Original Article

Inpatient Care Satisfaction among Public and Private Health Sectors in Bahir Dar Town, Amhara Regional State, North West Ethiopia

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Abstract

Background: Patient satisfaction is one of the important indicators for quality of care. Assessing health care based on provider-defined clinical, economic or other criteria may not necessarily reflect on patient satisfaction. Although assessing consumer satisfaction is regarded an essential input for insuring quality of health care, it is often neglected.
Therefore, the aim of this study was to assess inpatient care satisfaction and factors associated with it among health institutions in Bahir Dar, Amhara Regional State, Ethiopia
Methods: Quantitative institution based Cross-Sectional Study design was conducted in August 2014 among health institutions in Bahir Dar city. The analysis was carried out using SPSS version 20. The data were analysed in bivariate and multivariate logistic regression.
Result:-Compared to female, male study participants were found to be 0.71 times less likely to be satisfied. Compared to those study subjects having age above 40 years 18-30 years and 31-40 years were found to be 0.32 and 0.44 times less likely to have had satisfaction respectively. The odds of satisfaction among the study subjects with no admission history were found to be 2.05 times more likely to have had satisfaction than those study participants having admission history (AOR=2.05,95%CI=1.47,2.89). Compared those study subject who stay above 8 days to those study participants who stay 2-7 days were found to be 4.99 times more likely to be satisfied AOR=(95%CI)4.99 (2.21, 11.24). Participants who get clear explanation for the admission process were 7.71 times more likely to be satisfied than those who did not get clear explanation for the admission process (AOR(95%CI)=7.71(4.2, 14.22).
Conclusion: Patient satisfaction was higher in private health facilities (66.7%) compared to public health facility (40.1%).Variables such as sex, patient's age, history of previous admission, length of hospital stay, waiting time before admission, and explanation given about the admission process clearly were found to be independent predictors of inpatient care satisfaction. interventions targeting on these factors were recommended.

Keywords: inpatient care satisfaction; Bahir Dar City; Ethiopia

Introduction

Patient satisfaction is one of the most important indicators for quality of care. Assessing health care based on provider-defined clinical, economic or other criteria may not necessarily reflect on patient satisfaction. Although assessing consumer satisfaction is regarded an essential input for insuring quality of health care, it is often neglected. It is about the way how the patient is treated and the facilities of quality health care services delivery of an institution. The goal of a hospital is to provide the best possible health care services to patients. It should

provide a broad range of medical services and employs staff who are equipped with knowledge and skills to deliver optimum care to the entire satisfaction of the patient. Since patients are the ultimate consumers of the hospital, it follows that patient satisfaction is one of the cornerstones to measure the success and effectiveness of hospital health care services delivery. Thus it is an important determinant of their hospital experiences is an important tool that can be used for the development of action plans for the improvement of services, safety and care provided to the public. Patient satisfaction constitutes a crucial aspect of quality of care (Rahmqvist 2001). In patient satisfaction with care is a standard indicator of the quality of care delivered during hospitalization. A satisfied person will recommend the hospital to friends and family while a satisfied patient may express that satisfaction four to five people; a dissatisfied one on the other hand will complain 20 or more .Also satisfied patients are more likely to cooperate with treatments(Shikiar and Rentz 2004).

Satisfaction with care is an important influence determining whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners. The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services.

Thus, suggests that patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. Unless quality improvement becomes a priority, the consequences are grim. In addition to preventing patients from quick recovery, thereby increasing their costs, poor quality also elevates the psychological barriers of using the system (Andaleeb 2001).

