

## Patients' Satisfaction and its Determinants in Outpatient and Inpatient Departments of Tertiary Hospitals in Ghana: Case Study of Greater Accra Regional Hospital

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### Abstract

**Background:** One of the most important objectives of any health system is patient satisfaction, yet there is considerable difficulty in the measurement of satisfaction and gauge the responsiveness of healthcare systems. This study assessed the level of satisfaction of patients who utilize the outpatient department and inpatient services of tertiary hospitals in Ghana and also identified the factors that influence patient satisfaction.

**Method:** The study employed quantitative research approach with a cross-sectional study design. A two-stage sampling process based on stratified sampling and convenient sampling was employed. A structured questionnaire was administered to 1000 patients from the outpatient and inpatient departments of Greater Accra Regional Hospital to elicit their satisfaction level with both core-clinical and non-core/system services. The data was analyzed with SPSS version 22.0. Some of the analysis strategies were descriptive statistical tests of comparing means of the various predictors of overall patient satisfaction. Multivariable linear regression analysis was performed to find the factors or determinants that influence patient satisfaction.

**Results:** The satisfaction derived from treatment outcome ( $\beta = 0.298, p < 0.001$ ) and involvement of patients in treatment decision ( $\beta = 0.173, p < 0.001$ ) were the strongest determinants of patient satisfaction at the OPD care service. Patient satisfaction with technical service ( $\beta = 0.232, p < 0.001$ ), service format ( $\beta = 0.293, p < 0.001$ ) and nursing care ( $\beta = -0.187, p < 0.001$ ) were the key areas that associated with patient overall satisfaction at the OPD. Patient satisfaction with doctor services ( $\beta = 0.20, p < 0.001$ ), privacy during treatment ( $\beta = 0.14, p < 0.001$ ) and complaint handling ( $\beta = 0.12, p < 0.001$ ) during admission at the ward were the strongest determinants of patient satisfaction at the inpatient setting. The number of nurses on duty, doctors' time spent with patients, communication and behaviors of healthcare staff as well as quality of healthcare support provided by paramedical staff were some of the elements of healthcare that patients place a lot of value on.

**Conclusion:** Majority of the patients in both OPD and inpatients were satisfied with the set of core-clinical service and thus perceived that core clinical service contributed most to their satisfaction as against non-core/system service. Patients' satisfaction can be increased by focusing on improving treatment effectiveness, communication and behavior, doctors spending enough time with patients, reduced waiting time, organized care at OPD, making technical staff available and effectiveness in handling patient complaints.

**Keywords:** Satisfaction, Determinants, Inpatient, Outpatient, Core clinical, Non-core/system service.

### Introduction

Health care systems and particularly tertiary hospitals are the centre of patient care delivery and represent an organisational hub of the bigger health care provider network. Given this role, hospitals now compete in an ever-increasing role as provider of outpatient and inpatient care in a more competitive health environment and also play a leading role in the broader managed health care system. One of the most important objectives of any health system is patient satisfaction, yet, there is considerable difficulty in the measurement of satisfaction and gauge the responsiveness of health care systems. This is because patient satisfaction is influenced not only by clinical factors but also non-clinical factors and outcomes which are usually ignored by health care providers and administrators in

developing countries (Sanjeewa and Senevirathne, 2017). According to Baalbaki, et al., (2008) patient satisfaction is influenced by many factors which include: quality of clinical (core) services provided, availability of drugs, behaviour of doctors and other health care professionals, cost of services, physical comfort of patients at the hospital, emotional support given to patients, respect for patient preferences and level of hospital infrastructure. They noted that a mismatch of service expectations of patients and quality of health care service received leads to decreased satisfaction, therefore assessing the perspectives of patients gives them the voice which provides the important input to make public health services more responsive to patient needs and expectations.

In recent times, studies on patient's satisfaction with health care delivery has gained popularity and usefulness as it provides health care providers and administrators the opportunity to improve their services especially in public health facilities. Assessing patient's feedback is important to identify problems that need resolution to enhance the quality of health care delivery as well as triggering interest that leads to change in hospital employee culture and their perception of delivery of health care to patients, (Sanjeewa and Senevirathne, 2017). As a result, measuring satisfaction of patients has become an integral part of hospital management and strategies for assuring quality and accreditation in most countries. It is also a way of assessing the process of health care, eliciting patient's viewpoint and evaluating health care by incorporating the views of patients back into the healthcare system.

### **Problem statement**

In spite of all the commitment of the Ghana government, the Ghana Health Service and Donor agencies as well as other stakeholders to improve the level of quality of health care services in the country, there is still a strong perception of unsatisfactory services provided by health professionals in public health facilities in the areas of relationship with patients, care and treatment, consent and confidentiality of patients, access to basic information about their rights and sanitation of working environment, (MOH, 2007). Ghana's Ministry of health (MOH) has over the years concerned itself with quality of healthcare which yields patient satisfaction. However, pace of quality improvements has been slow and objectives have not been met. According to Ahenkan and Aduo-Adjei (2017) this is the result of inadequate priority given to improvement of healthcare quality. In lieu of this, there is the growing need to research into quality of health service delivery in the country especially with respect to patient satisfaction which is a key indicator of and integration of quality assurance in Ghana's health care system and facilities. In Ghana many of the studies of health care quality have focused on service quality dimensions. Also, studies conducted in public hospitals in Ghana have provided empirical evidence of inadequate level of quality of health care services both in terms of objective measures of patient opinions and that of health care providers (Ahenkan and Aduo-Adjei, 2017). Extensive research revealed that, there have not been studies that have looked at how patient satisfaction is influenced differentially by clinical factors (core services) and non-clinical (health system) factors and outcomes. Also, the objects of the studies carried out in Ghana have been outpatients' service experience and no study has focused on adding inpatients service experience in measuring the level of service quality delivered by hospitals (Essiam, 2013, Ahenkan and Aduo-Adjei, 2017).

