FACTORS INFLUENCING PATIENT SATISFACTION WITH DOCTORS IN THE OUT PATIENT DEPARTMENT AT A DISTRICT HOSPITAL IN TSUMEB, NAMIBIA

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A minithesis submitted in partial fulfilment of the requirements for the degree of Masters in Public Health in the school of Public Health, University of the Western Cape

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30 September 2011

Key Words: Patient's choice; Patient's satisfaction; Patient's expectation; Doctors' services; Tsumeb district; Namibia

ABSTRACT

Providing quality health services is a concept currently given a high priority by the World Health Organization (WHO). As a member of WHO, Namibia is determined to improve health services delivery in the country. In order to achieve this, both doctors and patients must fully engage in the planning and implementation of health services. There have been long standing complaints from patients attending Tsumeb district hospital in Namibia about unsatisfactory services from doctors. The Regional Health Management Team and District Coordinating Committee have tried to make sure that all essential services required at the district hospital are in place and functional. Despite these measures, some patients continue to express dissatisfaction with the services provided by doctors.

The aim of this study was to describe factors considered by patients in choosing a doctor at Tsumeb district hospital Outpatient department. The research was an observational descriptive cross-sectional study. Data was collected using a structured questionnaire administered by the researcher in interviews to a sample of 235 patients attending the Tsumeb Out Patient Department over five weeks. Data was analyzed using Epi-Info computer soft ware.

Approval to conduct the research was sought from the Namibian Ministry of Health Research Ethical Committee and Regional Health Management Team prior to commencing the study. Study participants received full information on the purpose and process of the study in their preferred language and were allowed to withdraw at any stage without consequences. All data was made anonymous and securely stored.

The majority of the study sample (90 percent) did not have a tertiary level of education. Although a majority of the study sample (80 percent) said there were long waiting times at

Tsumeb hospital Out Patient Department and 48 percent indicated that the environment at Tsumeb hospital was unfriendly, a significant percent of patients surveyed (38.3 percent) were present for follow-up care. This could be attributed to patients who attend Tsumeb hospital being of low socio-economic status and hence having a limited choice of health services, or it could suggest that overall patients were satisfied with the doctors they saw, as 67 percent of returning patients agreed with the statement that Out Patient Department doctors are competent. Four participants complained about the lack of confidentiality among nurses, an issue that was not part of the original questionnaire. In order to improve the quality of patient care, there is a need for the Tsumeb hospital authority to address key complaints around waiting times and staff attitudes.

DECLARATION

I declare that *Factors Influencing Patient Satisfaction with Doctors in the Out Patient Department at a District Hospital in Tsumeb, Namibia* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have quoted have been indicated and acknowledged by complete references.

Juvenary John Rutabanzibwa September 2011

Signed……

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my supervisor, Annie Parson for her tireless efforts in guiding me through the entire process of this minithesis. I would also like to thank my colleagues at Tsumeb district hospital for their support and encouragement. Special thanks go to my wife Tina and my children Keneth and Karen for their understanding and support.

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CHAPTER ONE: INTRODUCTION

Health care services are currently changing from the old approach of provider centred to the modern approach of patient centred care (Baron-Epel, Dushenat & Friedman, 2001). Namibia is actively reviewing its health system to be responsive to the public's needs. Health care providers no longer control medical knowledge and are not the sole deciders of patients' treatment needs. Today, the roles and expectations of both providers and patients have shifted to a new approach of informed choice and active patient participation. The importance of understanding the decision making process of patients regarding selection and continuity of service use is paramount in designing appropriate treatment plans.

Different studies have been conducted in multiple countries on patient choice of doctors and have shown that it is influenced by a number of factors which differ depending on the context in which people live (Yip, Wang & Liu, 1998; South African Health Review, 1999; Hsu et al, 2000; Baron-Epel et al, 2001; Leonard, Mlinga & Mariam, 2002; Ndeso-Atanga, 2003; Woolf et al, 2005; Hamid, Sadique, Ahmed & Molla, 2005; NERA Report, 2008). There is an argument that patients as consumers of health services may lack the ability to assess the quality of services they receive from the doctors. This is based on the assumption that patients as consumers do not know what type of health services they need. Yet the importance of including patient opinion in health services delivery cannot be over emphasized. Patients go to the doctor with their perceived needs. They expect the doctor to listen and understand them and then use his/her expertise to turn the patient's perceived needs into a diagnosis. In order to achieve this in a patient-centred model of care, a doctor needs to consider the patient's opinion by involving the patient in the entire process of managing his or her health condition. By so doing, health services gain social acceptance.

The Tsumeb district is one of two districts in Oshikoto Region situated in the Northern part of Namibia with a population of about 27,000 (Health Information System Report, 2008). The population is composed of people from the urban area who are mainly civil servants and businessmen and the majority rural community who are mainly farmers. There are three public clinics, one district hospital and six private surgeries. The district hospital serves patients from both urban and rural areas. Tsumeb district hospital receives patients from all socio-economic classes although most patients seem to hold lower social economic statuses. Some patients switch between private and state health facilities, as is evident in the health passports (books) used by some patients for doctor consultations.

The Tsumeb district hospital is fully staffed with five qualified doctors. All five doctors work in both the outpatient department (OPD) and the inpatient department. Each doctor is assigned a ward in which s/he is expected to conduct a round in the morning for about one hour and then to attend patients at the OPD. In theory this means that an OPD patient has limited choice, depending on which doctor is available. However, in practice patients will wait outside the consulting room of a preferred doctor until that doctor is available. Consequently, two of the five doctors regularly have long queues outside their consulting rooms in the OPD at times when the other three doctors are available for consultations. This has prompted the Regional Health Management Team (RMT) to ask why patients favour certain doctors over others for OPD consultations.

Until February 2010, these complaints were collected from the complaint box placed at OPD as well as through direct reports to the RMT by community members. (The complaints box has been removed due to renovations.) There is no clear pattern in these complaints as different patients complain about different doctors. Patient complaints include long waiting times,

incompetent doctors and an unfriendly environment. These may indicate that there are key socio-psychological or socio-demographic factors that a patient considers on choosing a doctor. In other words, patient dissatisfaction and satisfaction may depend on whether or not a patient's expectations are met and desired choices are available.

1.1 Problem Statement

Despite efforts by the RMT to improve the quality of health services at the Tsumeb district hospital OPD, patients continue to complain about poor health services provided by OPD doctors. There is no clear pattern to these complaints. However, it is clear that patients utilize their capacity to make choices about which provider to see by waiting to see a preferred OPD doctor. This study seeks to find out why patients complain and determine any pattern to their satisfaction with a doctor.

1.2 Purpose

This study intends to identify the factors influencing patients' satisfaction with the quality of care provided by doctors at Tsumeb district hospital OPD. This will provide information on the types of complaints that patients have about the OPD so that the RMT can effectively improve OPD services.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Patient's choice can be influenced by different socio-economic, demographic, psychological and geographical factors (Yip, Wang & Liu, 1998; South African Health Review, 1999; Hsu et al, 2000; Baron-Epel et al, 2001; Leonard, Mlinga & Mariam, 2002; Sahn, Younger & Genicot, 2002; Ndeso-Atanga, 2003; Woolf et al, 2005; NERA Report, 2008; Hamid, Sadique, Ahmed & Molla, 2005; Kruk et al, 2009; Elwyn & Braspenning, 2003). For example, Leonard et al (2002) reveal that patients seek help from health facilities that they believe provide high quality consultation by more knowledgeable physicians who observe prescription practices and are polite. The study was conducted in Tanzania, which faces similar socio-economic challenges to Namibia.

Namibia has a large surface area of about 824,116 km squares with an estimated population of 1,991,747 across some very sparsely populated areas (Health System Review, 2008). Oshikoto region is composed of two districts, namely Onandjokwe with a population of 179,000 and Tsumeb with about 29,000 people. The vastness of the country causes problems in geographical accessibility, as the distance between health care facilities remains a big challenge to provision of health services especially in sparsely populated areas.

Namibia is classified as a lower middle-income country with a per capita gross national product (GNP) of 2.90 USD or around 30 Namibian dollars (Health System Review, 2008). However, this hides discrepancies between rural and urban areas. The average GNP per capita in rural areas is 5.14 Namibian dollars and in urban areas it is 15.81 Namibian dollars (Health System Review, 2008). The main health challenges in Namibia are caused by high HIV/AIDS, tuberculosis and

malaria prevalence rates which have reduced life expectancy from 60 years in the early 1990s to 49 years at present (Strategic Plan, 2009).

2.2 Patient's choice

There are two aspects to patient choice. First, there is the issue of getting health care and second is the issue of getting quality healthcare of your choice. Patient's choice may be limited in countries where there are constraints on accessibility of health personnel, affordability and other social economic factors. These factors may differ from place to place depending on context. For example factors considered important in choosing a doctor in developed countries may differ from those in developing countries.

Different studies have been conducted on the importance of recognizing patients' views on health care delivery in improving the quality of health services. Consumer model principles state that first a consumer must be allowed an opinion on the services he/she receives, secondly he/she should believe in the legitimacy of that opinion and thirdly he/she should be willing to engage in an expression of that opinion (Baron-Epel et al, 2001). Kmietowiz (2007) points out that health reform should go hand in hand with re-engagement with patients, health workers and citizens in order to create a shared vision of their future health and care services.

2.2.1 Patient's choice in developed countries

Different studies have been conducted in developed countries on factors influencing patient's choice (Ahmad, Kernohane & Baker, 1994; Butler et al , 1998; Charlottee & Rogers, 1999; Heritage & Stivers, 1999; Bornstein, Marcus & Cassily, 2000; Smith, 2003; Bachs, 2005; Earls et al, 2007; Coulter, 2010). These studies have shown that patients in developed countries have a

wide range of choice of doctors at their disposal. This is because the health systems in these countries are supportive in terms of affordability, accessibility and provide good information on the types of health services available to the community. In addition, many people have access to health insurance services. For example Borstum & Cassily (2000) found that waiting time, doctor's qualification and convenience were the most important factors in choosing a doctor. These factors show that there is a good mechanism put in place to disseminate information about all the health services available to the community and accessible to patients as well as the information on the type of qualification held by each doctor. In addition, it also indicates that the level of education is generally higher hence people can read and understand the doctor's qualifications. Furthermore the study found that affordability and doctor's personality had no strong influence on choosing the doctor. This could be because most people in developed countries have the economic power to purchase the medical services of their choice. However, this depends on the health care system. For example with the British National Health Services (NHS) a person is restricted to the doctors' practice that serves her or his geographic location.

