

# Exploration of Patient's Experience with Quality of Care at Outpatient Department of Yekatit 12 Hospital Medical College, Addis Ababa Ethiopia

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**Abstract:** *Background:* The patient flow to outpatient service in any hospital of Ethiopia is increasing from time to time. It is a fact that meeting the growing demands of patients for health care service in the outpatient departments must ensure quality of care. Exploring the quality of care in terms of patient perspective is very vital. Therefore, the aim of this study was to explore patients' experience of quality of care at outpatient department of Yekatit 12 Hospital Medical College. *Method:* A qualitative phenomenological approach research design was used. Eighteen focused group discussions each contains eight patients were conducted. A total of 144 patients were recruited through purposive sampling technique. The interviews were audiotaped, transcribed and subjected to thematic analysis. Semi structured questioner was used to collect the data. *Result:* The study participants described their experiences about the quality care at the hospital. The finding obtained from the focused group discussion was grouped in to three themes: breach of ethical principles, lack of necessary infrastructure and unwelcoming physical environment. *Conclusion:* It was found that the quality of care at the hospital was unsatisfactory. Thus the hospital managers should design and implement a strategy to improve the quality of care provided at the hospital so as to improve patients' satisfaction with the service.

**Keywords:** Quality of Care, Qualitative, Patients' Experience, Outpatient Department

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## 1. Introduction

Availability of proper appointment, availability and affordability of service, access to information and good communication are common aspects of health care delivery system which are supported to ensure quality of health care [1].

One of the main essential components of a health care delivery system is hospital outpatients departments. These are the main source of patient supply to inpatient departments and these departments create first impression to the patient.

Hence the overall ding of the hospital service is ensured by the quality of outpatient service [2]. The quality of outpatient services contributes significantly to a patient's overall impression of hospital services. Moreover, outpatient centers are growing more rapidly, and the revenues of these centers are predicted to be equal or even exceed those of inpatient services in the near future [3].

The 21<sup>st</sup> century's attention was attracted by patients' experience of health care service in both developed and developing countries including Ethiopia [4]. The feedback obtained from the patents' experience play a crucial role in improving the quality of services [5]. The health care system

is directly associated with patients satisfaction, and it is also the measurement of health system responsiveness [6]. Health-related information and advances in technology, changes in anticipations and views about health care, an increase in individuals' involvement in their health care and increased cost and competitiveness in the health sector will recognize the need for improved demand of quality of health care services [7]. Patients' experience related to quality of care received can provide key information on performance thus contributing to total quality management and good clinical outcome [8]. Inquiring patients what they perceive about the care and treatment they have received and undertaking structured observation by trained personnel on the service delivery process are basic steps towards improving the quality of care. [9].

Patient satisfaction is a positive or negative attitude reflecting the patient's feelings in relation to the received services. To obtain satisfaction, the patient must get a quality service; in contrast, the perceived quality of services by the patient is not necessarily the result of the service rendered [4, 10]. Several quantitative studies have been done on the service quality and customer satisfaction. But limited qualitative researches have been done on quality of care in outpatient department at different settings. Investigating the experience of the patient on the quality of care in the outpatient services is important to incorporate the patient's perspective on the stated title. Therefore, the aim of this study was to explore patients' experience of quality of care at outpatient department of Yekatit 12 Hospital Medical College.

## 2. Method

### 2.1. Study Area and Design

This study was conducted at Yekatit12 Hospital Medical College from June to July 2016. The hospital is found in Addis Ababa the capital city of Ethiopia and it is supposed to serve more than 5 million patients in the catchment area. The hospital has six major departments. And 200 to 250 patients were being served per day through six units at the OPD.

A phenomenology, qualitative study was employed with in the context of patient's experience with the quality of care at outpatient department of Yekatit12 Hospital medical college in Addis Ababa Ethiopia. The sources of population were clients coming to the outpatient departments during the study period. Purposive sampling technique was used to select the study participants and focused group discussions were held to gather the data from study subject.

After obtaining consent from the patients, they were invited to attend FGDs. Eighteen Focus Group Discussion clients was conducted. Each group had 8 participants which included 9 FGD for males and 9 FGD for females. The investigators conducted the focus group discussions and the discussions of the participants were both audio taped and manually written by two other note takers were. The investigators conducted the FGD until the information

abstained from the participants is saturated.