The continuous monitoring and evaluation of views on the quality of healthcare is important for quality improvement commitments. This study focuses on the assessment of the relative contribution of core hospital clinical services and non-clinical services to patient satisfaction relying on post patient discharge survey.

### **Aim and objectives**

The main aim of the study was to assess the level of satisfaction of patients who utilise the Outpatient department (OPD) and inpatient services of tertiary hospitals in Ghana and to identify the factors that influence patient satisfaction using the case of the Accra Regional Hospital. To achieve this aim the following fourfold objectives were pursued:

- i. To measure the levels of patient satisfaction with all aspects of health care service encounter both in the outpatient and inpatient settings of the Accra Regional Hospital.

- ii. To find out the elements, that patient's value and factors that influence satisfaction or dissatisfaction.
- iii. To assess the level to which non-medical customer services influence patient satisfaction at the Accra Regional Hospital.

## Methods

The study employed quantitative research approach, with a cross-sectional study design. The study location was the Greater Accra Regional Hospital. The study population comprised of all the people who visited the GARH to access their clinical services both outpatient and inpatient. All participants were Ghanaians of age 18 years and above and have direct experience with the Greater Accra Regional Hospital; either have received health service at the OPD or have been on admission for at least two days as inpatient or both. Patients who were unconscious or in critical health conditions as well as isolated wards were excluded from the study. A two-stage sampling process based on stratified sampling and convenient sampling was employed to sample 1000 patients from both outpatient and inpatients service settings. A post patient discharge structured survey was administered to patients. The survey questionnaire was designed to test the successive steps of the patient experience and how it affects the overall satisfaction. To measure the level of satisfaction with each event in a service set or overall service experience, a seven-point Likert scale ranging from "very dissatisfied=1, dissatisfied=2, somewhat dissatisfied=3, neutral=4, somewhat satisfied=5, satisfied=6 to "very satisfied=7" was employed. Also, at the end of the second and third section of the questionnaire a question was inserted to capture information from patients concerning the service experience that affect their satisfaction most, with respect to core clinical services and non-core health system services. A total of 29 measures were employed to assess the service perceptions of patients in nine categories: admissions, nursing, food services, housekeeping, technical services, doctor's services, orderly services, service format and discharge. To assess the level of satisfaction with outpatient department services, 19 measures in six categories (admission, nursing, doctor's services, technical services, service format and discharge) were used. With regards to assessment of level of satisfaction with inpatient services, 10 measures within nine categories (admissions, nursing, food services, housekeeping, technical services, doctor's services, orderly services, service format and discharge) were used. To measure the overall satisfaction with service encounter in both cases of outpatient and inpatient service encounters, two additional measures were used. Data collected from the structured questionnaire was coded and analysed with SPSS version 22. Descriptive analysis such as frequency tables were used to present patients satisfaction levels. Some of the analysis strategies were descriptive statistical tests of comparing means of the various predictors of overall patient satisfaction. Multivariable linear regression analysis was performed to find the factors or determinants that influence patient satisfaction.

## Results

### Levels of patient satisfaction with services in the outpatient

The primary purpose of this study was to gain an understanding of patient level of satisfaction and its determinants. A 7- point Likert-type questionnaire was used to illicit the satisfaction of patients with regards to the services they received. Level of satisfaction with OPD services was quantified by the following 6 aspects/dimensions: Core clinical involving nursing care, doctor services and technical services; then Non- Core/ System services involving admissions, discharge and service format.

The proportion of patient satisfaction with most nursing care at OPD was generally low. For example, only 30.2 % of patients were satisfied with the number of nurses on duty. The highest and lowest satisfaction levels were seen in the dimensions of responsiveness of nurses (36%) and answers to importance and understanding of those answers (27%) respectively. The illustration can be found in Table 1 in additional file.

Generally, the proportion of patients who were satisfied with doctor services was average. The highest satisfaction level was 61.2% which is doctors allowing patients to ask questions and getting

answers which, they understood. However, the lowest satisfaction level was 38.2% which is doctor spending enough time with patients. This is illustrated in Table 2 in additional file.

The proportion of patient satisfaction with the technical services was a little below average. The highest of the satisfaction level was 45% of the patients were satisfied with the availability of technical staff (lab technicians, pharmacists, radiologists etc.) while, the lowest 31.2% patients were satisfied with the waiting time or the period spent at the lab testing and other diagnostic test sections. This is illustrated in Table 3 in additional file.

The proportion of patients who were satisfied with the admission services at the non – core clinical segment was generally high as there were some highly satisfied respondents. For instance, 68.4% were satisfied with the cleanliness of the reception area and examination room. The lowest satisfaction level was 40.2% which was the length of time patient had to wait at the reception/waiting area before seeing a doctor. This is illustrated in Table 4 in additional file.

The section of discharge recorded a relatively low satisfaction levels by the patients. Only 37.8% of the patients were satisfied with the explanation of the purpose of the medicines they were given to take home and could understand. The lowest among them was 27.4% of the patients were satisfied with doctors or nurses giving information needed for patient recovery at home to a family or close friend of patient. This clearly shows that the satisfaction level was very low at the discharge of the patients at the OPD. This is illustrated in Table 5 in additional file.

