

Baseline Internal Survey of Client Exit Interview to Assess Satisfaction with Health Services at Benjamin Mkapa Hospital

Hindu I.Hussein¹, Bahati S. Katembo², Alphonse B. Chandika³,
George D. Dilunga⁴, Fauster J. Njau⁵, Bushi L. Nzagamba⁶

¹Bsc.N+ Msc.PH, Directorate of Training and Research, Benjamin Mkapa Hospital, P.O. Box 11088, Dodoma, Tanzania

²Bsc.N+Msc.Mid, Directorate of Nursing and Clinical Administration Services, Benjamin Mkapa Hospital, P.O. Box 11088, Dodoma, Tanzania

³MD + Mmed General Surgery, PhD Candidate, Directorate of Administration, Benjamin Mkapa Hospital, P.O. Box 11088, Dodoma, Tanzania

⁴MD + Mmed Emergency Medicine, Emergency Medicine Department, Benjamin Mkapa Hospital, P.O. Box 11088, Dodoma, Tanzania

⁶ MD + Masters of M&E Candidate, Clinical Audit and Quality Assurance Unit, Benjamin Mkapa Hospital, P.O. Box 11088, Dodoma, Tanzania

Abstract

Background: Good service provision leads to client satisfaction which builds a ‘Social Pact’ between service providers and clients. To obtain a high level of client satisfaction; standards for service delivery need to be adhered to, it is believed that our service receivers have the right to expect. The Hospital is committed to good performance of health services to improve service delivery to the general public and other stakeholders across the border.

The purpose of this survey for client exit interview satisfaction was to gather valuable client feedback and to work on it to improve health services and sustain in areas of good performance identified.

Method: A descriptive cross-sectional study design was applied using a convenience approach to obtain a sample size of 387. Data were analyzed using Statistical Package for Social Sciences. The survey was conducted between April and July 2023.

Results: All participants (100%) appreciated that the hospital was clean and items were in good order; most of the clients explained their diagnosis (97.9%), and surgical procedure (92%) and obtained the results of the ordered investigations (78.3%). 97.4% of clients returned for their appointment, despite not being reminded through phone calls (73.9%), during their visit majority were measured vital signs (94.8%) and that day's visit was satisfactory to them (98.7%). The areas where the patients took fewer minutes to wait for services were Nephrology, Oncology, Gastroenterology, and Reception.

The areas in which the patients took more minutes to wait for services were EMD (Emergency Medicine Department), Laboratory, and Internal Medicine.

Conclusion: There are some areas in which the Hospital has performed well and other areas in which the Hospital needs improvement to sustain and continue with the shining results. For example, some

departments are still not aware of the guide for their service provision by following the time limitation available in the client charter.

Keyword 1: Sarvey **Keyword 2:** Satisfaction

INTRODUCTION

Healthcare systems face different challenges including diminishing resources, increasing demands, and employee turnover (1). The challenges need to be balanced in this complex system of systems to ensure a sustainable quality of life in the healthcare market. Sustainability reflects the needs of upcoming generations without compromising the needs of current generations. The social component of sustainability is one of the important areas in healthcare sustainability (2). Health care providers also if treated well impact the quality of healthcare (3). It proves that providing the best and quickest services as the result it is beneficial for patients as well as staff (4). So client satisfaction is very crucial for an organization to be fruitful (5). The social component focuses on equity, empowerment, accessibility, participation, cultural identity, and institutional stability. To meet quality healthcare institutions regularly evaluate clients' service experience as a measure of satisfaction (6), (7)

Good service provision leads to client satisfaction which builds a 'Social Pact' between service providers and clients. To obtain a high level of client satisfaction; standards for service delivery need to be adhered to, it is believed that our service receivers have the right to expect (8). The Hospital should be committed to the good performance of health services to improve service delivery to the general public and other stakeholders across the border (9).

Clients have different expectations such as; Obtaining efficiency in customer care, getting affordable health services, timely providing of health services rendered, obtaining accurate information concerning their health, and effective communication systems and transparency between patients and providers. All these have even been explained in the Client Charter Document (10).

To meet client expectations Benjamin Mkapa Hospital (BMH) established different effective Mechanisms to ensure clients obtain optimal health services. The mechanism set by BMH is the establishment of effective customer care services that track the gathering of patient feedback on their experience of services together with internal clinical auditing which aims to improve hospital services

As part of a large-scale effort to reinvent healthcare institutions, client satisfaction surveys are increasingly being promoted as a method of understanding the quality-of-care services and the needs and expectations of clients. Exit interviews have become a popular way of assessing client satisfaction in developing countries like Tanzania (11).

Regarding that the Hospital decided to survey to assess whether clients are satisfied with the health services that are being provided to them regardless of the daily system for gathering patient feedback available; the idea is to get the gap behind and make arrangements to improve the gap identified. This would help in the improvement of the identified gaps and meeting what was said in the client charter of Benjamin Mkapa Hospital (BMH).

METHODS

The purpose of this survey was to gather valuable client feedback and to work on it to improve health services and sustaining in areas of good performance identified.

A descriptive cross-sectional study design was applied using a convenience approach to obtain a sample

size 387. Data were analyzed using Statistical Package for Social Sciences (SPSS). The survey was conducted between April and July 2023.

Data were collected at the BMH from 19 different Clinics and 1 Emergency Medicine Department (EMD) and a total of 20 areas in which data were collected by using a Structured questionnaire through software known as Open Data Kit (ODK). Data were collected when the clients had already received all services. All clients who attended BMH during the survey period and were ready to participate were included and Unwell (sick) clients were excluded from the survey.

RESULTS OF THE SURVEY

The survey of clients’ exit interviews was recorded on four different issues including Assessment of time utilized by the client since registration up to service provided, customer care of health professionals (doctors, nurses, laboratory staff, receptionist, customer care staff, radiology staff, pharmacy staff, and Physiotherapy staff); infrastructure (building, waiting area, general cleanliness, toilets, and services of health institutions); and services provision (including availability, quality, capability of staffs, availability of different investigation, medicines and medical equipment).