Most researchers agree that patient satisfaction is a multidimensional concept; however, no consensus exists regarding which dimensions of care should be evaluated to measure patient satisfaction. So, by assessing the level of satisfaction and identifying factors affecting patient satisfaction, we will improve quality of care in both private and public health institutions. The determination of health care service satisfaction of the admitted patient will provide an information to their satisfaction in terms of the facilities in the hospital, availability and affordability of various health care services, the manner of service delivery which include how well the necessary information are conveyed and the personnel who deliver the health care services. Patient satisfaction measure provides health care administrators with the useful information to modify the institutions' existing approach to provide quality health care for all. In addition, determining patient satisfaction will also serve as a constant monitor for the hospital administrators on the efficiency of the hospital health care service delivery. However there is no information on inpatient care satisfaction among health institution in northwest of Ethiopia. Therefore, the objective of the study was to assess inpatient care satisfaction among health institution and what factors associated with it, Bahir Dar, Amhara Regional State, Ethiopia.

Methods

Institution based quantitative Cross sectional study design was conducted among health institution in Bahir Dar city in August 2014. This study was conducted in North West part of Ethiopia at a distance of 565 kilometers from the capital city Addis Ababa among health institution in Bahir Dar city. Patient admitted for at least two nights, 18 years and older patient, a person who is able to communicate and not unconscious were authorized for this study. The sample size was determined by using the formula of double population proportion method. The assumptions were, α=0.05 or Z (α/2),β=0.10,Expected frequency of satisfaction in public health facility (Prevalence) p= 30%, Power of the study (1- β) = 0.9 ,Non response rate = 4.4 %(29). Based on the above assumption, the total sample size were 650 from public health facilities (n_1 =524) and private health facilities ($n_{2=}$126).

The respondent selected from target population by systematic random sampling technique by considering the turn over interval of the patient as K^{th} interval .The turn over interval in these health facilities were 5 days. Therefore every 5 days the data was collected, it took about 2 months. Data were collected using face to face interview by using Patient Satisfaction Questioner (PSQIII) structured questionnaires. Adopted and modified from reviewed literatures and the satisfaction scale consists of 38-items. All items are scored on a five-point Likert scale (1 = not at all satisfied, 2 = barely satisfied, 3 = quite satisfied, 4 = very satisfied, and 5 =

completely satisfied). Participants were asked to rate their satisfaction with various aspects of general care satisfaction, technical quality, interpersonal care, communication, financial aspects, time spent with provider, and access/availability/ convenience), by selecting only one number that best described their opinion on each item of the scale. our outcome measure was inpatient care satisfaction when participants who responded as very satisfied or completely satisfied or who scored > 140/181 for all 37 satisfaction items those participants were categorized as fully satisfied whereas, participants who respond as not at all / barely / quiet satisfied or who scored <140/181 for satisfaction items were grouped as not fully satisfied.

The questionnaire was initially prepared in English and translated into local language-Amharic for interview in order to obtain the required information from the respondents and it was translated back to English to check for any inconsistency. Pretest was done among 32 admitted patients outside the study area. Six BSC students who are not involved in patient care as data collectors, two supervisors and the principal investigators were recruited during the field work. Data collectors and supervisors were trained for two days to make them familiar with the questionnaires on how to ask questions and guide the overall process of data collection. The data collection was conducted under close supervision of principal investigator and supervisors.Each day the whole questionnaires filled on the same day were checked for completeness and consistency; in addition meeting was held to discuss on the encountered problems. Data were entered in to EPInfo data version 3.1software by defining legal value for each variable. The data were validated and exported to SPSS version 20 soft ware packages.

Univariate, Bivariate and multivariate analysis were computed to see the frequency distribution and to test whether association between inpatient care satisfaction and selected covariant variables in private and public health facilities. Factors associated with inpatient care satisfaction at bivariate analysis were identified and the variables with P-value of 0.2 and less were taken to multivariate analysis. Finally, the p value less than 0.05 were considered statistically significant.

Ethical clearance was secured from ethical review committee of Gondar University, institute of public health and communicated with regional health bureau before the time of data collection. Letter of permission was obtained from each participating health facilities. The confidentiality of information was maintained by excluding personal identifiers; data were collected after securing informed consent from every respondent.