The proportion of respondents who ascertain that they were satisfied with the service format was averagely good. The highest of the proportion was 60% of the patients were satisfied with the level of privacy when discussing their condition, being examined and during treatment. Whiles on the lowest side, 29.8% of the patients were satisfied with the process of finding someone on the hospital staff to talk to about their worries and fears and given emotional support. This is illustrated in Table 6 in additional file.

### Perceived overall satisfaction with OPD services

At the OPD, 52.4% patients were satisfied with the way they were treated and cared for while in the hospital. Also, 43.85% of the patients indicated that they were satisfied with the overall services they received from the OPD whiles 34.2% indicated that they were not satisfied with the overall service they received at the OPD. This is illustrated in table 7.

**Table 7.** Perceived overall satisfaction with OPD services

Item/aspect of dimension	Frequency (n)	Percentage (%)
<b>Overall, how satisfied were you with the way you were treated and cared for while you were in the hospital</b>		
Very dissatisfied	48	9.6
Dissatisfied	46	9.2
Somewhat dissatisfied	55	11.0
Neutral	89	17.8
Somewhat satisfied	116	23.2
Satisfied	91	18.2
Very satisfied	55	11.0
<b>Thinking about all aspects of your hospital stay, how satisfied were you?</b>		
Very dissatisfied	20	4.0
Dissatisfied	59	11.8
Somewhat dissatisfied	92	18.4
Neutral	110	22.0
Somewhat satisfied	95	19.0
Satisfied	78	15.6
Very satisfied	46	9.2

Of the 500 out-patients interviewed 231 (46.2 %) considered the services to be high satisfaction. The highest satisfaction mean score was in admissions (M=30.4) and lowest mean score was in discharge procedures and instructions (M=22.8) as illustrated in Table 8.

**Table 8.** Descriptive statistics of OPD satisfaction scores

	N	Minimum	Maximum	Mean	Std. Deviation
Patient satisfaction with nursing clinical services score	500	9.00	42.00	23.3	6.61
Patient satisfaction with doctor services score	500	14.00	42.00	27.3	5.91
Patient satisfaction with technical services score	500	11.00	37.00	24.2	7.14
Non- Core/ System Services: admissions score	500	13.00	49.00	30.7	6.62
Non- Core/ System Services: discharge score	500	10.00	40.00	22.8	6.28
Service format score	500	11.00	42.00	25.0	6.59
Overall satisfaction with OPD services score	500	83.00	216.00	153.3	22.86
Valid N (listwise)	500				

### Determinants of patient satisfaction in an out-patient setting

Being satisfied with treatment outcome [beta coefficients ( $\beta$ ) = 0.298,  $p < 0.001$ ] and involvement in treatment decision ( $\beta$  = 0.173) were the strongest predictors of patients' satisfaction with OPD care services. The set of determinants accounted for 34.6 % of the variance in out-patient overall satisfaction (Adjusted R Square = 0.346). This is illustrated in Table 9.

**Table 9.** Determinants of global patient satisfaction (Multivariable linear regression analysis)

Model	Standardized Coefficients	T	Sig.	95.0% Confidence Interval for $\beta$		Collinearity Statistics	
	Beta ( $\beta$ )			Lower Bound	Upper Bound	Tolerance	VIF
(Constant)		0.814	0.416	-.584	1.410		
Treatment satisfaction	0.298	6.62	<0.001	.185	.342	.842	1.187
Type of health insurance	0.084	2.00	0.047	.004	.549	.963	1.039
Confidence and trust	-0.194	-4.09	<0.001	-.256	-.090	.759	1.317
Communication and behaviour	0.148	3.10	0.002	.055	.246	.747	1.338
Enough time spent with doctor	0.118	2.79	0.006	.031	.179	.954	1.048
Availability of technical staff	0.104	2.21	0.028	.011	.183	.766	1.306
Reduced waiting time	0.114	2.37	0.019	.020	.213	.732	1.366
Patient complaints handling effectiveness	0.092	2.11	0.036	.006	.174	.894	1.118
Comfortability at the reception	-0.133	-2.85	0.005	-.214	-.039	.780	1.282
Organized care at OPD	0.124	2.40	0.017	.021	.212	.640	1.562
Involvement in treatment decision	0.173	3.39	0.001	.068	.256	.653	1.531

In terms of domains, patient satisfaction with technical services, service format and patient satisfaction with nursing care were the key areas that associated with patient satisfaction at OPD as illustrated in Table 10.

**Table 10.** Determinants of overall patient satisfaction at OPD (Multivariable linear regression analysis)

Model	Standardized Coefficients	T	Sig.	95.0% Confidence Interval for $\beta$		Collinearity Statistics	
	Beta			Lower Bound	Upper Bound	Tolerance	VIF
(Constant)		6.24	<0.001	1.537	2.950		
Patient satisfaction with technical services score	0.232	5.02	<0.001	0.032	.073	.820	1.220
Service format score	0.293	6.88	<0.001	0.051	.092	.970	1.031
Patient satisfaction with nursing care score	-0.187	-4.00	<0.001	-0.068	-.023	.800	1.250

### Levels of patient satisfaction with in-patient services

Majority of the patients 31.0 %, 49.4 %, 32.2 %, were least satisfied with the availability of nurses for consultation, getting understood answers for important questions from a nurse, confidence and trust in the nurses treating them respectively. However, 59.8% of patients were satisfied with nurses' dispensing/providing prescribed medication in timely manner. This is illustrated in Table 11 in additional file.