1. Social Demographics Information

The analysis of the information generated about the socio-demographic characteristics of the participants revealed that most respondents were at the average age of 44 years which amounts to 354 (92.2%), the person with the lowest age was 18 years and the highest age was 94 years old. A majority of the clients involved in this study were females 209 (54%). As for the places attended by the clients, most attended the Clinics 289 (74.7%), and the number of Clinics attended was 19 including 1 EMD (Emergency Medicine Department). Most of the clients who attended came from Central Zone 334(86.3%). The results are presented in **Table 1**

Table 1: Social Demographics Information N=387

Variable	Frequency (%)
Age Mean(±SD)	44.93(±17.84)
Min.	18
Max	94
Gender	
Female	209(54%)
Male	178(46%)
Place attended	
Clinic	289(74.7%)
EMD (Emergency Medicine Department)	98(25.3%)
Clinic Name	
Cardiology	37(9.6%)
Dental	7(1.8%)
Dermatology	2(0.5%)
ENT (Ear, Nose, and Throat)	18(4.7%)
Executive	11(2.8%)
Fast track	3(0.8%)
Gastroenterology	2(0.5%)

Hematology	2(0.5%)
Internal Medicine	43(11.1%)
Nephrology	6(1.6%)
Neurology	18(4.7%)
OBGY(Obstetric and Gynaecology)	29(7.5%)
Oncology	3(0.8%)
Ophthalmology	16(4.1%)
Orthopedic	36(9.3%)
Pediatric	2(0.5%)
Physiotherapy	8(2.1%)
SOPD (Surgical Outpatient Department)	20(5.2%)
Urology	23(5.9%)
Education level	
No education	25(6.5%)
Primary education	60(15.5%)
Secondary education	64(16.5%)
University	143(37%)
College	95(24.5%)
Zones	
Northern Zone	6(1.6%)
Eastern Zone	14(3.6%)
Central Zone	334(86.3%)
Southern High Land Zone	15(3.9%)
Zanzibar zone	4(1%)
Western Zone	9(2.3%)
Southern Zone	1(0.3%)
South West High Land Zone	4(1%)

2. Time of Waiting in Que (minute)

The average time used to register patients at the reception was 15 minutes, this is according to the results from the patient interview and system check. The average time used to wait after registration at the reception till the client attended by the health care worker/nurse was 65 minutes, this is according to the results from the patient interview and system check. The average time from arrival time until time attended by the health care worker/nurse was 80 Minutes; this is the total of the average time at the registration until attended by the health care worker. The areas in which the patients took more minutes to wait for services/wait to be seen by the Doctor were EMD (Emergency Medicine Department) 56(14.5%), Laboratory 48(12.4%), and Internal Medicine 39 (10.1%), this is according to the patient interview results, but when the system was checked to confirm the results, it also showed that EMD (Emergency Medicine Department) 53(13.7%), Laboratory 39(10.1%), and Internal Medicine 37(9.6%) were also the leading areas that patients took more minutes to wait for services, i.e. around 80 minutes. The general results show that the patients took a total average of 144 minutes (2 hours and 44 minutes) at the hospital for services from registration to exit.

Table 2: Time of Waiting in Que (minute) N=387

Variable	Frequency (%)	Mean	SD	(Min., Max.)
Time waits before you are registered at the reception				
Patient's time <i>minutes</i>	387(100%)	15.42	11.78	(1, 90)
System time <i>minutes</i>	387(100%)	15.56	15.36	(1, 156)
Time wait after registration at Reception till the client is seen by a health care worker/nurse				
Patient's time <i>minutes</i>	387(100%)	65.07	62.519	(2, 360)
System time <i>minutes</i>	387(100%)	64.6	59.394	(1, 340)
Total wait from arrival time until time seen by health worker/nurse				
Patient's time <i>minutes</i>	387(100%)	80.49	66.345	(5, 375)
System time <i>minutes</i>	387(100%)	80.29	63.184	(7, 357)
In which area of the hospital did the client take more minutes to wait for services				
Patient's area				
Cardiology	27(7%)			
Cashier	1(0.3%)			
Dental	6(1.6%)			
Dermatology	2(0.5%)			
EMD (Emergency Medicine Department)	56(14.5%)			
ENT(Ear, Nose, and Throat)	13(3.4%)			
Executive	7(1.8%)			
Gastroenterology	1(0.3%)			
Laboratory	48(12.4%)			
Internal Medicine	39(10.1%)			
Nephrology	2(0.5%)			
Neurology	15(3.9%)			
OBGY(Obstetric and Gynaecology)	20(5.2%)			
Oncology	1(0.3%)			
Ophthalmology	15(3.9%)			
Orthopedic	30(7.8%)			
Pediatric	2(0.5%)			
Pharmacy	25(6.5%)			
Physiotherapy	6(1.6%)			
Radiology	23(5.9%)			
Reception	12(3.1%)			
SOPD (Surgical Outpatient Department)	20(5.2%)			
Urology	16(4.1%)			
Patient's area time <i>minutes</i>	387(100%)	84.11	63.116	(10, 370)

System area				
Cardiology	31(8%)			
Dental	6(1.6%)			
Dermatology	2(0.5%)			
EMD (Emergency Medicine Department)	53(13.7%)			
ENT(Ear, Nose, and Throat)	13(3.4%)			
Executive	7(1.8%)			
Fast track	3(0.8%)			
Gastroenterology	2(0.5%)			
Lab	39(10.1%)			
Internal Medicine	37(9.6%)			
Nephrology	1(0.3%)			
Neurology	15(3.9%)			
OBGY(Obscetric and Gynaecology)	22(5.7%)			
Oncology	1(0.3%)			
Ophthalmology	15(3.9%)			
Orthopedic	30(7.8%)			
Pediatric	3(0.8%)			
Pharmacy	25(6.5%)			
Physiotherapy	6(1.6%)			
Radiology	26(6.7%)			
Reception	17(4.4%)			
Registration	2(0.5%)			
SOPD (Surgical Outpatient Department)	16(4.1%)			
Urology	15(3.9%)			
System area time <i>minutes</i>	387(100%)	80.15	60.336	(6, 340)

(3. 1) Satisfaction of patients

Doctors were the leading group to be mentioned in having fair customer care to attain client satisfaction 254(65.6%), followed by Reception personnel (ASK ME) 238(61.5%). The areas that were mentioned by patients to occupy less than 50 percent and having poor customer care for client satisfaction were Cashier 166(42.9%), Laboratory 161(41.6%), and Radiology 135(34.9%). This is presented at Table 3a & figure 1

