

**PATIENTS' SATISFACTION UNDER NATIONAL HEALTH
INSURANCE FUND (NHIF):
THE CASE OF BUGANDO REFERRAL HOSPITAL**

**PATIENTS' SATISFACTION UNDER NATIONAL HEALTH
INSURANCE FUND (NHIF):
THE CASE OF BUGANDO REFERRAL HOSPITAL**

By

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**A Dissertation Submitted to the School of Public Administration and
Management in Partial Fulfillment of the Requirements for the Award of the
Masters of Health systems of Mzumbe University.**

2015

CERTIFICATION

We, the undersigned, certify that we have read and here by recommend for acceptance by the Mzumbe University, a dissertation entitled Patients' satisfaction under National health insurance fund; the case of Bugando Refferal Hospital, in partial/ fulfillment of the requirements for award of the degree of Master of Health system management of Mzumbe University.

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DECLARATION

I, Mtwe Joseph Nyamhanga, declare that this thesis is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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DEDICATION

I dedicate this work to my beloved wife Mrs. Happiness S, Methuselah for being tolerant when I was away for my studies at Mzumbe university. I also dedicate to my Children Mary, Denis and Daniel for their social support.

ABBREVIATIONS

AAR:	African Air Rescue
CHF:	Community Health Fund
HSSP III:	Health Sector Strategic Plan
MOHSW:	Ministry of Health and Social Welfare
MOH:	Ministry of Health
NHIF:	National Health Insurance Fund
NSSF:	National Social Security Fund
OPD:	Outpatient Department
SHIB:	Social Health Insurance Fund
SHIELD:	Strategic for Health Insurance for Equity in Less Developed Countries
SPSS:	Statistical Package for Social Science
TIKA:	Tiba Kwa Kadi.

ABSTRACT

Introduction: *The National Health Insurance Fund (NHIF), scheme was initiated in 2003 by the government, with the aim of making health care services accessible to the formal sector employees.*

Objective: *The main objective of this study was to assess the patients' level of satisfaction under NHIF and factors influencing their satisfaction.*

Methods: *The study employed a cross sectional study design involving 82 NHIF outpatients. Qualitative and quantitative approaches were employed; the data collection methods used includes questionnaire administration, focus group discussions and documentary review.*

Results: *It emerged from the study that, insured patients had good expectation towards health services as well as good attitude with health service at the OPD, except poor attitude was noted on patients' comfort ability towards health service. 37 (52.9%) respondents expressed poor attitude. Also 38 (54.2%) respondents indicated dissatisfaction on accessibility of the health services, especially enough space and seats. Furthermore, up to 36(51.4 %) respondents were dissatisfied with too long consultation time; and 34 (48.6%) respondents were dissatisfied with the service area at OPD, being inconvenient for the provision of health care to the insured patients.. It however emerged from the study that respondents were moderately satisfied with the availability of health services at the OPD and were satisfied with the quality of health services at the OPD.*

Conclusion: *The study recommends action to be taken by NHIF scheme together with the hospital administration on addressing patients' concerns for the purpose of improving the provision of health services. They should also include patient satisfaction strategies in their strategic plan for monitoring and evaluation of patient satisfaction under NHIF.*

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CHAPTER ONE

1:0 Background informations

In developing countries health insurance has been the complementation way of financing health care, as results of health sectors reforms in different African countries. This has been targeted in providing effective and efficient health care for the vulnerable and risk group of people in the third world countries. Health insurance practices in the African countries are at immaturity stage in population coverage compared to the developed countries. This is due to the economic constraints as a result of poverty in the third world countries in sub Saharan Africa. MOHSW, (2003).

Important issues associated with patients' satisfaction towards health services could have been affected by factors which include health service providers' interpersonal manners, health resources availability, accessibility of health care and quality of health services. Patients' satisfaction refers to the extent to which general health care needs of the clients are met to their requirements. Patients carry certain expectations before their visit to the health facility and the resultant satisfaction or dissatisfaction is the outcome of their actual experience. Patients' perceptions about health care systems seem to have been largely neglected by health care administrators in developing countries. This understanding emanate from patient satisfaction surveys which form one of the established methods to measure success of the service delivery system functional at hospitals. The awareness about patients' satisfaction is relevant in the sense that satisfied patients are more likely to abide by the treatment advised, to continue using health services and to promote referrals, there by increasing the health services. Health professionals have also benefited and been guided by the outcome of these surveys. The feedback received is likely to help them in identifying potential areas for service improvement. D,W Bates, (2008).

The vision of national health policy in Tanzania is to improve the health and well-being of all Tanzanians especially those at risk, and to enable the health system to be more

responsive to the needs of the people. To achieve this vision the health sector has sought to facilitate the provision of equitable, quality, and affordable basic services that are gender sensitive, sustainable and that aim at achieving improved health status. Tanzania's latest Health Sector Strategic Plan (HSSP III, 2009–15) focuses on the need for effective partnerships of public and private health facilities, development partners and other stakeholders to contribute to the achievement of the Millennium Development Goals. HSSP III, (2009).

In Tanzania the goal of national health financing system is to provide universal coverage and social health security. The aim is to improve access to services by eradicating barriers to health services especially for poor and vulnerable people, those in rural and remote area. This is also meant to ensure better mobilization resources to enable health care providers to deliver a basic package of high-quality health care services.

HSSP III gives the view that, implementation of cost-sharing and pre-payment schemes have a great importance in raising additional revenues for the health sector and providing sustainable funding to health facilities. The government of Tanzania has been making efforts to improve health insurance schemes rather than increase out-of-pocket expenditure by patients. The government would also like to increase social health insurance coverage to eventually reach universal coverage (HSSP III, 2009).

Following health sector reform in Tanzania in 1990 was the initiation of alternative health financing. The aim of the reform was to raise more revenue to improve quality, equity and accountability to health care services and to promote the efficient use of the public health care facilities in Tanzania. The health insurance was one of alternative for health financing initiated officially in 2001, which is among other health financing alternatives like cost sharing for health services (MOH, 1994).

Since the health insurance is a usually pre-payment plan that pools as many people with different status as possible enabling them to share their risk. The aim of health

insurance implementation is for the insured people to have an access of effective, equitable and efficient health care.

Health insurance system in developed countries differs with least developed and developing countries due to the economic status of the country which also reflects the ability of financing the health insurance. HSR, (2003).

In Tanzania national health insurance fund is one of the government institutions under the ministry of health which was introduced officially in July 2001, but launched in 1999 under act 8 of 1999. Like other countries the National insurance health fund (NHIF) in Tanzania aims at providing an access to effective, equitable and efficient health care, by offering a comprehensive benefit package of public service. These include registration and consultation, outpatient care services, investigations and diagnostic tests as per investigation list in the benefits package, surgical services, inpatient care services, physiotherapy, optical services and spectacles.

Other services are dental services for retirees', health benefits and medical orthopedic appliance to the members and their dependants, which are spouse and four biological children under eighteen years. Socioeconomically, the NHIF plays the role of improving health services and infrastructure in the country, funding for equipment and facility improvement loan project, and procuring of hospital equipment and rehabilitation of health facilities. NHIF Profile, (2003)

Formal government employees have been included in the scheme at the first time under compulsory membership in NHIF. These members are contributing 3% of their salaries to the scheme and their employers contribute back 3% for the workers. Nowadays, the informal employee like students, religious ministries, organized groups e.g. cooperatives and other private workers from private institutions are enrolled in the scheme by paying negotiable premiums with the NHIF. In July 2005, the government entrusted the NHIF to administer the community health fund scheme (CHF) on its behalf. Community health fund (CHF) is also the largest scheme operating in rural

districts. In 2009, a similar scheme, Tiba kwa kadi (TIKA) started to operate in urban areas (Ally, 2011). The CHF/ TIKA, was initially administered by the ministry of health and social affairs (MOHSW). Since 2009, the NHIF has occupied the management of the CHF/TIKA for the period of five years now.

The figures released by the ministry of health and social affairs in 2011 during its technical review meeting, suggest that around 18.1% of the national population are insured by NHIF/CHF/TIKA; 7.3% by the NHIF, 9.8%, by CHF/TIKA, the remaining 1% is under other health insurance schemes, resulting in an estimated 18.1% total national coverage. Other social insurance includes social health insurance benefit (SHIB) which was formed in 2005 as independent body within the National social security fund (NSSF).

There is also private health insurance operating in the country; for example, the Strategic and African air rescue (AAR). The formal sector is most likely to benefit from the private health insurance when sponsored by the employers than informal sector (Ally, 2011).

The HSSP (Health sector strategic plan III,) set a target of 45% health insurance coverage across the population by 2015. In order to achieve such coverage; the NHIF estimated the number of household to be enrolled in each year in every district or region. The size of NHIF beneficiaries is growing fast as of June 2013, it stood at 2,502,794 beneficiaries. The fund is also managing community health fund (CHF) with total of 3,263,726 beneficiaries. This brought a total of NHIF and CHF beneficiaries to 6,225,022 by the end of June 2013, equivalent to 13.9% of total population in Tanzania (NHIF, 2013). Since the purpose of national health insurance scheme is to provide the insured client with effective, efficient and equitable health services, measurement health service delivery in health facilities under national health insurance scheme is very important in realizing the level of satisfaction among insured patients who are health service consumers in those health facilities. August, and Josephine, B, (2012).

1:1 Statement of the Problem

Several studies have been done in Africa including Tanzania to assess uninsured patients' satisfaction with health service at the outpatient department. However, little was known about satisfaction of the insured patients on those health services provided by the referral and consultant hospital. There has been insufficient literature in African countries that dealt with insured patients' satisfaction based on patient expectation towards health services, accessibility of health care, availability of health resources and the quality of health services especially at the outpatient department. Most of studies done in Africa suggested that there should be continuous researches on evaluation of patients' satisfaction with health services in order to improve the health services to the insured patient.

Therefore, there was a need of knowing if the patients under national health insurance are satisfied with the services provided by the hospitals accredited by the health insurance fund.

National health insurance fund scheme is regarded as one of alternatives for health financing for the formal and informal employees and other group of self employees. Since the aim of health insurance implementation is for the insured patient to have an access to effective, equitable and efficiency health care, as it has been mentioned in Health sector strategic plan (HSSP III) strategies. This is one of the eleven strategies of making the referral services accessible to patients who need advanced care through an adequate referral system and measure to prevent by pass to be established. The quality of care will improve through the implementation of the Tanzania quality improvement framework (TQIF) (HSSP III 2009- 2015).

Hence, there has been a need of evaluating the health services, which are provided in referral hospitals especially for patient under National health insurance (NHIF) in the light of aspects like effectiveness, efficiency and quality health services.

Bugando medical centre is the consultant hospital (which own the Bugando referral hospital), with the capacity of 900 beds receiving the patient referred mostly from, Lake Zone and central zone regions of Tanzania. There have been an increasing number of patients referred in this hospital ranging from 13 to 14millions per year. It is however estimated that 3,006,000 are NHIF insured patients who have been referred from District and Regional hospitals, together with self referred ones totalling to 3000 patients per month (BMC, NHIF,)

There have been complaints from some of patient under national health insurance fund (NHIF) who have been referred to this referral hospital as outpatient. The complains over the delays on health services and sometimes lack services of ordered investigations including (x-ray) imaging investigation led the patients to seek and pay additional money for those health services in the private hospitals while these health services are included in national health insurance packages.

Also this study was set to determine the level of patient satisfaction and the factors influencing the patient satisfaction under national health insurance fund at the outpatient department at Bugando referral hospital. The understanding of those factors would help in planning for to improvement of health services in referral hospital serving clients for National health insurance fund.

1:2 Research questions

1:2:1 What is the level of patient satisfaction under NHIF, towards health services at the outpatient department?

1:2:2 Does the insured patients' expectation towards health services influence the patient satisfaction at the outpatient department?

1:2:3 Does the patient attitude towards health services influence patient satisfaction under NHIF, at outpatient department?

1:2:4 How does accessibility towards health services influence patient satisfaction under NHIF, at the outpatient department?

1:2:5 How does the availability of health resources at the outpatient department influence the patient satisfaction under NHIF?

1:2:6 How does the quality of health services under NHIF; at the outpatient department influence the patients' satisfactions?

1: 3 Objectives

1:3:1 General objective

The general objective of the study was to assess the level of patient's satisfaction under National Health Insurance Fund (NHIF) and factors influencing patient satisfaction at outpatient department in Bugando referral hospital.

1:4 Specific objectives

1:4:1.To determines the level of patient satisfaction under Health Insurance Fund at outpatient department.

1:4:2. To determine the patient expectation towards health services under National Health Insurance Fund at outpatient department

1:4:3 To determine the insured patient attitude towards health services at outpatient department.

1:4:4: To determine the patient accessibility towards health services under National Health Insurance Fund at the outpatient department.

1:4:5 To determine the availability of health resources at outpatient department under National Health Insurance Fund.

1:4:5 To determine the quality of health services at the outpatients Department, under national Health Insurance Fund.