### 2.2. Data Collection and Procedures

An interviewer guide was prepared before conducting the FGDs. This guide was prepared in the local language, in consultation with health care service providers who have experience on the area. The focus group discussion guide had questions related to patients' experiences in the outpatient department and their perspectives on the quality of care. The guide was pre tested on 2 FGD for male and 2 FGD for female at Minilik referral hospital. This helped in estimating the time required to conduct the FGDs, to improve the interview guides and questions, to check for appropriateness of data collection procedures and to familiarize the researchers with the data recording materials such as the audiotape recorder. Questions were appropriately modified based on the responses of the test subjects. Patients enrolled in the pre testing of the guide were not enrolled in the study. Prior to audiotape recording, informed consent of the participants were obtained after providing a clear, logical explanation about its use, reassurance about its confidentiality and explanation about what would happens to the tapes and transcripts. The researchers used two audiotape recorders; one was used as a backup in case the other audio tape recorder failed. FGDs were carried out at the OPD center after they received the service. Each FGD lasted around one hour. At the end of the FGD, a summary of the discussion was made and presented to the study participants. Corrections and clarifications were accordingly made to the summary. The researchers and 2 male and female trained and experienced, master's degree-level moderators and 2 other note takers with health backgrounds, all fluent in the local language and culture were used to conduct the FGD. The data collectors (working in pairs: one note taker and one moderator) were first made to observe and then practice how to conduct FGD using the guide. During training, the researchers explained on how to collect the data and supervised each team while members conducted the discussions in order to standardize and improve data collection.

Before beginning a focus group discussion, participants were reminded of the purpose of the study. Nike name was given by the moderator (like number "1", "2" etc.) but the names were only used to facilitate the discussions. The participants were encouraged to share their genuine ideas and to discuss freely. During the discussion, the participants' nonverbal expressions were noted in addition to recording their verbal responses. After completing the discussion, the moderator summarized the finding and presented the key points to the participants to check for accuracy and consistency. Questions about demographic information were also prepared for the FGDs.

In this study quality of care was defined as satisfied and unsatisfied which reflects the patient's feelings in relation to the received services.

### 2.3. Analysis

Each note taker listened to her /his tape and transcribed the

tape verbatim to the local language. Each moderator in turn translated each of her/his transcripts into English for analysis. The principal investigator listened and checked to a sample of the tapes to assess and ensure the accuracy of the transcriptions.

Using Atlas ti version 7 qualitative data analysis software, the investigators independently read and coded each English transcript line by line. They discussed their codes and resolved for differences encountered in coding. They further discussed their coding with a senior member of the study team and a final consensus agreement was reached.

To ensure trustworthiness, framework analysis was used to facilitate comparison within and among the 3 thematic areas of the finding. In this process, similar codes were categorized, and the categories were used for identification, interpretation, and presentation of themes. Framework analysis enables researchers to track decisions, which ensures that links between the original data and findings are maintained and transparent. This adds to the rigor of the research process and enhances the validity of the findings. The researchers ensured trustworthiness of the findings through ensuring the credibility, dependability, conformability and transferability.

#### 2.4. Ethical Considerations

The proposal was approved and a letter of support was written by Ethical Review Committee of Yekatit 12 Hospital Medical College before the study was conducted. All the study participants were informed about the purpose of the study and finally their written and oral consent was obtained before the actual data collection. Individual identifiers were removed during transcription to maintain anonymity of information. Records are kept in a locked place that only was accessible to the principal investigator.

### 3. Results

#### 3.1. Demographic Characteristics of the Participant

**Table 1.** Socio-demographic characteristics of the participants of Yekatit12 Hospital medical college, Addis Ababa June 2016.

S/n	Socio- demographic character	Frequency	Percentage
1	Sex		
	Male	72	50%
	Female	72	50%
2	Age		
	20- 34	32	22.2
	35-54	88	61.1
	55-66	22	27.7
3	Marital status		
	Single	41	28.5
	Married	101	71.5
4	Educational status		
	Grade 1-6	16	11.1
	Grade 7 -12	29	20.1
	Diploma and above	99	68.8

The participants for the focused group discussion were seventy two each female and male patients who visited the hospital during the study period were included. Majority 88

(61.1%) of the participants were in the age group of 35-54 years old. Thirty two (22.2%) of them were in the age range of 20-34 years old. Up to 101 (71.5%) of the participants were married and the 99 (68.8%) of the participants were diploma and above in educational status (Table 1).