Table 3. 1: Satisfactions of patients

Variable	NA	Very Poor	Poor	Fair	Good	Very Good
Registration Window personnel have good customer care (committed to helping pts, good and polite	0(0.0%)	0(0.0%)	1(0.3%)	7(1.8%)	147(38%)	232(59.9%)

language, timeliness of services, etc.).						
Reception personnel have good customer care (committed to help pts, good and polite language, timeliness of services, etc.).	4(1%)	0(0.0%)	0(0.0%)	3(0.8%)	135(34.9%)	245(63.3%)
Pharmacy personnel have good customer care (committed to help pts, good and polite language, timeliness of services, etc.).	29(7.5%)	2(0.5%)	0(0.0%)	8(2.1%)	152(39.3%)	196(50.6%)
Laboratory personnel have good customer care (committed to help pts, good and polite language, timeliness of services etc.).	81(20.9%)	1(0.3%)	2(0.5%)	20(5.2%)	122(31.5%)	161(41.6%)
Nurses' personnel have good customer care (committed to help pts, good and polite language, timeliness of services, etc.).	0(0.0%)	0(0.0%)	1(0.3%)	5(1.3%)	143(37%)	238(61.5%)
Doctors have good customer care (committed to help pts, good and polite language, timeliness of services, etc.).	1(0.3%)	0(0.0%)	0(0.0%)	1(0.3%)	131(33.9%)	254(65.6%)
Cashier personnel have good customer care (committed to help pts, good and polite language, timeliness of services, etc.).	46(11.9%)	0(0.0%)	3(0.8%)	15(3.9%)	157(40.6%)	166(42.9%)
Radiology personnel have good customer care (committed to help pts, good and polite	136(35.1%)	0(0.0%)	2(0.5%)	7(1.8%)	107(27.6%)	135(34.9%)

language, timeliness of services, etc.).						
--	--	--	--	--	--	--

(3. 2) General Percent of Satisfaction

The results from the bar chart below show the percentage of patients who were satisfied with health care services when they visited Benjamin Mkapa Hospital (BMH). The percentage is divided into three groups by percentile, with the lower quartile denoting a lower percentage of satisfaction, the interquartile range denoting a moderate percentage of satisfaction, and the upper quartile denoting a high percentage of satisfaction. According to the findings, most of the clients which amounted to 43.20% who visited Benjamin Mkapa Hospital (BMH) for services, were moderately satisfied as the bar graph shown below in figure 1.

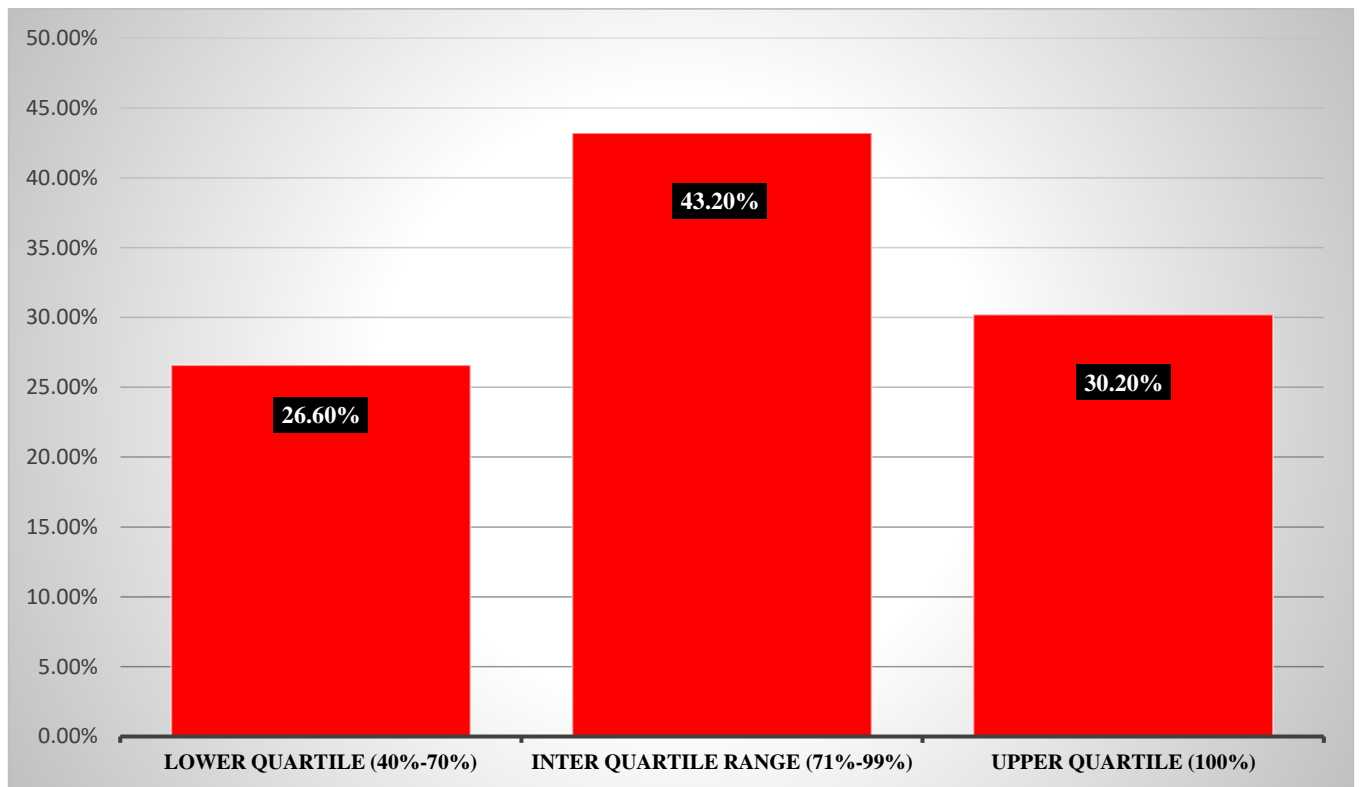


Figure 1: General Percent of Satisfaction

4. Education at reception which was given by the Social Welfare Officer (SWO) on arrival at BMH
 Amount of 175(45.2%) clients did not receive education given by the Social Welfare Officer (SWO) on arrival at Benjamin Mkapa Hospital (BMH). The results are presented in Table 4

Table 4: Education at reception which was given by the Social Welfare Officer (SWO) on arrival at Benjamin Mkapa Hospital (BMH). N=387

Receive education at reception which was given by the SWO on arrival at BMH	Freq. (%)
NA	64(16.5%)
Yes	148(38.2%)
No	175(45.2%)

5. Regarding the Education given by the Social Welfare Officer (SWO) in the Morning at the Reception, whether it was helpful to the clients

Among 148(38.2%) who got an education at the reception given by the Social Welfare Officer (SWO) in the morning, the amount of 132(89.2%) clients responded that the Education was helpful to them. The results are presented in Table 5

Table 5: Regarding the Education given by the Social Welfare Officer (SWO) in the Morning at the Reception, whether it was helpful to the clients N=148

Regarding the Education given by the SWO in the Morning at the Reception, whether it was helpful to the clients	Freq. (%)
Yes	132(89.2%)
No	16(10.8%)

6. Location of the suggestion box at Benjamin Mkapa Hospital (BMH)

The majority of clients 230(59.4%) responded that they don't know the location of the suggestion box at BMH. The results are presented in Table 6.