1:5 Scope of study

This study focused on assessing the level of patient satisfaction and factors that influence patient satisfaction over health services under national health insurance fund at outpatient department of Bugando referral hospital in Mwanza city. The eligible participants were those enrolled for the National health insurance fund for the period of not less than one year and found attending at outpatient department at Bugando referral hospital. These include include dependant enrollees, with age not less than eighteen years. Bugando medical centre was chosen by the researcher due to the fact that it was consultant hospital, providing consultant health services while NHIF patient constituted the large part of hospital attendance at the outpatient department. It was estimated that the outpatients contributed almost 80% of total number of all patients attending to the health facility.

1:6 The significancy of the study and rationale

Since the outpatient insured patient are the ones who contribute for health services by paying their premiums with additional revenues used to improve health services provision. This group has the right to participate in evaluating the health services provided through national health insurance fund by health care providers. Therefore, addressing the factors which influence health service satisfaction will enable the policy makers and decision makers to take actions aimed at improving health services provision. This can also help the NHIF, under government supervision to have better strategic plan to meet the goal of customers and members satisfaction.

1. 7 Justification of the study

Since, there was little knowledge in Tanzania related to NHIF patient satisfaction as most of the researches had concentrated on uninsured client satisfaction.

The study wanted to examine issues related to lack of health services or delays in health services provision, among insured client compared to patients who are not insured.

Furthermore, this study was a necessity due to insufficient literature in African countries on insured patient satisfaction based on patient expectation towards health services, accessibility of care, availability of health resources at the outpatient under national health insurance fund and the quality of health services provided at the outpatient department.

Study conducted in Ghana (Dalinjong 2011) among other studies on patient satisfaction in Tanzania, did not give the particular reasons, for lack of services and delays of health services among insured clients. These studies focussed on commenting on poor hospital infrastructure, lack of drugs, absence of physical examinations and long waiting time for services. The aim of this study was therefore to fill the gap of knowledge regarding the clients' level of satisfaction under NHIF, and factors influencing patient satisfaction which had not been addressed by other researchers in Tanzania. These factors were assessed based on the insured patients who were attending for health services at Bugando referral hospital.

1:8 Definitions of terms

Attitude: In this study, the term has been used to imply the way the patient perceives the health services which are provided at the Outpatient department clinic at Bugando referral hospital.

Expectations: This has been used to imply what the patient looks forwards to receive from outpatient department at Bugando referral Hospital, such as quality or characteristics of health Services in order to address his or her health problem.

Health problem Refer to the presented complaints, related to health problem or illness that brought the patient to the referral hospital.

Outpatient department: It has been used to refer to the provision of health services to the patient without being admitted in the ward.

Patient satisfaction: It has been used to refer to the level at which the patient is satisfied with health services provided at outpatient department at Bugando referral Hospital. The indicators of patient satisfaction in this research are availability of health service accessibility toward health services, attitude and quality of health services.

Accessibility: This has been used to refer to the comfortability to access the health care services in term of reception, waiting time and convenience for services to the outpatient department

Availability of health services: It pertains to the resources available at the outpatient department at Bugando referral Hospital in terms of adequacy of the health services providers and equipment and facilities for health services provision.

Quality of care: This is used in this study to imply the patient perception on health providers' competence in diagnosis and treatment, the time spent for patient consultation. Other attributes include the quality of medical product and treatment, equipments and instruments, competence of health services providers which includes thoroughness and significance of mistake for the patient.

1:9 Organization of the dissertation

The dissertation is organized into six chapters; chapter one presents introduction which provides background, statement of problem, research questions, objectives, scope, significance and justification of the study. Chapter two focuses on the literature review theoretical empirical parts, conceptual framework and research model and hypothesis. Chapter three gives information on the research methodology, which includes the type of study, study area, study population, units of analysis, variables with their measurements, sample size and sampling technique, types and source of data, data collection methods, validity issues and data analysis methods. Chapter four focuses on presentations of the findings; chapter five gives the discussions of the findings, while chapter six provides the summary, conclusions and policy implications.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter gives ideas and theories revealed by different authors in the area of patient satisfaction with the provision of health services. It also focuses on the researches done by others relating to the topic. It comprises of theoretical review on the concept of patient satisfaction, Tanzania health sector reform, empirical review of other studies, and synthesis and research gap in the literature review, theoretical framework and study hypothesis. The aim of this chapter is to enable the researcher to acquaint of what others have done and hence obtain the gaps that justified the need for study.

2:1 Theoretical review

2:1:1 Concept of patient satisfaction

Swan (1995) defines satisfaction as positive emotional response that is needed from a cognitive process in which the patient compares the individual experience to a set of subjective stand. Stims and Webb (1975) conceptualises patient satisfaction as perceptions of the benefits of care and extent to which these meet the patient expectation. Expectation contributes more in the essence of patient satisfaction as a evaluative tool, as it is known also that satisfaction is a recognized component of quality assurance. Therefore, this may also be equated to high level of reported satisfaction with high level of quality of care.

Linda, the theorist, mentioned five items in defining the term satisfaction; these include expectation, which is the belief on possibility of certain attribute being associated with an incidence or object and perceived probable outcome of this association; Value; evaluation in term of good or bad of an attribute of an aspect of health care encountered; entitlement that is an person's belief that he or she has right acceptable grounds for seeking or complaining a particular outcome, occurrence, the perception of

what had happened, interpersonal comparison, the person grades the health services encountered by making similarities with all such encounters known or experienced by her or him, (Linda pelz 1982).

Stims and Webb (1975) explained the definition of patient satisfaction as perceptions of the benefits of care and the extent to which these meet the patient expectation, expectation contributes more in the essence of patient satisfaction as a evaluative tool as it is known also that satisfaction is recognized component of quality assurance, is therefore tempting to equate high level of reported satisfaction with high level of quality of care.

Ware et al. (1983) reported eight dimension of satisfaction as follows; interpersonal relationship, the way in which the health provider interacts with the client/patient e.g., respect, concerns, friendless and courtesy. Accessibility and convenience are factors involved in preparation to get health services; these include waiting time and probability of access to the health services providers. Financing factor, which involves paying for health services, efficacy/outcome of the health care given to the patient e.g. recovery or health promotion and Continuity of care. This includes the consistency in health providers or location of care. Physical environment which includes setting features in which care is delivered such as clarity of signs of dimensions orderly facilities, equipments and pleasantness of atmosphere. Availability of resources includes the presence of medical care resources, such as enough medical equipment and facilities and enough health service providers. Technical quality of care includes competence of health providers and compliance to high standard of diagnosis and treatment such as thoroughness, accuracy, unnecessary risk and making of mistakes.

Patient satisfaction

Studies done by Hayness et al. (1979) and Ley (1988) revealed that, levels of the patient satisfaction stem from the various components of consultation. These include the affective aspects (emotional support and understanding), the behavioral aspect

(prescribing and adequate explanation) and the competence (appropriateness of referral, diagnosis) of the health professionals. Ley (1989), reported that satisfaction is determined by the content of the consultation and the patients' need to know as much information as possible, even if it is bad news relating to the patient (Ogden J, 2004).

Berry et al. (2003) explored the impact of making information more personal to the patient on satisfaction, which were "personalized information and non personalized information". The results showed that the more personalized style was related, the greater satisfaction was.

Patients' understanding

Boyle (1970) who examined the patients' definitions of different illness come with the results of some of the patient achieving to define the illness like arthritis 85%, jaundice 77%, heart palpitations 52% and only 42% being able to allocate their body organs like the heart or liver. Another study was done to examine the effects of general practitioners consulting styles on patient satisfaction. This focused on referral – testing of theory of patient satisfaction by Savage and Armstrong (1990). It examined the effect of an expert directive consulting style and sharing patient centered consultation style on patient satisfaction. Effect in expert the tradition of doctor–patient communication regarding the doctor as expert who communicates their knowledge to their naive patients, where the doctor is regarded as an authority figure that instructs and directs the patient. In this study, the patients were more satisfied with the doctors' directive style rather than sharing patient centered consultation style.

Patient recall

Ley (1981, 1989) found that recall is influenced by multitude of factors; for example, the author agreed that anxiety, medical knowledge, intellectual level, and the important of statement, primary effect and the number of statement increase the recall. However, the author concluded that, recall is not influenced by age of the patient, which is contrary to some predictions of the effect of ageing on memory and some of the myths

and counter myth of the aging process. Recalling information after the consultation may be related to compliance.

Oral information

Ley (1989) suggests that, one of the ways of improving compliance is to improve communication in terms of contents of an oral communication. The author believes the following features are important; primary effects, to stress the importance of compliance, to simplify the information, to use repetition to be specific and to follow up the consultation additional interviewer. In written information aspect, Leys and Moris (1984) examined the effect of written information about medication and found that, it increased knowledge by 50% of the studies, increased compliance by 60% and improved outcome by 57%.

2:1:2 Tanzania health sector reform

Health Policy is a set of decisions or commitments to pursue courses of action aimed at achieving defined goals of improving health. Policies usually state or imply the values that underpin the policy position. It also means a field of study and practice in which the priorities and values underlying health resource allocation are determined (<http://medical-dictionary.thefreedictionary.com>).

The vision of national health policy in Tanzania is to improve the health and well-being of all Tanzanians, especially those at risk and to enable the health system to be more responsive to the needs of the people. To achieve this vision, the health sector seeks to facilitate the provision of equitable, quality, and affordable basic services that are gender sensitive and sustainable and that are aimed at achieving improved health status. Tanzania's latest Health Sector Strategic Plan (HSSP III, 2009–15) focuses on the need for effective partnerships with public and private health facilities, development partners, and other stakeholders to contribute to the achievement of the Millennium Development goal. Some of the Tanzania national policy objectives are: to ensure the availability of drugs, reagents and medical supplies and infrastructures; to ensure that

the health services are available and accessible to all people in the country urban and rural areas; and to train and make available the competent and adequate number of health staff to manage health services with gender perspective at all levels. Capacity building of human resource at all levels in management and health services provision will be addressed (Health policy, 2003).

In Tanzania the goal of national health financing system is to provide universal coverage of social health security. The aim is to improve access to services by eradicating barriers to health services, especially poor and vulnerable people; those in rural and remote area; and to ensure better mobilization of resources, to enable health care providers to deliver a basic package of high-quality health care services (WHO, 2004).

HSSP III gives the view that, implementation of cost-sharing and prepayment schemes has a great importance in raising additional revenues for the health sector and providing sustainable funding to health facilities. The government of Tanzania has been making efforts to improve health insurance schemes rather than increasing out-of-pocket expenditure by patients. It would moreover like to increase social health insurance coverage to eventually reach universal coverage (HSSP III, 2009-2015)

Following the health sector reforms in Tanzania in 1990 with the initiation of alternative health financing the aim of the reform was to raise more revenue to improve quality, equity and accountability to health care services and to promote the efficiency use of the public health care facilities in Tanzania and health insurance was one of alternative for health financing initiated officially in 2001, which is among other health financing alternatives like cost sharing for health services. (HSR, 2003).

2:2 Empirical review of other studies

War (1978) and Sara et al. (2003) investigated on the ways satisfaction with health services system relates to client experience. The survey done in 2003 gave the important feedback of understanding determinants of people satisfaction in 21 countries

of the Europeans union (EU). In this study, the researchers used the WHO term word “responsiveness” to refer the satisfaction with health system from the perspective patients’ experience. These factors which influence patient satisfaction includes, patient autonomy, choice, communication, confidentiality, dignity, prompt attention and quality of basic amenities.

The study conducted on Patient in Pakistan revealed that, patients appreciated the health services provided in public hospitals rather than private hospitals. This is due to the patients’ trust to the health providers and good quality of care provided in their public health facilities (Shahhas et al., 2010).

John, et al. (1975) investigated the dimension of patient altitude in respect to the care providers and health services, about patient altitude regarding health care provider’s behavior and health care. Four major dimension of patient altitude towards Doctors, humanness and quality and such as enabling components as availability of services, continuity, convenience of care and access mechanism (cost payment mechanism and easy of emergency care). Second dimension for the current studies, involves, altitude towards component of health services including financial barriers, emergency care, services availability of health services resources as hospital specialists, family Doctor and general medical facilities which enable patient to receive health care services.

Mosad et al. (2006) investigated the health care delivery with clients’ satisfaction in an exploratory investigation of five quality model at some Egyptian and Jordan’s medical clinics. The major factor affecting patient perception of cumulative satisfaction to address the question whether the patient an Egyptian or Jordan evaluate quality of health care similarities of differentials, which are quality of object, quality of process, quality of infrastructure, quality of insurance and quality of atmosphere with customers orientation strategy, and practical implication the results can be used by the hospitals to reengineer and redesign.

Mario et al. (2008) investigate in dimension of services quality and satisfaction in health care dimension of services quality and satisfaction in health care linked the patient and the doctor relationship for the quality of facilities and interaction with administrative staffs by this order.

Syed (1998) tested in the customers satisfaction with the hospital managerial model five factors, which explained model that provide considerable variation in customers satisfaction with hospital, such as communication with patients, competence of the staffs, with their behavior, qualities of their facilities and the perceived cost. He looks linked to patient satisfaction in the centre of Bangladesh on perceived services quality, including responsiveness, assurance and communication discipline.