In a community where the number of doctors is adequate, patients have a wide choice and subsequently factors like quality, gender, race and qualification of doctors are more likely to play a major role. For example Ahmad, Kernohan & Baker (1994) indicated that patients are likely to consult a doctor of their race as well as gender. They further indicated that factors like distance and cost were found not to have a strong influence. This can be explained from a health economics point of view that states that utility is a satisfaction of a particular good or service. If the utility of a health service is greater than its cost, patients are willing to buy more of that service (Drummond et al, 1987). In other words, if patients are satisfied with the health services of a particular doctor they will be willing to go to the same doctor regardless of the cost

involved. Biørn (2008) found that there is a positive relationship between a patient's perception of quality and the doctor chosen, as doctors with a higher expected failure rate have a smaller probability of being chosen.

2.2.2 Patient's choice in developing countries

In most developing countries patients have a limited choice of doctors (Leonard, 2004). Patients choosing among health facilities in developing countries rarely have access to any formal source of information about the quality of doctors at these facilities. This is because in developing countries there is a constant scarcity of doctors, with patients facing greater economic constraints and with lower education levels (Leonard, 2004). Furthermore, patients seeking health services suffer from poor information about the health services available and an environment in which regulations and institutional guarantees of quality differ from organization to organization. Most decisions are made by governments who assume that their decisions are the best for people and should be taken as such (Leonard, 2004).

There are few doctors available in both private and public practice. In response to this situation, patients go through a difficult process of weighing different options including distance and cost before choosing a doctor. The decision of a patient to see a particular doctor may be influenced by culture, previous experience with the same doctor or based on what they heard from others (Spence, 2002; Leonard, 2004). Although some argue that patients do not have the capacity to evaluate the quality of health services rendered, Leonard (2004) argues that patients are well informed about their health problems and will evaluate the quality of the health care they receive against their expectations. Although the patients may not have control over the level of quality of health services rendered, they make rational decisions in choosing whom to see. For example

Kenneth (2006) found that patients are willing to travel greater distances and pay higher fees to visit doctors who are perceived as of higher quality. However, Leonard (2004) argues that this rational choice is based on estimates of the average or fixed levels of quality of available services at facilities but not the level of quality a patient could have obtained if she/he had a wider and flexible choice.

Patients choose different doctors for different conditions and change their choice as their perception of illness changes. When the patient views his illness as minor he will tend to go to any doctor who is cheap and convenient. But when he views his illness as serious, the issue of cost and distance will be overlooked (Kenneth, 2006). Where patient choice is not restricted by availability or accessibility then there is the issue of patient desires and views. The NERA report (2008) argues that strengthening patient's choice may provide incentives to doctors to improve the quality of services, as they will fear losing patients or being labelled as incompetent. Given a chance, patients would like to choose the health care provider that best suits their perceived needs. In order to empower patients to have informed choice, Woolf et al (2005) argue that the ideal solution is to couple information given to the patients with high-quality decision counselling to help them understand the options available to them and help to select the option that best accommodates their preference. This is more likely to increase patients' compliance and continuity with the same health care provider. However, this may not be possible in developing countries with many challenges including shortage of doctors.

2.3 Patient's satisfaction

Measuring patient's satisfaction has many purposes, but one can summarize them into three main reasons namely, to help evaluate health care services from the patient's point of view, facilitate

the identification of problems areas and generate ideas towards resolving these problems. A number of studies have explored the correlation between patient satisfaction and choice of doctor (Ntabaye, Schentz & Poulsen, 1993; Thompson & Sunol, 1995; Qatari & Haran, 1999; Hsu et al 2000; White, 2000; Baron-Epel et al, 2001; Piechulek & Al-Sabir, 2001; Andaleeb, 2001; Muhondwa et al, 2003; Matovu et al, 2004; Hamid et al, 2005; Edward et al, 2009). Patient's satisfaction is recognized as an essential component in the evaluation of health care quality (Edward, 2009). Muhondwa et al (2003) add that patient's satisfaction is a fundamental indicator of the success in health care delivery. For example, Baron-Epel et al (2001) indicated that about 77 percent of patients who reported dissatisfaction with their visit to the hospital intended to change their physician. The context of this study is important as it was conducted in a community in Maccabi, Israel with high socio-economic levels where patient's choice and accessibility may be wider than in Namibia. However, the study involved both private and state patients, similar to the patient profile of the region in which Tsumeb hospital is located.

Hsu et al (2000) found that patients who chose their primary care provider reported overall greater satisfaction. This study was conducted in the US but is of relevance in Namibia as it only involved the public health system, which is mainly used by underprivileged communities. Patient's satisfaction with health services is not confined only to clinical efficiency of doctors but should also consider other factors such as social acceptability. Qatari & Haran (1999) argue that maintaining quality health care should not be limited to clinical effectiveness or economic efficiency but rather should include social acceptability as an important quality objective. For example some patients would prefer to be treated by a doctor of the same gender or age cohort.

The correlation between different variables and patient's satisfaction has been documented in different studies. Qatari & Haran (1999) found that variables such as age, sex and level of

education among patients played a minor role in deciding the extent of satisfaction. Edward (2009) indicated that patients with higher levels of education might be more difficult to satisfy, as they are more likely to have higher expectations. Another study by Hamid et al (2005) found that person's income, education and household status is highly associated with a patient's satisfaction. This study is probably more reliable as it used a mixed methodology of quantitative and qualitative approaches (in-depth interview, direct observation and survey) hence allowing for triangulation of data to improve the validity of the study. In addition, this study was conducted in Bangladesh where there are similar socio-economic challenges as in Namibia.

Olusoji (2009) described other variables, such as a doctor's behaviour, the health infrastructure and waiting times, with long waiting times in particular negatively affecting satisfaction. This study was conducted in Nigeria, a country which faces similar health personnel shortages to Namibia that in turn contribute to long waiting times. Similarly, a study conducted in Tanzania by Muhondwa et al (2003) indicated that 25.6 percent of patients were not satisfied with long waiting times as well as the attention they received. They also found that the high cost of treatment and poor levels of hygiene in the hospital had a negative impact on patient satisfaction. Ntabaye et al (1993) also found that a good working atmosphere at the health facility as well as a good relationship between doctor and patient significantly influenced positive patient satisfaction.

2.4 Patient's expectations

Patient expectations can strongly influence his or her satisfaction. Pascoe (1984) divided patient expectations into four groups, namely ideal, minimum, expected and deserved. When studying patient's satisfaction it is important to state the type of variable in expectation that is explored.

Most studies on patient's satisfaction utilize expected expectations. A patient's past experience or information from any source form this type of expectation. A patient will then come to the hospital with his or her complaint and expect the doctor to manage that complaint in a desired or 'expected' manner. However, sometimes the doctor will advise the patient contrary to his or her expectations. This can affect a patient's satisfaction with the treatment that she or he receives, as well as compliance with the treatment. Studies on the other mentioned groups of patient's expectations (ideal, minimum and deserved) are scanty and I could not find one in my review of the literature.

Farooqi (2005) argues that there is a wide gape between patient expectations and the doctor's perceptions of medical care. He further point out that every patient who comes to see a doctor has expectations based on the understanding of her/his illness so when patient expectations and doctor's perception do not match, it results in patient dissatisfaction. Britten (2004) argues that doctor's perception of patient's preference is a strong predictor of their actions during consultation including diagnosis and prescription. It is important for doctors to put more effort into assessing their patients' expectations to avoid inappropriate perceptions that can results in actions deemed unnecessary by the doctor and unwanted by the patient (Little, 2004). For example, Cockburn (1997) points out that when a doctor perceived that a particular patient expected medication, the patient was ten times more likely to receive the medication as compared to other similar patients. Although patients came with their expectations in the consulting room regarding medication, it is the doctor's opinion about patients' expectations that were the strongest determinants of prescribing behaviour. Furthermore, sometimes patient's satisfaction is more affected by his or her immediate reaction to the services received than by general expectations on going to hospital (Pascoe, 1984). In their study, Hamid et al (2005)

found that patients expect doctors to be attentive, listening, understanding and compassionate. Developing the theory of expectations may help in understanding patient satisfaction. Zebrine et al (2004) found that patients whose most important expectations are met are more likely to be satisfied. These expectations were identified as doctor understanding and explanation followed by emotional support. Hospital infrastructure, diagnostic procedure and treatment were less important. Better relationships should be based on more accurate understanding gained by finding out directly what patients are expecting.

On the other hand, Gage & Rickman (2000) argue that the nature of illness is such that patients may not know the causes of their problem as well as the type of treatment needed and hence may themselves jeopardize the fulfilment of their expectations, as these will be poorly defined. Ndeso-Atanga (2003) based on research from Cameroon, a country with similar socio-economic challenges to Namibia, has a different view. He argues that patients evaluate their medical needs in a manner similar to that used by health professionals to evaluate patient's medical needs. Non-medical issues can affect this evaluation, depending on a patient's context. For example, patients tend to cite distance and cost as reasons when they regard their illness as non-serious but when their illness is regarded as serious, the quality of health care services is a major concern. Leonard et al (2002) found that patients seek health services at the facilities where they expect well-qualified personnel and high quality services.

The level of fulfilment of a patient's expectations also relies on the doctor recognizing these expectations and on the involvement of the patient in the whole process of managing his or her treatment plan. Baron-Epel et al (2001) argue that the more a patient perceives that his or her expectations have been fulfilled, the greater the satisfaction. This is more likely to increase a patient's compliance and continuity with the same doctor.

Another study by Wilhem et al (2005) has indicated that patients' expectations are influenced by socio-demographic and illness related characteristics. It is paramount that doctors should respond to a patient's cultural values, social concerns and individual needs, as it is pointed out by Mutebi (2001) that the shape and behaviour of patients toward the health services can be influenced by their perceptions. For example, Palmer (1995) indicates that about 58 percent of all South Africans who seek medical care are treated in the private sector, arguing that this could be due to a belief that levels of confidentiality and privacy are higher with private practitioners.

The perceived level to which patient needs and expectations are met may indicate the degree to which patients are satisfied with the health care they receive, as argued by Dozier et al (2001) who developed a psychometric instrument to measure whether patient needs were met. The measure assessed patients' perspectives about the health services they received, using a likert type scale. From the above literature review, one can argue that patient's choice of doctor is strongly correlated to patient's satisfaction with health services received. Expectations can strongly influence the level of patient's satisfaction with services and choice of doctor.