Table 6: Location of the suggestion box at Benjamin Mkapa Hospital N=387

Location of the suggestion box at BMH	Freq. (%)
Yes	157(40.6%)
No	230(59.4%)

7. Clients who used the suggestion box of Benjamin Mkapa Hospital; Among 157(40.6%) of clients who knew the location of the suggestion box, the majority 137(86.6%) had never used the suggestion box. The results presented in Table 7

Table 7: Clients who used the suggestions box of Benjamin Mkapa Hospital N=157

Those who used the suggestions box of BMH	Freq. (%)
Yes	20(12.7%)
No	137(86.6%)

8. Use of phone numbers allocated at Hospital premises to report/ask any problem the client met concerning hospital services

The majority of clients 348(89.9%) did not use phone numbers to report/ask any problem the client met concerning hospital services. The results are presented in Table 8

Table 8: Use of phone numbers allocated at Hospital premises to report/ask any problem the client met concerning hospital services N=387

Use of phone numbers allocated at Hospital premises to report/ask any problem the client met concerning hospital services	Freq. (%)
Yes	39(10.1%)
No	348(89.9%)

9. Help obtained after reporting/asked through phone numbers allocated within the Hospital Premises

About 34(87.2%) of clients obtained help after reporting/asking through the phone numbers. The results are presented in Table 9

Table 9: Help obtained after reporting/asked through phone numbers allocated within the Hospital Premises N=39

Help obtained after reporting/asking through phone numbers	Freq. (%)
Yes	34(87.2%)
No	5(12.8%)

10. Clients that were measured vital signs

The majority of clients measured vital signs 367(94.8%) during their attendance at Benjamin Mkapa Hospital. The results are presented in Table 10

Table 10: Clients that were measured vital signs N=387

Measurements of vital signs	Freq. (%)
NA	3(0.8%)
Yes	367(94.8%)
No	17(4.4%)

11. The appointment date given to the client for return back at the Hospital

The majority of clients were given 344(88.9%) appointment dates for return back at the Hospital regarding their health problems. The results are presented in Table 11

Table 11: Appointment date given to the client for return back at the Hospital N=387

Appointment date for return back at the Hospital	Freq. (%)
Yes	344(88.9%)
No	43(11.1%)

12. Return to the Hospital at the appointed time

The majority of clients returned to the hospital to get health services at the appointed date. 335(97.4%). The results are presented in Table 12

Table 12: Return to the Hospital at the appointed time N=344

Return at the appointed time	Freq. (%)
Yes	335(97.4%)
No	9(2.6%)

13. Reason for not Return at the appointment time

About 44.4% of clients reported that they failed to return at the appointment date due to other responsibilities and 44.4% of clients mentioned that they were too sick to attend the Benjamin Mkapa Hospital within the appointed date, instead they went to the nearby health facility to seek health services. The results are presented in Table 13

Table 13: Reason for not Return at the appointment time N=9

Reason for not Return at the appointed date	Freq. (%)
Forgot	1(11.1%)
Other responsibilities	4(44.4%)
Too sick to attend	4(44.4%)

14. Clients who were reminded by the health workers through phone calls regarding returning to the health facility

The majority of participants 286(73.9%) responded that they were not reminded by the health workers through phone calls regarding returning to the health facility at their appointment date. The results are presented in Table 14.

Table 14: Clients who were reminded by the health workers through phone calls regarding returning to the health facility N=387

Reminded by the health workers through phone regarding returning back	Freq. (%)
NA	38(9.8%)
Yes	63(16.3%)
No	286(73.9%)

15. Payment mode used at Benjamin Mkapa Hospital (BMH)

Most of the clients who attended Benjamin Mkapa Hospital, they do payments by Insurance 346(89.4%). The results are presented in Table 15

Table 15: Payment mode used at BMH N=387

Payment mode	Freq. (%)
Both Insurance & Cash	2(0.5%)
Cash	39(10.1%)
Insurance	346(89.4%)

16. Affordability and fairness of medical fee for cash clients

The figure 2 shows the affordability and fairness of medical fees at Benjamin Mkapa Hospital. Among 39 (10.1%) of clients who do use cash only as mode of payment for medical services at Benjamin Mkapa Hospital, 25 (64%) deemed the medical fees is fair and affordable.

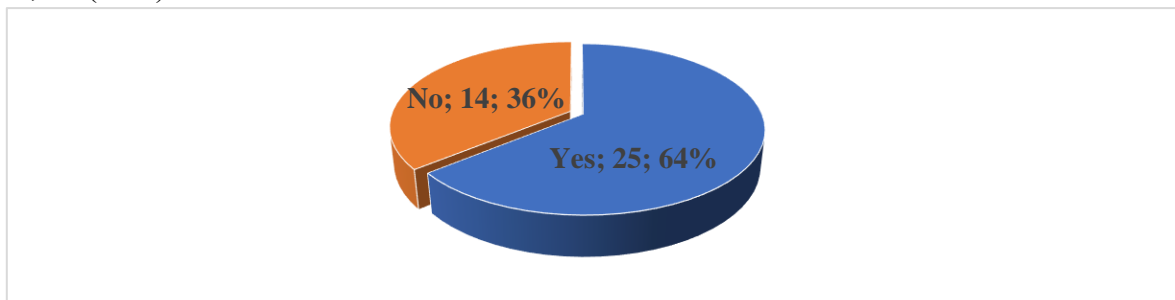


Figure 2: Affordability and fairness of medical fees for Cash clients (N=39)

17. Source of payment for cash only and both insurance and cash clients

Generally, 38(92.7%) of clients who do pay by cash and both cash and insurance, their source of cash is a part of their income. The results are presented at table 17

Table 16: Source of payment for cash and both insurance and cash clients N=41

Source of Cash	Freq. (%)
Did you sell any of your property	3(7.3%)
Part of Income	38(92.7%)

18. The satisfactory/succeeded regarding the clients visit at Benjamin Mkapa Hospital

Most of the clients which mount to 382 (98.7%) stated that, their visit to attend at the health facility on that day was satisfactory/succeeded. The results are presented at table 18

Table 17: The satisfactory regarding the client visit at Benjamin Mkapa Hospital N=387

Visit satisfactory	Freq. (%)
Yes	382(98.7%)
No	5(1.3%)

19. Some reasons from the clients for not being succeeded

Among 5(1.3%) of clients who were not satisfied/succeeded with the hospital services, they enumerated the following reasons

- High cost
- Inability to accomplish some of the investigation on a visit day
- Out of stock for some of medications
- Prescription of investigation without informed decision
- Prescription of medications without any investigation

20. Condition of the hospital

All of the clients which mount to 387 (100%) responded that the hospital was clean and items were in good order. The results are presented at table 20

Table 18: Condition of the hospital N=387

Variable	NA	Yes	N0
Condition of the hospital			
Clean	0(0.0%)	387(100%)	0(0.0%)
Items were in good order	0(0.0%)	387(100%)	0(0.0%)

21. Prescribed for medicines

366 (94.6%) out of 387 (100%) respondents stated that they were prescribed medicine following their problem(s). Results are presented at Table 21.