Patient satisfaction with technician and non-core clinical services was highest for clarity of billing process and itemized list of charges (60.6%). Patients were least satisfied (29.6 %) with the way complaints were handled whilst on admission at the ward as illustrated in Table 12 in additional file.

Most patients (69.6 %) were satisfied with the variety of meals served. Orderly staff courtesy recorded the least satisfaction of 44.8 % among the orderly services but their punctuality met 65.6 % patient satisfaction. This is illustrated in Table 13 in additional file.

Of the 500 inpatients interviewed, 45.8 % (95 % CI: 41.4 - 50.2) were satisfied with health care services received for inpatient care. The highest satisfaction mean score expressed by patients was in discharge services (M=4.1) and lowest score was in admission procedures and instructions (M=1.2) as illustrated in Table 14.

**Table 14.** Descriptive statistics of in-patient satisfaction scores

	N	Minimum	Maximum	Mean	Std. Deviation
Total satisfaction score for nurse clinical services	500	0.00	6.00	2.8	2.05766
Total satisfaction score for doctor services	500	0.00	6.00	3.3	1.79313
Total satisfaction score for technician services	500	0.00	6.00	2.7	1.92388
Total satisfaction score for admission services	500	0.00	3.00	1.2	.93261
Total satisfaction score for discharge services	500	0.00	8.00	4.1	1.68680
Total satisfaction score for support services	500	0.00	6.00	3.7	1.59875
Total satisfaction score for food services	500	0.00	5.00	3.2	1.32647
Total satisfaction score for orderly services	500	0.00	5.00	2.9	1.63222

Total satisfaction score for housekeeping services	500	0.00	3.00	1.7	.97851
Total satisfaction score for inpatient care	500	12.00	44.00	25.6	5.27853
Valid N (listwise)	500				

### Determinants of patient satisfaction at in-patient setting

The most influential determinants of overall in-patient satisfaction at inpatient setting were total satisfaction with doctor services ( $\beta = 0.20$ ,  $p < 0.001$ ), privacy during patient treatment ( $\beta = 0.14$ ,  $p = 0.001$ ) and complaint handling during admission at the ward ( $\beta = 0.12$ ). However, with laboratory testing and other diagnostic tests waiting time was significantly associated with a reduction in overall in-patient satisfaction.

Regarding the performance of service component, higher ratings for quality of health care / support provided by paramedical staff resulted in an increase of 0.31 in global patient satisfaction in the ward. The set of determinants accounted for 21.2 % of the variance in in-patient overall satisfaction (Adjusted R Square = 0.212). This is illustrated in Table 15.

**Table 15.** Factors influencing in-patient's satisfaction (Multivariable linear regression analysis)

Model	Standardized Coefficients	t	Sig.	95.0% Confidence Interval for $\beta$		Collinearity Statistics	
	Beta ( $\beta$ )			Lower Bound	Upper Bound	Tolerance	VIF
(Constant)		0.861	0.390	-.080	.205		
Total satisfaction score for doctor services	0.20	4.916	<0.001	.032	.074	.958	1.044
Lab testing and other diagnostic tests waiting time	-0.13	-3.144	0.002	-.196	-.045	.980	1.021
Complaint handling during admission at the ward	0.12	2.812	0.005	.037	.207	.922	1.085
The hospital routine and procedures (visiting hours, doctors' visits, etc.)	0.10	2.504	0.013	.021	.177	.925	1.081
Finding hospital staff to talk to about worries and fears	0.12	2.686	.007	.032	.204	.859	1.164
Privacy when discussing patient treatment	0.14	3.376	.001	.058	.218	.875	1.143
Facilities cleanliness	0.09	2.295	.022	.013	.165	.962	1.040
Quality of health care / support provided by para medical staff	0.31	7.634	.000	.224	.379	.952	1.051

### Most satisfied service

Majority of the respondents were mostly satisfied with the set of Core- clinical service {Nursing services, doctor services and technical services} which represents about 55% of the sample patients whiles, the set of Non-core clinical/system service {Admission, discharge, service format, food service, housekeeping service and orderly service} had 45%. Thus, majority of the respondents at both the outpatient and inpatient departments perceive that core clinical services contribute most to their satisfaction. This is illustrated in Table 16.

**Table 16.** Most Satisfied Service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<b>Core Clinical Service</b> (Nursing Care, Doctor Services, Technical Services)	550	55.0	55.0	55.0
	<b>Non-Core clinical / System Services</b> (Admission, Discharge, Service Format, Food services, Housekeeping Service, Orderly Service)	450	45.0	45.0	100.0
	Total	1000	100.0	100.0	

## Discussion

Nursing care and doctor services are major aspects of the core-clinical services at the OPD; hence they have a lot of influence on patient satisfaction. In this study, patients' satisfaction with nursing care at the OPD was generally low. However, the satisfaction with doctor services was fairly average despite majority of the patients (45.8%) were dissatisfied with the time doctors spent with them. This could be as a result of patients expecting more from the nurses but the number of nurses on duty at any point in time was not enough. Also, the inadequate doctor to patient ratio does not allow the doctors to spend enough time on each patient, hence the dissatisfaction.