J Hughes (1991) in his review "Satisfaction with Medical Care: A Review of the Field (1991) stated that People dislike out-of-pocket costs, co-payments and deductibles, particularly if they have to pay at the site of care. When they have questions, they like to have someone available to explain procedures to them until they understand. In factor analysis, satisfaction with insurance provider tends to be a very independent dimension from satisfaction with providers, contributing little to overall satisfaction.

Dalinjung, (2011) did a study on the perception and experiences of patient and health care providers towards national health insurance scheme (NHIS). Most of the insured patients were not satisfied with the services provided by the health providers, they perceived as being experiencing the long hospital waiting time, being verbally abused, discriminated and being not physically examined by the health care providers. Such treatment based on the assumption that they do not make the cash payment for the service they get. But it was observed also that the delay on reimbursement by the NHIS to the accredited hospital affected much the health facilities' operative activities under NHIS.

This also automatically influenced the health provider's behavior as well. (This study which was done in Ghana finally suggested further investigation on why there is

dissatisfaction with health service delivery among insured client, which studies did not address).

The study done by Ny net, (2007) on outpatient satisfaction, revealed a higher level of expectation towards health services. The study done at municipal hospitals in Dar-es-salaam compared the perceived quality of health care services between insured client and uninsured client (Salama, 2005). The study revealed insured client were dissatisfied with long waiting time and not being physically examined. The study also revealed the unavailability of the prescribed drugs and the longtime spent in different departments for insured patients.

The study which was done in Tanzania by Chomi et al. (2011) on health care seeking behavior and utilization in multiple health insurance system, revealed health insurance as increasing the probabilities of seeking care and reducing delays. However the probability timing of seeking care and choice provider varied across the CHF and NHIF members. This study regards delaying factors as the measurement of health services in term of quality, effectiveness and equity.

Improvement in health service delivery is pillar to the achievement, which enables insured client to have an access to health services and protection from health risk. Other studies done on insured client health service satisfaction in West Africa include that of Mohammed et al. (2008), which examined the enrollees perception and factors influencing client satisfaction. The major factors such as general knowledge of health insurance scheme and the awareness of money contributed largely to the insured clients' satisfaction of health care services.

2.2.1 Synthesis and research gap in the literature review

Researchers on patient satisfaction in Tanzania did not work on factors which are mostly influence patient satisfaction especially for those who have been referred to the tertiary facility as outpatient under National health insurance fund and the little is known, if the insured patient expectation towards health have been met or not especially in the

tertiary hospitals with accessibility of health services, availability health resources and quality of health services provided by the referral hospital. The aim of this study was therefore to fill the gap of knowledge which has not been captured in other studies.

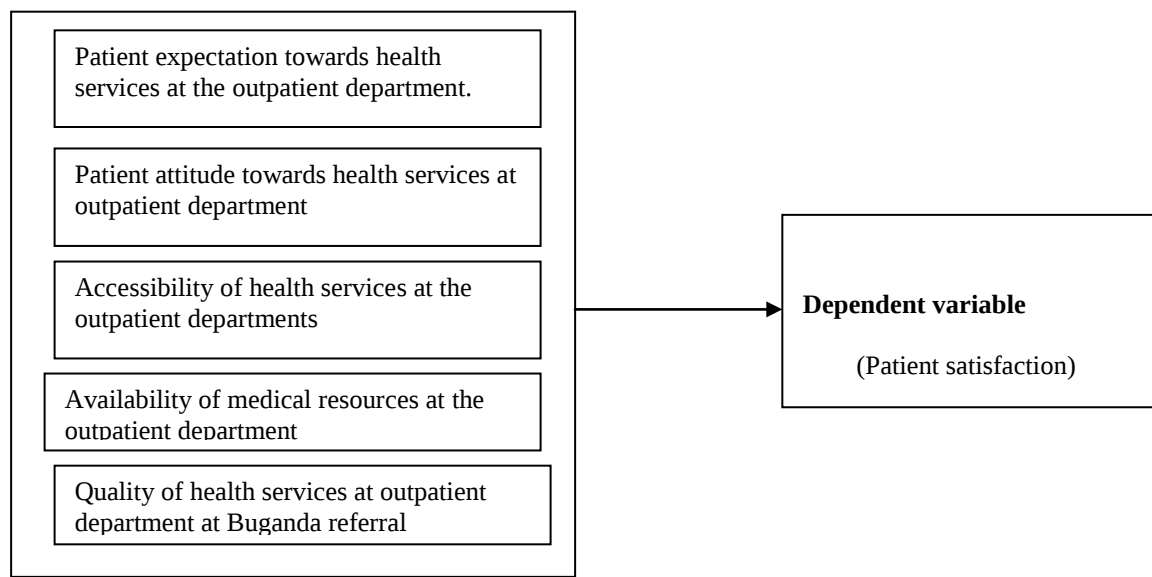
2.3 The conceptual framework and research model

2.3.1 Theoretical frameworks

Theoretical frame work is the representation of research variables which are Independent and dependent variables; the dependent variable in this study is client satisfaction, while the Independent variable entails factors influencing the clients' satisfaction. These are patient expectation towards health services at the outpatient department, perceptions towards health care, accessibility towards health services, availability of medical resources, quality of health services and patients' opinions and suggestions on the improvement of health services at outpatient department at Bugando referral hospital.

Figure: 2:1. Theoretical conceptual frame work

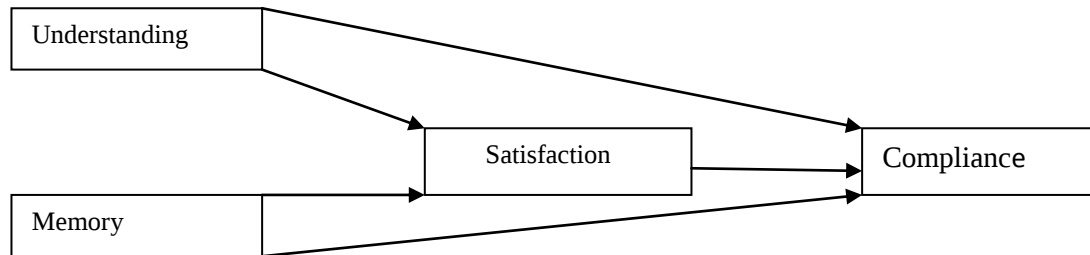
Independent variables



Source: Researcher, 2015.

2:4 The research model

Figure: 2:2 Leys (1980, 1989) cognitive hypothesis model of communication



Source: Ley (1981, 1989) model of compliance

Leys (1981, 1989) developed the cognitive hypothesis model of compliance which claimed that, compliance can be predicted by combinations of patient satisfaction with process of consultation. Several studies have been done to examine each element of cognitive hypothesis model. This model emphasizes patient understanding, recall and satisfaction. It explains communication in terms of transfer of knowledge from the medical expert to the lay person. Such model of transfer of expert knowledge of expert knowledge assumes that, the health professionals behave according to their education and training rather their subjective belief.

Haynes et al. (1979) defines compliance as the extent to which the patient behavior (in term of taking medication and following diet styles changes) coincides with medical or health advices.

Leys cognitive hypothesis model and its emphasis on patient satisfaction, understanding and recall have been influential in terms of promoting research into the communication between health professionals and patient. In addition, the model has prompted the examination of using information to improve the communication process; as a result, the role of information has been explored further in terms of the affect on recovery and outcome.

The Ley's cognitive hypothesis model was used in this study because it reflects the factors which may contribute to the patients' satisfaction towards health services. Which are expectation, attitude, accessibility of care, availability of health resources and quality of care. This means for the patient to be satisfied with health care, his/her expectations towards health services at the health facility should be met by getting the health services, which should be the same or exceed what was expected by the patient. It has been found that, the level of patient satisfaction stem from various components of consultation particularly the affective aspect which entail emotional support to the patient and patient understanding; and behavior aspect which includes prescribing of treatment to the patient and adequate explanations on patient in relation to his/her health problem; and competence which includes appropriateness of referral and diagnosis of health professionals and also satisfaction is determined by the contents of the consultation and the patient wants to know as much as information as possible even if could be bad news. Together with an understanding during consultation the patient should have the memory or recall of what has been explained to him or her. This is the way of how this model fits with this study.

2:5 Study hypothesis

This study wanted to test the following hypothesis.

1. There is significant relationship between independent variables and patient satisfaction at the outpatient Department.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0: Introduction

This chapter presents the methodology which was used in carrying out this study. The chapter presents the type of study, area of study, study population, unit of analysis, variables and their measurements. The chapter further indicates sample size, sampling techniques, types and source of data, data collection methods, validity issues and data analysis methods.

3.1 Type of study

This study adopted cross-sectional design. The approach entailed both qualitative and quantitative methods; this triangulation approach used for the period 15th February 2015 to 28th February 2015, to assess the patient level of satisfaction and the factors influencing satisfaction. In the survey, the insured patients were given anonymous questionnaire to fill and return to the researcher or research assistant and. Some participants were asked to participate in focus group discussion, as to give out their views related to the level of satisfaction on the health services provided at the outpatient.

Documentary sources also were also reviewed to determine the number of attendance for insured patient at the outpatient department and for insight of the national health insurance fund policy. The cross sectional study was chosen in order to get more information and a comprehensive picture in relation to factors which influence the NHIF insured patients' satisfaction at outpatient clinic in Bugando referral hospital.

3:2 Study area

The study area was the outpatient department in Bugando Medical Centre (BMC) in Mwanza region, north-western Tanzania. This hospital is situated along the southern shores of Lake Victoria and has a capacity of 900 beds. The hospital serves as a referral centre for tertiary specialist care for a catchment population of approximately 13 million people from Mwanza, Mara, Kagera, Shinyanga, Tabora and Kigoma regions of Tanzania. Most of the NHIF patients from central and lake zones are referred to this consultant hospital.

This hospital received approximately three thousands (3000) NHIF, patients per month. This hospital was chosen by researcher because of being one of consultant hospital and easily accessible by referred patient from the lake and central zones regions of the country who may be referred for more advanced health services. The hospital is believed to possess almost all types of health services which are included in the comprehensive NHIF, packages.

3:3 Study populations

The study population comprised of eighty two (82) insured respondents. Seventy (70) respondents were involved in quantitative survey and were provided with anonymous questionnaire to fill in; while twelve (12) respondents were involved in focused Group discussion.

3:4 Unit of analysis

Unit of analysis entails individuals who were involved in the study. These are insured patients enrolled by the national health insurance for the period of not less than one year.

3:5 Variables with their measurement

Attitude: This was measured by using a set of different questions and by the degree of attitude at strongly agrees, agrees, neither agree nor disagree, disagree and strongly disagree.

The study also captured the categories of good attitude and poor attitude.

Expectation: Expectations were measured by asking patient about the degree of their expectation towards health services; three degrees indicators were applied; might not be good, might be good /acceptable/ affordable and might be good. Categories: Good expectation and poor expectation

Patient's satisfaction: was measured by using a set of questions. Patient were told to rate their perceptions level towards health care provision by using likert's five points rating scale at, 1-Very satisfied, 2-Satisfied, 3-neither satisfied nor dissatisfied, 4-dissatisfied and 5 as very dissatisfied. Patient satisfaction was classified in four levels at very satisfied, satisfied, neither satisfied nor dissatisfied, very dissatisfied and dissatisfied.

3:6 Sample size and sampling techniques

3:6:1 Sampling Size

The sampling frame was all insured patients attending for health services at outpatient department. It was from this list of the respondents where eighty two (82) insured patients for the study were drawn.

3:6:2 Sampling Techniques

The study employed sampling techniques under non-probability and purposive sampling.

3:6:2:1 Purposive sampling

This technique was chosen from which the decision of which item should be included or excluded in the sample rest on the researcher's judgment and intuition. According to Kothari (2004), purposive technique enables the researcher to choose respondents basing on the fact that they have desirable characteristics and variables related to the issue being studied.

3:7 Types and source of data and methods of collection

Structured anonymous questionnaires, focus group discussion and documentary review are the methods which were used in data collection.

3:7:1 Questionnaires

Questionnaires were administered to seventy (70) patients attending at outpatient department. The respondents were given questionnaires which had both open and close-ended questions. Open ended questions assisted in getting the feelings and experience related to the factors influencing NHIF and patients' satisfaction with the health services provision. This also helped in getting more information from NHIF patients. Closed ended questions were used to gather information that the researcher intended to get and which could not be obtained using open ended questions.

3:7:2 Focus group discussion

Focus group discussion was carried out with twelve patients (12) under national health insurance attending for health services at outpatient department at Bugando referral hospital. The purpose of this focus group discussion was to get additional information on the matter related to the level of satisfaction and the factors which influenced satisfaction.

3:7:3 Documentary review

The various documents reviewed include patient file records under national health insurance fund, hospital attendance registers for the patients under national health insurance fund National health policy and national health insurance fund policy.

3:8 Validations and testing of reliability of research instruments

Validity is the quality that an instrument used in research is accurate, correct, and meaningful and right (Nyenzi, 2010). Reliability refers to the consistency of the results that an instrument will give when applied repeatedly in the investigation (sanders et al., 2000). The instruments for this study were tested for validity and reliability to determine whether might need adjustment or not. The following techniques were used to establish validity and reliability of study.