#### 3.2. Finding from the Focused Group Discussion

The information obtained through FGD from the participants with respect to quality of care delivered from the outpatient department of the hospital were grouped in to three themes: breach of ethical principles, lack of necessary infrastructure and unwelcoming physical environment (Table 2).

**Table 2.** Categories of themes and subthemes of the finding from participants of Yekatit12 hospital medical college Addis Ababa June 2016.

S/N	Themes	Subthemes
1	Breach of ethical principles	1) Delay in providing service 2) Invasion Privacy and confidentiality 3) Lack respect and courtesy 4) Partiality related to waiting time 5) Control (Lack of Patient centred care)
2	Lack of necessary infrastructure	1) Unavailability laboratory service 2) Lack of some medications 3) Lack of adequate waiting area
3	Unwelcoming physical environment	1) Disorganized direction indicators 2) Lack of cleanliness

##### 3.2.1. Breach of Ethical Principles

###### (i). Delay in Providing Service

Despite some positive experiences, majority of participants opined that they were less satisfied with the ways the services were operated and delivered to them. The situation of dissatisfaction arises due to many factors which includes delay in providing service.

Complete and accurate medical records empower healthcare professionals to treat patients to the best of their ability. Every single patient's history recorded in the chart is important as it contributes to the right diagnosis and treatment.

Most of the male participants raised the issue of repeatedly loss of medical record cards in the registration room. "The main reason for the poor quality of care in this hospital was the provider didn't know how to keep patient cards especially for those patients' who had chronic case like diabetic mellitus and hypertension". The discussants said "Our card is very vital but when we come to this hospital, we always face a problem in getting our card which makes it difficult to know our Medical progress, stay long period of time at the registration room and get delayed care" (MALES: FGD).

Similarly majority of female participants explained the issue using the following expression: "There is a repeated loss of record cards of patients in the registration room. This would oblige previously treated patients to issue new registration card which in turn can affect the quality of diagnosis and treatment as well as resulting in delay in receiving the medical care. It is really annoying to hear that one's record is lost. And there is no one who can listen and

*respond to our complaint. (FEMALE: FGD)"*

Punctuality of administrators and health professionals is one way of maintain the quality of care. The inability of a health care provider to arrive on time results in poor quality of care which in turn affects the patient's outcome. In relation to this some female discussants raise the issue of punctuality as a reason for delay in providing service at OPD

They said *"From our experience we come early but most of the doctors working in the OPD come as late as 10 AM in the morning. If health workers do not come on time, patients will suffer a lot from their disease, and begin to complain". (FEMALES: FGD)* They also said *"The main cause of our dis-satisfaction is we are not given service based our time of arrival at the hospital.... the one who came late may get service before the one who came earlier.*

As a professional, the health care providers should make an effort not to just arrive on time, but also come early.

### **(ii). Invasion Privacy and Confidentiality**

As of a standard, outpatient department of hospital should be on the ground floor of the hospital building with a separate consultation each doctor. But in our observation we found that 3 to 4 doctors share one consultation room at the study area which makes it difficult to assure confidentiality and privacy of patient. This was also confirmed by the majority of FGD discussants as follows *"we are satisfied by the way the health worker has handled and examined us. However, the examination room is exposed to the view of others, so our privacy wasn't assured"* (MALES: FGD).

In addition to this female focused group discussant also witnessed the problem of privacy and confidentiality by stating the following *"Even if all of us are sick we don't want to expose the details of our problem to each other".* They also said *"....we are human being we feel ashamed of talking in front of patients who are gather around an examination room"* (FEMALE FGD).

These issues were repeatedly raised by the other focused group discussant: *"The way health workers treated us without a problem but here the main problem is our privacy wasn't kept well as there were other patients who were being treated in the other corner of the some OPD room. Therefore we weren't protected from being seen by others."* (FEMALE: FGD).

### **(iii). Lack of Respect and Courtesy**

Respect and courtesy are an essential element of ethical principles expected from health care profession and other supporting staffs of a hospital. It helps to create a healthy environment in which patients feel cared and secured which in turn improves the quality of service provided.