The other core-clinical service at the OPD is technical service. Generally, the level of patient satisfaction with technical service was a little below average. Though 45% of the patients were satisfied with the availability of technical staff, only 31.2% were satisfied with the time they had to wait for a laboratory test or other diagnostic test. Long waiting time is a challenge at the hospital as patients become frustrated with delays in seeking healthcare. Aldana et al., (2001) confirmed in a study that a significant reduction in waiting time at the hospital is more significant to patients' satisfaction in healthcare delivery.

Admissions, discharge and service formats are the non-core/system services at the OPD. Patients were largely satisfied with the admission process. The cleanliness of the reception area and examination room attracted a satisfaction level of 68.4% as well as 63% for the comfort of the reception area and examination rooms. This finding is supported by Andaleeb (1988) who showed that if physical facilities including cleanliness, modern equipment and the general feeling that the hospital is in a good physical condition are well perceived, then patient satisfaction increases.

Despite the high level of satisfaction with the admission process, only 40.2% were satisfied with the length of time patient had to wait at the reception /waiting area before seeing a doctor. Atinga et al., (2011) confirmed that waiting time is an important tool of measuring perceived quality healthcare from the perspective of patients who utilize healthcare service.

The section of discharge recorded a relatively low satisfaction levels by the patients. Most patients were not given any information about the drugs they were given to take home and the side effects they should watch out for. Also most had no idea whom to contact at the hospital should their condition get worse at home after discharge.

The level of satisfaction with service format at the OPD was averagely good. Greater number of the patients (60%) was satisfied with the level of privacy during treatment and examination. However, the process of finding someone on the hospital staff to talk to about patients' worries and fears as well as emotional support attracted a low satisfaction level of 29.8%. The inability to find a health staff to



ally one's fears and receive emotional support reduced the satisfaction levels of patients. This finding is supported by Crosby (1990) who maintains that staff performance of service influence patients' perception of quality healthcare delivery in a hospital and thus affects patients' satisfaction. Generally, majority of the patients (52.4%) were satisfied with the healthcare they received at the OPD despite the few challenges.

The study found out that the satisfaction derived from treatment outcome and involvement of patients in treatment decision was the strongest determinants of patient satisfaction with OPD care service. Thus, the ultimate expectation of every patient who visits the hospital is to recover from the illness. Involvement of the patient in the treatment decision is also imperative in order to boost compliance and adherence to treatment guidelines that will lead to early recovery.

Improving treatment effectiveness, communication and behaviour, reducing waiting time and doctors spending enough time with patients as well as effectively handling patient complaints would eventually increase the level of patient satisfaction at the OPD.

At the inpatient setting, nursing care which is a core-clinical service recorded a low satisfaction level. The availability of nurses for consultation, provision of answers to questions and confidence and trust in nurses' treatment at the inpatient setting attracted low satisfaction levels of 31%, 49.4% and 32.2% respectively. This means either nurses do not avail themselves to listen to patients and provide answers to their questions or they are preoccupied with their core duty of nursing patients and leaving the consultations for the doctors. This finding is supported by John (1991) who alleged that service quality perceptions in hospitals could be improved through communication between patients and healthcare providers. Thus, when communication between the healthcare provider and the patient is lacking, it affects the level of satisfaction with healthcare service.

The way patients' complaints were handled whilst on admission at the ward recorded low level of satisfaction (29.6%). Patients normally become frustrated and disoriented when their complaints are not handled properly and that affects their level of satisfaction with healthcare services.

Doctors spending enough time with patients at the inpatient setting attracted a low level of satisfaction of 27.4% just as it pertains to the OPD and could account for same reason. However, the limited time the doctors spent with the patient, they allowed patients to ask questions concerning their treatment and they received answers which contributed to the increased level of satisfaction of 76.6% in that regard.

The study found that the satisfaction derived from doctor services, privacy during treatment and complaints handling during admission to the ward were the influential determinants of patient satisfaction at the inpatient setting. Thus, when patients are satisfied with the doctor services and their privacy is assured as well as addressing their complaints while on admission, and then patients would be satisfied with the service at the inpatient setting.

The divergence between patient's satisfaction at the outpatient (OPD) and in-patient department was clearly ascertained that in the OPD, patient satisfaction with treatment outcome  $\beta = 0.298$  and their involvement with the treatment decision  $\beta = 0.173$  had high influence on satisfaction than other overall healthcare services of the core clinical services. These results back the assertion of Boris & Yuvel (2012), who ascertain that in measuring patient satisfaction in hospitals in North Carolina, there is the need to ascertain what services the patients were in for, either inpatient or outpatient. This is because, in many instances, their aspirations and expectations to satisfactions differ very much.

Whereas in the inpatient services the doctor services  $\beta = 0.20$  and privacy during patient treatment  $\beta = 0.14$  had a lot of impact on patient satisfaction. This had a backing from the literature coming from Ameta (2012) on patient's satisfaction between OPD and inpatient; it showed the level of difference of divergence between the satisfactions gained by the patients after the healthcare delivery has been made.

The process of ascertaining the elements and factors which patients' value and that influences satisfaction or dissatisfaction is very important to the healthcare delivery system. The study revealed that outpatients (OPD) tends not to be satisfied with the nurses on duty, which means that they value the number of nurses taking care of the patients. This agreed with Robinson (2011) who ascertained that nurses plays a core role in healthcare delivery and the quality elements of healthcare depends on whether there is enough of them available.