Determining of appropriateness of the language used and respondents' language background. If the language used in the instrument would pose a challenge to the respondents then back translation was conducted on the research instruments. The focus group discussion schedule and questionnaire that were originally in English were translated in Swahili for easy communication. The researcher conducted pilot study in Mwanza city, at Sekouture Regional hospital. In a view of pilot study, some questions were modified and other themes were added before taken to the field.

3:9 Methods of data processing and analysis

3:9:1 Data processing

The collected data were processed through manual sorting by editing, coding, classification and compilation. Finally all were summarized on data masters sheet for analysis.

3:9:2 Data analysis

Data were processed and analyzed quantitatively to get descriptions in percentage and frequency table by Statistical Packages for Social Science (SPSS 16) that was used as the basis for discussion and comments. Frequency, percentages, minimum, maximum, mean and standard deviation were used for quantitative data. Mean, standard deviation, median were used for patient satisfaction, expectation and attitude as the data being rated in scale. Qualitative data from focused group discussions was to be categorized by theme for analysis and categorization verified by two independent expert

3:9:3 Data presentation

The findings or data of the study were presented in tables and were described in relation to the research's objectives and questions.

3:10 Ethical considerations

Ethical approval was sought from the research and ethic committee of Mzumbe University. Following ethical approval, permission to conduct data collection was obtained from the Director Bugando medical centre in Mwanza region. Respondents were informed on the research objectives and were asked to participate in the study. Those who were willing to participate were given consent form to sign, while those who were not willing to participate had the chance to withdraw from the study.

CHAPTER FOUR

PRESENTATION OF THE FINDINGS

4.0 Introduction

This chapter presents the findings of the study as presented using descriptive statistics. The chapter begins with reviews the frequencies of observations of the variables under study which were patient expectation towards health services at the outpatient department, attitude towards health services at OPD, accessibility to the health services, availability of health resource at the OPD and the quality of the health services at the outpatient department. Findings on focus group discussion are also presented in this chapter. The all findings presentations based on the study objectives/specific objectives with their research questions.

This cross sectional drew from both quantitative and qualitative approach, where the (70) respondent under national health insurance fund at OPD were given anonymous questionnaires to fill and to return to the researcher. In qualitative approach, twelve (12) outpatients were involved in focus group discussion in order to get more information related to level of patient satisfaction and the factors which influences satisfaction.

4:1 Expectation towards health services at the outpatient department.

The objective on this variable was to determine the patient expectation level towards the health services at the outpatient department, which was guided by the research question of how does the patient expectation influence patient satisfaction

The respondents were needed to show or to express their expectations towards health services before actual provision of the health services. There were five (5) questions related to the interpersonal interaction with the health providers at the OPD, accessibility to health services at the OPD, convenience in access of health services at

the OPD, availability of health resources and the quality of the services provided at the OPD.

Table 4:1Patients’ expectation level, at the outpatient department

Questions	Might not be good	Might be quite good	Might be excellent	Percentage of good expectation	Min- 1 Max-3 Median
Expectation of patient towards interaction with the health care providers at the outpatient department.	9 (12.9%)	51(72.9%)	10 (14.3%)	61 (86.3%)	2
Patient expectation on comfort ability to the access of health services at outpatient department.	9 (12.9%)	47 (67.1) %	14 (20%)	61 (87.1%)	2
Patient expectation on the availability of health services resource at outpatient department.	3 (4.3%)	57 (81.4%)	10 (14.3%)	67 (95.7%)	2
Patient expectation on the quality of health services as insured patient at the outpatient department	6 (8.6%)	52 (74.3%)	12 (17.1%)	64 (91.4%)	2
Patient expectation on the provision of NHIF, packages as insured patient at the outpatient department.	5 (7.1%)	54 (77.1%)	11 (15.7%)	65 (92.8%)	2

Source: Field data, 2015

This table 4:1: Summarizes the frequencies of observation on the patient expectation towards health services at the outpatient Department in Bugando referral Hospital. The patient expectation was classified into two categories; which were Good expectation and low expectation.

The median and percentage scored were used to determine the level of patient expectation towards the health service at the outpatient department. The median of (2) per each item was regarded as the good expectation and the median below (2) two was regarded as poor expectation towards health services. As well as percentages per item

by combining quite good and excellent expectation response with the percentage cutting point of 80% and above, were regarded as good expectation.

The components of the expectation with their results were as follows; 61 (86.3%) respondents had good expectations in health providers' interactions at the outpatient department and 9 (12.9%) respondents had poor expectation with health care providers' interactions, with the median of (2).

In the item of patient expectation towards comfort ability to the access of health services at the outpatient department, 61 (87.1%) respondents had good expectation and 9 (12.9%) respondents had poor expectation, with (2) median.

Patient expectation on availability of health resources indicated that, 67 (95.7%) had good expectation and 3 (4.3%) had poor expectation on comfort ability with two (2) median. Expectation on quality of health services at outpatient indicated 64 (91.4%) respondents had good expectation and 6(8.6%) had poor expectation with two (2) median.

Expectation on the provision of national health insurance packages indicated 65 (92.8%) had good expectation on the provision of comprehensive health insurance packages at the outpatient department and only 5(7.1%) had poor expectations of comprehensive national health insurance packages, with two (2) median. The findings above show that, generally insured patients had good expectations almost in all components which were assessed.

Table 4:2: Patient attitude towards health services under health insurance fund at outpatient department.

Questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	(Mean) (SD)
The health providers at outpatient department interacted well, with me on provision of health service	3(4.3%)	35(50%)	5 (7.1%)	23 (32.9%)	4 (5.7%)	2.86 (1.107)
I was comfortable with access of health service at outpatient department as insured patient	1 (1.4%)	31(43.4%)	1 (1.4%)	35(50%)	2 (2.9%)	3.09 (1.060)
There is adequate health service providers with enough,equipment and facilities	3(4.3%)	36(51.4%)	2 (2.9%)	28(40%)	1 (1.4%)	2.83 (1.063)
The national health insurance packages are all provided to me at the outpatient department.	6(8.6%)	36 (55.4%)	3 (4.3%)	25 (35.7%)	-	2.67 (1.059)
I appreciate the health services provided at outpatient department is of high quality	4 (5.7%)	44 (62.9%)	3 (4.3%)	16 (22.9%)	3(4.3%)	2.57 (1.044)
I will come again for health services utilization at this outpatient department, if the need arise	3 (4.3%)	47(67.1%)	3 (4.3%)	17 (24.3%)	-	2.49 (.913)

Source; Field data, 2015

4:2. Attitude of insured patients towards health services at the outpatient department

Table 4.2: Summarizes the frequencies of observations on patient attitude towards health services at the outpatient department. The objective related to the attitude of this study was to determine patient attitude towards health services at the outpatient department which was guided by the research question of how does the patient attitude influence patient satisfaction.

In the aspect of attitude, the components which were to be assessed were; Patient attitude on good interaction with the health providers, patient attitude related on insured patient comfort ability in access of health services at the outpatient department, attitude on the adequacy of the health resources at the outpatient department, attitude on comprehensive health insurance packages at the outpatient department, attitude on the quality of health services at the outpatient department and the attitude of the patient need of patient health service utilization for the next visit at outpatient department. The attitude was classified into two categories which were good attitude and poor attitude and measured by using the frequencies, standard deviation and the mean. The ratings were combined from respondents who agreed and those who disagreed; the responses very strongly agree were combined with 'agree', where as the 'disagree' response was combined with strongly disagree as to have the related stand.

The frequencies of observation for patient attitude were as follows; attitude on good interaction with the health providers were 38 (54.3%) respondents. 27 (37.4%) respondents had poor attitude on good interaction with the health providers and 5 (7.1%) respondents had neither good attitude nor poor attitude related to the good interaction with the health providers at the outpatient department. Interaction with health providers had the Mean of (2.86) and SD standard deviation of (1.107).

In aspect patient of attitude in the comfort ability in access of health services at the outpatient department, 32 (44.8%) respondents had good attitude in access of health services at the outpatient department and 37 (52.9%) respondents had poor attitude related to comfort ability in access of health services at the outpatient department and 1 (1.4%) had neither good attitude nor poor attitude on comfort ability in access of health services at the outpatient department Comfort ability had the mean of 3.09 and SD of 1.060.

In aspect patient of the attitude on adequacy of the health resources at the outpatient department, 39 (55.7%) respondents had good attitude on adequacy of health resources, 29 (41.4%) respondents had poor attitude towards the adequacy of health resources at

the outpatient department and 2 (2.9%) had neither poor attitude nor poor attitude on the adequacy of health resources at the outpatient department.

In aspect of the patient attitude on the availability of the comprehensive national health insurance packages in the outpatient department, 42 (63%) respondents had good attitude on the availability of the national health insurance packages at the outpatient department. 25 (35.7%) respondents had poor attitude on the availability of the National health insurance packages and 3(4.3%) respondents were neither had good attitude nor poor attitude on health insurance comprehensive packages. The mean for availability of the national health comprehensive packages was 2.67 and SD of 1.059.

In aspect of the patient attitude on the quality of the health services at the outpatient department, 48 (68.6%) respondents had good attitude on the quality of the health services at the outpatient department. 19 (27.2%) had poor attitude on the quality of the health services provided at the outpatient department and 3 (4.3%) respondents had neither had good attitude nor poor attitude at the outpatient department. Quality of health services had the mean of 2.57 and SD of 1.044.

In the aspect of the attitude on the patient utilization of the health services for the next visit at the outpatient department, 50 (71.4%) respondents had good attitude on the utilization of the health services for the next visit at the outpatient department, 17 (24.3%) had poor attitude on the utilization of health services at the outpatient department and 3 (4.3%) had neither had good or poor attitude in the utilization of the health services for the next visit. The utilization of the health services for the next visit had the Mean of 2.49 and SD of 0.913. Generally poor attitude were observed on patient attitude on comfort ability in access of health services 37 (52.9%) had poor attitude. Also poor attitude was observed on good interaction with the getting of essential information on health services from the health providers 27 (38.9%) respondent had poor attitude as well as on the availability of the health services at the outpatient department where 29 (41.4%).

Table 4:3 Accessibility towards health services under health insurance fund at the outpatient department

Questions	Very satisfied	Satisfied	neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	(Mean) (SD)
Health providers give me directions and essential information's in accessing health care as insured patient at outpatient department	1(1.4%)	44(62.9%)	2 (2.9%)	21(30%)	2 (2.9%)	2.70 (1012)
I find enough space and seats for waiting health services at outpatient department	1 (1.4%)	30(42.9%)	1(1.4%)	33(47.1%)	5 (7.1%)	3.16 (1122)
The consultation time is not too long is less than one hour at outpatient department..	1(1.4%)	29(41.4%)	4 (5.7%)	31 (44.3%)	5 (7.1%)	3.14 (1094)
I found no difficulties in getting an appointment of returning to the outpatient department as insured patient	6 (8.6%)	48(68.6%)	1 (1.4%)	15 (21.4%)		2,36 (917)
The area of the service is conveniently located.	3(4.3%)	32 (457%)	1 (1.4%)	31(44.3%)	3 (4.3)	2.99 (1.123)

Source: **Field Study, 201**

4:3. Accessibility of health services by outpatients at the outpatient department.

Table 4:3:..Summarizes the frequency of observations on accessibility. The objective of the study was to determine the insured patient accessibility towards health services at the outpatient Department which was guided by the research question of how does the health services accessibility influence the insured patient satisfaction.

The components for assessing accessibility were good directions and essential information for the health services access, enough space and seats at the waiting area,

consultation waiting time (more than one hour), difficulties in getting the appointment at the outpatient department and convenience of the health service area.

The ratings for the accessibility were that of likert's Scales which were, very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied and very dissatisfied level. For a good reason, the researcher grouped together the two ratings e.g., very satisfied and satisfied and very dissatisfied and dissatisfied item together to get the relevant stand of the either to know either the insured patient were either satisfied or not satisfied. The frequency, mean and standard deviation were used to determine the patient satisfaction towards accessibility to the health services.

The respondents were satisfied with the right way of getting an appointment by 54(77.2%) respondents, 15 (21.4%) respondents were dissatisfied with the way of getting an appointment and 1(1.4%) respondent was neither satisfied nor satisfied with the way of getting an appointment at the outpatient department. The mean for right way of getting an appointment was 2.36 and SD of 0.916.

Regarding the aspect of getting directions and essential information from the health providers at the outpatient department, 45 (64.3%) respondents were satisfied, 23(32.9%) respondents were dissatisfied, and 2 (2.9%), respondents were neither satisfied nor dissatisfied. The mean was 2.70 and SD of 1.012

Regarding the adequacy of space and seats at the outpatient department, 38 (54.2%) respondents were dissatisfied, 31 (44.3%) respondents were satisfied with space and seats at the waiting area and 1(1.4%) respondent was neither satisfied nor dissatisfied with space and adequacy of seats at the waiting area. The mean was 3.16 and the SD was 1.112.

Responses regarding the consultation waiting time indicated that, 36 (51.4%) respondents were dissatisfied with the consultation waiting time, 30 (42.8%) respondents were satisfied with the consultation waiting time and 4 (5.7%) respondents were neither satisfied nor dissatisfied with consultation waiting time. For the

consultation waiting time, the mean was 3.14 and the SD was 1.094. The issue of long waiting consultation time was also supported by the participants in the focus group discussion.