Table 19: Prescribed medicines, N = 387

Prescribed for Medicines	Freq. (%)
Yes	366(94.6%)
No	21(5.4%)

22. Availability of medicines

Among 366 (94.6%) who were prescribed medicines 357 (98%) got all medicines from hospital pharmacy. The results presented at Figure 3

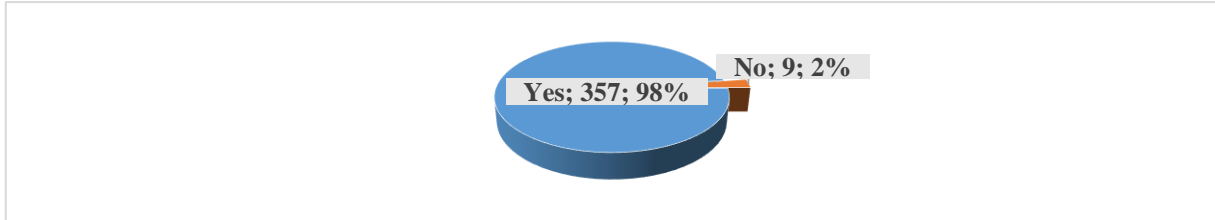


Figure 3: Availability of medicines

23. Planned for laboratory investigation

Among 387 (100%) respondents 322 (83.2%) were planned for different laboratory investigations. The results presented at table 22.

Table 20: Planned for laboratory investigations

Planned for Lab Investigation	Freq. (%)
Yes	322(83.2%)
No	65(16.8%)

24. Completeness of laboratory investigations

Among 322 (83.2%) of respondents who were planned for laboratory investigations 303 (94%) completed all investigations planned. The results are presented at Figure 4

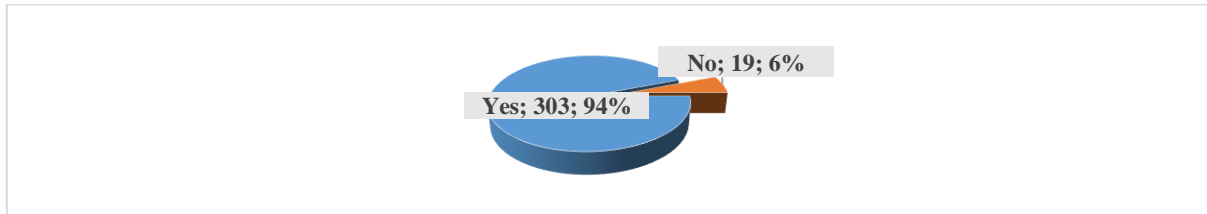


Figure 4: Completeness of laboratory investigations

25. Planned for radiological investigations

191 (49.4%) out of 387 (100%) were planned for radiological investigations. The results presented at table 23

Table 21: Planned for radiological investigations

Planned for Radiological investigations	Freq. (%)
Yes	191(49.4%)
No	196(50.6%)

26. Completeness of radiological investigations

Among 191 (49.4%) respondents who were planned for radiological investigations, 178 (93%) completed the investigations on the visit day. The result presented in Figure 5

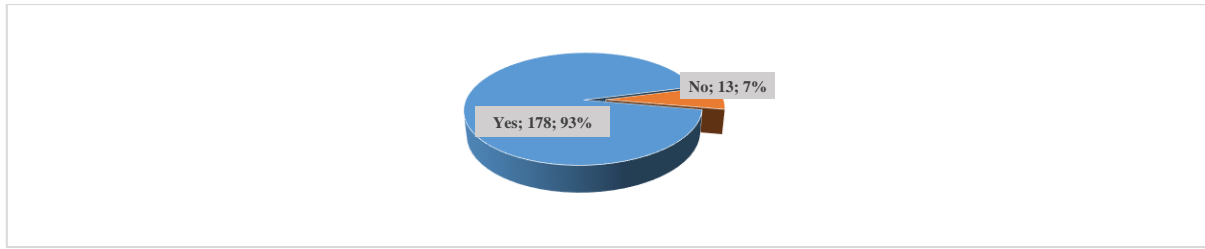


Figure 5: Completeness of Radiological investigations

27. Planned for other investigations

24 (6.2%) of participants who attended Benjamin Mkapa Hospital during the survey were planned for other investigations such as ECHO (Echocardiogram), ECG (Electrocardiogram), and Spirometry. Among them, 16 (67%), completed the planned investigations. The results are presented in Table 24 and Figure 6.

Table 22: Planned for other investigations

Planned for Other investigations	Freq. (%)
Yes	24(6.2%)
No	363(93.8%)

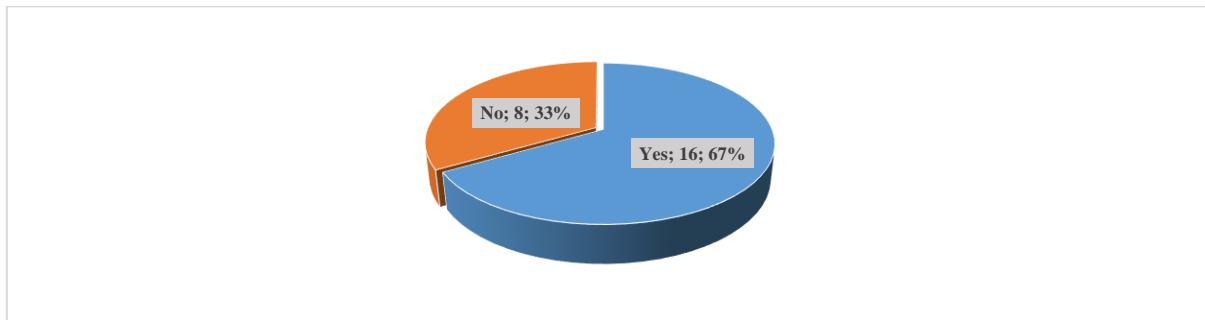


Figure 6: Planned for other investigations

28. Investigations plan

The table 25 shows the distribution of the Investigations plan at Benjamin Mkapa Hospital in which 349 (90.2%) clients were planned for different investigations.