Result

Socio- demographic characteristics

A total of 650 patients were approached and 616 (94.8%) patients who were admitted in medical, surgical, gynecological and ophthalmologic wards of the study health facilities volunteered to participate and have responded to the interview. Among 616 participants 120 were from private health facilities and the rest 496 were from public health facilities. Among 496 participants of public health facility 272 (54.8%) were males and the mean age of participants in public health facility was 33±10.1years. Among 120 participants of private health facilities, 72 were females (60%). This shows that private facility patients are more likely females and the mean age of participants in private health facilities were 37.6±10.64 years. 249 (50.2%) of the cases their age were between 18-30years, 173(34.9%), were from 31-40 years, 74(14.9%) were above 41 years in public health facility, while in Private health facility 62(51.7%) of participants were in age group of above 41. Most patients were married in both private and public health facilities. Most private patients' educational background were certificate and above. 66 (55%) of public health facility patients can't read and write .Most participants 73(60.83%) in private health facility have previous history of admission. The mean length of stay in public health facility was 7.98±5.44 and 3.68±2.67 from private health facilities.

The admission process

Out of 496 patients from public health facility, in 321(64.72%) of the cases, the admission process was clearly explained and 174 (35.08%) of the cases, the admission process weren't clearly explained. On the other hand private health facilities, 109 (90.83%) of patients, the admission process were clearly explained and 11(9.167%) of the cases, the admission process weren't clearly explained.

Amount of time spent for waiting in reception area to admission

Out of the four hundred ninety six participants from public health facility 133(26.8%),177(35.7%) and186(37.5%) of patients waiting time were less than 30 minutes, less than 60 minutes and greater than 60 minutes respectively. From the total of 120 participants from private health facilities 88(73.33%) and 32(26.7%) of patients waiting time were less than 30 minutes and less than 60 minutes respectively.

Table 1: distribution of the study sample according to the type of hospital in Bahir Dar city, August 2014

Type of health facility	Frequency	Percentage (%)
Government health facility	496	80.52%
Felege Hiwot Referal Hospital	496	80.52
Private health facility	120	19.4
- Aflagat General hospital	33	5.4%
- Gamby higher clinic	52	8.4%
- Kidanmihirethigher clinic	10	1.6%
- Alemsaga higher clinic	10	1.6%
- Adinas higher clinic	15	2.4%
Total	616	100

Table 2: Distribution of study sample according to demographic data, in Bahir Dar city, August 2014

Category	public health facility	Private health facilities
Sex		
Female	224 (45.2%)	72(60%)
Male	272 (54.8%)	48(40%)
Age		
18-30years	249 (50.2%)	39(32.5%)
31-40years	173(34.9%)	19(15.8%)
>=41years	74(14.9%)	62(51.7%)
History of previous admission		
Yes	149(30.04%)	73(60.83%)
No	347(69.96%)	47(39.17%)
Length of stay		
2-7days	387(78%)	116(96.7%)
Above 8days	109(22%)	4(3.3%)
Mean	7.98(5.44)	3.68(2.67)

Table 3: Shows the admission process among inpatient care satisfaction in public and private health sectors at Bahir dar city, August 2014

	Type of organization	
	Public health facility	private health facility
The admission process clearly explained to patient		
Yes	321(64.72%)	109 (90.83%)
No	174 (35.08%)	11(9.167%)
Total	496	120

Table: 4 shows the amount of time spent for waiting in reception area to admission, in Bahir dar city, August 2014

	Type of organization	
	Public health facility	**private health facility**
Waiting time		
Less than 30minutes	133(26.8%)	88(73.3%)
Less than 60 minutes	177(35.7%)	32(26.7%)
Greater than 60 minutes	186(37.5%)	—

Table 5: Response summary for satisfaction questions among inpatient care satisfaction public and private health sectors at Bahir dar city, August 2014