One of the focus group discussion participants said

“We come to this referral hospital early in the morning and leave only in the evening for home. We spend the whole day in order to get health services at outpatient department” (FGD, participant).

Responses on convenience of the health service area indicated that, 35 (50%) were satisfied with the convenience of the service area at the outpatient department, 34 (48.6%) respondents were dissatisfied with the convenience of the health service area at outpatient department and one patient was neither satisfied nor dissatisfied with convenience of the health service area. The mean was 2.99 and the standard deviation was 1.123. This shows that, the patients had concerns on lack of enough space at the health service area on their clinics. This too applies for consultation waiting time and the outpatient clinics not being conveniently located.

Table 4:4: Frequency distributions on the availability of health resources at the OPD.

Question	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	(Mean (SD)
I found health providers available at the outpatient department during my visit as insured patient.	3 (43%)	32 (45.7%)	2(2.9%)	29(41.4%)	4 (5.7%)	2.99 (1136)
There are adequate equipment and at facilities the outpatient department	2 (2.9%)	34 (48.6%)	2 (2.9%)	30 (42.9%)	2(2.9%)	2.94 (1075)

Source: Field study, 2015

4:4. Availability of health resources at the outpatient department

Table 4:4:1. Summarizes the frequencies of observation on the availability of health resources at the outpatient department. The objective on this variable was to determine the availability of health resources at the outpatient department and was guided by the research question of how does the availability of health resources influence patient satisfaction at the outpatient department. The component of the availability of health services were the availability of health providers during hospital during patient visit at the outpatient department and the adequacy of equipment and facilities at the outpatient department.

The likert's scale was used in assessing patient satisfaction with the availability of health resources at the outpatient department. The percentage, mean and standard deviations were used to assess the patients' satisfaction and dissatisfaction with the availability of the health services at the outpatient department. . For a good reason, the researcher grouped together the two ratings e.g., very satisfied and satisfied and very

dissatisfied and dissatisfied item together to get the relevant stand of the either to know either the insured patient were either satisfied or not satisfied.

Responses regarding the aspect of availability of the health providers during patient visit indicated that, 35 (50%) respondents were satisfied, 33(47.1%) respondents, were dissatisfied and 2 (2.9%) respondents were neither satisfied nor dissatisfied with the availability of the health providers. The standard deviation was 1.136 and the mean of 2.99.

Findings on the adequacy of equipment and facilities indicated that, (36(51.5%) respondents were satisfied with the adequacy of equipments and facilities, 32 (45.8%) respondents were dissatisfied with the adequacy of equipments and facilities and 2 (2.9%) respondents were neither satisfied nor dissatisfied with the adequacy of equipments and health facilities at the study area. The mean for adequacy of equipment and facilities was 2.94 and the standard deviation of 1.075.

Although the rating percentage for respondents who were satisfied with the availability of the health provider during their visit were half of the total number of the patient 35 (50%) ,Who participated on the quantitative study as well as those who were satisfied with the adequacy of equipments and facilities at the outpatient department, being 36 (51.5%), there should a concern to the patients relating to those two components of availability of the health resource, regarding to the large number of patient who were dissatisfied with those two components.

The focus group discussion participants also had concern on the availability of health resources at the outpatient department, one of participant said;

“It is very disappointing here at this referral hospital, I went to the hospital pharmacy to get my prescribed drugs, the pharmacist told me, “your prescribed drugs are out of stock” you have to go back to health insurance manager who will give the form which is to be signed by the “Doctor who prescribed your drugs, then you will go to look for those prescribed drugs to the other private pharmacy accredited by National health insurance fund at Mwanza town”. (FGD, participant)

Table 4:5: Frequency on quality of health services at outpatient department

Questions	Percentages n=70					
	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	(Mean) (SD)
At the outpatient department the health providers are competent with thoroughness assessment and attentive to the insured patients	-	45(64.3%)	3 (4.3%)	22 (31.4%)		2,67 (9281)
The ability of the physicians and pharmacist in prescribing drugs and dispensing the highly quality drug is perfect.	1(1.4%)	43(61.4%)	-	26 (37.1%)		2.73 (992)

Source: Field study, 2015

4:5: The Frequency on the quality of health services under National Health Insurance Fund.

Table 4:5: Summarizes the frequency of observation on the quality of health service at the outpatient department. The objective on this component was to determine the quality of health services at the outpatient department under National health insurance fund and which was guided by the research question of how does the quality of the health services influence patient satisfaction at the outpatient department. The components of health quality assessment were the health providers' competence and thoroughness of assessment and attention to the insured patients and the ability of the physicians and pharmacist to dispense and to prescribe the right drug with higher quality to the patient. The assessment was measured through the use of frequency, mean and the standard deviations.

Findings on the health providers' competence and attentiveness indicated that, 48 (68 .6%) respondents were satisfied with competence and the attentiveness of the health providers and 22 (31.4%) respondents were dissatisfied with the competence and

attentiveness of the health providers. while only 3 (4.3%) respondent were neither satisfied nor dissatisfied with the health providers competence and attentiveness.

The mean for health provider competence and attentiveness was 2.67 and the standard deviation was 0.928.

Regarding the ability of the physicians and pharmacists to prescribe and dispensing drugs, findings indicated that, 44 (62.8%) respondents were satisfied, while 26 (37.1%) of them were dissatisfied with the ability of the health providers to dispense drugs. The mean for ability of the pharmacists and physicians' to dispense drugs was 2.73 and the standard deviation of 0.99. on this area there is the patient concern on those two components related to the number of patients who were dissatisfied with quality of the health services at the outpatient department

Table 4:6: Problems the insured patients encountered at outpatient department.

Problem		Frequency	Percentages
1	Long consultation waiting time for service	12	17.1%
2	Long waiting time for authorization of patient documents under health insurance fund. E.g. signature for missing drugs by health managers and prescribers for obtaining drugs at the accredited pharmacy.	12	17.1%
3	Shortage of drugs and non consumable drugs	11	15.7%
4	Abusive language from health providers especially Doctors at OPD	10	14.3%
5	Shortage of health staffs at OPD.	7	10%
6	Poor health services from the health providers at outpatient department.	6	8.6%
7	Extra payment from patient under health insurance fund especially registration fees for non referral patients	4	4%

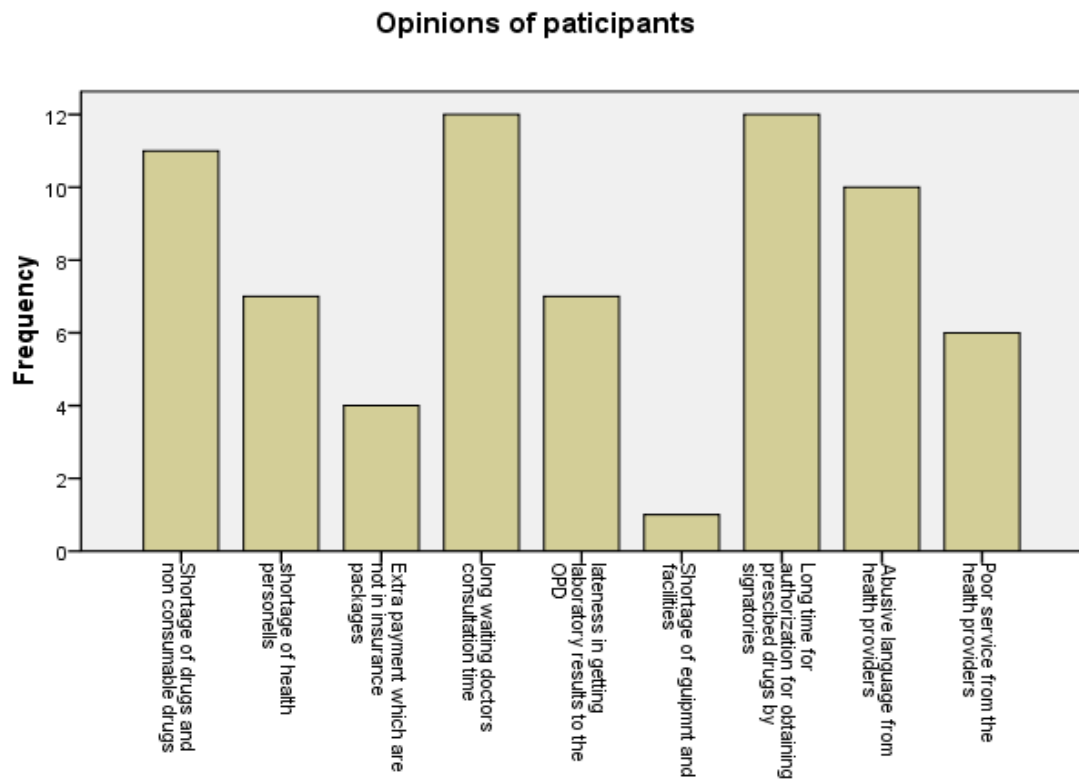
Source: Field study, 2015.

4:6. Patient views on problems encountered at the outpatient department.

Table 4:6: Summarizes on the frequency distributions on patients' views on the problems encountered at the outpatient department. Patient were told to give their opinions and their suggestions through anonymous questionnaire filling, on how to improve the health services at the out patient department. The insured patients were mainly concerned with the long consultation waiting time which was mentioned by twelve insured patient's at the percentage of 12(17.1%). and long waiting time for authorization of patients' documents under insurance fund with the frequency and percentage of 12 (17.1%).

The study also observed a lot of documentation which were done manually by the health insurance managers without using the computers as well as authorization of investigations and the missing drugs process which needed the prescriber's signature were consuming patient time and necceiated the patient to look for the prescribed drugs outside the hospital premises. Shortage of drugs was claimed by 11 (15.7%) respondents, abusive language from the health providers were remarked by 10 (14.3%) respondents, while the shortage of health providers was mentioned by 7(10%) respondents. Poor service from the health providers was claimed by 6 (8.6%) and extra payment for non referred insured patients by 4 (5.7%) respondents.

Figure 4:6:1, Summarizes the views of insured patient in relation to the problems they encountered at the outpatient department as indicated through frequency and percentages.



Source: Field study, 2015

The first two problems were claimed by 12 respondents at the frequency of twelve (12) with the percentage of 17.1%.which were too long waiting consultation time and time taken for authorization of investigations and the missed drugs at the OPD. Others were shortage and non consumable drugs 11 (15.7%) abusive language from the health providers by 10 (14.3%), promptness of getting laboratory results at the OPD by 7 (10%) responses, shortage of health services providers by 7 (10%) responses, poor services from the healthy providers by 6 (8.6%) responses and the additional medical fees payment for health services especially for the un referred insured patients by 4 (5.7%) responses.

4:7. Focus group discussion

The twelve (12) outpatients participated in focus group discussion. The (FGD) focused on examining patients' attitude towards health services at the outpatient department. These includes the accessibility to the health care at the OPD, availability of health resources to insured patient, quality of health care at the OPD and their opinions and suggestions for the improvement of health services at OPD, Bugando referral hospital.

Views of insured patient

On the FGD, insured patients disclosed their views in relation with the provision of health services at the outpatient department. The major concern was mainly on long waiting consultation time for health services at the outpatient department and too much documentations which were done by health providers together with health insurance managers, congested area with narrow space at the outpatient department waiting area, abusive language from the health providers for example Doctors and pharmacists and lack of prescribed drugs and non consumable drugs.

The study also found that, patients were discontented with additional medical fees payment especially for non-referred insured patients, poor health service from the health providers at the outpatient department and delays on being operated. Responses indicated that, it took several weeks or months for the insured patient to be scheduled in the operation list by the surgeons at the outpatient department.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Introduction

Measuring patient satisfaction has several reasons, this includes the evaluation of the health services from the point of view, assisting in knowing the areas of the problems and help in generation of ideas towards solving those problems identified. Sitzia, J;et al (1997).

The aim of the study was the assessment of level of patient satisfaction under National Health Insurance Fund and the factors influencing it at the outpatient Department in Bugando referral Hospital

This study revealed most of the insured patient had good expectation and good attitude toward health services at the outpatient department clinics at Bugando referral hospital, except in the aspect of patient attitude towards comfort ability at the outpatient where 37 (52.9%) respondents had poor attitude towards comfort ability, with Mean of 3.09 and SD of 1060).

The insured patients were satisfied with the accessibility of health services at the outpatient Department in terms of having good interactions with the health services providers and the right way of getting an appointment at the outpatient department clinics. But they were dissatisfied with enough space and availability of patient seats at the health services area , 38 (54.2%) respondents were dissatisfied, with the Mean of (3.16) and SD of 1112) and insured patients were dissatisfied with long consultation waiting time with where 36 (51.4%) respondents were dissatisfied with the Mean of 3.14 and SD of 1094) as well as the patient were dissatisfied with the health service area being not conveniently located, 34 (48.6%) respondents were dissatisfied with the a location of the health service area at the OPD, with the Mean of 2.99 and the SD of 1123).

