health facilities are required to deliver high-quality care in all services rendered. (International Journal of Sciences & Applied Research, JSAR, 2017).

A cross-sectional descriptive study was conducted in a tertiary care hospital in Lahore in April 2013 (Pan African Medical journal) . Patients from the hospital's outpatient department made up the research population. A sample of 250 patients was selected by means of systematic random sampling. The population size was calculated using the previous OPD participation as the inspecting stretch or the number for a review, and the results were The opinions of patients regarding various aspects of collaborating with specialists in patient care were found. A greater proportion of patients said the doctor was thoughtful (98%), attentively listened to them (88%), gave them an opportunity to talk about their condition (87%), and provided advice about the dosage and timing of medication (82%), 80% of patients were urged to follow up, and 79% of patients were made to feel comfortable during the examination. Other worldwide studies that indicated that between 88 and 92% of their patients felt they were handled with dignity and respect also found similar results. According to a research conducted in Karachi, 58.6% of patients provided consent before being examined, and 62.4 percent of patients agreed that the 17 doctors respected their privacy ( professional medJ2013;20(6):973-980).

Another research on patient satisfaction was carried out in Ghana in 2014. Using information from the Ghana Demographic and Health Survey, 12,831 houses with reproductive women between the ages of 15 and 49 were methodically chosen so that they could participate in interviews. The results of the analysis indicated that responsiveness, overall satisfaction, and service reliability were all substantially correlated with education and religion on their own. The responsiveness and tangibility dimensions were also linked to the payment choice. Furthermore, responsiveness, tangibility, and general satisfaction were all positively correlated with one's place of residence. Last but not least, there was an independent correlation found between overall service satisfaction, tangibility, responsiveness, and reliability at the multivariable level and mother age, region, provider friendliness, accessibility to care, and opening hours. In BMC Health Services Research (Amporfro, 2021).

In Rwanda, patient satisfaction serves as a valuable gauge for assessing the degree to which patients' expectations of medical professionals are met. The study was carried out between October 2015 and August 2016 to determine how satisfied patients were with the care they received from hospital clinicians. In five (5) chosen hospitals in 2016, 360 interviewees completed a standardized questionnaire to provide the data. There was use of a cross-sectional design. To correlate and determine the meaningful association between two or more continuous variables, the Pearson Correlation Coefficient was performed. The study's findings showed that the majority of patients (48.4%) were (extremely) dissatisfied with the medical care they received from doctors, and that patient dissatisfaction was highly connected with four (4) of the five (5) variables that were taken into consideration. These include the physical environment and its suitability, the frequency of rounds and the clinicians' availability whenever patients need them, the length of time patients must wait to receive medical treatments, the

loyalty of the patients, and the patients' propensity to refer friends, family, and other patients to the same hospital. Hospital administrators should assess their patient-related rules and make plans for patient advancement (International Journal of Sciences & Applied Research, JSAR, 4(11), 2017; 16-23).

Patient rights policies were developed by the Ministry of Health and disseminated to all healthcare facilities so that patients may use them to gauge their level of satisfaction. Various health service facilities have adopted suggestion boxes. Public relations and customer service departments were established in each hospital as a result of all these measures. The mission of these offices is to monitor adherence to the Ministry of Health's policies pertaining to patient care and satisfaction. In Rwandan hospitals, patient satisfaction is still low and staff treatment quality is still subpar even with the introduction of some beneficial procedures. Thus, taking this into account can contribute to improving patient satisfaction in Rwandan medical facilities (IJSAR, 4(11), 2017; 16-23)

### **Statement of the problem**

Both "patient experience" and "patient satisfaction" are used interchangeably. They so convey diverse notions, yet they are connected. Patient satisfaction is subjective, but the patient experience is objective. According the Agency for Healthcare Research and Quality (AHRQ), in order to assess the patient experience, healthcare organizations need to ascertain whether or not an event that ought to take place in a healthcare setting took place and, if so, how frequently it did so (AHRQ, 2021). In the meantime, patient satisfaction is about whether patients' assumptions are being met. Furthermore, meeting patient satisfaction includes reinforcing communication and reducing patients' risk for injury. In the healthcare setting, miscommunication can occur in a number of ways. Patients may be at risk of harm if their information reporting systems are disconnected, as this may result in staff miscommunication and inconsistent data (Radtke, 2013). Concerns about violating the Health Care Insurance Portability and Accountability Act (HIPPA) have led to a constant boundary change in the visiting schedule of family members or friends.. Likewise, a few Clinicians have tension talking before the patient. Numerous Medical care associations have computers on wheels that help Clinicians' finished documentation continuously. Be that as it may, Reynolds, Schmidt, Greenhill, Dayama and Pearson 78% sometimes these computers are not in ideal working request. Non-working computers can lead clinicians to a frustration and diminishing nurses' effective communication. At first, doctors are reluctant to sit beside patients' bedsides because they prefer to converse while standing (George et al., 2018).