STUDY AIM

The aim of this study is to describe factors influencing patient satisfaction with the quality of care provided by doctors at Tsumeb district hospital Out Patient Department.

OBJECTIVES

1. To describe patient complaints about doctors in the OPD

2. To describe patient expectations of OPD doctors prior to appointments

3. To describe patient satisfaction with the doctor seen at the OPD.

CHAPTER THREE: METHODOLOGY

3.1 Study design

The research was an observational and descriptive cross-sectional survey as the research question sought to address the reasons underlying patient's choice of doctors. The data collection tool used was a structured questionnaire administered by a researcher in individual interviews with participants. Every fourth patient attending the OPD over five weeks was asked to participate in the study until the desired sample size was reached. The desired sample size (235) was reached within the five weeks.

3.2 Sampling

The study population was composed of male and female patients of 18 years and above who attended the OPD of Tsumeb Hospital during the research period. A systematic sample of every fourth patient to enter the OPD over five weeks was used. Approximately 2000 people attend the Tsumeb Hospital OPD every month and to achieve a 95 percent confidence level (with a 5 percent margin of error) the desired sample size was calculated at 235 people. The response rate was 100 percent as all the participants approached responded. In order to avoid disruption of routine OPD services delivery, a maximum of ten participants were interviewed each day.

3.3 Data Collection

Before starting the data collection, the researcher met with the District Health Coordinating Committee and explained the aim and methodology of the study. Permission was granted and the committee informed the researcher that he should not hesitate to inform them if further assistance

was required. Health workers in the OPD were very cooperative and willing to help in case of translation when needed.

The data was collected in individual interviews using a structured questionnaire with scale items administered by the researcher (Appendix 1). A four-scale likert scale meant the respondent was required to make a positive or negative decision and if not sure of the question had to answer 'don't know.' Each interview took a maximum of thirty minutes. The structured questionnaire was a tool of choice for this study, as it helped to test if there is an association between the factors identified in the literature review and Tsumeb's setting. A face-to-face interview also did not require participants to have literacy skills and the researcher or an assistant was able to explain the tool in the participant's language of choice. There was no verbatim record.

To ensure credibility of the study, the questionnaire was piloted. Six patients who met the inclusion criteria were randomly selected from OPD and interviewed by the researcher. Participants were asked to sit on the bench outside the room designated for the interviews. The study interview format was followed and one participant at a time was called in and given information about the aim of the study. It was explained that participation was fully voluntary with no negative or positive effects if the person did not participate. Consent and information forms were then given to the participants for signature on acceptance.

Questions were answered without problems in the pilot, with the one exception being question number four of the demographic section ("What was the last year of school that you completed?") as some participants mentioned the year that they completed schooling, for example 1998, and others mentioned the level at which they exited, such as grade twelve. It was

decided to alter the questionnaire so to record the last level of education reached and not the year of completion.

One other problem noted during piloting was that some patients initially hesitated in answering questions that aimed to point out weakness of an OPD doctor. To address this, the researcher made an additional effort before starting the pilot interviews and every subsequent interview to reaffirm each participant's confidentiality and anonymity by reminding them that this information was confidential and no names were recorded on the form or anywhere else.

During the actual data collection, participants were highly cooperative. Although some participants were concerned about time constraints as they wanted to join the long waiting queue to see a doctor, the researcher was able to reassure them as an arrangement had been made to ensure that after the interview that patient would be seen by the available doctor immediately.

3.4 Validity, Reliability and Generalisability

The questionnaire was piloted before commencing the study and the one adjustment to a question arising from the pilot was made. This helped to identify any discrepancy in the questions and hence increased validity. The interview was conducted in English, Oshivambo, Damara, Oshiherero or Afrikaans, depending on the participant's choice. Data analysis was done by the researcher with the assistance of a biostatistician. This increased the dependability of results and diminished the risk of processing error. The study used a random sampling method as well variables tested in studies from different countries; this yielded similar results, increasing generalisability.

3.5 Data analysis

Data was entered into Epi-Info by the researcher. The raw data, memos and questionnaires were kept as an audit trail for an external auditor to evaluate at any stage if needed. The four-scale likert scale data was analyzed using Epi-Info 3.3.2, a data analysis programme developed by the U.S. Centers for Disease Control (http://www.cdc.gov/Epiinfo/). This allowed for a descriptive analysis. The 'strongly agreed' and 'agreed' responses were taken as a positive response or 'yes', and given a value of 1 and 2 respectively. The 'disagree' and 'strongly disagree' responses were taken as negative and given a value of 3 and 4 respectively. As different people responded with different emphasis to questions, differences between the positive (1 and 2 values) and negative (3 and 4 values) categories were examined and not the intervals between the numbers themselves. 'Don't know' was counted as unanswered and given a value of 0. The answers were presented in a table format, and then analyzed for p-value and using chi-square for gender (male and female), age groups (youth, adult and old) and level of education (No school attended, Primary school, Junior secondary, Tertiary) where appropriate. The p-value is the probability of obtaining a test statistic at least as extreme as the one that was actually observed, assuming that the null hypothesis is true. If the sample findings are unlikely, given the null hypothesis, the researcher rejects the null hypothesis. Typically, this involves comparing the p-value to the significance level, and rejecting the null hypothesis when the P-value is less than the significance level. The significance level for this study is 0.05 since the study statistics were calculated within 95 percent confidence intervals.

In order to analyze the effect of age on different variables, the results were categorized into the following three age-groups: (1) 18-35 years, named 'Youth', (2) 36-50 years, named 'Adult', and (3) 51-80 years, named 'Old'.

3.6 Ethical considerations

The researcher obtained approval from the research ethical committee of the Ministry of Health in Namibia before commencing the study. Approval was also granted by the District Health Coordinating Committee of Tsumeb district.

Study participants were given full information about the purpose of the study and the participant sheet was explained in detail (Appendix 2). They were informed that the anonymous research findings may be used to improve health service delivery at Tsumeb district hospital. Participants were also informed of their choice to participate or withdraw at any stage of the research without any consequences. The consent form was given to the participants to read through, agree to and sign (Appendix 3). For those who could not read, the researcher read the consent form to them. Where requested, the consent form was verbally translated by a translator into the relevant local language. Numbers were used instead of real names for the participants and ensured that confidentiality and anonymity were maintained throughout the study. The data were stored in the researcher's office with optimal security, which can only be accessed by him.

3.7 Limitation

Patient self-reporting may have introduced information bias into the sample. This is recognised in the discussion section.

The researcher was a doctor who worked in the same OPD, though care was taken to explain to all participants that all responses were kept confidential and anonymous. This may have limited the freedom of expression of some participants.

CHAPTER FOUR: RESULTS

4.1 Introduction

The results looked at factors influencing participants' satisfaction with, expectations of, and complaints about doctors at Tsumeb OPD. The questionnaire first established the background of each participant, which in turn informed the results for the further questions, presented below. Questions 1, 2, 3 and 4 (Appendix 1) asked the participant to respond 'Strongly Agree', 'Agree', 'Disagree', 'Strongly Disagree' or 'Don't Know' to a series of statements. All results were then stratified by sex, age group and level of education. Where indicated, Chi-Square tests were done to determine p-values for various responses.

4.2 Description of participants by sex, age and level of education

The results presented below were responses to the initial demographic overview asked of each participant (Appendix 1). The majority of the study sample (48.5 percent) fell into the youth category of 18 to 35 years of age (Table 1).

Table 1. Distribution of participants by age group

A1: Age Group	**Frequency**	**Percent**
Youth (18-35 years)	114	48.5%
Adults (36-50 years)	68	28.9%
Old (51-80 years)	53	22.6%
Total	235	100.0%

The study sample had more female (57.9 percent) than male (42.1 percent) participants (Table 2).

Table 2. Distribution of participants by Sex

A2. Sex	Frequency	Percent
Female	135	57.4%
Male	100	42.6%
Total	235	100.0%

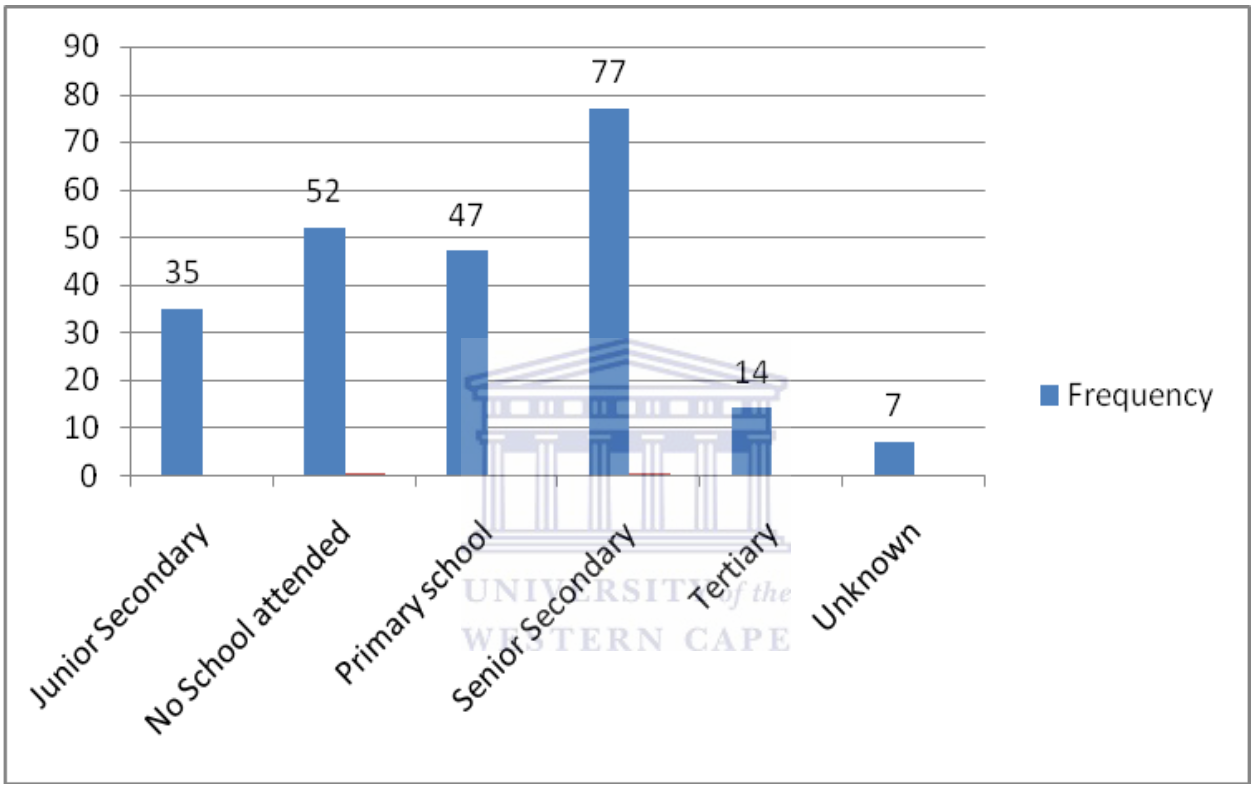
Most participants had only completed schooling up to junior secondary level. A third of the sample (33.2 percent) had completed senior secondary level education, with few having attended tertiary level education (Table 3).