The insured patients were moderately satisfied with the availability of the health resources at the outpatient Department, In aspect of the availability of the health providers at the outpatient Department clinics, 33 (48.1%) with Mean of 2.99 and the standard deviation of 1136) respondents were dissatisfied with the availability of the health providers during their visit at the outpatient department and in the aspect of the adequacy of the equipments and facilities at the outpatient department, 32 (45.8%) respondents were dissatisfied with the adequacy of equipments and facilities at the outpatient department with the Mean of 2.94 and the standard deviation of 1075.

On the aspect of quality of health services at the outpatient Department the insured patients were satisfied with the health services although some of insured patients were dissatisfied with the quality of the health services at the outpatient department.

5:1 Expectation of insured patient towards health services at the outpatient department.

Basing on the specific objective on this variable which was to determine the patient expectation and was guided by the research question which was how does the patient expectation influence patient satisfaction.

This study revealed patient expectation ranging from (80%) to (85%). The results indicate higher patient expectation of getting health services at the outpatient under NHIF.

In comparison with the other variable assessed towards patient satisfaction which were accessibility towards health services with the patient satisfaction with the range of (45.7%) to (71.4%) , availability of health resources with the percentages results ranging from 50% up to 52%, quality of health services at the OPD, with the percentages ranging from 62% to 64.3%. Regarding to the gap between patient expectation and variable items by satisfaction level which have been shown above, concluded that the higher expectation noted at this study was not significantly associated with satisfaction level by item from which the patient satisfaction has been

observed. This indicate that the patient with good expectation were not satisfied to the level they predicted before getting health services at the outpatient department.

Patient satisfaction was defined as the degree of congruency between the patient expectations of the ideal nursing care that he received and also patient satisfaction was also indicated as the determinants for satisfaction by previous studies. Linda, P, (1982).

The finding of this study was inconsistent with the finding of the study which was done by Kudra,K, (2012) at Mwananyamala hospital in Dar –es- salaam which revealed dissatisfaction with the quality of health services. in all variables, which were reliability, tangible, empathy and responsiveness; expectation mean score was 15.1 and perception mean score was 12.2 the mean gap between expectation and perception was – 2.88, of dimensions assessed. It is true by saying that patient expectation has got an influencial effect on patient satisfaction with health care

Regarding to the National/ NHIF policy on the provision of equitable, qualitative effectively and efficiently health services to the Tanzanian people, should be reviewed by Government in collaborations with NHIF and making sure that patient under National Health Insurance Fund are meeting their expectations of getting efficiently, effectively, qualitative and equitable health services under National health insurance Fund especially in referral hospitals where most of patients who have been referred from the lower level health facilities for the consultancy health services.

5:2 Insured patients attitude towards health services at the outpatient department

Referring to the objective related to the attitude which was to determine the patient attitude towards health services and was guided by the research question of how the patient attitude can influence patient satisfaction at the outpatient Department

In this study about half of the total number of insured patients had good attitude towards health services at the outpatient Department in relation with availability of the National health comprehensive packages at the outpatient department, attitude on quality of health services at the outpatient department and attitude on utilization of the

health services at the outpatient department. The patient under National Health Insurance Fund had poor attitude on comfort ability. Also had moderately good attitude on good interactions with health providers and attitude on adequacy of health resources at the outpatient department.

This is supported by study done by John, et al. (1975) who investigated the dimension of patient altitude in respect to the care providers and health services, about patient altitude regarding health care providers' behaviour and health care. Four major dimension of patient altitude towards Doctors, humanness and quality and such as enabling components as availability of services, continuity, convenience of care and access mechanism (cost payment mechanism and easy of emergency care.

As it has been observed that the interaction with the health providers had moderately good attitude and Also this was supported by participants in the focus group discussion who admitted the use of abusive language by the health providers especially doctors and pharmacists and lack of respect and empathy towards patient under National health insurance fund at the outpatient department

The findings on the insured patients attitude towards interactions with health providers a outpatient department is consistent with findings evidenced with the studies done on assessment of patients satisfaction at Mhimbili National Hospital in Tanzania, by, Muhondwa EPY,(2004), and that which was done in Ghana on insured patient satisfaction by, P. Dalinjong, (2009), which revealed the negative attitude of health providers towards insured patients.

In aspect of patient attitude on the adequacy of the health resources at the OPD, this was also supported by the focus group discussion participants who had poor attitude on the availability of the health resources at the outpatient department this includes (the shortage of drugs and non consumable drugs, lack of some of reagents for some investigations and lack of imaging investigations like computed tomography (CT scan). The issue of the poor attitude on patient comfort ability was noted at the

outpatient department by the insured patients which is in line with the finding of study done by Anand et; al (2013).

Patient dissatisfaction with attitudes of health providers is an important weakness that needs to be addressed by the accredited hospital with the corroborations with the NHIF, by making sure that the health providers at the outpatient department improve their behaviors of presenting the negative attitude towards insured patients in relation to the health services provision by showing respect and empathy to the insured patient during provision of health services.

5:3 The accessibility of health services by insured patient at the outpatient department

In the aspect of the accessibility towards health services by insured patient at the outpatient department the objective was to determine the health services accessibility at the outpatient department and guided by the research question of how the accessibility towards health services influence patient satisfaction.

In the components of accessibility the patient were satisfied with the right way of getting an appointment at the outpatient department and in getting directions and essential information's related to the health services.

This finding of this study is inconsistent with the finding of the study on assessment of responsiveness of health care services under national health insurance fund in Nigeria, by, Hengjin, (2010) where the insured patients had difficulties in getting right way appointment in their clinics as well as directions and essential information from the health providers. But the patient's dissatisfactions were noted in relation with enough space and seats at the outpatient department, on the waiting consultation time and the area of the service being not conveniently located.

Waiting time is a well-established predictor of patients' satisfaction and health-care quality. Oladapo, O T,et ; et al (2008). In this study the consultation waiting times was regarded as time spent at the facility from arrival of patient at the reception to

completion of the visit which in this study revealed the lower satisfaction levels. This may suggest the need to identify inefficiencies in the process of service delivery. In the case of this hospital, where the great number of National Health Insurance Fund outpatient load mainly from the peripheral areas of the lake zone and other regions of Tanzania may be overwhelming the resources, including human resources thus resulting in poor patient satisfaction. With the lack of computer systems to handle this huge level of patient load, especially in record keeping and manual retrieval of records, patients are bound to continue having longer waiting time.

This finding of long consultation waiting time in this study is similar to the findings of other studies on patient satisfaction with health services, like those done by, Anand, et,al ; (2013), where the patient were dissatisfied with too long waiting time and mismanaged registrations procedures. Antenea, A, (2010), where patient were dissatisfied with long consultation waiting time and the finding of study which was done in Tanzania on patient satisfaction with health care services at Amana and national Muhimbili hospital in Dar es-salaam by, G AB Kagule and F Rwebangila, (2011) which revealed long consultation waiting time and poor health services. Bruce et al, (2005), where insured patient spent more time in health facilities than patient who pays out of the pocket for health care services had shorter waiting time in a facility than their counterparts who are insured by health insurance scheme. (Dalinjong, P (2011), findings of the study is in line with finding of this study, where revealed the long waiting time among insured patient.

This finding on this study of long consultation waiting time is inconsistent with that of the study done by, Ama,P .Fenny et al, (2014) on patient satisfaction under primary care between insured and non insured, where insured patient were very satisfied with waiting time compared with uninsured .the issue of the long consultation waiting time was also supported with the participants who were involved in the focus group discussion. They claimed of the waiting time being long in their respective clinics in the outpatient department.

In aspect of lack of enough space and seats at the waiting area where insured patient are served respondents were dissatisfied, with the decongested area. Hence the hospital and health insurance fund should work on this issue by making sure that waiting area has enough space to accommodate the reasonable number of insured patients at the outpatient department, this will make the insured patient to be satisfied with the place of health service provision.

In the aspect of the health service area not being conveniently located 34(48.6%) respondents were dissatisfied, with the area being not conveniently located.

The hospital management with collaboration with the national health insurance fund should look on the way of improving the area for the service to be conveniently located for health services to the insured patients or if possible the hospital should look on alternative of having all activities of providing health services being done on the same area or location, in order to avoid unnecessary disturbances for the insured patients. Also the hospital administration should think on the way of using modern equipments in registration as well as in other documentation of insured patients by the use of computers in registrations and other activities, rather than filling those patient forms and other documents manually, this consumes time for insured patients.

In the aspect of lack of enough space and seats at the waiting area where insured patient are served respondents, were dissatisfied, with the decongested area. Hence the hospital and health insurance fund should work on this issue by making sure that waiting area has enough space to accommodate the reasonable number of insured patients at the outpatient department, by doing so, it will enhance patient satisfaction towards health services at the outpatient department.

5:4 Availability of health resources at the outpatient department

Referring to the specific objective of this variable which was to determine the availability of the health resources at the outpatient department and was guided by the

research question of how the availability of health resource influences the insured patient satisfaction at the outpatient department.

Generally the patient were moderately satisfied with the availability of health resources, there is a need for the hospital with corroboration with the NHIF to improve the availability of the health resource, in aspect of recruiting more health providers to fill the gap of shortage of the health providers, shortage of drugs and non consumable drugs should be solved in this referral hospital referral which is expected by the patient under National Health Insurance Fund to provide the better and qualitative health services. In this way the unavailability of some of health resources which have been mentioned have contributed to the patient dissatisfaction with health services at the outpatient department.

The finding of this study is inconsistent with the finding of the study done by Andrabi, S, (2010), on assessment of patient satisfaction, where the majority of patients were satisfied with facilities and equipments available at the health facility.

In qualitative study also evidenced that insured patients were not happy with the health services which were provided to them most of the discussants accused some of the Doctors and pharmacist of using abusive language to them, delaying in providing health services, shortage of Doctors in the outpatient department, Lack of some investigations which necceciatted them to go outside to the other private hospital to look for those investigations.

The hospital should make sure that all drugs and non consumable drugs are always available at the outpatient department, rather than directing insured patients to look for those drugs outside the hospital premises. Also the investigations which have been ordered by the prescribers should also be available in the hospital rather than directing the patient to the other private hospital where they have to pay for those investigations which are going to be done to them. The authorization process of major investigation like computed tomography (CT scan), should be done by the health

insurance officers within the hospital rather than instructing insured patients to go to the National Health insurance Fund.

Zonal office for authorization of those investigations.

5:5 The quality of health services at the outpatient department

The specific objective was to determine the quality of the health services at the outpatient department. and the research question was how does the quality of the health services influence the patient satisfaction.

Generally the patient under National Health Insurance Fund were satisfied with the health services at the outpatient department, although some of them, more than a quarter number (22 (31.4%) to 26 (37.1%) of total number of respondents were dissatisfied with the health providers competence and attentiveness as well as the ability of the Physicians and the Pharmacists to prescribe and to dispense drugs in the right and appropriate way. The results of the number of patients who were dissatisfied with quality of health services at the outpatient department poses the challenge for the hospital Administration in finding the right way of improving the skills knowledge and competence of the health providers in relation with the provision of the health services.

This finding of this study in relation to the patient being satisfied with the quality of health service at the outpatient department is consistent with the finding of the studies done by S Mwakisu, (2005), and Ny Net, (2007), which were on assessment of quality of health service where patients were satisfied with the quality of the health care. But this finding of this study is inconsistent with the finding of the study done by Hengjin, D, (2010), in Nigeria where patient were dissatisfied with quality of health services.

This was also supported by the participants in focus group discussion who had the concerns on the way the pharmacists took long time in dispensing the patient's prescribed drugs at the outpatient pharmacy which sometimes takes more than two hours for the patient to get the prescribed drugs. They also had a concern on lack of

an envelope for carrying the dispensed drugs from the outpatient pharmacy. The pharmacists should play their role in doing their work effectively and efficiently in order to entrusted by the insured The effort should be made in making sure that the all prescribed drugs for insured patients are always available at the outpatient department and the pharmacists should provide the insured patients with an envelopes for the carrying of drugs from the outpatient pharmacy.

5:6 Insured patients' opinions and suggestions on the problems encountered at outpatient department.

The respondents requested the Hospital to find the way of reducing the long consultation waiting time to normal (short time) as well as the authorization process should be adjusted by finding the way of doing authorization of investigations within the hospital premises rather than going to the health insurance offices outside the Hospital premises.

The problem of the shortage of drugs for the patient under National Health insurance fund should be solved by ensuring that all required drugs for the insured patient are always available in the hospital.

The insured patients suggested that the health providers should start their work early and at the right and appropriate time of starting the work at the outpatient department.

More health providers at the outpatient clinic should be recruited to fill the gap of shortage of health providers in all cadres e.g. Doctors, nurses, laboratory technician, radiographer and other hospital workers, the drugs should be always available in the hospital.

All authorization for ordered investigations for example computed tomography CT scan, should be authorized by the health insurance managers, working with the outpatient department rather than headquarter insurance officers

Other concerns were abusive language from the health providers; suggestion for improvement was that the health providers should show respect, empathy and kindness to the insured patients.

The health providers should improve the health services provided to the insured patient, and the hospital should not charge the insured patient extra payments and the health providers who are engaged themselves in corruptions should be punished or required action should be taken on them.