Satisfaction question	**Public Hospital**					**Private Hospitals**				
	1	2	3	4	5	1	2	3	4	5
1. The level of cleanliness andoverall condition of the toilets, showers, and floors of the hospital	84	174	41	118	79	5	13	23	53	26
2. Level of the safety of your hospital room	101	158	38	122	77	5	13	23	52	27
3. Level of satisfaction with meal that were provided	81	147	69	125	74	-	-	-	-	-
4. Level of comfort in sleeping in your room	87	171	39	125	74	5	13	22	54	26
5. Level of satisfaction with your hospital room	76	190	30	128	72	2	15	23	53	27
6. The receptionist explain things Quietly	66	196	36	121	77	2	15	23	51	29
7. The level of communication between your self and doctors	70	164	58	123	81	2	15	23	50	30
8. The level of communication between your self and nursing staff	50	180	62	126	78	2	15	23	52	28
9. Nursing staff listening to what you Say	52	180	62	127	75	3	14	23	52	28
10. Nursing staff answers to your	71	180	44	126	75	3	14	23	52	28

questions										
11. Nursing staff effort to make your visit comfortable and pleasant	61	190	44	127	74	3	14	23	52	28
12. Friendliness and courtesy shown to you by nurses	47	202	44	125	78	3	14	23	52	28
13. Sometimes doctors use medical terms without explaining what they Mean	60	196	39	126	75	3	14	23	52	28
14. The medical staff who treat you give you respect	51	194	51	128	72	2	15	23	51	29
15. The confidence and trust in medical staff Treating you	47	182	65	129	73	2	15	23	49	31
16. Doctors usually spend plenty of time with you	51	192	50	132	71	2	15	23	51	29
17. The medical knowledge of physician staff at this hospital	20	93	176	135	72	2	14	23	50	31
18. The medical knowledge of nursing staff at this hospital	14	91	181	136	74	2	15	23	49	31
19. Training, skill and experience of the nursing staff	19	84	187	132	74	2	15	23	48	32
20. Doctor advice you about ways to avoid illness and stay healthy	23	102	166	132	73	2	15	23	50	30
21. Quality of examinations you receive	24	105	163	128	76	2	15	23	51	29
22. Doctors are good about explaining the reason of medical tests	23	106	160	133	74	2	15	23	52	28
23. Doctor is careful to check every thing when examining me	16	123	146	141	70	2	14	24	51	29
24. The patient was given enough information about his condition and Treatment	16	143	123	141	73	2	14	24	51	29
25. Quality of treatment you receive	19	126	136	147	68	2	14	24	52	28
26. Easy of reaching the medical staff when you have problem	49	197	48	130	72	2	14	25	52	27
27. Easy of getting hospital care when you Need	79	173	42	133	69	2	14	24	52	28
28. Easy of getting medical care in an Emergency	48	215	33	130	70	2	14	24	53	27
29. Access to specialist when needed	70	191	36	132	67	2	14	24	53	27
30. Easy of getting lab and radiology work	30	196	69	35	66	2	14	24	52	28
31. Drugs in pharmacy are	30	156	96	150	64	2	15	24	52	27

available										
32. Laboratory tests are available	33	151	102	144	66	2	14	24	53	27
33. Convenience of location where you get Care	34	214	45	137	66	2	15	24	51	28
34. Overall quality of care and service provided by hospital	57	191	44	141	63	3	17	25	52	23
35. You will recommend this hospital to your friends and family member	59	195	37	140	65	2	14	25	52	27
36. you are satisfied with your visit to this Hospital	52	197	44	139	64	2	14	24	52	28
37. Health status of the patient	28	215	49	142	62	2	14	25	51	28

Table 6: Level of patient satisfaction among private and public health hospitals: fully satisfied versus not fully satisfied among inpatient care satisfaction in public and private health sectors at Bahir dar city, August 2014