Also, the doctors' time spent with patients ( $\beta = 0.148$ ) at the core clinical service has huge value element on patients. The treatment provided by the doctors influenced their satisfaction during the doctor services as against the availability of technical staff during the technical services really improved their satisfaction. This tends to agree with Boris & Yuvel (2012) who found that every patient in hospitals in Israel had variant degree of satisfaction they value most at various hospitals. However, Patel (2013) made it known that doctors are the core foundation of healthcare delivery and the time they spent with a patient will be valued based on the effective outcome ensured in the process of patient's expectations on the healthcare delivery.

Another value element was in the context of the communication and behaviour of nurses and doctors at the hospital. With  $\beta = 0.759$  of the impact on patient's satisfaction level of communication in the healthcare delivery, this means that communication and behavioural factor of nurses and doctors forms a core value element for patients. This was confirmed by Yeboah (2011) who illustrated that nurses are most rated on the communication and good behaviour they showed towards patients who needed their help. However, according to the MoH (2013), nurses to patient ration is about 1: 839 and as a result, they are much stress and need to assist a lot of patients in the process, making their communication and behaviour tend to fall below expectations.

There was marginal level of impact from non-core clinical services, starting from the OPD; there was average level of satisfaction from patients who have to wait a longer period of time before seeing a doctor (40.2%). This finding was backed by Majory (2012), who ascertained that most patients always appreciate the time they could book an appointment with a doctor and not have to wait for so long. Because, the higher they wait, the less satisfied they become with the healthcare delivery.

At the inpatient service settings in as much as the patients were very satisfied with the food served, orderly services and other cleanliness of the hospital, it does not affect their level of satisfaction that much. This was in line with Smith (2012) who established that patients' level of satisfaction could not be affected by many non – core clinical factors like neatness and appropriate response given to patients during the healthcare delivery.

## Conclusion

Generally, patients from both outpatient and inpatient settings had some level of satisfaction with the services that were provided. Some of the services recorded high levels of satisfaction while others recorded low levels of satisfaction.

Patients' satisfaction with healthcare delivery at the hospital is divergent between the outpatient and inpatient settings. Therefore, factors which influence patient satisfaction at the outpatient department might not necessarily have the same impact on patients' satisfaction at the inpatient setting. Thus, what matters most to patients varies greatly with respect to the setting or department.

The number of nurses on duty, doctors' time spent with patients, communication and behaviors of healthcare staff as well as quality of healthcare support provided by paramedical staff were some of the elements of healthcare that patients place a lot of value on.

Patients' satisfaction can be increased by focusing on improving treatment effectiveness, communication and behavior, doctors spending enough time with patients, reduced waiting time, organized care at OPD, making technical staff available and effectiveness in handling patient complaints.

Although the level of satisfaction of patients concerning healthcare delivery depends on both core and non – core clinical services, the composition variables have different level of impact on each patient.

## Limitation

- The study suffers from certain limitations, namely non-utilization of case-mix adjustment methodologies and failure to explore patient satisfaction with individual OPD and Diagnostic services departments or services.
- The study did not delve into the behavior intentions of patients who are receiving the services provided by the hospital.
- The study employed a cross sectional design instead of a longitudinal research design.

- The research involves patient surveys and questionnaires, which reflects the patient's personal views which are then applied to a generalized population.

## Acknowledgement

The author is extremely grateful to Dr Mahama Saaka for the guidance and directives throughout the research work. An immense appreciation goes to the Chief Executive Officer and management team of Greater Accra Regional Hospital for allowing the research to be conducted in their facility. Mr Charlse Amonoo and his team are acknowledged for assisting in the data collection. Finally, the author appreciates the support from his beloved wife Kate and children Gerald, Jenkins and Bridget.

## Funding

There was no funding source for this research work.

## Ethical consideration

Ethical clearance and approval to conduct the study was obtained from Ghana Health Service Ethical Review Committee. Permission was sought from the management of the Greater Accra Regional Hospital to conduct the study at their facility. An informed consent of the respondents was sought. The prospective respondents were provided with information sheet which explained in detail the study objectives and significance of the study as well as what is expected from respondents. Anonymity and confidentiality of the actual source(s) of information obtained from the study was ensured by not indicating the names of individuals who took part in the study.

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**Table 1.** Patient satisfaction with nursing care at the OPD

<b>Item/aspect of dimension</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>1. There were enough nurses on duty to care for you in hospital</b>		
Very dissatisfied	17	3.4
Dissatisfied	28	5.6
Somewhat dissatisfied	120	24.0
Neutral	184	36.8
Somewhat satisfied	81	16.2
Satisfied	35	7.0
Very satisfied	35	7.0
<b>2. When you had important questions to ask a nurse, you got answers that you could understand</b>		
Very dissatisfied	40	8.0
Dissatisfied	68	13.6
Somewhat dissatisfied	128	25.6
Neutral	129	25.8
Somewhat satisfied	49	9.8
Satisfied	60	12.0
Very satisfied	26	5.2
<b>3. Confidence and trust in the nurse treating you</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Very dissatisfied	63	12.6
Dissatisfied	66	13.2
Somewhat dissatisfied	106	21.2
Neutral	101	20.2
Somewhat satisfied	69	13.8
Satisfied	50	10.0
Very satisfied	45	9.0
<b>4. Communication/ behaviour of nursing staff towards you</b>		
Very dissatisfied	40	8.0
Dissatisfied	54	10.8