Table 23: Investigations plan N = 387

Investigation plan	Freq (%)
No	38(9.8%)
Yes	349(90.2%)

29. Explained plan of investigations

The figure 7 shows the distribution of the investigation plan explained to the client. Among 349 (90.2%) clients who planned for Investigations at Benjamin Mkapa Hospital, 335 (96%) clients agreed that the Investigations plan was explained to them.

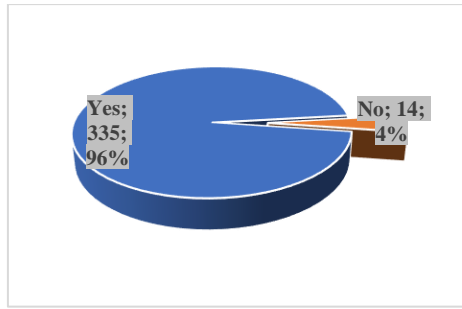


Figure 7: Explained plan of investigations

30. Medication plans

Of 387 (100%) clients who attended Benjamin Mkapa Hospital during the study, 364 (94.1%) were prescribed medications. The results are presented at Table 26.

Table 24: Medication plans.

Medication plan	Freq (%)
No	23 (5.9%)
Yes	364 (94.1%)

31. Explanation plan for medication

The figure 8 shows the distribution of the medication plan. Among 364 (94.1%) clients who got medical services at Benjamin Mkapa Hospital, 355 (98%) clients enumerated that, medication plans were explained to them.

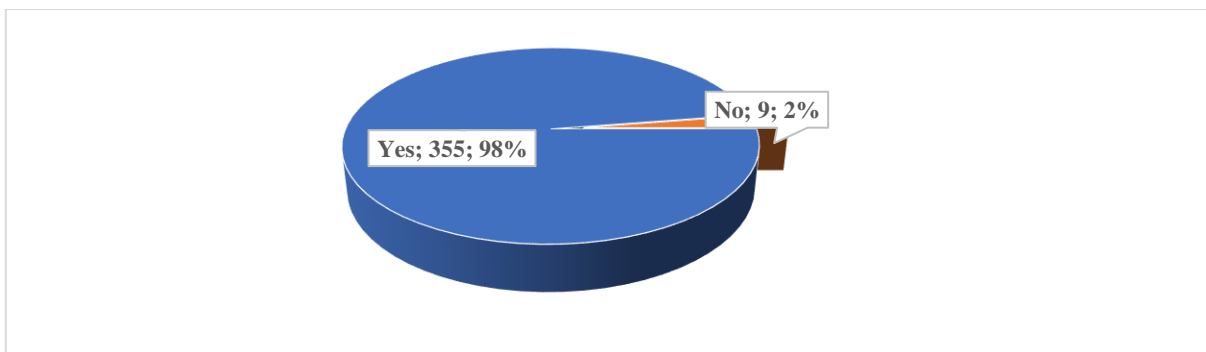


Figure 8: Clients who were explained the plan for medication

32. Surgical services

The table 27 shows the distribution of surgical services, at Benjamin Mkapa Hospital, in which only 12.4% of clients were involved in surgical procedures.

Table 25: Surgical procedure, N = 387

Surgical procedure	Freq (%)
No	339 (87.6%)
Yes	48 (12.4%)

33. Clients who were explained the plan for surgical services at Benjamin Mkapa Hospital

Among 48 (12.4%) of clients who planned for surgical services at Benjamin Mkapa Hospital, 44 (92%) of clients accepted that surgical services were explained to them. Results presented in figure 9

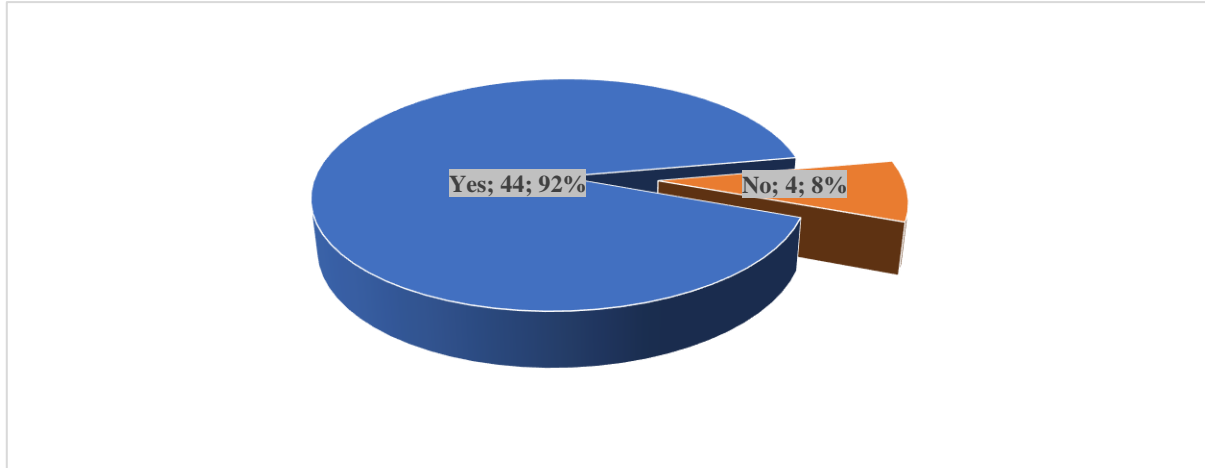


Figure 9: Clients who were explained the plan for Surgical services at Benjamin Mkapa Hospital

34. Health care provider notified clients about their illness

Almost all 97.90% of participants reported that health care providers explained their diagnosis to them, 95.60% of providers shared treatment plans with the clients and 85.50% of providers clarified the prognosis of the disease to the client. The results are presented at Figure 10.