Table 3. Distribution of participants by Level of Education

A4. Level of Education	Frequency	Percent
No School attended	52	22.1%
Primary school	47	20.0%
Junior Secondary	35	15.3%
Senior Secondary	77	33.2%
Tertiary	14	6.0%
Unknown	7	3.4%
Total	235	100.0%

A significant percent of the study sample (22.1 percent) had not attended school and only six percent of the study sample had a tertiary level of education. Overall, most respondents had achieved a primary level of education (Figure 1).

Figure 1. Distribution of participants by level of education



Most of the study sample were attending Tsumeb OPD for a new health complaint never treated before (41.3 percent), followed by those attending for an old health complaint previously treated at Tsumeb Hospital (38.3 percent) (Table 4).

Table 4. Participants' response to reason for attending Tsumeb OPD

A5. Reason for attending Tsumeb OPD	Frequency	Percent
New health complaint never treated before	97	41.3%
New health complaint previously somewhere	29	12.3%
Old health complaint previously treated here	90	38.3%
Old health complaint treated somewhere else	8	3.4%
Prefer not to answer	11	4.7%
Total	235	100.0%

4.3 Description of factors influencing participants' satisfaction with doctors in the OPD

The results of Question 1 focused on what patients consider when choosing which doctor to see at Tsumeb hospital OPD.

The majority of the study sample (97 percent) agreed that any doctor they see should be highly qualified (Table 5). The question did not probe what considered as "highly qualified" and this should be further studied using a qualitative study design.

Table 5. Participants' response to the statement: Doctor 'should be highly qualified'

B1a) Highly Qualified	Frequency	Percent
Agree	20	8.5%
Strongly Agree	208	88.5%
Disagree	3	1.3%
Strongly Disagree	0	0%
Don't Know	4	1.7%
Total	235	100.0%

Most respondents (98.7 percent) agreed that a doctor should be friendly and understanding (Table 6), and 97 percent agreed that the doctor should also be a good listener (Table 7).

Table 6. Participants' response to the statement: Doctor 'should be friendly and understanding'

B1b) Friendly and Understanding	Frequency	Percent
Agree	27	11.5%
Strongly Agree	205	87.2%
Disagree	0	0%
Strongly Disagree	1	0.4%
Don't Know	2	0.9%
Total	235	100.0%

Table 7. Participants' response to the statement: Doctor 'should be a good listener'

B1c) Good listener	Frequency	Percent
Agree	25	10.6%
Strongly Agree	203	86.4%
Disagree	4	1.7%
Strongly Disagree	0	0
Don't Know	3	1.3%
Total	235	100.0%

More respondents agreed than disagreed (56.6 percent as opposed to 39.5 percent) that a doctor should do what they tell him to do (Table 8).

Table 8. Participants' response to the statement: Doctor 'should do what I tell him to do'

B1d) Do what I tell him to do	Frequency	Percent
Agree	70	29.8%
Strongly Agree	63	26.8%
Disagree	88	37.4%
Strongly Disagree	5	2.1%
Don't Know	9	3.8%
Total	235	100.0%

Most of those who agreed (30 percent) that a doctor should do what they tell him to do were from the group that did not attend school at all (Table 8.1).

Table 8.1 Participants' "Agree" response to the statement: Doctor 'should do what I tell him to do' according to level of education achieved

B1d/A4. Level of Education	Frequency	Percent
No School attended	21	30.0%
Primary school	17	24.3%
Junior Secondary	12	17.1%
Senior Secondary	16	22.9%
Tertiary	3	4.3%
Unknown	1	1.4%
Total	70	100.0%

There was no significant difference between the percentage of males and females who disagreed with the statement that a doctor should do what the patient requests (Table 9 and Table 9.1).

Table 9. Participants' response by sex to the statement: Doctor 'should do what I tell him to do'

B1d/A2. Do what I tell him to do	Female	Male	TOTAL
Agree	43	27	70
Strongly Agree	32	31	63
Disagree	53	35	88
Strongly Disagree	3	2	5
Don't Know	4	5	9
TOTAL	135	100	235

Table 9.1 Single Table Analysis of Table 9

Chi-squared	df	Probability
2.5088	4	0.6431

As the p-value (0.64) was greater than the significance level (0.05), there was no significant statistical difference between the male and female response (Table 9.1).

There was also no significant difference between participant responses to whether or not a doctor should do what the patient tells him to do and the participants' education levels (Table 10 and Table 10.1).

Table 10. Participants' response by level of education to the statement: Doctor 'should do what I tell him to do'

B1d/A4. Do what I tell him to do	Junior Secondary	No School attended	Primary school	Senior Secondary	Tertiary	Unknown	TOTAL
Agree	12	21	17	16	3	1	70
Strongly Agree	12	17	14	14	2	4	63
Disagree	10	11	13	42	9	3	88
Strongly Disagree	1	1	1	2	0	0	5
Don't Know	1	2	2	4	0	0	9
TOTAL	36	52	47	78	14	8	235

Table 10.1 Single Table Analysis of Table 10

Chi-squared	df	Probability
28.2594	20	0.1034

Since the p-value (0.1) was greater than the significance level (0.05), there was no significant statistical difference among respondents according to levels of education (Table 10.1).

In addition, there was no significant difference between participant responses to whether or not a doctor should do what the patient tells him to do and the participants' age group (Table 11 and Table 11.1).

Table 11. Participants' response by age group to the statement: Doctor 'should do what I tell him to do'

B1d/A1. Do what I tell him to do	Adults	Old	Youth	TOTAL
Agree	20	18	32	70
Strongly Agree	25	13	25	63
Disagree	20	19	49	88
Strongly Disagree	1	0	4	5
Don't Know	2	3	4	9
TOTAL	68	53	114	235

Table 11.1 Single Table Analysis of Table 11

Chi-squared	df	Probability
9.1192	8	0.3323

As the p-value (0.33) was greater than the significance level (0.05), there was no significant statistical difference among age groups in answers to the question (Table 11.1).

The questionnaire also asked patients what other issues they felt were important and were not covered by the questionnaire (Table 12). Only 4 patients mentioned other issues at this point in the survey.

Table 12. Participants' response to the statement 'other issues are more important (please specify)'

B1e) Other / Specify	Frequency	Percent
Doctors delay in referring patients	1	25.0%
Doctors do not come on time when on call	1	25.0%
Should have enough time for patients	1	25.0%
Should have sense of humour	1	25.0%
Total	4	100.0%

4.4 Description of factors contributing to better service in the OPD

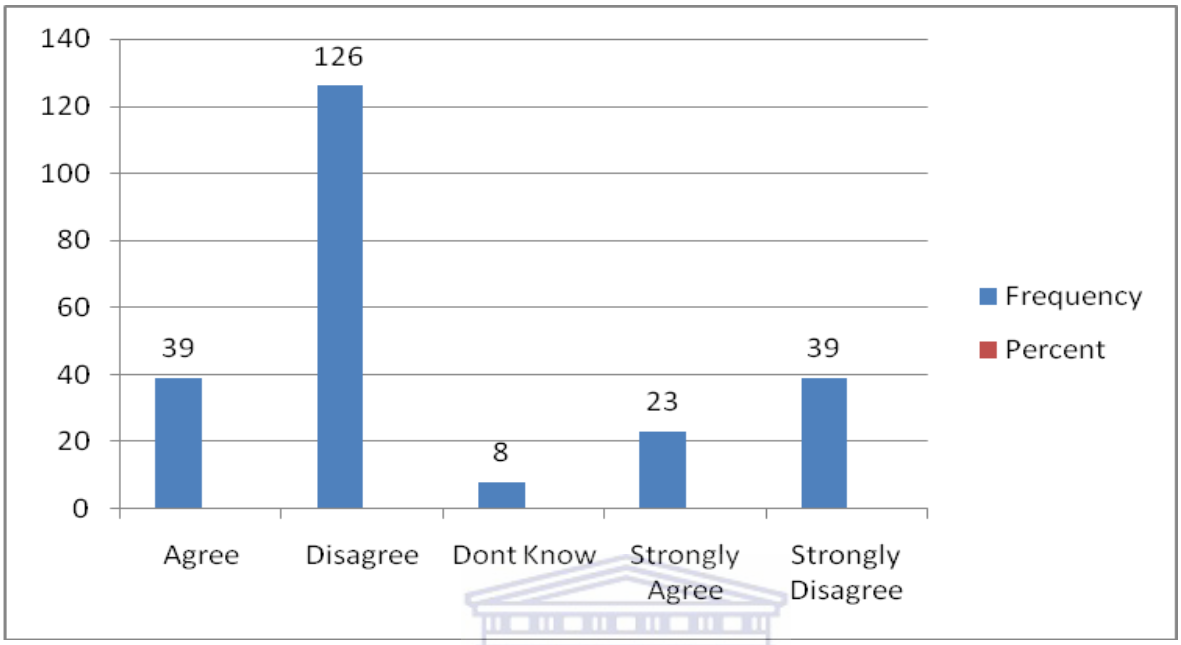
The results of Question 2 asked participants whether or not they agreed with key factors identified from the literature that could contribute to better services at Tsumeb hospital OPD.

The majority of participants (70.2 percent) disagreed with the statement that the waiting time at Tsumeb Hospital OPD is optimal (Table 13 and Figure 2).

Table 13. Participants' response to 'The waiting time to see a doctor is optimal'

B2a) Optimal Waiting Time	Frequency	Percent
Agree	39	16.6%
Strongly Agree	23	9.8%
Disagree	126	53.6%
Strongly Disagree	39	16.6%
Don't Know	8	3.4%
Total	235	100.0%

Figure 2. Distribution of participants' responses to 'The waiting time to see a doctor is optimal'



Most participants who disliked the waiting time were in the 'Old' age group (81.1 percent) (Table 14).