Somewhat dissatisfied	123	24.6
Neutral	134	26.8
Somewhat satisfied	70	14.0
Satisfied	39	7.8
Very satisfied	40	8.0
<b>5.Dispensing/ providing prescribed medications in timely manner</b>		
Very dissatisfied	46	9.2
Dissatisfied	45	9.0
Somewhat dissatisfied	112	22.4
Neutral	118	23.6
Somewhat satisfied	73	14.6
Satisfied	70	14.0
Very satisfied	36	7.2
<b>6.Responsiveness of nurses- respond immediately when I try to get their attention</b>		
Very dissatisfied	41	8.2
Dissatisfied	46	9.2
Somewhat dissatisfied	110	22.0
Neutral	122	24.4
Somewhat satisfied	91	18.2
Satisfied	41	8.2
Very satisfied	49	9.8

**Table 2.** Patient satisfaction with doctor services

<b>Item/aspect of dimension</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>1.Doctor spent enough time with you</b>		
Very dissatisfied	63	12.6
Dissatisfied	86	17.2
Somewhat dissatisfied	80	16.0
Neutral	78	15.6
Somewhat satisfied	99	19.8
Satisfied	68	13.2
Very satisfied	26	5.2
<b>2.Being polite, making you feel at ease, courtesy, explaining your condition and treatment</b>		
Very dissatisfied	7	1.4
Dissatisfied	15	3.0
Somewhat dissatisfied	81	16.2
Neutral	91	18.2
Somewhat satisfied	126	25.2
Satisfied	110	22.0
Very satisfied	70	14.0
<b>3.Listening to you and Involving you in decisions about your care and treatment</b>		
Very dissatisfied	7	1.4
Dissatisfied	42	8.4
Somewhat dissatisfied	89	17.8
Neutral	144	28.8

Somewhat satisfied	111	22.2
Satisfied	69	13.8
Very satisfied	38	7.6
<b>4. Providing or arranging treatment for you</b>		
Very dissatisfied	26	5.2
Dissatisfied	97	19.4
Somewhat dissatisfied	80	16.0
Neutral	94	18.0
Somewhat satisfied	116	23.2
Satisfied	87	17.4
Very satisfied	26	5.2
<b>5. Doctor allowed you to ask questions and gave you answers that you understood</b>		
Very dissatisfied	19	3.8
Dissatisfied	25	5.0
Somewhat dissatisfied	39	7.8
Neutral	83	16.6
Somewhat satisfied	112	22.4
Satisfied	126	25.2
Very satisfied	96	19.2
<b>6. Confidence and trust in the doctors treating you</b>		
Very dissatisfied	28	5.6
Dissatisfied	20	4.0
Somewhat dissatisfied	99	19.8
Neutral	111	22.2
Somewhat satisfied	112	22.4
Satisfied	63	12.6
Very satisfied	67	13.4

**Table 3.** Patient satisfaction with technical services

Item/aspect of dimension	Frequency (n)	Percentage (%)
<b>1. Availability of technical staff (lab technician, pharmacists, radiologist)</b>		
Very dissatisfied	23	4.6
Dissatisfied	63	12.6
Somewhat dissatisfied	86	17.2
Neutral	103	20.6
Somewhat satisfied	57	11.4
Satisfied	87	17.4
Very satisfied	81	16.2
<b>2. Lab testing and other diagnostic tests waiting time</b>		
Very dissatisfied	49	9.8
Dissatisfied	68	13.6
Somewhat dissatisfied	88	17.6
Neutral	139	27.8
Somewhat satisfied	90	18.0
Satisfied	55	11.0
Very satisfied	11	2.2

<b>3.Availability of investigations results</b>		
Very dissatisfied	37	7.4
Dissatisfied	42	8.4
Somewhat dissatisfied	123	24.6
Neutral	98	19.6
Somewhat satisfied	72	14.4
Satisfied	99	19.8
Very satisfied	29	5.8
<b>4.Availability / provision of medicines by hospital</b>		
Very dissatisfied	28	5.6
Dissatisfied	45	9.0
Somewhat dissatisfied	95	19.0
Neutral	119	23.8
Somewhat satisfied	107	21.4
Satisfied	72	14.4
Very satisfied	34	6.8
<b>5.Approach/ behaviour of technical staff (lab technician, pharmacists, radiologist)</b>		
Very dissatisfied	52	10.4
Dissatisfied	80	16.0
Somewhat dissatisfied	56	11.2
Neutral	106	21.2
Somewhat satisfied	79	15.8
Satisfied	78	15.6
Very satisfied	49	9.8
<b>6. Availability of other technical services (x-ray, eye testing, CT scan etc)</b>		
Very dissatisfied	48	9.6
Dissatisfied	63	12.6
Somewhat dissatisfied	141	28.2
Neutral	62	12.4
Somewhat satisfied	78	15.6
Satisfied	63	12.6
Very satisfied	45	9.0

**Table 4.** Non- Core/ System services: admissions

<b>Item/aspect of dimension</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>1.Helpfulness and support of the Staff at registration desk and OPD</b>		
Very dissatisfied	26	5.2
Dissatisfied	78	15.6
Somewhat dissatisfied	98	19.6
Neutral	86	17.2
Somewhat satisfied	96	19.2
Satisfied	62	12.4
Very satisfied	54	10.8
<b>2.The length of time you had to wait before you were registered</b>		
Very dissatisfied	15	3.0



Dissatisfied	36	7.2
Somewhat dissatisfied	86	17.2
Neutral	123	24.6
Somewhat satisfied	156	31.2
Satisfied	62	12.4
Very satisfied	54	10.8
<b>3.Length of time you had to wait in the reception/ waiting area before seeing a doctor</b>		
Very dissatisfied	60	12.0
Dissatisfied	49	9.8
Somewhat dissatisfied	71	14.2
Neutral	119	23.8
Somewhat satisfied	104	20.8
Satisfied	61	12.2
Very satisfied	36	7.2