Satisfaction question	**Public Hospital**		**Private Hospitals**	
	Fully satisfied	Not fully satisfied	fully satisfied	Not fully satisfied
Room services				
1. The level of cleanliness and overall condition of the toilets, showers, and floors of the hospital	197	299	79	41
2. Level of the safety of your hospital room	199	297	79	41
3. Level of satisfaction with meal that were provided	199	297	-	-
4. Level of comfort in sleeping in your room	199	297	80	40
5. Level of satisfaction with your hospital room	200	296	80	40
Interpersonal skill				
6. The receptionist explain things Quietly	198	298	80	40
7. The level of communication between yourself and doctors	204	292	80	40
8. The level of communication between yourself and nursing staff	204	292	80	40
9. Nursing staff listening to what you Say	202	294	80	40
10. Nursing staff answers to your questions	201	295	80	40
11. Nursing staff effort to make	201	295	80	40

your visit comfortable and pleasant				
12. Friendliness and courtesy shown to you by nurses	203	293	80	40
13. Sometimes doctors use medical terms without explaining what they mean	201	295	80	40
14. The medical staff who treat you give you respect	200	296	80	40
15. The confidence and trust in medical staff Treating you	202	294	80	40
16. Doctors usually spend plenty of time with you	203	293	80	40
Technical quality				
17. The medical knowledge of physician staff at this hospital	207	289	81	39
18. The medical knowledge of nursing staff at this hospital	210	286	80	40
19. Training, skill and experience of the nursing staff	206	290	80	40
20. Doctor advice you about ways to avoid illness and stay healthy	205	291	80	40
21. Quality of examinations you receive	204	292	80	40
22. Doctors are good about explaining the reason of medical tests	207	289	80	40
23. Doctor is careful to check every thing when examining me	211	285	80	40
24. The patient was given enough information about his condition and Treatment	214	282	80	40
25. Quality of treatment you receive	215	281	80	40
Accessibility				
26. Easy of reaching the medical staff when you have problem	202	294	79	41
27. Easy of getting hospital care when you Need	202	294	80	41
28. Easy of getting medical care in an Emergency	200	296	80	40
29. Access to specialist when needed	199	297	80	40
30. Easy of getting lab and radiology work	201	295	80	40
31. Drugs in pharmacy are	214	282	79	41

available				
32. Laboratory tests are available	210	286	80	40
33. Convenience of location where you get Care	203	293	79	41
General satisfaction				
34. Overall quality of care and service provided by hospital	205	291	79	41
35. You will recommend this hospital to your friends and family member	203	293	80	40
36. you are satisfied with your visit to this Hospital	204	292	75	45
37. Health status of the patient	204	292	79	41

Table 7: Shows the level of the patient satisfaction with hospital services on satisfaction items among inpatient care satisfaction in public and private health sectors at Bahir dar city, August 2014

Items	public (n=496)	private (n=120)
Room services		
Fully sat	199(40.1%)	80(66.3%)
Not fully sat	297(59.9%)	40(33.3%)
Interpersonal skill		
Fully sat	202(40.7%)	80(66.7%)
Not fully sat	294(59.3%)	40(33.3%)
Technical quality		
Fully sat	208(41.9%)	80(66.3%)
Not fully sat	289(58.6%)	40(33.3%)
Accessibility		
Fully sat	292(58.9%)	79(65.8%)
Not fully sat	204(41.1%)	41(34.2%)
General satisfaction		
Fully sat	204(41.1%)	78(65%)
Not fully sat	292(58.9%)	42(35%)

Table: 8 Participants' characteristics: fully satisfied versus not fully satisfied for hospitals under study (fully satisfied refers to very/completely satisfied and not fully satisfied refers to not at all/barely/quite satisfied among inpatient care satisfaction in public and private health sectors at Bahir dar city, August 2014