Table 14. Participants' response by age group to 'The waiting time to see a doctor is optimal'

B2a/A1. Optimal Waiting Time	**Adults**	**Old**	**Youth**	**TOTAL**
Agree	8	5	26	39
Strongly Agree	9	3	11	23
Disagree	38	37	51	126
Strongly Disagree	10	6	23	39
Don't Know	3	2	3	8
TOTAL	68	53	114	235

However, a Chi-Square analysis found no significant statistical difference between responses when stratified according to age group (Table 14.1).

Table 14.1 Single Table Analysis of Table 14

Chi-squared	df	Probability
13.6682	8	0.0908

Since the p-value (0.09) is greater than the significance level (0.05), there is no significant statistical difference among age groups (Table 14.1).

A higher number of females than males found the waiting time at Tsumeb OPD sub-optimal – 73 percent as opposed to 68.2 percent (Table 15 and Table 16).

Table 15. Response among females to 'The waiting time to see a doctor is optimal'

B2a./A2 Optimal Waiting Time	Frequency	Percent
Agree	25	18.5%
Strongly Agree	14	10.4%
Disagree	76	56.3%
Strongly Disagree	16	11.9%
Don't Know	4	3.0%
Total	135	100.0%

Table 16. Response among males to 'The waiting time to see a doctor is optimal'

B2a/A2. Optimal Waiting Time	Frequency	Percent
Agree	14	14.0%
Strongly Agree	9	9.0%
Disagree	50	50.0%
Strongly Disagree	23	23.0%
Don't Know	4	4.0%
Total	100	100.0%

When asked about the infrastructure of Tsumeb hospital, the majority of the participants (81.7 percent) were satisfied (Table 17).

Table 17. Participants' response to 'The infrastructure is good'

B2b) Good Infrastructure	Frequency	Percent
Agree	89	37.9%
Strongly Agree	103	43.8%
Disagree	37	15.7%
Strongly Disagree	2	0.9%
Don't Know	4	1.7%
Total	235	100.0%

In addition, most participants (74 percent) were of the opinion that the environment at Tsumeb hospital OPD was friendly (Table 18).

Table 18. Participants' response to 'The environment is friendly'

B2c) Friendly Environment	Frequency	Percent
Agree	102	43.4%
Strongly Agree	72	30.6%
Disagree	49	20.9%
Strongly Disagree	9	3.8%
Don't Know	3	1.3%
Total	235	100.0%

Furthermore, most of the participants (67.2 percent) were of the opinion that doctors at Tsumeb hospital OPD are competent, though a fifth of participants answered "Do not know" when asked to comment on the statement (Table 19).

Table 19. Participants' response to 'It has more competent doctors'

B2d) Competent Doctors	Frequency	Percent
Agree	102	43.4%
Strongly Agree	56	23.8%
Disagree	22	9.4%
Strongly Disagree	3	1.3%
Don't Know	52	22.1%
Total	235	100.0%

When stratified by level of education, the results of Table 19 appeared to indicate that participants with higher levels of education were more likely to regard Tsumeb OPD as having competent doctors (Table 19a). However, this was not supported by a Chi-Square analysis (Table 19a.1).

Table 19a. Participants' response to 'It has more competent doctors' stratified by the level of education

B2d /A4. Level of Education	Agree	Disagree	Don't Know	Strongly Agree	Strongly Disagree	TOTAL
No School attended	16	4	13	18	1	52
Primary school	20	1	14	11	1	47
Junior Secondary	15	3	8	9	1	36
Senior Secondary	39	10	16	13	0	78
Tertiary	11	2	0	1	0	14
Unknown	1	2	1	4	0	8
TOTAL	102	22	52	56	3	235

Table 19a.1 Single Table Analysis of Table 19b

Chi-squared	Df	Probability
30.2401	20	0.0661

Since the p-value (0.06) is greater than the significance level (0.05), there is no significant statistical difference among education levels (Table 19a.1).

Of those patients previously treated at Tsumeb hospital OPD, 66.7 percent agreed that it has competent doctors (Table 19b).

Table 19b. Response of participants to 'it has more competent doctors' for patients who came for a follow-up

B2d/A5. Competent Doctors	Frequency	Percent
Agree	32	35.6%
Strongly Agree	28	31.1%
Disagree	15	16.7%
Strongly Disagree	2	2.2%
Don't Know	13	14.4%
Total	90	100.0%

Other factors not included in the questionnaire were mentioned by the participants as important in contributing to better services at Tsumeb hospital (Table 20). There were 5 responses.

Table 20. Participants' response to 'other issues are more important (please specify)'

B2e) Others specify	Frequency	Percent
Dirty toilets, doctors who can speak same language	1	20.0%
Shortage of doctors	2	40.0%
Some nurses are rude	1	20.0%
The space is too small	1	20.0%
Total	5	100.0%

Overall, the variable that got the most negative response (70.2 percent) in Question 2 was "The waiting time to see a doctor is optimal," and the variable that got the most positive response (81.7 percent) was "The infrastructure is good."

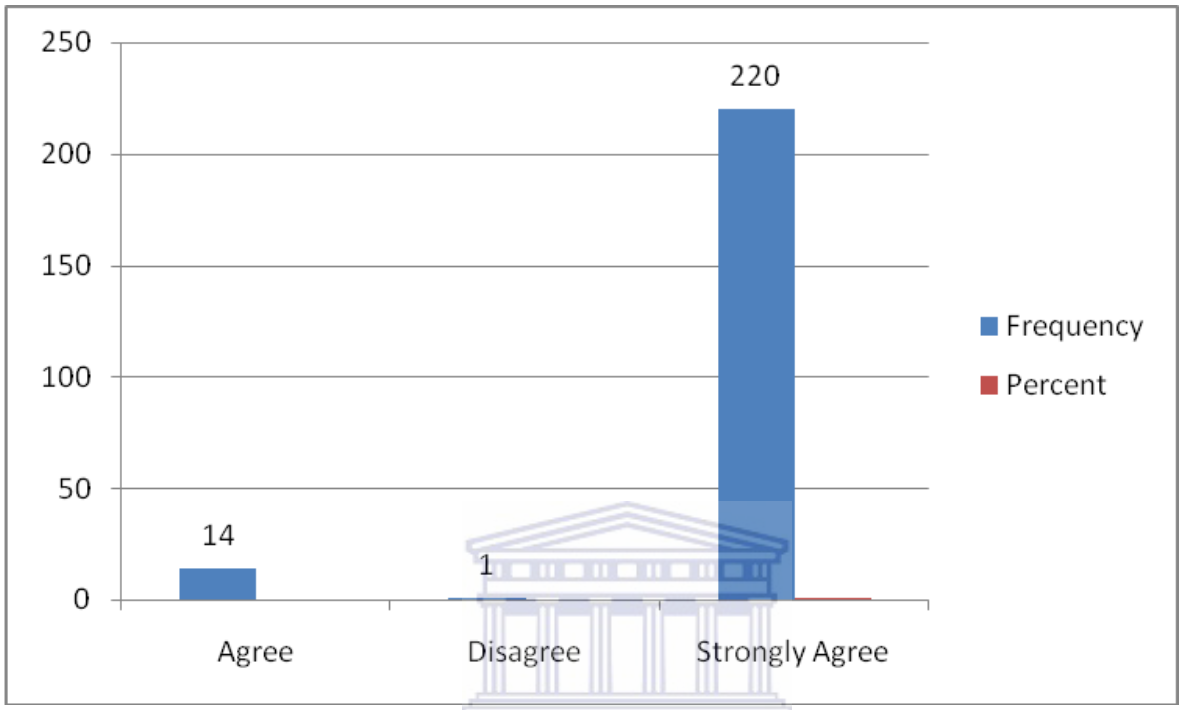
4.5 Description of factors influencing participants' expectation of doctors in the OPD

The results of Question 3 focused on what participants expected of doctors at Tsumeb hospital OPD. The majority of the study sample (99.6 percent) expected to be well examined by the doctor and to get proper treatment (Table 21 and Figure 3).

Table 21. Participants' response to 'The doctor should examine me well and give me proper treatment'

B3a) Examine well and receive proper Treatment	Frequency	Percent
Agree	14	6.0%
Strongly Agree	220	93.6%
Disagree	1	0.4%
Strongly Disagree	0	0%
Don't Know	0	0%
Total	235	100.0%

Figure 3. Distribution of participants' responses to 'The doctor should examine me well and give me proper treatment'



In addition, 97 percent of the study sample expected to get emotional support in a friendly environment when they visit Tsumeb hospital OPD (Table 22).

Table 22. Participants' response to 'I should get emotional support in a friendly environment'

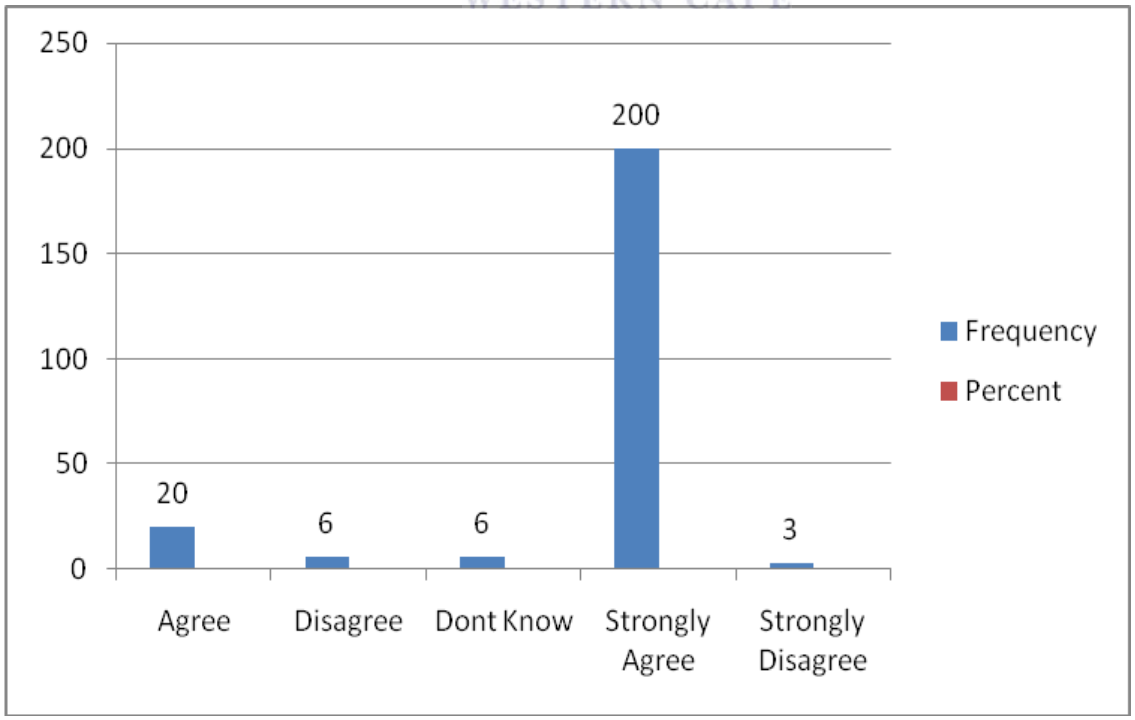
B3b) Emotional support in a friendly environment	Frequency	Percent
Agree	28	11.9%
Strongly Agree	201	85.5%
Disagree	4	1.7%
Strongly Disagree	0	0%
Don't Know	2	0.9%
Total	235	100.0%

The majority of the study sample (93.6 percent) agreed that the doctor should be highly qualified (Table 24 and Figure 4).