This study reveals that sometimes the behavior of the workers in the hospital causes a feeling of insecurity and sense of grievances among the patients. The discussants identified inappropriate behavior and less caring attitude towards the patient as the major reasons of dissatisfaction. The following narratives echo the issue:

Most male discussants said *"By the time we went to the registration room to get our card, the worker treated us*

*discourteously. The record keepers impolitely told us that they can't register anymore as the morning quota is over. One of the staff yelled at us and told us to come back in the afternoon. Such behavior is completely unethical and undisciplined not expected from an educated person. In contrary, we expect professionals to be caring and well-mannered."* (MALE: FGD).

Female focused group discussants raise the issue of impoliteness in the antenatal care unit. They stated *"The health professionals they don't want to tell us their name and status. Some of them even consider themselves as if they are Saints..... they think as if they are the one created the baby."* One female discussant explain the situation by saying as follows *"the health professional shouted at me saying hurry expose your abdomen but don't remove your shoe.....treated me as if I am not human. This situation is totally scary and affected me in many ways."* (FEMALE: FGD7).

### **(iv). Partiality**

Partiality is a multidimensional negative evaluation of one group and its members relative to another can be manifested directly or indirectly. In this study it was identified that the workers in the hospital gives more advanced and effective medical treatments with in short period of time without delay and any appointment to those who their relatives and socials. This idea of partiality is explained by some of the study participants as follows *"our case needs surgery and they told us to come back or they told us they will give us a call after six months as they have a lot of cases and no bed is available for now."* One participant explained that *"I tried to talk to a friend of my friend who works there and asked him to help me in this regard then he explained to me that I will get the treatment after a week..... had I had my friend of friend I would have died before I receive the treatment (Male FGD5)"*.

Another focused group discussants also raised the issue of partiality by stating *"As most of the staffs working here in the registration room, laboratory, ultrasound give priority to their socials".* one participant's said *".....I am tired of such problem not only here but in other public hospital as well. In my view needs major government intervention like punishment, otherwise I don't think it will improve."* (Female: FGD4).

### **(v). Lack of Patient Centered Care**

Now a day's a patient centered care or involving patients in decision making is one way of improving patient outcome. Patients who are not allowed to express their ideas, concerns, and expectations and who are not informed about the name of their disease and the type of treatment tend to be more unsatisfied and more unlikely to follow their health workers' advice.

This information was also evidenced by the majority of the focused group discussants. They expressed that they are not told detail information about their disease, their laboratory investigation and its result and the treatment. One of the participant said *"this manner of the health professionals put*

me in apposition to doubt whether they are giving me the correct service or not that is why I move from hospital to hospital.” Other discussants said “A health center is better than a hospital in this regard” (FEMALE and MALE: FGD).

### 3.2.2. Lack of Necessary Infrastructure

#### (i). Unavailability Laboratory Service

Most of the patients expect this hospital to be more equipped with adequate laboratory services. Nevertheless the service provided is far below their expectation. This is witnessed by the following information obtained from the discussants “we didn’t get a complete laboratory service in this hospital; we got only some of it and some of the orders cannot performed in the hospital. Therefore we were sent to other public or private hospitals to undertake the laboratory investigation. Once we were there we would be appointed to come back some other day may be after a week which places us in a huge strain.” (MALE FGD).

Majority of the participants are from a low income community. They cannot go to private hospitals because those hospitals are very expensive and they cannot afford it. Therefore, their only alternative is to wait for public hospitals services because they think that most of their services are free of charge or at low cost. But in reality they have experienced that they must pay a lots of money as they are sent for private hospital for some of the laboratory tests. Some of FGD discussants said “They were ordered to get laboratory service like ENT investigation, ultrasound, MRI from a private hospital. Had we had enough money; we would have gone to private hospitals in the first place. But in reality we don’t have enough financial capacity to even feed our family properly leave alone paying for private hospitals. This is really a big challenge that needs to be solved. Every laboratory service should have been available in this hospital.” (FEMALE: FGD).