Clinicians, on the other hand, must meet the needs of their patients in order to remain effective in their work and provide a better patient experience. Healthcare organizations should look at star ratings for areas where they can improve the patient experience and, as a result, patient satisfaction. This is in addition to reducing information miscommunication. Star rating assist healthcare organization to understand their performance quality based on patient satisfaction surveys. Healthcare organization that take part in free HCAHAS surveys are qualified to make star rating. HCAHPS star rating goes from one to five stars, with one star being the most minimal rating and five stars being the high rating. The overall star rating ranks a healthcare organization against all health facilities in United States (U.S) in five quality performance measures, mortal, readmission, patient experience, timely and effective and quality of care are categories to assess. A Healthcare organization should have no less than 100 organized surveys to meet all requirements for a HCAHS star rating during one-year period. The center and medical aid services (CMS) updates HCAHPS star rating quarterly (George et al., 2018). Be that as it may, Clinicians may accommodate patient needs to provide a better patient experience and remain effective in their work. To improve miscommunication of information healthcare organization should analyze star rating on area that needed to improvement of patient satisfaction according to their level of experiences for both patient and health providers.

In 2018, Rwandan Ministry of Health elaborated the policy and procedures to monitor the patient satisfaction and this was revised in 2020 to ensure that patient feedback on services offered is received and help explore further opportunities to improve service delivery(MoH Policy code: QI05-02, 2018). In reference to patient satisfaction policy Statement, hospitals shall ensure that the patient's satisfaction level is monitored on an annual basis. Hospital is committed to improve its services to meet patient's needs and beyond their expectations. Hospital shall ensure that the patient voice program is aligned to all quality improvement initiatives to promote patient centered care.

### **General Objective**

Finding out how satisfied patients are with the care they received from clinicians (doctor, clinician, and midwife) while receiving maternity services at Kibuye Referral Hospitals in Rwanda is the main goal of the study. The research will contribute in determining the factors that lead to patient's satisfaction towards the healthcare service offered by clinicians within hospital setting giving that maternity ward's services for delivery women are concerned target in this research.

## Specific Objectives

1. To determine patient's satisfaction with the services offered by clinicians in Maternity ward of Kibuye Referral Hospital.
2. To determine the patient's satisfaction towards the general aspects of healthcare at Kibuye Referral Hospital
3. To determine the factors that are associated to patient satisfaction towards the services offered by clinicians at Kibuye Referral Hospital.

## 2. RELETED LITERATURE REVIEW

### Theoretical Literature

Similar to many other psychological notions, satisfaction is difficult to explain but easy to understand. There are parallels between the concept of satisfaction and related subjects like happiness, contentment, and quality of life. Instead of being a fixed thing that can be measured, satisfaction is a conclusion that people draw from their experiences throughout time. A straightforward and useful way to define satisfaction would be the extent to which desired outcomes have been attained. Patient or client satisfaction is a state of mind, a person's overall perspective on their entire medical experience. Satisfaction has both mental and emotional components and is related to expectations, expectations from the past, and social networks. (Al et Keegan,2002). According to (Meredith and Wood,1995), patient satisfaction is "emergent and fluid." Additionally, it has been characterized as a very passive method of gathering customer opinions (McIvor, 1992). When a patient or client feels that the quality of care and services they receive in a healthcare setting is good, fulfilling, and matches their expectations, they are satisfied. It is crucial to understand that, for the purposes of this study, patients and clients can range from those receiving continuous care, personal assistance services, and other community-delivered supports to those who are occasionally or permanently confined to the hospital. Advocates' and the family's perspectives ought to be taken into account (McIvor, 1992).

### Factors that influencing the satisfaction of patient

When incorporating patient satisfaction mechanisms into health care systems, consideration should be given to the users' ability to comprehend requests and effectively express their thoughts and feelings (International Journal of Health care Quality Assurance, 366-81). Significant variables impacting patients/clients in this context include reading levels, degrees of intellectual and physical/sensory impairment, challenges with language proficiency, and ethnic and cultural diversity. It is important to take into account the social factors that shape our culture since they frequently determine whether or not a customer will offer feedback and express their pleasure. Examples of these factors include technology, socioeconomic position, educational attainment, and urban/rural demography.

Prior patient satisfaction surveys consistently demonstrate that most patients, typically 80% or higher, are generally satisfied with their care overall, with very few patients having negative feedback on any particular item. However, research indicates that satisfaction is a relative metric that can be influenced by a variety of circumstances, all of which should be taken into account (Mahon, 1996). Patient/client expectation: It is believed that meeting patient/client expectations is a factor in determining whether an outcome is considered satisfactory or not. Expectations have a significant impact on how satisfied a patient or customer feels about their whole experience receiving medical care. The extent to which care meets expectations affects patient/client satisfaction (Mahon, 1996). However, some research indicates that there may not always be a connection between patient or client expectations and satisfaction, as it is possible for the patient or client's assessment of a service to be substantially unrelated to the actual care they receive ( Williams, 1994). Age: Older respondents' generally record higher satisfaction (Owens and Batchelor, 1996) possible explanations include lower expectations of health care and reluctance to articulate their dissatisfaction.