Patient under health insurance fund at OPD had concerns on too much documentations which are done by national health insurance managers and Doctors at outpatient department, following the missing of the prescribed drugs or some investigations which has been ordered by the prescribers, which make them wondering to look for Doctors to sign their forms in order to get the missing drugs at the outside pharmacies and also for investigation authorization by the zonal health insurance officers.

CHAPTER SIX

6:0 Summary

The aim of the study was to determine the level of satisfaction for patients under National health insurance fund attending for health services at outpatient department of Bugando referral hospital and factors influencing their satisfaction. The study used combination of quantitative and qualitative approaches.

Seventy respondents filled anonymous questionnaires asking about their expectation, attitude, accessibility and health resources availability, the standard of care towards health services and their opinions and suggestions for improving the health services at the outpatient department in Bugando referral hospital.

In the focus group discussion twelve respondents discussed the same variables which have been introduced in the questionnaires, but they were allowed to give their views related to the provision of health services at the outpatient department clinics.

Almost all respondents had good expectation towards health services at the outpatient department and in the side of attitude were good in other component, except on comfort ability and convenience in the access of health services. In aspect of accessibility, the insured patients were satisfied with the way they were given directions and essential information related to the health services and the way of getting the returning appointment to their outpatient clinics. But they were dissatisfied with lack of enough space and seats at the waiting area of the outpatient department, consultation waiting time which was too long and the area of health services being not conveniently located for provision of outpatient health services.

In the aspect of the availability of health resources, respondents were moderately satisfied with the availability of health providers during their hospital visit and the adequacy of health resources at the outpatient and in the sense of quality of health services at outpatient department.

Insured patients were satisfied with the standard of care at the outpatient department. In regarding the patient opinions and views of the insured patients from the survey and group discussion most of the insured patients complained on the long registration and consultation time for insured patients, long time in authorization processing in authorization of ordered investigations and missing drugs, Shortage of the prescribed drugs, abusive language from the health care providers especially (Doctors and pharmacists), Shortage of health providers, poor services from the health providers and extra payment for medical fees for example paying for registration fees for insured self referral patients. There is need of taking action as well as reviewing of health insurance policy on these mentioned problems so that they can be solved immediately by the corroboration of the government, national health insurance fund and the hospital, in order to promote confidence of insured patients to the national health insurance fund.

6:1 Limitations of the study

This study on assessing the patient satisfaction under national health insurance in referral hospital , may limit the results generalization in the aspect of provision of the higher level of health services as a consultant health facility, compared to other health facilities of lower level (level one health centre and District hospital)and level two (Regional hospital) ,so it could not be possible to generalize the findings with two health facilities with different level of health services provision.

The study based on the insured patients only who expressed their perceptions in related to their expectation, health provider were not included in the study to give out their views in patient satisfaction under health insurance fund this could have helped in getting more information on satisfaction influencing factors.

6:2 Further research

Further research on the patient satisfaction under national health insurance should be done to the other lower level facilities in health centers, district and regional health facilities to assess the level of satisfaction and the factors influencing satisfaction at the lower level. Another research is needed in insured patient at the referral hospital, in assessing satisfaction by looking on other costs which are not included in health insurance packages like travelling cost for the referred insured patients, meals and accommodation costs for the insured outpatients.

6:3 Conclusions

Insured patient satisfaction with health services can be influenced by several factors especially the expectation before attending to the health facility, attitude towards health services, accessibility of health care, availability of health resources and the standard of care. Periodic knowing and monitoring of insured patient satisfaction by the NHIF and accredited hospital could have been one of the way of enhancing patient satisfaction to the insured patient.

The policy and decision makers should formulate patient satisfaction strategies in their strategic plan, which are to be implemented by the hospitals and NHIF as the way of improving the health services to the insured patients.

6:4 Policy implications

Continuous monitoring of the factors influencing NHIF, patient satisfaction could help in guiding policy and decision makers to review the nation health insurance fund policy with purpose of improving health services, by taking action on the main addressed problems which were long consultation time due to too long documentation, shortage of health providers, lack of facilities and equipment and use of abuse language from the health providers as well as paying of extra medical fees for insured patients.

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APPENDICES

QUESTIONNAIRE (English)

PATIENT SATISFACTION UNDER NATIONAL HEALTH INSURANCE THE CASE OF BEUGANDO REFERAL HOSPITAL

This questionnaire is prepared for the purpose of assessing the satisfaction of patient with health care services under National health insurance fund at outpatient department at Bugando referral. Hospital. The information collected from you will help improving the health services provided to patient under National health insurance fund. Your cooperation will be highly appreciated as well as your response will be kept confidential, please feel free to answer questions. **Thank you for your cooperation, kindness and truthful answers.**

Serial No

Name of Data collector.....d/m/y

Date of data collection:.....

Clinic name.....

SECTION ONE
PATIENT EXPECTATION TOWARDS HEALTH SERVICES AT OUTPATIENT DEPARTMENT AT BUGANDO REFERRAL HOSPITAL.

The statements below are related to the patient expectation under national health insurance fund, towards health care services provided at outpatient department at Bugando referral hospital, three possible reaction are listed under each statement , Please kindly select one item from the three listed items, which you think will be the correct answer and tick (v) in the appropriate box to mark patient expectation.

Before you attend or being referred to this referral Hospital

1. What is your expectation to the receipt of concern, courtesy and respect attention by health providers of outpatient department at Bugando hospital?
☐ I expected that interaction with the health providers might not be good.
☐ I expected that the interaction the health providers with me might be acceptable.
☐ I expected that the interaction of health providers with me might be excellent.

2. What is yours expectation to the comfort ability, e.g reception, waiting time for health services and convenience.
☐ I expected that the comfort ability of the out patient department at Bugando referral hospital might not be good.
☐ I expected that the comfort ability of the outpatient department at Bugando referral Hospital might be good /reasonable.
☐ I expected that the comfort ability of the outpatient department at Bugando referral Hospital might be excellent.

3. What is your expectation of the health services resources for patient under health insurance at outpatient department at Bugando referral hospital? e. g. adequate number of hospital staffs, adequate diagnostic tools/ equipments and facilities.
☐ I expected that resources at outpatient department might not be adequate.

- ☐ I expected that the resources at outpatient department might be quite adequate.
- ☐ I expected that the resources at the outpatient department might be more adequate.
4. What is your expectation to the standard of care provided to the patient under health insurance fund at outpatient department at Bugando referral Hospital e.g., Quality of medical equipment and facilities used in provision of health services, quality of prescribed drugs by the physicians and competence of the health provider
- ☐ I expected the standard/quality of care for me at outpatient department might not be good.
- ☐ I expected that the quality of care of the outpatient department might be Acceptable
- ☐ I expected that the quality of care at the outpatient department might be Excellent
5. What is your expectation on the comprehensive health packages provided to you as the patient under national health insurance to this outpatient department at Bugando referral hospital?
- ☐ I expected that the National health insurance fund, comprehensive packages might not be provided by this outpatient department at Bugando referral hospital.
- ☐ I expected that the some of National health insurance packages might be provided to the patient at outpatient department under national health insurance fund.
- ☐ I expected that all comprehensive packages by national health insurance fund are provided by this outpatient department under national health insurance

SECTION TWO

PATIENT ATTITUDE TOWARDS HEALTH SERVICES PROVIDED AT OUTPATIENT DEPARTMENT AT BUGANDO REFERRAL HOSPITAL, UNDER NATIONAL HEALTH INSURANCE

Based on the reaction of patient to each statement below, please tick (v) in the appropriate box **the degree of attitude** to mark correctly the answer of the patient to the following statements.

1).Strongly agrees (2) Agree (3) Neither agree nor disagree (4) Disagree (5) Strongly disagree

No	Statements	Degree of attitude				
		1	2	3	4	5
1	At the outpatient department, the health providers presented good interaction with me during health care provision.					
2	I feel comfortable and easy in access of health services with decreased consultation time at this outpatient department.					
3	This outpatient department has adequate number of health care provider, equipment and facilities for diagnostic and curative purpose					
4	Here at outpatient department I am able to get health services which are entitled to me by national health insurance fund.					
5	The medical or services which I am receiving at this outpatient department is of high quality					
6	Would come again to utilize health services to this outpatient department whenever I have medical or surgical problem.					

By: Author

SECTION THREE

PATIENT SATISFACTION TOWARDS HEALTH SERVICES AT OUTPATIENT DEPARTMENT AT BUGANDO REFERRAL HOSPITAL

Based on response of patient to each statement below place tick (v) in the appropriate box to mark correctly the satisfaction level of the patient with the following statements

Scale: 1= Very satisfied, 2= Satisfied, 3=Neutral, 4= Dissatisfied and 5 = Very dissatisfied

	The accessibility of care	Satisfaction level				
		1	2	3	4	5
	Statements					
1	I received good directions from health providers together with essential information needed for attaining health service here at outpatient department.					
2	There are enough space and seats at the waiting area for the patient under insurance fund.					
3	I do not have to wait for long time more than one hour, for medical services at the out patient department.					
4	At this outpatient department I had difficulties in getting appointment for medical/surgical services.					

By Athour

NO	Statements	Satisfaction level				
		1	2	3	4	5
	Accessibility of care					
5	Outpatient area where I received the medical /surgical services are conveniently located					
1	Availability of health services The health providers at outpatient department were available during my visit.					
2	This outpatient department is equipped with adequate medical and surgical equipment and facilities for provision of care.					
1	Quality/standard of health care I found health providers are competent and very care full during physical examination and other treatment procedures					
2	The ability of physician and pharmacists who give medicine to me is perfect and medicines are of good quality					

By: Author

SECTION FOUR

PATIENT OPINIONS /SUGGESTIONS AND COMMENTS TO IMPROVE QUALITY OF HEALTH SERVICES AT OUTPATIENT DEPARTMENT AT BUGANDO REFERRAL HOSPITAL

1. What are the problems at this outpatient department which you think should be worked on, to improve the quality of health services? mention them.

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2. Please give out your suggestion or opinions on how these problems can be solved in improving the quality of health care services at this outpatient department at referral Hospital.

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SECTION FIVE

Focus group discussion in which twelve (12) patients under national health insurance fund were included.

Focus group discussion guide (FGD Guide)

Introduction:

Good morning/afternoon, my name is Joseph N. Mtwe, a student of Mzumbe university studying masters Degree in health system management, I am conducting a research on patient satisfaction under national health insurance fund, The case of Bugando referral Hospital as part of my studies. I have selected you as participants in this study due to your knowledge and I would like to have a discussion with you on the topic. Some of the questions may require you to divulge some information touching on your relationship with other people, but I assure you that your answers will be used for the purposes of this research only and will not be shared with anyone else other than the researcher. Your honest response to these questions will help me better understand your satisfaction level and factors that influence satisfaction at the outpatient clinic at Bugando referral Hospital. I would greatly appreciate your contributions.

This discussion will take about 20 minutes. Would you be willing to participate?

1. Yes 2 No

Please kindly provide a response to the questions below

- 1) What is your view on the health services accessibility at this outpatient department at this referral hospital under health insurance fund?
- 2) Are you aware of comprehensive packages which are provided to the patients under health insurance fund? Did outpatient department at Bugando referral hospital provide those NHIF comprehensive packages? If not what health packages which you were not able to be provided with?

- 3) What is your attitude towards health services provided at outpatient department in Bugando referral hospital?
- 4) How can you compare the health services provided to you and that provided to the non insured patients who are paying money direct from their pocket for their treatment?
- 5) What can you comment on the availability of resources for health services provisions to the patients under health insurance fund at this OPD referral in aspect of human resource, modern equipments and facilities ?Explain brief.....
- 6) What can you comment on the quality of health services at this out patient department in this referral hospital in the aspect of competence, responsiveness and attentiveness.

DODOSO (KISWAHILI VERSION)

KURIDHISHWA NA HUDUMAYA AFYA KWA WAGONJWA WALIO CHINI YA MFUKO WA BIMA YA AFYA KATIKA KITENGO CHA WAGONJWA WA NJE KATIKA RUFAA YA BUGANDO

Dodoso hili limetayarishwa Kwa nia ya kuangalia ni jinsi gani wagonjwa wanaopata huduma ya afya katika hospitali ya rufaa ya Bugando, chini ya mfuko wa bima ya afya, wanaridhishwa na huduma itolewayo na huduma ya afya itolewayo na idara ya wagonjwa wa nje katika hospitali hiyo. Maelezo yote yatakayotolewa na wewe kama mgonjwa chini ya mfuko wa bima ya afya yatatusaidia kuboresha huduma ya afya itolewayo katika hospitali ya rufaa ya Bugando na hospitali zingine ambazo ziko chini ya mfuko wa Bima ya afya, ushiriki wako unahitajika sana na una thamani kubwa katika utafiti huu na maelezo utakayotoa yatakuwa ya siri, Tafadhali jisikie hurukujibu maswali haya, Asante kwa ushirikiano wako kwa ukweli wako katika kujibu maswali haya.

No ya dodoso.....

Jina la mtafiti msaidizi.....

Tarehe ya kurudishwa kwa dodoso

Jina la kliniki

SEHEMU YA KWANZA

Matumaini au matarajio ya mgonjwa aneyetarajia kutibiwa katika kitengo cha wagonjwa wa nje katika hospitali ya rufaa ya bugando.