<b>4.Total time spent at the OPD</b>		
Very dissatisfied	29	5.8
Dissatisfied	50	10.0
Somewhat dissatisfied	69	13.8
Neutral	124	24.8
Somewhat satisfied	115	23.0
Satisfied	66	13.2
Very satisfied	47	9.4
<b>5.Effectiveness in handling patient complaints</b>		
Very dissatisfied	40	8.0
Dissatisfied	67	13.4
Somewhat dissatisfied	40	8.0
Neutral	130	26.0
Somewhat satisfied	131	26.2
Satisfied	53	10.6
Very satisfied	39	7.8
<b>6.The comfort of the reception area and examination rooms</b>		
Very dissatisfied	28	5.6
Dissatisfied	30	6.0
Somewhat dissatisfied	46	9.2
Neutral	81	16.2
Somewhat satisfied	110	22.0
Satisfied	128	25.6
Very satisfied	77	15.4
<b>7. The cleanliness of the reception area and examination room.</b>		
Very dissatisfied	3	0.6
Dissatisfied	14	2.8
Somewhat dissatisfied	65	13.0
Neutral	76	15.2
Somewhat satisfied	122	24.4
Satisfied	126	25.2
Very satisfied	94	18.8

**Table 5.** Non- Core/ System Services: Discharge

<b>Item/aspect of dimension</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>1.Explanation of the purpose of the medicines you were to take at home in a way you could understand</b>		
Very dissatisfied	19	3.8
Dissatisfied	29	5.8
Somewhat dissatisfied	117	23.4
Neutral	146	29.2
Somewhat satisfied	95	19.0
Satisfied	53	10.6
Very satisfied	41	8.2
<b>2.Information about medication side effects to watch for when you go home</b>		
Very dissatisfied	91	18.2
Dissatisfied	70	14.0
Somewhat dissatisfied	89	17.8
Neutral	108	21.6
Somewhat satisfied	85	17.0
Satisfied	21	4.2
Very satisfied	36	7.2
<b>3.Information on danger signals you should watch for after you go home</b>		
Very dissatisfied	54	10.8
Dissatisfied	78	15.6
Somewhat dissatisfied	116	23.2
Neutral	85	17.0
Somewhat satisfied	65	13.0
Satisfied	71	14.2
Very satisfied	31	6.2
<b>4.Doctors or nurses gave your family or someone close to you all the information they needed to help you recover</b>		
Very dissatisfied	32	6.4
Dissatisfied	107	21.4
Somewhat dissatisfied	115	23.0
Neutral	109	21.8
Somewhat satisfied	67	13.4
Satisfied	38	7.6
Very satisfied	32	6.4
<b>5.Hospital staff told you who to contact if you were worried about your condition or treatment after you left hospital</b>		
Very dissatisfied	65	13.0
Dissatisfied	69	13.8
Somewhat dissatisfied	81	16.2
Neutral	111	22.2
Somewhat satisfied	60	12.0
Satisfied	62	12.4
Very satisfied	52	10.4

<b>6. Billing process was clear and itemized list of charges</b>		
Very dissatisfied	35	7.0
Dissatisfied	64	12.8
Somewhat dissatisfied	112	22.4
Neutral	94	18.8
Somewhat satisfied	96	19.2
Satisfied	56	11.2
Very satisfied	43	8.6

**Table 6.** Noncore/ System Services: Service format

<b>Item/aspect of dimension</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>1. How organised was the care you received in the OPD or Accident &amp; Emergency</b>		
Very dissatisfied	15	3.0
Dissatisfied	60	12.0
Somewhat dissatisfied	90	18.0
Neutral	53	10.6
Somewhat satisfied	119	23.8
Satisfied	95	19.0
Very satisfied	68	13.6
<b>2. Your involvement in decisions about your care and treatment</b>		
Very dissatisfied	26	5.2
Dissatisfied	69	13.8
Somewhat dissatisfied	80	16.0
Neutral	107	21.4
Somewhat satisfied	81	16.2
Satisfied	97	19.4
Very satisfied	40	8.0
<b>3. Giving you adequate information about your condition or treatment given to you</b>		
Very dissatisfied	27	5.4
Dissatisfied	43	8.6
Somewhat dissatisfied	66	13.2
Neutral	137	27.4
Somewhat satisfied	104	20.8
Satisfied	82	16.4
Very satisfied	41	8.2
<b>4. Finding someone on the hospital staff to talk to about your worries and fears and given emotional support</b>		
Very dissatisfied	110	22.0
Dissatisfied	123	24.6
Somewhat dissatisfied	69	13.8
Neutral	49	9.8
Somewhat satisfied	88	17.6
Satisfied	46	9.2
Very satisfied	15	3.0
<b>5. Operating hours of the OPD is convenient</b>		
Very dissatisfied	50	10.0

Dissatisfied	51	10.2
Somewhat dissatisfied	97	19.4
Neutral	74	14.8
Somewhat satisfied	118	23.6
Satisfied	64	12.8
Very satisfied	46	9.2
<b>6.Level of privacy when discussing your condition, being examined or treatment</b>		
Very dissatisfied	14	2.8
Dissatisfied	31	6.2
Somewhat dissatisfied	47	9.4
Neutral	108	21.6
Somewhat satisfied	144	28.8
Satisfied	110	22.0
Very satisfied	46	9.2