Illness: It has proven challenging to distinguish between the experience of illness, the experience of receiving health service treatment, or other factors as causes of dissatisfaction, despite some studies finding that sicker patients/clients and those experiencing psychological stress are less satisfied possibly with the exception of certain chronically ill groups (Hall and Milburn, 1998; Cleary et al, 1992). Previous experience of satisfaction: (Crow et al., 2003) found that prior contentment with health care and fulfilling patients' or clients' wishes were related to satisfaction in their evaluation of the literature.

Patient –professional relationship: There is consistent evidence across settings that the most important health service factor that affecting satisfaction is the patient-clinician relationship, including information and technical competences .Selecting a service provider is linked to the best level of satisfaction (Crow et al, 2003). Care given via fee-for-service arrangements results in higher levels of satisfaction than care provided under prepaid schemes, where patients are assigned a treatment plan and have little to no control over it. Preference for a service provider is associated with higher satisfaction, according (Crow et al, 2003). Patients are more satisfied with care delivered under fee-for-service agreements than under prepaid programs. In

gatekeeping organizations, where patients/clients are given treatment or have little to no choice in it, satisfaction rates are relatively low. Like many other psychological notions, patient satisfaction is hard to explain but simple to comprehend.

### Conceptual framework

According to Grant & Osanloo (2014), the conceptual framework is the researcher's understanding of how the research subject is being investigated, the precise course that the study must take, and the connections between the many variables.

#### Independent variables

##### Factors that influencing patient's satisfaction:

- Age
- Patient expectation
- Illness
- Prior experiences of satisfaction
- Patient—Provider relationship
- Choice of service provider
- Hospital environment
- Waiting area
- Reception desk

#### Dependent variables

Patients satisfaction

#### Intervening variables

Clinician's attitudes ,Patients responsibilities and patient rights

## 3. RESEARCH METHODOLOGY

### Research Design

The study design was cross sectional in design. Information in form of surveys was gathered from patents who are admitted in maternity ward of Kibuye Referral Hospital to obtain their level of satisfaction towards the services received from clinicians in Maternity ward of Kibuye Referral Hospital, and quantitative approach was adopted, for a randomly selected client in maternity ward during the study period of 3 consecutive months (March, April and May, 2024). This approach assisted me to collect the data and information regarding the level of patient's satisfaction for healthcare services offered by Clinicians at maternity ward of Kibuye Referral Hospital.

### Research setting

The study was carried out at Kibuye referral hospital. Kibuye Referral hospital is located in Karongi district, Bwishyura sector, Kibuye Cell and Gatwaro Village in western Province. Karongi has in addition 2 Subsidiaries District hospitals which are Mugonero and Kirinda Hospital. Kibuye Referrak Hospital staffs number are 185 in total (9 Specialists, 11 General Practitioners, 69 Clinicians, 16 Midwives, 35 Allied health professionals, 45 Supporting staff). The average monthly in and out patient's visits is 1649, consequently the Hospital is mandate to serve around 183,383 populations.(Kibuye Referral Hospital profile,2023).

### Target Population:

The study population was all delivery women in Maternity ward of Kibuye Referral Hospital during the research period. The study participant's characteristics were women in reproductive age (15-49 years).

### Inclusion criteria

All women who were admitted in maternity ward at Kibuye Referral hospital for delivery reason were eligible as participant of study.

### Exclusion criteria

Women in critical condition such as those under oxygen concentrator or with unconsciousness state were all excluded.

### Sample Size

To determine the sample population, the Slovin's formula was used based on the average monthly women who are admitted in Maternity ward of Kibuye Referral hospital.

To be most confident with the result, the researcher will use 95% of confidence level and the

Maximum of 5% of margin error. To determine the sample population, the researcher applied the following Slovin's formula: n

n= where n stands for the sample size for the size of population and K stands for the margin error; so n is required to be calculated; N=5

$$n = \frac{528}{1 + (528 * 0.05^2)} = 298, \text{ so the sample size was } 298 \text{ mothers}$$

### Sampling Technique

The purposive sampling technique was used to select respondents who are admitted for maternity reason at Kibuye Referral Hospital based on inclusion and exclusion criteria.

### Data Collection Methods

The questionnaires were administrated to clients who are admitted in Maternity ward at Kibuye referral hospital and the results of interview were collected using computer-based software for automated data entry.