Variables	fully satisfied	not fully satisfied	COR (95%)	AOR (95%)
Sex				
Male	128(45.9%)	192(57%)	0.64(0.47, 0.88)***	0.71(0.51,0.99) ***
Female	151(54.1%)	145(43.5%)	1.00	1.00
Age				
18-30years	105(37.6%)	182(54%)	0.30(0.19, 0.46)***	0.32(0.20,0.49)***
31-40years	84(30.1%)	108(32%)	0.41(0.26, 0.64)***	0.44(0.28, 0.69)***
Above 41	90(32.3%)	47(13.9%)	1.00	1.00
Have you other disease				
Yes	93(33.3%)	91(27%)	1.35(0.956, 1.911)	1.26(0.88,1.78)
No	186(66.7%)	246(73%)	1.00	1.00
History of previous admission				
Yes	126(45.2%)	96(28.5%)	2.07(1.48, 2.89)***	2.05(1.47, 2.86)***
No	153(54.8%)	241(71.5%)	1.00	1.00
Admission process clearly explained				
Yes	262(93.9%)	168(49.9%)	1.00	1.00
No	17(6.1%)	169(50.1%)	15.5(9.1, 26.5)***	7.71(4.2, 14.22)***
Amount of time spent for waiting				
<30 minutes	199(71.3%)	22(6.5%)	1.00	1.00
<60 minutes	48(17.2%)	81(24%)	0.48(0.33, 0.71)***	7.39(4.50, 12.11)***
>60 minutes	32(11.5%)	234(69.4%)	0.12(0.07, 0.19)***	3.87(2.43, 6.17)***
Health facilities				
Public	199(40.1%)	297(59.9%)	0.34(0.22, 0.51) ***	0.69(0.434, 0.98)***
Private	80(66.7%)	40(33.3%)	1.00	1.00

80(66.3%) of respondents in private health facilities are fully satisfied by room service like the level of cleanliness of toilets, shower and floors ,meal and level of safety; while 297(59.9%) of respondents in government health facilities are not fully satisfied by the cleanliness of these areas. It becomes apparent from these results that the overall cleanliness of the common areas to be of poor hygiene especially in governmental health facility.

294(59.3%) of the respondent in public health facility were not fully satisfied by the interpersonal skill of professional, such as training skill of nurses and the quality of examination and doctors explanation of the reasons of medical tests. 80(66.3%) of patients in private health facilities were fully satisfied.

It was encouraging to know that most of the patients stated that the medical staff treats patients with respect.

About 292(58.9%) of respondents in public health facility were fully satisfied by the accessibilities of getting hospital care, specialist and radiologic examination when needed, while, 79(65.8%) of respondents from private health facilities. About 204(41.1%) of respondents from public health facility were fully satisfied with the overall quality of care and service provided by hospital. While, 78(65 %) of respondents from

private health facility were fully satisfied by the overall quality of care and services provided by the hospital

Multivariate analysis

Those variables having **p-value <0.02** in bivariate analysis were taken in to account in this model. In multivariate analysis sex, age, previous history of admission, length of stay, admission process clearly explained, waiting time before admission and health facility have been found to have an association with inpatient care satisfaction.

Compared to female, male study participants were found to be 0.71 times less likely to be satisfied. When point out to those study subjects having age above 40 years ,18-30 years and 31-40 years were found to be 0.32 and 0.44 times less likely to have had satisfaction respectively.

The odds of satisfaction among the study subjects with no admission history were found to be 2.05 times more likely to have had satisfaction than those study participants having admission history (AOR=2.05,95%CI=1.47,2.89)

Participants who get clear explanation for the admission process were 7.71 times more likely to be satisfied than who did not get clear explanation for the admission process (AOR(95%CI)=7.71(4.2, 14.22).

Participants who spent less than 30 minutes waiting time before admission were 7.39 and 3.87 times more likely to be satisfied than those study participants waiting time less than 60 minutes and greater than 60 minutes AOR(95%CI)=7.39(4.50, 12.11) and AOR(95%CI)=3.87(2.43, 6.17) respectively

Participants in public health facility were 0.69 times less likely to be satisfied than private study subjects AOR (95%) 0.69(0.434, 0.98).