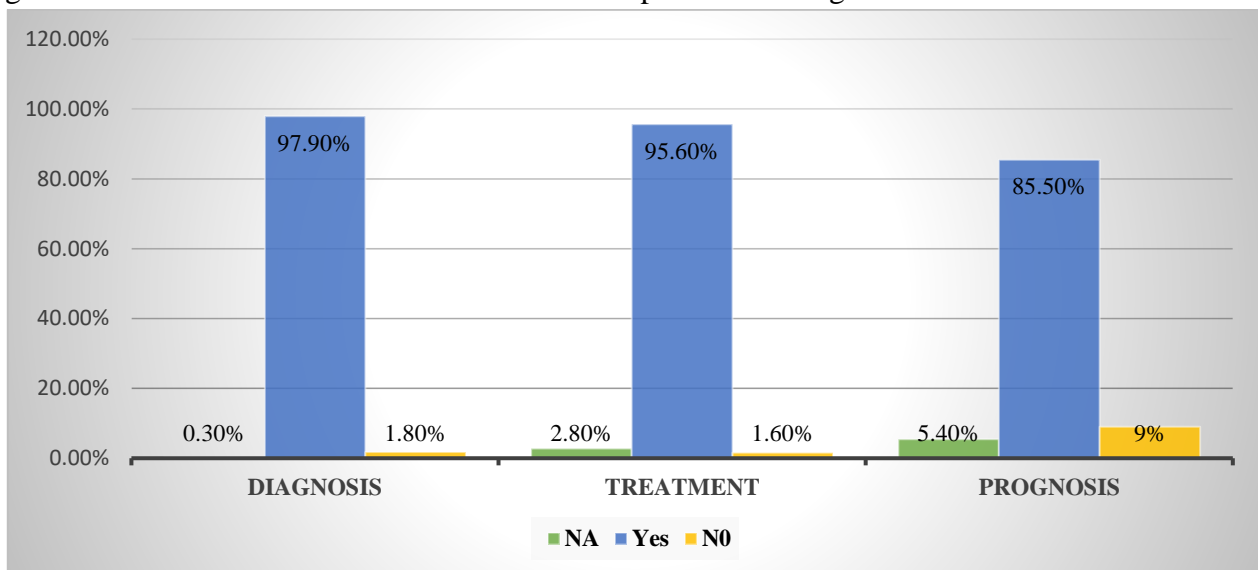


Figure 10: Health care provider notified clients about their illness, N= 387

35. Suggestions for Improvement of Health Services at Benjamin Mkapa Hospital

Regarding the suggestions obtained from the clients, several clients appreciated receiving Good Health Services from BMH 159(41.09%). The results are presented in Table 28

Table 26: Suggestions for Improvement of Health Services at Benjamin Mkapa Hospital.

Variable	Freq. (%)
Good service	159(41.09%)

No comment	87(22.48%)
Facilitate good care in some areas e.g., Radiology, Cashier, Doctors, Reception, Laboratory	33(8.53%)
Recruit a sufficient number of staff	28(7.24%)
Find a good way to reduce long queues e.g., Radiology, Doctors, OGD, Laboratory, Pharmacy	16(4.13%)
Renovate infrastructure e.g., Toilet	14(3.62%)
Clinics should start at the scheduled time/ start earlier	12(3.1%)
Lessen favors among incest/relatives in the queue	7(1.81%)
Reduce the cost of medical services	6(1.55%)
Ensure availability of different kinds and sufficient medicine in all dispensing windows	5(1.29%)
Fast-track clients should be given priority e.g., OBGY	5(1.29%)
Signing-in and signing-out windows should be located at one point	4(1.03%)
Stabilize network services/systems e.g., IHMIS and mobile network	3(0.78%)
Initiate functioning of clinic during weekend e.g., OBGY	2(0.52%)
Set audible voices/sound of the BMH IVS/TV	2(0.52%)
Provide separate services for executive clients such as ECG, ECHO, Laboratory and Pharmacy	2(0.52%)
Improve social services	1(0.26%)
Initiate separate Laboratory services for inpatient and outpatient	1(0.26%)

DISCUSSION.

This current survey was conducted among the clients who attended at outpatient departments of Benjamin Mkapa Hospital in the Dodoma Region of Tanzania. The survey explored items of satisfaction for clients towards health services provided at Benjamin Mkapa Hospital. These sub-sections discussed key findings concerning the current survey. The discussion provided similarities and comparisons of findings concerning the local, national, and international documents such as client charter and star rating assessment tool.

The results showed that the clients/patients took a total average of more than 2 hours in most of the clinics to wait for service being attended by the nurse and doctor at the respective clinic/Emergency Medicine Department. This was contradictory to the star rating performance of the Ministry of Health which insists the total waiting time from arrival time until time seen by health worker/doctor should be less than 60 minutes (12), (10). The study which was done in India also differentiated from the current study since more than three-quarters of participants appreciated that the waiting time to be attended by the doctor was less than 60 minutes (13)

Also, in the areas in which the patients took more minutes to wait for services/wait to be seen by the Doctor, in these areas the patients took more than 80 minutes. This contradicts the Star rating performance of the Ministry of Health (10), (14). The Benjamin Mkapa Hospital (BMH) client charter, in some of the Departments, does not indicate the appropriate time which is required for the patient to be attended, For example, the Laboratory committed to providing results such as Hematology, Serology, Parasitology, Immunology, Clinical Chemistry within 24 hours since registration, this is not detailed satisfactory

information to the client and it does hinder prosperity for Laboratory services, and might contribute for the providers not to abide in timely sample measurements that take few minutes to hours. This might be the cause for the Laboratory to be in one of the points where the client claimed to delay services (BMH client Charter, 2023 - unpublished).

In addition to that EMD (Emergency Medicine) is mentioned in the commitment of service provision, including a time limitation of service provision of about 45 minutes within the client Charter of BMH. However, the time mentioned is not effectively followed by some patients. This might be caused even EMD being in one of the points where the client claimed to delay services (BMH client Charter, 2023-unpublished)

Also, Internal Medicine is mentioned in the commitment to service provision including time limitation of service provision within the client Charter of the Benjamin Mkapa Hospital. Internal Medicine is committed to providing health service to clients within three (3) days since registration, and this might contribute to the providers not abiding by timely service provision which might take a few minutes to hours. This might be the cause for Internal Medicine to be in one of the points where the client claimed to delay services (BMH client Charter, 2023-unpublished)

The Departments that were mentioned to have poor Customer care were the Cashier, Laboratory, and Radiology, and even clients provided suggestions to improve the respective areas to improve health services. This made the general satisfaction in customer care for most of the clients responded to be in a fair category

According to this study, more than two-thirds of the participants appreciated that doctors were having fair customer care to attain client satisfaction. The finding of this study is similar to the study conducted in Pakistan (15) but was contrary to the study done in Eastern Nepal in which the participants were more satisfied with doctors in the aspect of confidence in diagnosis, prescribing the reasonable investigations, and attractable language (16)

In general, through percentile, the current study identified that the participants were moderately satisfied with healthcare at Benjamin Mkapa Hospital. On the other hand, the findings of the current study are in line with the study done (17), and (18) but were low compared with the study done in the Republic of Croatia where the most of participants were highly satisfied (9). The participants of this study were more satisfied than the study done in the Kilimanjaro region which was dissatisfied (19) and (20). Among the factors that satisfy clients are commitment, service fairness, switching barriers, communication, conflict handling, price fairness, clean environment, availability of resources such as medicines, investigations, and relational benefit (21). These differences observed from other studies could be due to disparities in the study area, sample size, hospital management, and different levels of expectations among the study populations.