### Instruments for Data collection

Questionnaires were the primary tools used to collect data for this study, three(3) sections of structured questionnaires were administered;

Section 1: includes questionnaires on information about Demographical characteristics of the sample population (Age, gender, education, marital status, etc)

Section 2: includes questionnaires on the perception of client towards satisfaction of healthcare services offered by Clinicians during admission period in Maternity ward at Kibuye Referral Hospital.

Section 3: Were the questionnaires on general aspects of the hospital care and the main reason of revisiting Kibuye referral Hospital in the future.

Respondents to the study were asked to rate their agreement or disagreement with various statements on a 5-point Likert scale, with 1 noting strong disagreement and 5 noting strong agreement. The ability to clarify as well as the ability to collect more complex and detailed data are two benefits of this mode of administration. Additionally, this method increased the likelihood that patients without literacy would take the survey.

For example, if "patient-centered" care is part of the mission, then some of the questions should ask about the patients' and families' perceptions of their involvement in the decision-making process. The respondents need to have confidence that their identities were kept secret and that the findings were kept private. Patient was asked questions, but the questionnaires were customized to meet their needs taking into account their location, literacy level, and language.

### Procedures of Data Collection

A well-structured questionnaire was used as an instrument for data collection by using kobo toolboxes app( Kobocollect-Apps, Google Play,2024). The questionnaire was designed in English but the Research will use Kinyarwanda because most of respondents may not even understood in English language. The questionnaire was administrated for all women in Maternity wards at Kibuye Referral Hospital. Respondents to the study was asked to rate their agreement or disagreement with various statements on a 5-point Likert scale, with 1 noting strong disagreement and 5 noting strong agreement. The ability to clarify as well as the ability to collect more intricate and detailed data are two benefits of this mode of administration. Additionally, this method increased the likelihood that patients who are illiterate would complete the survey.

### Reliability and validity of instruments

#### Reliability

Questionnaire was formulated to mean the same as obtained reliable answer, cooperation between respondent and research was improved by vigilantly structuring interview questions, Ethical research considerations and principles (beneficence, right and fair)

#### Validity

The validity of this study was based selected questionnaires which fit the expected research results versus to research questions. After this exercise the answered and questionnaires was reviewed and checked for completeness before closing the individual interview.

## Data Analysis

Two primary data analysis was combined qualitative and quantitative data analysis will use in this research. All recorded client's information was extracted from kobo toolboxes store to SPSS and be analyzed using statistical tables and graphics, a Chi-square was used to determine the association between the variables.

## Ethical Consideration

The Permission to conduct research was sought and obtained from Mount Kenya university and School of post graduate and acceptance letter from Kibuye Referral hospital. The study was reviewed by Mount Kenya University Ethical Review Committee. As researcher, during interview I've always pay attention to make sure that participants completely understand the purpose and methodology to be used in the study. All basic principles of research ethics; respect for people, maleficence, beneficence and justice was taken into consideration. Ethical confidentiality was maintained and guaranteed to study participants. All necessary precautions were taken to minimize any possible harm and ensure the research maximized benefit to study participants. The written consent form was provided to all study participants and participants who declined not to be part of the study was excluded and respected.

## 4. RESEARCH FINDINGS AND DISCUSSION

This chapter gives details on the findings of the study. For interpreting and presenting the data, the researcher took into consideration the objectives of the study. A total of 298 respondents were present to contribute to the study and gave a response rate of 100 %. The tables and figures were key tools to display the data.

### 4.1. Characteristics of Respondents

The average age of our respondents was  $29 \pm 6$  years old and the table above showed that the age of participants are concentrated in the range of 21 to 31 years old distributed as follow ; 54.4% (162) mothers had the age between 21 to 30 years, the population aged 20 years and bellow was 6%(18) and the population aged 41 years and above was 6.7%(20), the study showed that most of mothers are legally married with 58.1%(173) and who were illegally married and single were 25.5%(76) and 16.4%(49) respectively, for education level 40.6% (121) had primary level, mothers who had no formal education were 7%(21) and mothers who had post primary level (secondary and university) were 52.3%(154). The percentage of 56.7%(169) declared that they give birth previously and the average number of children (parity) was  $2.3 \pm 1.7$ , and the majority of mothers 77.9%(232) had between 1 and 3 children. For the health care applies the most recent maternity 43.3% (129) declared are the 1<sup>st</sup> time (NA) for seeking the maternity service (give birth), 26.8%(80) their last maternity was Kibuye Referral Hospital, 24.2%(72) visited elsewhere hospitals and remained 5.7% are distributed in Mugonero and Kirinda hospitals.

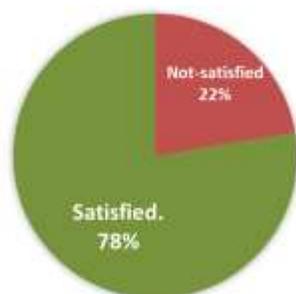
### 4.2. Presentation of Findings

The findings are presented and interpreted according to the research objectives for answering the research questions.