Discussion

The comparative study between the government and private health facility inpatient care satisfaction showed that there were significant differences .Patients were more satisfied in private health facilities than in government health facility. As the result of the services provided to the patients in health facilities, 40.1% of respondents in public health facility rated the overall satisfaction as fully satisfied, while in private health facility 66.7% of respondents rated as fully satisfied. The difference between government and private inpatient satisfaction can be due to;(Rahmqvist 2001). Organizational structure; private health facilities tend to be business oriented while government health facilities tend to be service oriented. These differences affect medical staff performance which in turn affects patient satisfaction. In private health facilities great emphasis on patients' satisfaction is more than government health facility. Private health facilities have to please their patients by providing good services. Without this emphasis patients will go to the government hospitals because the service in the government health facilities cost are low.(Baumann, Rat et al. 2009) Motive under patient satisfaction in private health facilities, medical staff promotion and renewal of contracts are based on their performance and on patient satisfaction .The fear of being fired from the job may be one of the strongest motives to satisfy patients. On the other hand, in the government hospital there is low motivation to satisfy patients because medical staff are just like any other employees. In public health facility promotion is based on seniority whether a patient is satisfied or not will not affect an employee career.(Shikiar and Rentz 2004) Patients expectation; patients in private health facility have to pay for their medical treatment and they do expect a return for this payment (services). Service from patients' perspective should be equitable to that payment. In government health facility, services are provided for free, so patients have also equitable expectation to their pay. So whatever they get is fine with them.(Shikiar and Rentz 2004)patients' socio economic difference:- Most patients who go to the private health facilities for medical treatment are from a higher socio economic class. Private health facilities have to provide a service which is consistent with their clients' economic status (i.e social prestige).Most people who go to the government health facilities are from middle and low socio economic classes. They will feel happy for the free medical treatment no matter how good or how bad the services are which is consistent with their status. This finding is consistent with the study in Bangladesh and in Kuwait which showed that general patient satisfaction are high in private health facilities than in Government health facilities(Westaway, Rheeder et al. 2003),(Andaleeb 2000).

The results found that there was significant association between sex and satisfaction. Female were found more satisfied than male. Females were more satisfied because high number of them were housewives with low educational level which deprives them from seeing other alternatives of modern medical services to compare with. Also females have more social confidence with the health care providers especially doctors and nurses.

This study indicated that patients in age group of above 41 were more satisfied than the younger ones this is in agreement with the study conducted in Kuwait which showed subjects aged above 50 years show the highest overall satisfaction.In Sweden, patient satisfaction increased with age higher patient satisfaction in age group of 75-84years and other previous study in Australia (Kane, Maciejewski et al. 1997),(Locker and Dunt 1978) (Al-Eisa, Al-Mutar et al. 2005).

The age related differences is due to younger patients being inherently more able to express criticism than older patients perhaps due to differences in education between cohorts. Elderly patients had less education and their knowledge and information about modern medical care was little. Also older patients were simply more likely to give high satisfaction ratings; usually these patients have good interpersonal skills for health care providers, high level of friendliness and politeness shown to them by doctors and nurses. Also they have high confidence and trust in medical staff that treated them and believe that doctors and nurses are skilled staff.

The results showed that patients 234(69.4%) who waited for long time (more than one hour) in the reception area to get a bed in the hospital in our study were less satisfied than the others. While 99(71.3%) patients with less waiting times(less than 60 minutes) were most satisfied. Finding agrees with Anderson et al (2002) the combination of long wait times and short visit times produced the lowest level of patient satisfaction observed in the study, and suggests that both measures are important (Anderson, Weisman et al. 2002)

The study showed that there was significant relationship between general satisfaction and the type of hospital**.** This means that the type of hospital plays a role in the level of patients' satisfaction. Patients in private hospitals 66.7% were more satisfied than the patients in governmental hospitals 40.1% .Similar level of satisfaction was found in the study in Turkey. The study indicated that inpatients in the private hospitals were more satisfied with service quality than those in the public hospitals (27).