Majority of the male discussants share the same information as that of female discussants. One of the discussant explained his situation by saying: “The health worker told me that my ear drum is ruptured. They ordered me to get laboratory service from a private hospital for my ear problem. I thought I would get every laboratory service here in this hospital. I was frustrated when they told me to go to private hospital to get the necessary laboratory investigation. I couldn’t afford to pay the expense incurred by the laboratory service in private hospitals since it is too expensive.” (MALE: FGD8).

#### (ii). Shortage and Unavailability of Some Medications

The study explored that unaffordable cost of medicines and unavailability of free drugs was the most decisive factor for dissatisfaction of patients. Majority of the patients perceived that the cost of medicine is very low. But in reality their expectation are very rarely met and eventually most of them remain dissatisfied. This study found that only cheaper medicines were provided by the hospital and most of medicines were needed to buy from outside in the private market. As FGD discussants echo the issue: “We do not get

free medicine here, except the anti-pain, amoxicillin or very low cost medicine etc. We are urged to buy most medicines outside the hospital which in turn dissatisfied us with the service provided from the hospital.” (FEMALE FGD).

Another FGD discussants shared their experiences as follows:

“We came to the hospital with expectation of receiving all types of support to become fully cured. We had been suffering from skin diseases for the last two years. We thought that full courses of medicines will be given for us without fee. But we found that only cheap medicines were given for us from the hospitals and we were urged to buy most expensive medicines out of the hospital. as a result of this we were not able to offer drug which in turn made us dissatisfied.” (MALE: FGD).

#### (iii). Lack of Adequate Waiting Area

The waiting room is crowded and is not pleasant as it doesn’t meet the standard and chairs are broken and inadequate. Up to ten patients are allowed to stand together on a narrow corridor near by the door of the OPD room; which in effect can hasten the spread of respiratory diseases among each other. Some FGD discussant raised this issue as follows “The waiting area is over-crowded; the chairs are broken and inadequate. The number of chairs available in the waiting area and the number of patients visiting the hospital is not proportional which needs urgent solution. .... you are teaching us how to prevent the spread of airborne disease but the hospital itself didn’t implement it.... what kind of work is this!! ....” (MALE: FGD).

### 3.2.3. Unwelcoming Physical Environment

#### (i). Disorganized Direction Indicators

Overall, to improve the satisfaction of patients, strengthening efforts to deliver integrated quality service is suggested. Particularly presence of organized sign and direction indicators can ease the way of finding rooms where service are provided. As this is pronounced by some of the focused group discussant:

“There is nothing/no one that can indicate the direction of each service rooms. we found the service room by our own effort and by asking someone around. The location of the registration room and OPD room is difficult to find. The main gate of the registration room and OPD room are different and far apart.” (MALE: FGD). One member of the FGD1 discussants said: “The health professional send me to room number 6 but I found many rooms labeled room number 6 which confused me to enter which one of the rooms.”

#### (ii). Lack of Cleanliness of Toilets Room

Respondents were dissatisfied with cleanliness of the toilets, as this is evidenced by participants own word.

“The entire service rooms are clean and comfortable except the toilets. The toilets are dirty, and malodorous. By the time we came to this hospital, we were in need to defecate, and we had no option apart from using that dirty toilet.”

(MALE: FGD7).

Another FGD discussants described:

*"We got only one toilet in the hospital for both men and women; but we are not sure whether there is another toilet in the hospital. And it is extremely unhygienic that can even predispose patients to further diseases."* (FEMALE: FGD).

## 4. Discussion

During the era of globalization, sustaining patient loyalty, quality of interpersonal experiences with hospital staff and quality of hospital services in general should be understood in depth in outpatient departments.

Knowing the experience and expectations of outpatients about, hospital care is very essential to determine the clients level of satisfaction and hence quality of care delivered [11, 12]. In this study, the main reasons of clients' dissatisfaction obtained from the FGD discussants were grouped in to three themes: breach of ethical principles, lack of necessary infrastructure and unwelcoming physical environment. In other studies the reason for client dissatisfaction includes health care provider's incompetence and poor interaction with the patients, inappropriate behavior of the paramedical and support staff, shortage of various facilities, and overall lack hygiene of hospital environment [13]. Similarly, in this study delay in providing service, invasions of privacy and confidentiality due to lack of space, lack of respect and courtesy and partiality were the main reasons identified for client dissatisfaction resulting in poor quality of care.