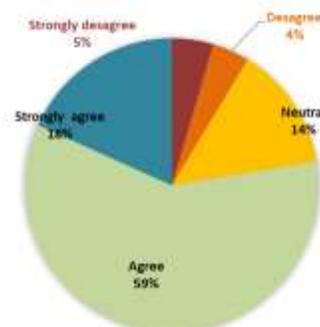
#### 4.2.1. Patient satisfaction vis a vis the service provided

The overall satisfaction was computed by calculating the average for each responded and each question, The finding of our study on the figure shows that 78% (231) of the women seeking the service at Kibuye Referral Hospital are satisfied with the service, who are not satisfied are evaluated at 22% (67). Data represented in the figure show the averages score levels of patient satisfaction and we funded that most of woman not satisfied, responded "Neutral" 14% (41), the women who were strongly disagree (unsatisfied) represent 5%(14), who disagree satisfied were 4%(12) and satisfied women were represented in two scores "Strongly Agree" with an average of 18%(54) and "Agree" stratified with average of 59%(177) of the study population.

**Figure1. 4.1: Overall patient satisfaction in Kibuye Referral Hospital**



**Figure2.4.2: Score levels of patient satisfaction in Kibuye Referral Hospital**



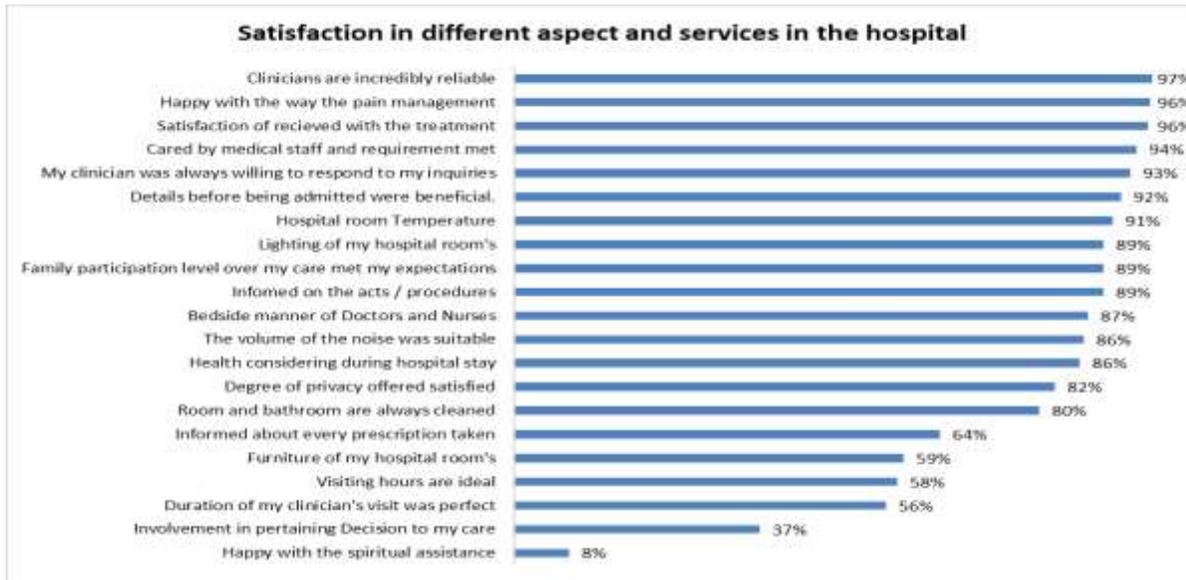
Source: researcher primary data, May 2024

### 4.3. Clinical attitude and care provided

The Figure below shows the satisfaction of the mothers on different services received from Kibuye Referral Hospital, the study finding show that on most of services the mothers are satisfied in the range of [80% - 97%], the women declared that are satisfied with the incredibly and reliability of clinician on the level of 97%, for the pain management the satisfaction was 96%.

The services that mothers were not satisfied for where the satisfaction was under 78% are; Informed about every prescription taken 64%, furniture in hospital room 59%, Visiting hours (58%), the duration of clinician’s visit satisfaction was 56%, involvement in pertaining decision to the care 37%, spiritual assistance 8%,

#### Level of satisfaction on different aspect of service in the hospital



Source: researcher primary data, May,2024

The figure above summarizes the score levels of each aspect and service that the study had evaluated the satisfaction of patients at Kibuye Referral Hospital, most women scored “Agree” to be satisfied with the aspect and services provided as shown by the figure, the table results revealed that clinicians are incredible reliable at 97% (289) while 82% of mothers were strongly disagree with the spiritual assistance provided.