Table 24. Participants' response to 'The doctor should be highly qualified'

B3c) Highly Qualified doctor	Frequency	Percent
Agree	20	8.5%
Strongly Agree	200	85.1%
Disagree	6	2.6%
Strongly Disagree	3	1.3%
Don't Know	6	2.6%
Total	235	100.0%

Figure 4. Participants' responses to 'The doctor should be highly qualified'

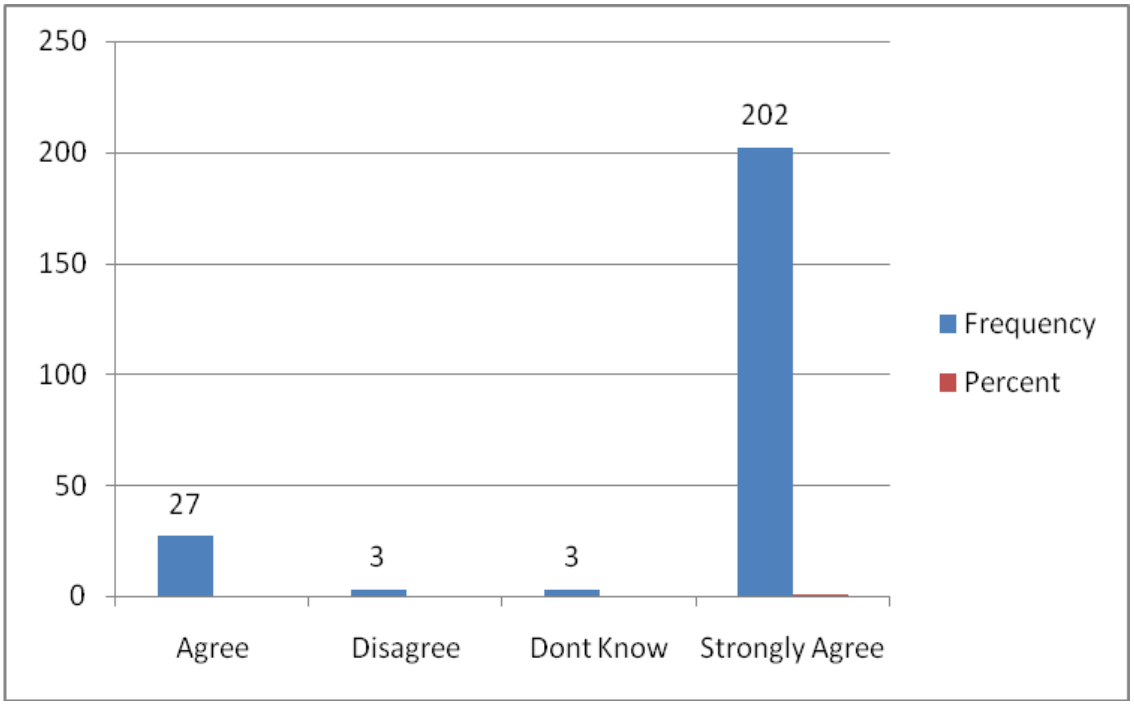


Most participants (97.5 percent) were of the opinion that doctors should maintain patient privacy and confidentiality (Table 25 and Figure 5).

Table 25. Participants' responses to 'The doctor should maintain my privacy and confidentiality'

B3d) Privacy and Confidentiality	Frequency	Percent
Agree	27	11.5%
Strongly Agree	202	86.0%
Disagree	3	1.3%
Strongly Disagree	0	0%
Don't Know	3	1.3%
Total	235	100.0%

Figure 5. Participants' response to 'The doctor should maintain my privacy and confidentiality'



The majority of the study sample (60.8 percent) agreed that their preferred doctor should be readily available at the OPD. However, a significant percent of the study population (35.2 percent) disagreed (Table 26).

Table 26. Participants' response to 'My preferred doctor should be readily available at the OPD'

B3e) Preferred Doctor	Frequency	Percent
Agree	72	30.6%
Strongly Agree	71	30.2%
Disagree	81	34.5%
Strongly Disagree	3	1.3%
Don't Know	8	3.4%
Total	235	100.0%

The majority of the participants (43.2 percent) who disagreed with the notion that their preferred doctor should be readily available in the OPD had a senior secondary level of education or higher (Table 27).

Table 27. Participants' "Disagree" response to 'My preferred doctor should be readily available at the OPD', stratified by Level of Education

B3e/A4. Level of Education	Frequency	Percent
No School attended	14	17.3%
Primary school	15	18.5%
Junior Secondary	10	12.3%
Senior Secondary	35	43.2%
Tertiary	6	7.4%
Unknown	1	1.2%
Total	81	100.0%

Among the participants who agreed that their preferred doctor should be at the Tsumeb OPD, the majority (45.1 percent) had come for an old health complaint previously treated at Tsumeb OPD (Table 28). This implied that they had a preferred choice of doctor.

Table 28. Participants' positive response to 'My preferred doctor should be readily available at the OPD', stratified by the reason for attending Tsumeb OPD

B3e/A5. Reason for attending Tsumeb OPD	**Frequency**	**Percent**
New health condition never treated before	28	39.4%
New health condition previously treated somewhere else	5	7.0%
Old health condition previously treated here	32	45.1%
Old health condition previously treated somewhere else	2	2.8%
Prefer not to answer	4	5.6%
Total	71	100.0%

The majority of the sample population (68.1 percent) disagreed that the doctor should be similar to the patient in his/her characteristics (Table 29).

Table 29. Participants' response to 'The doctor should be similar to me in her or his characteristics '

B3f) Similar with doctor in Characteristics	Frequency	Percent
Agree	33	14.0%
Strongly Agree	26	11.1%
Disagree	147	62.6%
Strongly Disagree	13	5.5%
Don't Know	16	6.8%
Total	235	100.0%

On being asked what other expectations they had of doctors at the OPD, only one female participant replied to request that a female doctor be available for 'private' illnesses (assumed to mean conditions of the female reproductive system) (Table 30).

Table 30. Participants' response to 'Other expectations (please specify)' of doctors at Tsumeb OPD

B3g) Others specify	**Frequency**	**Percent**
If my illness is too private I prefer a female doctor	1	100.0%
Total	1	100.0%

Overall for Question 3, the statement that scored the most positive response (99.6 percent) was the expectation that "The doctor should examine me well and give me proper treatment" and the statement that the doctor should be similar in characteristics got the most negative response (68.1 percent).

4.6 Description of patient complaints in the Tsumeb hospital

Question 4 asked participants if they thought certain complaints identified from the literature were applicable to Tsumeb hospital OPD.

The majority of the study sample agreed (80.5 percent) that there was a long waiting time to see a doctor at Tsumeb OPD (Table 31). The results are similar to those in Table 13 that indicated that the majority of the study sample (70.1 percent) disagreed that there is an optimal waiting time at Tsumeb hospital OPD.

Table 31. Participants' response to the statement 'There is a long waiting time to see a doctor'

B4a) Long waiting time	Frequency	Percent
Agree	38	16.2%
Strongly Agree	151	64.3%
Disagree	28	11.9%
Strongly Disagree	3	1.3%
Don't Know	15	6.4%
Total	235	100.0%

There was only a slight difference between those who agreed (48 percent) and those who disagreed (46.4 percent) with the statement that the OPD waiting environment is unfriendly (Table 32). This may indicate that participants were willing to express dissatisfaction as the researcher was known as a doctor working at the same hospital. Results might change with a different interviewer or in a different setting.

Table 32. Participants' response to the statement on 'The waiting environment is unfriendly'

B4b) Unfriendly Environment	Frequency	Percent
Agree	76	32.3%
Strongly Agree	37	15.7%
Disagree	101	43.0%
Strongly Disagree	8	3.4%
Don't Know	13	5.5%
Total	235	100.0%

The majority of the study sample (63.8 percent) disagreed with the statement that there is a lack of privacy and confidentiality among doctors in the OPD. However, a significant percent (21.1 percent) of the study sample did not know whether there privacy and confidentiality is provided by doctors at Tsumeb hospital OPD (Table 33).

Table 33. Participants' response to the statement 'There is a lack of privacy and confidentiality from the doctors'

B4c) Lack of Privacy and Confidentiality	**Frequency**	**Percent**
Agree	22	9.4%
Strongly Agree	13	5.5%
Disagree	76	32.3%
Strongly Disagree	74	31.5%
Don't Know	50	21.3%
Total	235	100.0%

More participants (48.9 percent) disagreed as compared to those who agreed (17 percent) that there is a lack of proper diagnosis and treatment at Tsumeb hospital OPD (Table 34). However, a third of participants (34 percent) did not know if doctors provide proper diagnosis and treatment.

Table 34. Participants' response to the statement 'There is a lack of proper diagnosis and treatment by doctors'

B4d) Lack of proper Diagnosis and Treatment	Frequency	Percent
Agree	25	10.6%
Strongly Agree	15	6.4%
Disagree	82	34.9%
Strongly Disagree	33	14.0%
Don't Know	80	34.0%
Total	235	100.0%

Of the 34 percent who answered "Do not know", 46.3 percent were attending the OPD for the first time and 28.8 percent had previously attended the OPD (Table 34a).

Table 34a. Participants' don't know response to the statement 'There is a lack of proper diagnosis and treatment by doctors' stratified by reason for attending Tsumeb OPD.