Aspect of care given

80(66.3%) of respondents in private health facilities are fully satisfied by room services like, the level of cleanliness of toilets, shower and floors ,meal and level of safety of the room; while, 297(59.3%) of respondents in government health facilities were not fully satisfied by the cleanliness of these areas. It becomes apparent from these results that the overall cleanliness of the common areas to be of poor hygiene especially in governmental health facility.

About 294(59.3%) of the respondents in public health facility were not fully satisfied by the interpersonal skill of professionals, such as training skill of nurses and the quality of examination, doctors use medical terms without explaining the meaning of terms. Doctors explanation of the reasons of medical tests, spend plenty of time with patients. 80(66.3%) of patients in private health facilities were fully satisfied. This finding is contrary to a study in India on patient satisfaction in tertiary hospital which showed that satisfied patients regarding technical aspects of nursing care(training and skill) was above 90% (Hajifathali, Ainy et al. 2008).This could be due to fresh nurses getting employed in public health facility; so, they lack skills and experiences whereas private health facilities employ skilful and well experienced professionals to attract the patient, otherwise they couldn't get enough patients because patients go to private health facilities to get quality health services in turn to their payment. On the other hand the participants rated interpersonal skills of physicians from not satisfied to quiet satisfied: this could be the negligence of physicians to use simple and easier terms and this might result in the patients inability to understand the reason of medical tests because there is a language barrier between doctors and patients .This should be improved in public health facility. Therefore, patients in private facility are fully satisfied than in the public health facility.

The other interpersonal skill which results in dissatisfaction in public health facility was that doctors' inability to give adequate time to their patient this is because of large number of clients in public health facility. Even though, there is a

large number of patients the doctors must spend more time with patient especially at public health facility (Anderson, Weisman et al. 2002).

About 292(58.9%) of respondents in public health facility were fully satisfied by the accessibility of getting hospital care, specialist and radiologic examination when needed, while 79(65.8%) of respondents from private health facilities were fully satisfied. About 204(41.1%) of respondent from public health facility were fully satisfied with the overall quality of care and service provided by the hospital. This study is in agreement with the study which was conducted in Turkey that showed that private hospital patients are more satisfied than public hospital. (Mccoll, Thomas et al. 1996).

Conclusion

Patient satisfaction is an increasing important issue both in evaluation and shaping of health care, it should be carried out routinely in all aspects of health care to improve the quality of health services. This is the first study in Bahir Dar that has asked hospitalized patients about specific aspects of hospital care and to rate the level of satisfaction of services provided by hospitals. In this study patients in private facilities were more satisfied than public facility with general satisfaction such as; sex, age, history of previous admission, length of stay, waiting time before admission, whether admission processes are clearly explained to the patient or not and health facilities themselves had great association with patient satisfaction

The study highlighted for policy makers several shortcomings that need to be improved. For example the level of hygiene in common areas such as toilets, showers and floor appear to be of concern to a significant number of patients; the quality and quantity of meal in public health facility.

In this study there is a gap on interpersonal skill of physicians and nurses such as physicians speak using medical terms, training and communication skills of nurses and physicians spent less time with patients and long waiting time before admission especially in public health facility. These are the common problems and needs attention.

List of Abbreviations

PSQ-patient satisfaction questionnaire

SPSS- Statistical Package for Social Science

Declaration

Ethics approval and consent to participate

Ethical clearance was secured from ethical review committee of Gondar University, institute of public health and communicated with regional health bureau before the time of data collection. Letter of permission was obtained from each participating health facilities. The confidentiality of information was maintained by excluding personal identifiers; data were collected after securing informed consent from every respondent.

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