#### Satisfaction vis a vis clinical attitude and care provided

Aspects and service of satisfaction	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1 Satisfaction of received with the treatment	0%	1%	3%	72%	23%
2 Details before being admitted were beneficial.	0%	1%	7%	72%	19%
3 Clinician was always willing to respond	1%	1%	5%	67%	26%
4 Duration of my clinician's visit was perfect	1%	6%	37%	47%	10%
5 Informed on the acts / procedures	1%	1%	8%	68%	21%
6 Cared by medical staff and requirement met	1%	1%	4%	54%	40%
7 Clinicians are incredibly reliable	0%	0%	3%	43%	54%
8 Bedside manner of Doctors and Nurses	0%	1%	11%	66%	21%
9 Family participation level over my care met	0%	1%	9%	74%	15%
10 Degree of privacy offered satisfied	0%	1%	17%	60%	22%
11 Involvement in pertaining Decision to my care	3%	19%	41%	30%	8%
12 Happy with the spiritual assistance	82%	8%	2%	6%	2%

13	Happy with the way the pain management	0%	0%	3%	64%	32%
14	The volume of the noise was suitable	1%	2%	11%	75%	11%
15	Hospital room Temperature	1%	1%	8%	60%	30%
16	Lighting of my hospital room's	0%	0%	10%	82%	7%
17	Furniture of my hospital room's	1%	11%	29%	56%	3%
18	Visiting hours are ideal	0%	13%	29%	52%	6%
19	Informed about every prescription taken	2%	15%	18%	53%	11%
20	Health considering during hospital stay	0%	1%	13%	72%	14%
21	Room and bathroom are always cleaned	1%	2%	18%	72%	7%

Source: researcher primary data, May, (2024)

#### 4.4. Factors associated to patient satisfaction towards the services offered by clinicians at Kibuye Referral Hospital

The findings of our study in the tables above showed the demographics factors that are associated with patient satisfaction, at 95%, ( $\alpha=0.05$ ) a statistically significant association was found between age group and the satisfaction ( $\chi^2 = 7.984$ ,  $P < 0.05$ ) the data shows that according to the age the Majorite of women the women in age group from 41 years and above are satisfied at 90%. Women in the range of 31 -41 years are satisfied at 82.7%, the women that have 20 years and bellow were satisfied at 77.8% and the women in the range of 21 -30 years are satisfied at 69.8%. The parity as demographic factors is significant that means there an association between party and satisfaction ( $\chi^2 = 8.773$ ,  $p < 0.05$ ), the data showed that the mothers with zero child, 100% are satisfied, who have 7 children and above are satisfied at 90%, who had 4-6 children satisfied at 88.5% and mothers who have 1-3 children are satisfied 72% are satisfied.

Table 4: Demographic factors associated

Factors associated	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
Age group	20 years and bellow	4(22.2%)	14(77.8%)	7.984(0.046)*
	21 - 30 years	49(30.2%)	113(69.8%)	
	31 41 years	17(17.3%)	81(82.7%)	
	41 years and above	2(10.0%)	18(90.0%)	
Marital status	Legal Married	37(21.4%)	136(78.6%)	2.684(0.261)
	Illegal Married	19(25.0%)	57(75.0%)	
	Unwanted pregnancy	16(32.7%)	33(.3%)	
Highest education completed	No Formal education	6(28.6%)	15(71.4%)	7.674(0.053)
	Primary	20(16.5%)	101(83.5%)	
	Secondary	32(32.3%)	67(67.7%)	
	University	14(24.6%)	43(75.4%)	
Give Birth previously	No	36(27.9%)	93(72.1%)	1.742(0.187)
	Yes	36(21.3%)	133(78.7%)	

Factors associated	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
<b>Health care applies to your most recent Maternity</b>	Mugonereo DH	4(36.4%)	7(3.6%)	2.327(0.507)
	Kibuye RH	15(18.8%)	65(81.3%)	
	Kirinda DH	2(33.3%)	4(66.7%)	
	Elsewhere	15(20.8%)	57(79.2%)	
<b>Parity</b>	0 Child	0(0.0%)	4(100.0%)	8.773(0.032)*
	1 - 3 Children	65(28.0%)	167(72.0%)	
	4 - 6 Children	6(11.5%)	46(88.5%)	
	7 Children and above	1(10.0%)	9(90.0%)	

Source: researcher primary data, May 2024.

### 5. Satisfaction associated with Clinicians attitudes and care provided

During the interview, the research respondents confirm the willingness of hospital clinicians to respond to their inquiries with 77.6%(154) strong agree, the perfect duration of clinician visit was at 89.7%, informed on clinical procedures was agree at 75.7% , medical staff met requirement was at 79.8% strongly agree, Clinician incredibly reliable was at 80.7%, bedside manner for doctors and nurses was at 74.2%, the level of family participation to the care of patients and meet expectations was at 80.4% ,while the degree of privacy and involvement in pertaining decision over patient care was at 89.2% and 70.9.2% respectively . The patients were highly satisfied with pain management at 82.1% but lowly and not satisfied with spiritual assistance provided during hospital stay.