More than 95 percent of participants returned to the hospital to get health services at the appointed date. This is possibly due to doctors providing tender care, listening attentively, and prescribing proper investigations and medicines. The findings of this study are similar observation with the study done in Pakistan (15)

CONCLUSION

The practical contribution of this survey is demonstrated as an inspiration for managers at Benjamin Mkapa Hospital to dedicate greater consideration to service quality and customer satisfaction extent. It

provides directions for hospital managers to develop strategies that would meet patients' expectations of service quality and increase their competitiveness in the health market.

LIST OF ABBREVIATIONS

BMH, Benjamin Mkapa Hospital; EMD, Emergency Medicine Department; ENT, Ear, Nose, and Throat; Max, Maximum; Min, Minimum; ODK, Open Data Kit; SPSS, Statistical Package for Social Sciences, OGD, esophagus-gastro-duodenoscopy.

ACKNOWLEDGMENTS

The authors are thankful to the director of the Hospital for providing permission to collect data at Benjamin Mkapa Hospital and management team in general for their cooperation in this survey, together with the data collectors known by the names: Dr. Method Pacho, Fauster Njau, Emanuel Shansi, Sheila Mnenengwa and Salome Kizurwa during the whole period of data collection, data cleaning, and data analysis. Together with Mr. Heri Masuka for participating in steering the exercise of data collection and analysis

REFERENCE

1. Ofili OU. PATIENT SATISFACTION IN HEALTHCARE DELIVERY – A REVIEW OF CURRENT APPROACHES AND METHODS. 2014;10(25):25–39.
2. Wu Q, Amporfro DA, Boah M, Yingqi S, Cheteu Wabo TM, Zhao M, et al. Patients satisfaction with healthcare delivery in Ghana. *BMC Health Serv Res.* 2021;21(1):1–13.
3. Rajić T, Rakić A, Milošević I. Modelling Health Care Customer Satisfaction: Evidence from Serbia. *Serbian J Manag.* 2021;16(1):125–45.
4. Manzoor F, Wei L, Hussain A, Asif M, Shah S. Patient satisfaction with health care services; an application of physician's behavior as a moderator. *International Journal of Environmental Research and Public Health* [revista en Internet] 2019 [acceso 20 de octubre de 2022]; 16(18): 1-16. *Int J Env Res Public Heal* [Internet]. 2019;1–16. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6765938/>
5. Cecily S. Factors Influencing Customer Satisfaction As Well As Internal Processes: a Research Study. www.irjmets.com @International Res J Mod Eng [Internet]. 2022;250(01):250–5. Available from: www.irjmets.com
6. Arboleda AM. International Journal of Hospitality Management Reprint of : Satisfaction with life and perception of healthcare services. *Int J Hosp Manag* [Internet]. 2023;112(February):103516. Available from: <https://doi.org/10.1016/j.ijhm.2023.103516>
7. Al-Mhasnah AM, Salleh F, Afthanorhan A, Ghazali PL. The relationship between services quality and customer satisfaction among Jordanian healthcare sector. *Manag Sci Lett.* 2018;8(12):1413–20.
8. Markovic S, Loncaric D, Loncaric D. Service quality and customer satisfaction in the health care industry - Towards health tourism market. *Tour Hosp Manag.* 2014;20(2):155–70.
9. Škarica I. Assessment of Customer Satisfaction with Public Health Services. 2017;(2007):35–47.
10. MoHCDGEC. National Client ' s Service Charter for Health Facilities. *Minist Heal Community Dev Gender, Elder Child* [Internet]. 2018;(11):1–40. Available from: <http://ciheb.org/media/SOM/Microsites/CIHEB/documents/CQI/Tanzania-Client-Charter.pdf>
11. Kumar Y. D C Sah and Yogesh Kumar. 2015;42–61.

12. Hokororo JC, Bahegwa PR, Kinyenje SE, Yahya AT, German JC. Contribution of Results-Based Financing in Quality Improvement of Health Services at Primary Healthcare Facilities: Findings from Tanzania Star Rating Assessment. *Int J Heal Policy Plann.* 2023;2(1):36–46.
13. Prasanna KS, Bashith MA, Sucharitha S. Consumer satisfaction about hospital services: A study from the outpatient department of a private medical college hospital at Mangalore. *Indian J Community Med.* 2009;34(2):156–9.
14. Kinyenje E, Hokororo J, Eliakimu E, Yahya T, Mbwele B, Mohamed M, et al. Status of Infection Prevention and Control in Tanzanian Primary Health Care Facilities: Learning From Star Rating Assessment. *Infect Prev Pract [Internet].* 2020;2(3):100071. Available from: <https://doi.org/10.1016/j.infpip.2020.100071>
15. Farooqi UG, Khan FA, Tabassum R, Shafiq S, Mahmood R, Abdul S, et al. Satisfaction Of The Patient With Healthcare Services. 2023;7(4):1075–9.
16. Niraula TP, Poudel SR. Client Satisfaction in Health Service Management in Hospitals of Province One Eastern Nepal. *J Adv Acad Res.* 2019;6(1):29–45.
17. Helia VN, Abdurrahman CP, Rahmillah FI. Analysis of customer satisfaction in hospital by using Importance-Performance Analysis (IPA) and Customer Satisfaction Index (CSI). *MATEC Web Conf.* 2018;154:0–4.
18. Camilleri MA, Filieri R. Customer satisfaction and loyalty with online consumer reviews: Factors affecting revisit intentions. *Int J Hosp Manag.* 2023;114.
19. GA O, IB M, RN M. Patients' Level of Satisfaction with the Health Care Services Received at Outpatient Departments in Kilimanjaro Region, Tanzania. *J Patient Care.* 2017;03(01).
20. Khamis K, Njau B. Patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam, Tanzania. 2014;1–8.
21. MaminaiAimee R. a Thorough Literature Review of Customer Satisfaction Definition, Factors Affecting Customer Satisfaction and Measuring Customer Satisfaction. *Int J Adv Res.* 2019;7(9):828–43.