The reasons identified as a cause of client dissatisfaction in this study might be due to lack of knowledge and negative attitude about code of conduct among professionals as this is evidenced by a study done among health workers in Ambo in Ethiopia where 37% of them agreed that ethics is important only for legal purpose and majority (82%) of the health workers agreed that medical ethics is not applied in Ethiopia [14].

Another study conducted in Addis Ababa Ethiopia found that knowledgeable medical doctors were more likely to have good practice of code of ethics compared non knowledgeable [15]. In line with this study knowledgeable medical doctors were five times more likely to have favorable attitude than those who were not knowledgeable [16].

Code of ethical conduct like solidarity, equity, efficiency, respect for autonomy, and impartiality may serve as a mirror which health professionals will use to deliver quality of service and improve client satisfaction [17]. On the contrary, in the current study, workers in the hospital gave more advanced and effective medical treatments with in short period of time without delay and any appointment for their relatives and socials than non-relative others. This finding was also in line with the study done among medical doctors in Addis Ababa Ethiopia, where there was a problem a problem in practice of code of ethics [18]. This might be due to lack problem on the implementation of enforcing strategies on code of conduct at hospitals.

The public sector health facilities which are suffering from shortage medical equipment, ill-equipped laboratories and other clinical diagnostic equipment and unavailability of some drugs and frequent disruption of supply chain were the common problem that leads to dissatisfaction of clients [19].

A study done in public hospitals of Addis Ababa Ethiopia, found that around 86% of the patients were not satisfied due to inability of drugs [20]. These findings were in line with the current study where lack of laboratory reagents, and unavailability some drugs were main reasons for client dissatisfaction.

General facility cleanliness of the hospital including toilets is the major determinants of quality of care [21, 22] and in the present study it was found that the study participants were dissatisfied with the cleanliness of the latrine. This finding is also comparable to a study conducted in health facilities of Bangladesh which confirmed that physical environment cleanliness including toilet could potentially influence patients' satisfaction [23].

## 5. Conclusion and Recommendation

On the basis of these findings, the gap of quality care specifically breaching of ethical principles, lack of necessary infrastructure and unwelcoming physical environment led to poor quality of care and patient dissatisfaction. Hence, this might enable policy makers, hospital managers and planners to give due emphasis on quality of service at outpatient department of the hospital. Accordingly, it will shape health care providers and supportive staff's attitude on the code of conduct by reinforcing individual messages and responsibility.

The limitation of this study is the result only provides an insight reasons for quality of care and patient dissatisfaction from clients perspective. Therefore, it is recommended that further studies should be done to explore the view of health professionals' and policy makers in this regard.

## Abbreviations

FGD: Focused Group Discussion

OPD: Out Patient Department

Y12HMC: Yekatit12 Hospital Medical College

## Declarations

### Authors' Contributions

TT GW GE TA GA were involved in the conception, design, analysis and interpretation, report and manuscript writing, all authors have read and approved the manuscript.

### Ethics Approval and Consent to Participants

Full information was provided for the research participants to take an informed decision. Accurate and complete information about the research was provided to enable the participants to take voluntary and thoroughly reasoned

decisions to participate in the study. The research participants were fully informed about any potential impact of the investigations and written informed consent was obtained. In the present study, clients were informed about the purpose of the study, estimated duration of the interview, and their rights to participate or withdraw from the study. Informed verbal consents were also obtained from the participants to use audiotape recorders after fully explaining the purpose. The participants were also informed that they could withdraw at any point of the interview or not answer any question they felt uncomfortable answering. Only research participants who gave their written consent were allowed to participate in the study. Written informed consent was taken from participants who could read and write whereas, fingerprints were used to obtain signed informed consent from participants who were unable to read and write. Hence, this study protected the self-determination or autonomy of the participants.

### **Consent for Publication**

Consent to publish is not applicable for this manuscript because there is no individual data details like images or videos.

### **Conflict of Interest**

The authors declare that they have no competing interests.

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This study was funded by the research program supported by Yekatit 12 Hospital Medical College but has no role in the design of the study and collection, analysis, and interpretation of data and in writing of the manuscript.

### **Availability of Data and Materials**

The finding of this study was generated from the data collected and analysed based on the stated methods and materials. There are no supplementary files. The original data supporting this finding will be available at any time upon request.

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