**Table 5: Satisfaction associated with Clinicians attitudes and care provided**

Clinician attitudes	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
<b>My clinician was always willing to respond to my inquiries</b>	Strongly disagree	0(0.0%)	2(100.0%)	4.965(0.291)
	Disagree	1(50.0%)	1(50.0%)	
	Neutral	7(43.8%)	9(56.3%)	
	Agree	47(23.4%)	154(76.6%)	
	Strongly agree	17(22.1%)	60(77.9%)	
<b>Duration of my clinician's visit was perfect</b>	Strongly disagree	0(0.0%)	4(100.0%)	29.236(0.000)*
	Disagree	7(41.2%)	10(58.8%)	
	Neutral	43(39.4%)	66(60.6%)	
	Agree	19(13.7%)	120(86.3%)	
	Strongly agree	3(10.3%)	26(89.7%)	
<b>Informed on the acts / procedures</b>	Strongly disagree	0(0.0%)	3(100.0%)	2.433(0.657)
	Disagree	0(0.0%)	4(100.0%)	
	Neutral	6(24.0%)	19(76.0%)	
	Agree	49(24.3%)	153(75.7%)	
	Strongly agree	17(26.6%)	47(4.4%)	

Clinician attitudes	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
<b>Cared by medical staff and requirement met</b>	Strongly disagree	0(0.0%)	3(100.0%)	7.276(0.122)
	Disagree	0(0.0%)	2(100.0%)	
	Neutral	6(50.0%)	6(50.0%)	
	Agree	42(25.9%)	120(74.1%)	
	Strongly agree	24(20.2%)	95(79.8%)	
<b>Clinicians are incredibly reliable</b>	Neutral	6(60.0%)	4(40.0%)	9.925(0.007)*
	Agree	35(27.6%)	92(72.4%)	
	Strongly agree	31(19.3%)	130(80.7%)	
<b>Bedside manner of Doctors and Nurses</b>	Strongly disagree	0(0.0%)	1(100.0%)	12.188(0.016)*
	Disagree	1(25.0%)	3(75.0%)	
	Neutral	16(47.1%)	18(52.9%)	
	Agree	39(19.8%)	158(80.2%)	
	Strongly agree	16(25.8%)	46(74.2%)	
<b>Introduced to every one of my caregivers</b>	No	64(27.0%)	173(73.0%)	5.108(0.024)*
	Yes	8(13.1%)	53(86.9%)	
<b>Family participation level over my care met my expectations</b>	Strongly disagree	0(0.0%)	1(100.0%)	15.144(0.004)*
	Disagree	1(33.3%)	2(66.7%)	
	Neutral	15(53.6%)	13(46.4%)	
	Agree	47(21.4%)	173(78.6%)	
	Strongly agree	9(19.6%)	37(80.4%)	
<b>Degree of privacy offered satisfied</b>	Strongly disagree	0(0.0%)	1(100.0%)	12.320(0.015)*
	Disagree	0(0.0%)	2(100.0%)	
	Neutral	19(37.3%)	32(62.7%)	
	Agree	46(25.7%)	133(74.3%)	
	Strongly agree	7(10.8%)	58(89.2%)	
<b>Involvement in pertaining Decision to my care</b>	Strongly disagree	2(20.0%)	8(80.0%)	39.093(0.000)*
	Disagree	21(37.5%)	35(62.5%)	
	Neutral	44(36.4%)	77(63.6%)	
	Agree	5(5.7%)	83(94.3%)	
	Strongly agree	0(0.0%)	23(100.0%)	
<b>Happy with the spiritual assistance</b>	Strongly disagree	71(29.1%)	173(70.9%)	18.722(0.001)*
	Disagree	0(0.0%)	23(100.0%)	
	Neutral	0(0.0%)	6(100.0%)	

Clinician attitudes	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
<b>Happy with the way the pain management</b>	Agree	0(0.0%)	19(100.0%)	7.885(0.096)
	Strongly agree	1(16.7%)	5(83.3%)	
	Strongly disagree	0(0.0%)	1(100.0%)	
	Disagree	0(0.0%)	1(100.0%)	
	Neutral	5(55.6%)	4(44.4%)	
	Agree	50(26.0%)	142(74.0%)	
<b>Informed about every prescription taken</b>	Strongly agree	17(17.9%)	78(82.1%)	18.866(0.001)
	Strongly disagree	1(14.3%)	6(85.7%)	
	Disagree	20(43.5%)	26(56.5%)	
	Neutral	17(32.1%)	36(67.9%)	
	Agree	32(20.1%)	127(79.9%)	
	Strongly agree	2(6.1%)	31(93.9%)	

Source of data: researcher primary data, May 2024.

## 6. Satisfaction associated with general aspect of the hospital

The above table highlights the patient satisfaction associated to general aspect of hospital, regarding the volume of noise in hospital rooms was suitable 202(67.7%), the hospital cleanliness was frequently and always appreciated by the patients 186(62%), about visiting hours, patient are satisfied at 49.3% (147), while staying healthily during hospital stay 195(65.4%).