Sentensi zifuatazo hapa chini zinahusiana na matarajio ya mgonjwa chini ya bima afya kuhusiana na huduma ya afya itolewayo na idara ya wagonjwa wa nje katika hospitali ya rufaa ya Bugando. Kuna sentensi zinazohusiana na mategemeo ya mgonjwa kuhusiana na mategemeo ya huduma itolewayo, weka tiki(v) kwenye kiboksi mwanzoni mwa sentensi inayofikiria kuwa ni jibu ni sahihi. Tafsiri za matarajio

(1) Kutokuwa na matarajo mazuri (2) Kuwa na matarajio mazuri (3) kuwa na mtaarajio mazuri sana

Mategemeo haya ni kabla ya mgonjwa aliye chini ya Bima kuja au kutumwa

katika hospitali ya rufaa ya Bugando

- 1) Una mategemeo gani kuhusiana na utayari, ukarimu na heshima kwa watoa huduma kuhusiana na utoaji wa huduma kwa wagonjwa chini ya mfuko wabima ya afya katika hospitali ya rufaa ya Bugando.

[] Nategemea uhusiano wangu na watoa huduma unaweza ukawa Siyomzuri.

[] Nategemea uhusiano wangu na watoa huduma unaweza kuwa mzuri.

[] Nategemea uhusiano wangu na watoa huduma katika idara Wagonjwa wa

nje unaweza ukawa mzuri zaidi.

- 2) Una mategemeo kuhusiana na kuridhishwa na mapokezi na muda uliotumika kupata huduma ya afya na urahisi wa upatikanaji wa huduma hiyo

[] Nategemea kutoridhishwa na urahisi wa upatikanaji wa huduma ya afya

kwa muda mwafaka katika idara ya wagonjwa wa nje.

[] Nategemea kuridhishwa na upatikanaji wa huduma ya afya wakati

Mwafaka katika idara ya wagonjwa wa nje katika Hospitali ya rufaa ya Bugando.

[] Nategemea kuridhishwa sana na urahisi wa upatikanaji wa vifaa vya

Kutolea huduma ya afya katika hospitali ya rufaa ya Bugando.

3) Una mategemeo gani kuhusiana na upatakanaji wa vifaa vya utoaji huduma ya afya chini ya mfuko wa bima ya afya , kwa mfano : idadi ya watoa huduma ya kutosha, vifaa vya uchunguzi na vifaa vingine muhimu katika utoaji huduma.

[] Nategemea kwamba vifaa vya kutolea huduma katika idara ya wagonjwa wa nje , havitoshelezi katika hospitali hii ya Bugando.

[] Nategemea kwamba vifaa vya kutolea huduma katika idara ya wagonjwa wa nje vinatosheleza.

[] Nategemea kwamba vifaa vya kutolea huduma katika idara ya wagonjwawanje vinatosheleza sana

4) Una mategemeo gani kuhusiana na ubora wa huduma ya afya itolewayo katika idara ya wagonjwa wa nje katika hospitali ya rufaa Bugando.

[] Nategemea kwamba ubora wa huduma ya afya itolewayo katika idara ya wagonjwa wa nje katika hospitali ya Bugando hautakuwa nzuri.

[] Nategemea kwamba ubora wa huduma ya afya itolewayo katika idara

ya wagonjwa wa nje katika hospitali ya Bugando hautakuwa mzuri.

[] Nategemea kwamba ubora wa huduma ya afya itolewayo katika idara ya wagonjwa wa nje katika hospitali ya bugando utakuwa mzuri zaidi,

5) Una mategemeo gani kutokana na huduma ambazo zimeidhinishwa na mfuko wa bima ya afya kutolewa kwa wagonjwa walio chini ya mfuko wa Bima ya afya katika idara ya wagonjwa wa nje katika hospitali ya rufaa ya Bugando.

[] Nategemea kwamba hospitali ya rufaa ya Bugando (idara ya wagonjwa wa nje) haitoi huduma ambazo zimeidhinishwa na mfuko wa bima ya afya kwa wagonjwa wa wanaotumwa katika hospitali ya rufaa ya Bugando,

[] Nategemea kwamba hospitali ya rufaa ya Bugando (idara ya wagonjwa wa nje) inatoa baadhi ya huduma zilizoidhinishwa na mfuko wa bima ya afya. Kwa wagonjwa wa bima ya afya,

[] Nategemea kwamba hospitali ya rufaa ya Bugando idara ya wagonjwa wa nje, inatoa huduma zote zilizoidhinishwa na mfuko wa bima ya afya

SEHEMU YA PILI

Hisia ya mgonjwa chini ya mfuko wa bima ya afya, kuhusiana na huduma ya afya itolewayo kwa wagonjwa wan je katika hospitali hii la rufaa ya Bugando kwa wagonjwa wa idara ya nje.

Kuhusiana na sentensi zilizopo kwenye jedwali hapo chini, tafadhali weka tiki (v) kwenye kiboksi ili kuidhinishwa kiwango cha hisia yako kuhusiana na sentensi iliyotolewa, kwa maana ya *1.nakubaliana sana 2.Nakubaliana. 3 sikubaliani wala kutokubaliana 4 sikubaliani 5. Sikubaliani Sana*

Namba	HISIA KUTOKANA NA HUDUMA Sentensi	Kiasi cha hisia				
		1	2	3	4	5
1	Katika ya wagonjwa wa nje uhusiano wangu na watoa huduma ya afya ulikuwa mzuri					
2	Hapa katika idara ya wagonjwa wa nje ninaridhishwa na urahisi wa upatikanaji wa huduma ya afya kama mgonjwa wa Bima ya afya					
3	Naridhishwa na upatikanaji wa dawa na vifaa tiba katika idara ya wagonjwa wa nje pamoja na idadi ya watoa huduma inatosha					
4	Huduma zilizoidhinishwa na mfuko wa bima ya afya zinatolewa zote katika idara hii ya wagonjwa wa nje					
5	Huduma ya afya ninayopata hapa Katika idara hii ya wagonjwa wa nje na ni huduma yenye ubora					
6	Nawashauri ndugu na marafiki kupata huduma ya afya katika hospitali hii ya Bugando inayotoa huduma chini ya mfuko wa Bima ya afya					
1	(SEHEMU YATATU) URAHISI WA UPATIKANAJI WA HUDUMA					
	Nilipata maelekezo na mwongozo wa kupata huduma ya afya kutoka kwa watoa huduma ya afya katika idara ya wagonjwa wa nje					

2	Katika idara ya wagonjwa wa nje kuna nafasi ya kutosha na viti vya kutosha kwa ajili ya kusubiria huduma ya afya					
3	Niliweza kusubiri muda mrefu unaozidi saa moja, kwa ajili ya kupata huduma ya afya katika idara hii ya wagonjwa wa nje					
4	Niliweza kupata matibabu kuhusiana na kupewa tarehe ya kurudi kama mgonjwa wa nje					
5	Sehemu hii ya utoaji huduma ya afya kwa wagonjwa wa nje ipo sehem ambayo inarahisisha utoaji wa huduma ya afya.					
12	UPATIKANAJI WA VITENDEA KAZI Hapa katika idara ya wagonjwa wa nje watoa huduma ya afya chini ya mfuko wa bima ya afya, wanapatikana wakati wote wanapohitajika katika kipindi chote ninapohudhuria katika idara hiyo.					
13	Katika hospitali hii ya wagonjwa wa nje, kuna vifaa vya kutosha vya kutolea huduma ya afya, na idadi ya watoa huduma inatosheleza					
	UBORA WA HUDUMA YA AFYA					
14	Madaktari, wauguzi na mafamasia wana uwezo mkubwa wa kutoa huduma ya afya nakutoa huduma sahihi kwa wagonjwa wa bima ya afya					
15	Huduma zote zitolewazo na hospitali chini ya mfuko wa bima ya afya zinatolewa na Bugando hospitali chini ya mfuko wa bima ya afya. kwa mfano, huduma za maabara, huduma ya mionzi, kwa mfano, kipimo cha x ray ya ubongo					

SEHEMU YA NNE

Maoni na mapendekezo ya wagonjwa chini ya mfuko wa Bima ya afya katikakuboresha ubora wa huduma ya afya katika kitengo cha wagonjwa wa nje katika hospitali ya Bugando

- I. Ni vitu gani muhimu au matatizo gani ambayo unafikiria yakitatuliwa itasaidia kuboreshwa ubora wa huduma ya afya kwa wagonjwa chini ya bima ya afya katika hospitali ya hospitali ya Bugando.

(Zitaje).....
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- II. Tadhali toa mawazo yako kama yapo, ni kwa njia gani matatizo uliyoyataja yanaweza kushughulikiwa au kuondolewa ili kuboresha ubora wa huduma ya afya katika kitengo cha wagonjwa wan je katika hospitali ya rufaa ya Bugando

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Asante ushirikiano wako

SEHEMU YA TANO

MAHOJIANO NA MAJADILIANO KWA WAGONJWA WA IDARA YA NJE WANAOTIBIWA CHINI YA MFUKO WA BIMA YA AFYA KATIKA HOSPITALI YA RUFAA YA BUGANDO

Utangulizi

Habari ya asubuhi / mchana, mimi naitwa Joseph Mtwe , ni mwanafunzi katika chuo kikuu cha mzumbe, ninasomea Uzamili katika fani ya uongozi upande wa huduma za afya, Nafanya utafiti kuhusiana na kuridhishwa kwa huduma ya afya kwa mgonjwa anayepata huduma chini ya mfuko wa Bima ya afya katika kitengo cha wagonjwa wanaje katika hospitali ya rufaa ya Bugando kama sehemu ya masomo yangu, nimekuchagua wewe kama mshiriki katika utafiti huu kwa uelewa ulionao na ningependa kujadiliana na wewe kuhusiana na mada ambayo nimeishaitaja hapo juu, baadhi ya maswali yangu yanaweza kuhitaji maelezo ya kina na yanaweza kugusa ushirikiano na watu wengine, lakini ninakuhakikishia ya kwamba majibu utakayoyatoa katika majadiliano yatatumika katika utafiti wala si vinginevyo au kwa kushirikisha watu wengine ambao hawahusiki na utafiti huu mbali na mtafiti mwenyewe.

Uaminifu wako katika majadiliano kuhusiana na maswali yaliyoorodheshwa hapo chini, utanisaidia mimi kuelewa ni kiasi gani wagonjwa waopata huduma ya afya katika hospitali ya Bugando chini ya mfuko wa bima ya afya wanaridhishwa na huduma itolewayo na hospitali hiyo ya rufaa ya Bugando.

Nitashukuru kwa ushiriki na uchangiaji wako katika majadiliano katika mada hiyo, majadiliano yanategemea kuchukua dakika ishirini (20) tu.

Utakuwa tayari kushiriki - **1.Ndiyo 2. Hapana**

Tafadhali naomba ujibu maswali yafuatayo

1. Una mtazamo gani kuhusiana na upatikanaji wa huduma ya afya katika idara ya wagonjwa wan je chini ya mfuko wa bima ya afya katika hospitalli ya rufaa ya Bugando?
2. Una uelewa wowote kuhusiana na aina ya huduma zitolewazo na hospitali ya rufaa ya Bugando chini ya mfuko wa Bima ya afya? Kama (unazielewa zitaje)
3. Una hisia zipi kuhusiana na huduma za afya zitolewazo katika kitengo cha wagonjwa wan je walio chini ya mfuko wa bima ya afya katika hospitali ya rufaa ya Bugando?
4. Unaweza ukalinganisha vipi huduma ya afya unayopata katika kitengo cha wagonjwa wan je chini ya mfuko wa Bima ya afya katika hospitali ya Bugando na huduma anazopata mgonjwa anayejitegemea mwenyewe kwenye malipo ya matibabu?
5. Je una mtazamo gani kuhusiana na upatikanaji wa vifaa tiba vya kisasa, madawa, wataalamu katika fani mbali mbali za afya kwa mfano Madaktari, wauguzi, mafamasiana wengineo katika kitengo cha wagonjwa wan je katika hospitali ya rufaa ya Bugando, watoa huduma wanatosheleza? Vifaa navyo vinatosheleza? ukizingatia kwamba hospitali hiyo ni ya rufaa,
6. Una mtazamo gani kuhusiana na ubora wa huduma za afya zitolewazo kwa wagonjwa chini ya mfuko wa bima ya afya katika hospitali ya rufaa ya Bugando, katika kitengo cha wagonjwa wan je?



BUGANDO MEDICAL CENTRE

Consultant and Teaching Hospital

Department of: **Administration**

Our Ref: AB.317/440/01/Part H/17

Date: **18/03/2015**

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REF: PERMISSION TO CONDUCT RESEARCH TO BUGANDO MEDICAL CENTRE

Reference is made to the above mentioned heading.

I'm glad to inform you that permission has been granted to do Health Research titled: **'Patient satisfaction under National Health Insurance Fund (NHIF) The Case of Bugando Referral Hospital'**.

Wishing you all the best,

Kagine, L.D.
For: DIRECTOR GENERAL



All official correspondence should be addressed to:
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