B4d/A5. Reason for attending Tsumeb OPD	Frequency	Percent
New health care issue never treated before	37	46.3%
New health care issue treated previously somewhere else	14	17.5%
Old health care issue previously treated here	23	28.8%
Old health care issue previously treated somewhere else	2	2.5%
Prefer not to answer	4	5.0%
Total	80	100.0%

Half of participants (50 percent) previously treated at Tsumeb hospital OPD disagreed that it has lack of proper diagnosis and treatment by doctors (Table 34b).

Table 34b. Participants response on 'There is a lack of proper diagnosis' for those who came for a follow-up

B4d/A5 Lack of proper Diagnosis and Treatment	Frequency	Percent
Agree	13	14.4%
Strongly Agree	9	10.0%
Disagree	30	33.3%
Strongly Disagree	15	16.7%
Don't Know	23	25.6%
Total	90	100.0%

The majority of the study sample (67.2 percent) disagreed that the infrastructure of the OPD is poor: overall a higher percentage of the study sample with a tertiary level of education (85 percent) disagreed (Table 35).

Table 35. Participants' response to the statement 'The infrastructure of the OPD is poor'

B4e) Poor Infrastructure	Frequency	Percent
Agree	42	17.9%
Strongly Agree	14	6.0%
Disagree	146	62.1%
Strongly Disagree	12	5.1%
Don't Know	21	8.9%
Total	235	100.0%

Participants had other complaints they thought were important and that were not covered by the questionnaire (Table 36). 24 complaints were made. Most can be loosely grouped into complaints around a perceived lack of patient confidentiality among staff (four complainants), the shortage of doctors in the OPD (three complainants), and the rudeness of nurses towards staff (two complainants).

Table 36. Participants' response to the statement "Other issues are more important (please specify)'

B4f) Others Specify	Frequency	Percent
Dirty toilets and yard full of tall grasses	1	4.2%
Doctors are refusing to send patient for sonar	1	4.2%
Doctors delay in referring patients	1	4.2%
Doctors refuses to change medicine when patients complain of side effects	1	4.2%
Doctors spend too much time in the ward not OPD	1	4.2%
HIV patients to be separated from TB patients	1	4.2%
Lack of confidentiality from the nurses	1	4.2%
Lack of confidentiality among nurses and other staff members besides doctors	1	4.2%
Lack of timely referral	1	4.2%
Need for a paediatrician	1	4.2%
Nurses are rude	1	4.2%
Nurses are talking about patients' sicknesses outside the hospital	1	4.2%
Nurses are vey rude with patients	1	4.2%

Old people should have their specific doctor	1	4.2%
Old people to be given first priority to see a doctor	1	4.2%
Other staff besides doctors are breaking confidentiality	1	4.2%
Shortage of doctors	2	8.3%
Sometimes pharmacists gives wrong medicine to patients	1	4.2%
TB clinic should be separated from HIV clinic	1	4.2%
The hospital management must work on our complaints	1	4.2%
Ticket officer must stay in their office	1	4.2%
Ticket officers are out of offices most of the time, nurses uses official hours for their private matters	1	4.2%
Toilets are dirty	1	4.2%
Total	24	100.0%

Overall, participants most agreed with the statement “there is a long waiting time to see a doctor” at Tsumeb hospital OPD (80.5 percent) and most disagreed with the statement “there is a lack of privacy and confidentiality from doctors” (63.8 percent) for Question 4.

CHAPTER FIVE: DISCUSSION OF RESULTS

5.1 Introduction

In this chapter the results are discussed in the context of the literature review by comparing the findings of this study with other similar studies. In addition, the results are further elaborated on in terms of what they might mean in the context of Tsumeb Hospital OPD.

The data collection tool for this study was a structured questionnaire with a choice of pre-determined answers. This limited the collection of in-depth information from participants. In addition, the researcher was a doctor who worked in the same OPD: though care was taken to explain to all participants that all responses were kept confidential and anonymous, this may have limited some participants' responses. Information may have been withheld if construed by participants as negative criticism of Tsumeb OPD.

5.1 Factors associated with participants' satisfaction with doctors in the Tsumeb OPD

The majority of the participants who attended Tsumeb hospital OPD during the study period had a low level of education. Low levels of education are regarded for this study as a proxy for lower income levels, as people with less education in Namibia are correspondingly less likely to find well-paying jobs. Patients with lower incomes are more likely to face financial constraints that could mean they cannot afford to see a private doctor and hence have limited choices in which doctors they can see and where they can go. In Namibia, many employed people have private medical insurance and have the option of treatment by private doctors. The results of this study imply that the majority of people who attend Tsumeb district hospital have lower levels of

education and a correspondingly lower chance of employment, leading to restricted choice in deciding on health care services.

Although the majority of the study sample (41.3 percent) attended Tsumeb OPD clinic for a new health complaint never before treated, a significant percentage of patients (38.3 percent) attended for an old health complaint previously treated at Tsumeb hospital. There are two ways to interpret this finding. On the one hand it could further support the argument that these patients have no choice but to come back to Tsumeb OPD for the same case that was previously treated as they have limited financial means. However, on the other hand this could indicate that patients are satisfied with the services at Tsumeb hospital and are willing to go back. The latter point is supported by other findings from this study: 67 percent of patients previously treated at Tsumeb hospital OPD agreed that it has competent doctors, with half of patients previously treated at Tsumeb hospital OPD disagreeing with the statement that there is a lack of proper diagnosis and treatment by doctors. This ties in with existing knowledge that patients attending Tsumeb OPD will exercise their limited range of choice by waiting to see a preferred doctor, which also supports Baron-Epel et al's (2001) findings that the more satisfied patients are, the more they are likely to come back to the same doctor. In addition 76.7 percent of participants who attended for an old health complaint previously treated at Tsumeb OPD agreed that the infrastructure of the OPD is good. Sahn, Young & Genicot (2002) offer scope for further expansion on the above findings with their argument that demand for health care increases when patients have access to qualified doctors as well as health care environment with good infrastructure. This suggests that some of the repeat patients may be returning for care because they are satisfied with the service, and not only out of necessity.

The majority of participants (97 percent) agreed that they prefer a doctor who is highly qualified, but the question did not probe into what the participants considered as 'high levels of qualification'. This should be explored in a further qualitative study in order to have the participants' point of view as it could reflect patient perceptions that a doctor needs experience or it could mean patients expect doctors to have specific qualifications for certain conditions. There was no significant statistical difference by age group, sex and level of education on the question of whether or not a doctor should be highly qualified. Other variables such as whether or not a doctor should be friendly and understanding as well as a good listener also yielded high positive scores with no significant statistical difference by age group, sex or level of education. These results resemble those of Borstum & Cassily (2000) who found that perceptions of formal and informal doctor qualifications were very important factors in choosing a doctor.

A significant number of participants (39.5 percent) disagreed with the statement that a doctor should do what a patient tells him to do. Although there was no significant statistical difference among respondents according to levels of education, a slightly higher number of respondents with tertiary level education (9/14) disagreed with the statement than those with lower levels of education. Again, there are two ways to interpret this finding. Using education as a proxy of social economic status, the results could imply that patients with higher levels of education can afford to pay for different tests and procedures requested by the doctor as compared to those with less education, and hence they are not concerned by the doctor's instructions. Or it could mean that those patients who are highly educated are more likely to acquiesce to the expertise of a doctor in the management of their ailment as compared to those who have no formal schooling.

When it came to questions around the key factors that contribute to better services at Tsumeb hospital OPD, waiting time was the central complaint. The majority of participants (70.2 percent)

disagreed with the statement that the waiting time at the OPD to see a doctor was optimal, in particular amongst participants in the 51-80 age group (81.1 percent), though this was not statistically significant. Olusaoji (2009) and Borston and Cassily (2000) among others have found that long waiting times have a negative impact on patient satisfaction, and this finding could thus explain much of the known dissatisfaction with Tsumeb OPD. Other variables raised in the questionnaire, such as the presence of good infrastructure, doctors' qualifications and a friendly environment yielded positive results, supporting the findings that waiting time is a central factor in patient dissatisfaction with the OPD. The majority of participants (81.7 percent) indicated that the infrastructure at Tsumeb hospital was good and 74 percent indicated that the friendly environment is a key factor to better services at Tsumeb hospital.

Other key factors mentioned by participants, which in turn related to the finding on waiting times, were availability of doctors at OPD as well as that doctors should be able to speak the same language as the patient. Although these factors were not covered in the questionnaire and were raised independently by patients when asked for further comments, the finding is not surprising as there is a shortage of doctors at Tsumeb hospital and most of the time there are only two doctors available at the OPD. In addition, among the five doctors at Tsumeb hospital at the time the study was done, four were foreigners who could not speak the local languages and hence depended on the availability of a translator. This increases waiting times for patients. However, observations at the OPD by the researcher have found that patients do not appear to favour the only doctor who speaks a local language, suggesting that the other factors identified in this study are more important in patient decision-making.

5.2 Participant expectations of doctors in the Tsumeb hospital OPD

Most study participants had positive expectations of what should happen on seeing a doctor in the Tsumeb OPD. The majority of participants (99.6 percent) agreed that they expected to be well examined and receive proper treatment. Other expectations such as emotional support in a friendly environment and privacy and confidentiality also yielded strong positive results (97.4 percent and 97.5 percent respectively). These results reflect those of Zebiene et al (2004), which indicated that doctor understanding and emotional support were important patient expectations.

A significant percent of participants (60.8 percent) agreed with the statement that their preferred doctor should be readily available at the OPD. In other words, given the opportunity, patients would prefer to see the doctor of their choice. However, 68.1 percent disagreed with the statement that a doctor should be similar to the patient in his/her characteristics, though those who disagreed with the statement were more likely to have lower education levels. (This is also an interesting finding, but beyond the scope of this questionnaire, given the issues around language among doctors in the OPD.) This could reflect the fact that there is already a scarcity of doctors at Tsumeb hospital, as Leonard (2004) found in many developing countries, and hence patients' choice of doctors is limited.

5.3 Participant complaints about doctors in the OPD

The second important finding of the study was that it found several gaps between participant expectations and actual experiences of seeing doctors in the OPD, as shown by the participant responses to negative statements, or complaints. Supporting the first finding on waiting times from Question 2, the majority of participants (80.5 percent) agreed that there is a long waiting

time to see a doctor at Tsumeb OPD. This can be attributed to the lack of doctors, as is the case in most developing countries

Most of the participants (74 percent) indicated that a friendly environment is a key factor contributing to better services at Tsumeb hospital, but nearly half did not think this could be found at Tsumeb hospital OPD. There was slight difference between those who agreed (48 percent) and those who disagreed (46.4 percent) that the waiting environment at Tsumeb hospital OPD was unfriendly. This variation could be due to some patients possibly being unwilling to express their view freely as the interviewer was a doctor working at the same hospital. There was a statistically significant difference when accounting for level of education, as respondents with a tertiary level of education were most likely to agree that the waiting environment was unfriendly (P value=0.05). This could be attributed to participants with a higher level of education being more informed about their rights as compared to those with less education, or that people with higher education levels are more likely to have jobs and feel that they can complain as they can utilize other options than Tsumeb. One way to look deeper into this issue would be to conduct another study that involves interviewing participants from the community who are not presently attending the hospital OPD, as people may be more willing to discuss negative aspects of service when not immediately reliant on that service.