**Table 6: Satisfaction associated with general aspect of the hospital**

Factors associated	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
<b>The volume of the noise was suitable</b>	Strongly disagree	0(0.0%)	2(100.0%)	11.597(0.021)
	Disagree	2(28.6%)	5(71.4%)	
	Neutral	15(46.9%)	17(53.1%)	
	Agree	50(22.3%)	174(77.7%)	
	Strongly agree	5(15.2%)	28(84.8%)	
<b>Hospital room Temperature</b>	Too cold	0(0.0%)	2(100.0%)	8.072(0.089)
	Cold	1(50.0%)	1(50.0%)	
	Medium	11(45.8%)	13(54.2%)	
	Hot	40(22.2%)	140(77.8%)	
	Too hot	20(22.2%)	70(77.8%)	
<b>Lighting of my hospital room's</b>	Dim	1(100.0%)	0(0.0%)	11.065(0.011)
	Medium	12(38.7%)	19(61.3%)	
	Bright	58(23.7%)	187(76.3%)	
	Too bright	1(4.8%)	20(95.2%)	
<b>Furniture of my hospital room's</b>	Poor	1(50.0%)	1(50.0%)	22.812(0.000)
	Below Average	7(21.2%)	26(78.8%)	
	Average	36(41.4%)	51(58.6%)	
	Above Average	28(16.8%)	139(83.2%)	
	Excellent	0(0.0%)	9(100.0%)	
<b>Visiting hours are ideal</b>	Disagree	17(43.6%)	22(56.4%)	22.828(0.000)

Factors associated	Associated modalities	Overall satisfaction		Pearson Chi-Square (P-value at 95%)
		Not satisfied	Satisfied	
	Neutral	29(33.7%)	57(66.3%)	
	Agree	26(16.9%)	128(83.1%)	
	Strongly agree	0(0.0%)	19(100.0%)	
<b>Health considering during hospital stay</b>	Strongly disagree	0(0.0%)	1(100.0%)	5.909(0.206)
	Disagree	1(25.0%)	3(75.0%)	
	Neutral	11(28.9%)	27(71.1%)	
	Agree	56(26.2%)	158(73.8%)	
	Strongly agree	4(9.8%)	37(90.2%)	
<b>Room and bathroom are always cleaned</b>	Not at All	0(0.0%)	2(100.0%)	8.666(0.070)
	Rarely	0(0.0%)	5(100.0%)	
	Occasionally	20(37.0%)	34(63.0%)	
	Very Frequently	49(22.8%)	166(77.2%)	
	Always	3(13.6%)	19(86.4%)	

## Findings discussion

The majority of client 281(95%) reported being overall satisfied with the received treatment in the hospital services, The majority of client agreed that hospital's clinicians were incredibly reliable 280(94%) and happy with pain management 287(96%). The degree of privacy offered with satisfaction 244 (82%) and the bedside manner for Doctors and Nurses 260(82%) and the volume of noise was suitable in hospitalization rooms 256(86%). The Clients were highly satisfied with the care they received from medical staff and the met of requirement 281(94%). This finding is not far than the study conducted by (Ahmed et al.,2014) in Ethiopia and less than that of study conducted in Saudi Arabia which was between 96.6% and 76.8%. This difference could be related to the characteristic of patients and of the hospitals.

In surgical ward, patients are not satisfied with nurses' services in more than satisfaction factors studied in this research. Only patients are satisfied in 5 factors out fourteen such as how nurses welcomed patients, how nurses answer to their questions, how nurses treat patients in a very friendly and courteous manner, how patients are satisfied with the nursing care they receive and how it is easy for patient to get nursing care in an emergency. According to the study conducted by Ahmed et al (2014,) this might be related with the number of nurses to patient ratio in this hospital.

According to how patients are satisfied with physical facilities in Gynecology/Obstetric, patients are satisfied with physical facilities in each of satisfaction factors studied. This finding is in the line with that for Ahmed et al (2014) where he confirms that the type of admission rooms has been found to significantly affect overall satisfaction of patients. Patients are concerned about the cleanness of the room and amount of privacy and freedom in hospitals.

Concerning how patients are satisfied with nurses working schedule and courtesy in surgical, Patients are not satisfied in all seven satisfaction factors studied. According to (Powell ,2001) the reasons for dissatisfaction can be associated with the availability of nurses to them and with the nurse communication. The hospitals should consider mechanisms to improve the nurses' communication skills and interpersonal relationships through training.

## Conclusion

At the end of this study, Although, the study conclude that Clients were highly satisfied for the healthcare services provision in Maternity Department at Kibuye Referral hospital. It is recommended that that further research should be conducted to assess patient satisfaction for a wide range of Hospital departments and the focus should be made to get regular feedback from the patients.

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