Other possible complaints such as a lack of privacy and confidentiality, lack of proper diagnosis and treatment as well as poor infrastructure did not appear to apply to doctors at Tsumeb hospital OPD (though a lack of confidentiality among nurses was independently raised by a small number of participants). However, over a third of participants did not know whether or not there was a lack of proper diagnosis and treatment as many were attending for the first time. Even among those who attended the OPD for a follow-up visit, 26.5 percent replied ‘Do not know’ to the

question of whether or not there was a lack of proper diagnosis. This is similar to the results of Question 2 in which 21.1 percent of respondents did not know whether or not Tsumeb OPD has competent doctors. It is therefore difficult to either dismiss or consider complaints about actual service quality and a different study structure that either only targeted patients returning for treatment or that interviewed patients immediately after the consultation would be required. The majority of participants (85 percent) with a tertiary level of education disagreed that the infrastructure of the OPD is poor, although there was no significant statistical difference by different levels of education (P value = 0.07), suggesting that the OPD infrastructure is also considered reasonable by those who are more likely to have the choice of private consultations.

When asked to state what other issues were felt important, four participants complained about the lack of confidentiality among other staff besides doctors at Tsumeb hospital OPD. Three participants complained about the referral system and two other participants complained about the rude nurses at Tsumeb hospital OPD. These two complaints were not covered by the questionnaire but I suggest that they be investigated further using a qualitative study design.

CHAPTER SIX: CONCLUSION

The study indicated that the majority of participants considered high qualification levels, being friendly and understanding and being a good listener as important factors in choosing a doctor. Although the majority of participants (80 percent) complained about long waiting times to see a doctor at Tsumeb hospital OPD, with the unfriendly environment the second most common complaint, just over a third of patients who participated in the study were previously treated at the same hospital OPD. This could indicate that these patients have few other choices for health care, or that the patients were satisfied with the service they received at Tsumeb hospital OPD. The latter idea is difficult to assert with the data from the study as only about 50 percent of those patients who were returning for a follow-up indicated that they perceived the diagnosis and treatment received from doctors at Tsumeb OPD as of good quality.

The study also found that there are gaps between patient expectations and experiences at Tsumeb OPD. Factors identified as important in influencing patient expectations of doctors included variables such as the quality of the doctor's examination, qualifications and the maintenance of privacy and confidentiality.

Other issues of importance raised by participants were poor referral systems and rude staff, especially nurses at Tsumeb hospital OPD. These issues need further investigation in order to ensure good patient care, as they were not covered by the questionnaire used in this study. The patient concern that there is a lack of confidentiality among nurses should in particular be followed up by the Tsumeb hospital authority.

Overall, however, the study suggests that focusing on cutting down waiting times would resolve a significant amount of patient dissatisfaction with Tsumeb hospital OPD. Long-term issues such

as quality of care should be addressed to ensure that health care staffs at the OPD are able to best serve patients from all backgrounds.

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APPENDIX 1: QUESTIONNAIRE

UNIVERSITY OF THE WESTERN CAPE

School of Public Health

Private Bag X17 ● **BELLVILLE** ● 7535 ● South Africa

Tel: 021- 959 2809, Fax: 021- 959 2872

Interviewer's name: Dr J J Rutabanzibwa UWC student no: 2836270

Tel: (264) 0812065253 E-mail: juvejohnq2@yahoo.com

Please tell me a little about yourself.

1. What year were you born?
2. Are you male or female?
3. What language do you speak at home?
4. What was the last year of school that you completed?
5. Why are you attending Tsumeb OPD today? Please choose the answer that best describes your reason:

   a). For a new health complaint never treated before

   b). For a new health complaint previously treated at a different health centre

   c). For an old health complaint previously treated at Tsumeb OPD

   d). For an old health complaint previously treated at a different health centre

   e). Prefer not to answer this question

   f). Other reason (please explain)

I will now ask you some questions. Please tell me if you strongly agree, agree, disagree or strongly disagree with each question.

1. What do you consider when you choose which doctor to see at Tsumeb hospital OPD? Please tell me if you strongly agree, agree, disagree or strongly disagree.

   a). Should be highly qualified

   b). Should be friendly and understanding

   c). Should be a good listener

   d). Should do what I tell him to do

   e). Other issues are more important (please specify)

2. The following are key factors which contribute to better services at Tsumeb Hospital OPD. Please tell me if you strongly agree, agree, disagree or strongly disagree.

   a). The waiting time to see a doctor is optimal

   b). The infrastructure is good

   c). The environment is friendly

   d). It has more competent doctors

   e). Other issues are more important (please specify)

3. What do you expect of doctors at Tsumeb hospital OPD? Please tell me if you strongly agree, agree, disagree or strongly disagree with these statements.

   a). The doctor should examine me well and give me proper treatment

   b). I should get emotional support in a friendly environment

   c). The doctor should be highly qualified

   d). The doctor should maintain my privacy and confidentiality

   e). My preferred doctor should be readily available at the OPD

   f). The doctor should be similar to me in her or his characteristics (age, sex, race, religion etc)

   g.) Other expectations (please specify)

4. Sometimes the Tsumeb hospital OPD gets complaints. We want to know if the problems that are sometimes reported are common or rare. Please tell me if you strongly agree, agree, disagree or strongly disagree with these statements.

a). There is a long waiting time to see a doctor

b). The waiting environment is unfriendly

c). There is a lack of privacy and confidentiality from the doctors

d). There is a lack of proper diagnosis and treatment by doctors

e). The infrastructure of the OPD is poor

f). Other issues are more important (please specify).

APPENDIX 2: PARTICIPANTS INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

School of Public Health

Private Bag X17 ● **BELLVILLE** ● 7535 ● South Africa

Tel: 021- 959 2809, Fax: 021- 959 2872

PARTICIPANTS INFORMATION SHEET

Interviewer's name: Dr J J Rutabanzibwa UWC student no: 2836270

Tel: (264) 0812065253 E-mail: juvejohnq2@yahoo.com

Institution: Tsumeb district hospital

Thank you for allowing me to interview you. I am Dr J. J. Rutabanzibwa, a student at the School of Public Health (SOPH), University of the Western Cape. As part of my Masters in Public Health, I am required to conduct research for the mini-thesis. I am focusing on improving the quality of health care at Tsumeb hospital OPD. The results of this research may be used by Oshikoto regional health directorate to improve the quality of health services at Tsumeb hospital and for the entire region. I am accountable to Ann Parsons who is contactable at 021 959 9389 or c/o SOPH Fax: 021 959 2872 or by e-mail at aparsons@uwc.ac.za.

The interview may touch on issues for which you might criticize doctors. Criticism will not be reported to anyone at the hospital. If there is anything that you prefer not to discuss please feel free to say so. I will not be offended and there will be no negative consequences if you would prefer not to answer a question or withdraw from the study. I would appreciate your guidance should I ask anything which you see as intrusive. You can withdraw from the interview at any time during the process and there will be no consequences.

At all times, I will keep all information confidential and refer to you by a number. This will ensure that your data is anonymous. I shall keep records of your participation locked away at all times, and destroy them after the data has been collected.

APPENDIX 3: INFORMED CONSENT

UNIVERSITY OF THE WESTERN CAPE

School of Public Health

Private Bag X17 ● **BELLVILLE** ● 7535 ● South Africa

Tel: 021- 959 2809, Fax: 021- 959 2872

RECORD OF INFORMED CONSENT TO CONDUCT INTERVIEW

Date:

Interviewer's name: Dr J J Rutabanzibwa UWC student no: 2836270

Tel: (264) 0812065253 E-mail: juvejohnq2@yahoo.com

Institution: Tsumeb district hospital

Interviewee's number:

Place at which the interview was conducted:

Thank you for allowing me to interview you. What follows is an explanation of the purpose and process of this interview. You are asked to give your consent for me to conduct an interview with you and to use this data for an assignment for my studies at the School of Public Health (SOPH), University of Western Cape.

1. **Information about the interviewer**

   I am Dr J. J. Rutabanzibwa, a student at SOPH. As part of my Masters in Public Health, I am required to conduct research for the mini-thesis. I am focusing on improving the quality of health care at Tsumeb OPD. I am accountable to Ann Parsons who is contactable at 021 959 9389 or c/o SOPH Fax: 021 959 2872 or by e-mail at aparsons@uwc.ac.za.

   Here is some information to explain the purpose and usage of my interview.

2. **Purpose and contents of interview**

The aim of this study is to identify factors considered influencing patient satisfaction with the quality of care provided by doctors at Tsumeb district hospital Out Patient Department.

3. **The interview process**

This will consist of an individual interview using a questionnaire. I will read out each question to you and ask for your answer. Answering the questionnaire will take approximately thirty minutes and will be conducted in an isolated room. Only the researcher will hear your answers.

4. **Anonymity of participants**

At all times, I will keep all your information confidential and anonymous. I will only refer to you or your words by a randomly assigned number. I shall keep records of your participation locked away at all times, and destroy them after the data is collected. Only I will have access to your data.

5. **Things that may affect your willingness to participate**

The interview may touch on issues for which you might criticize doctors. Criticism will not be reported to anyone at the hospital. If there is anything that you prefer not to discuss please feel free to say so. I will not be offended and there will be no negative consequences if you would prefer not to answer a question. I would appreciate your guidance should I ask anything which you see as intrusive. You can withdraw from the interview at any time during the process and there will be no consequences. Should you request it, a copy of this consent form will be provided to you.

6. Agreement

6.1 Interviewee's agreement

If you are willing to participate in the research then please sign and put the date below.

Signed (interviewee):

Date Place

6.2 Interviewer's agreement

I shall keep the contents of the above research interview confidential. A randomly assigned number will be used instead of real names in all documents that refer to the interview. The contents will be used for the purposes referred to above, but may be used for published or unpublished research at a later stage without further consent. Any change from this agreement will be renegotiated with you.

Signed (interviewer):

Date Place: