PATIENTS SATISFACTIONS AND ASSOCIATED FACTORS IN PRIVATE AND PUBLIC HEALTH INSTITUTIONS IN GONDAR TOWN, NORTHWEST ETHIOPIA

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Abstract

Patient satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services. Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and to ensuring that local health services are meeting patients' want. Various studies have reported that satisfied patients are more likely to utilize health services, comply with medical treatment and health care provider. To assess patient satisfaction and associated factors with service provided in private and public health institutions in Gondar town. A cross-sectional survey was conducted in private and public health institutions in Gondar town on May 2011. Variables used in the study were grouped and summarized into three components, namely providers' characteristics, services characteristics and cleanliness of the health facilities. Each variable was scored on a 5 point Likert- scale, ranging from 1 (very dissatisfied) to 5 (very satisfied). The mean score 3.22 is considered as a cut-off point and scores equal and above 3.22 are taken as an indicator of users' perceived satisfaction. Both bivariate and multivariate methods of data analyses were used. In this study, total of 1960 outpatients were interviewed at exit from health institutions. About 53.5 % of the interviewees said that they were satisfied in the study area. Satisfaction level in government health institutions were 26.7% but in private health institution were 80.2%, which means 1.54 times more likely to have high satisfaction (mean score (>3.22) on health care providers' characteristics) than government health institution[AOR: 1.54, 95%CI= [1.15-2.05]]. Whereas to level of health institutions, 50.4% of the respondents were satisfied in government Hospital, 91.0% were satisfied in private Hospital, 4.0% were satisfied in Health center and 94% and 60% were satisfied in private higher clinics and medium clinics respectively. The satisfaction level of outpatient service users in the study area was low. There should be an improvement in services delivery given for clients especially in public health institutions. Furthermore, periodic assessment of health services and further study, especially from the user's satisfaction perspective is recommended as a fundamental initiative in the improvement of the performance of health facilities.

Keywords: Private providers, Public providers, Satisfaction.

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Introduction

Patient satisfaction is the extent to which patients feel that their wants and expectations are being met by the service provided[1]. Interest in assessing patient satisfaction with health care arose in the 1960s[2]. Health service researchers reported that satisfied and dissatisfied patients behaved differently; satisfied patients were likely to comply with treatment, keep follow up appointments and utilize health services. Such behavioral consequences related to satisfaction could affect outcome of care and health-seeking behavior.

Approaches to measuring patient satisfaction can be indirect or direct. In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery systems. The direct approach is to ask patients to evaluate their satisfaction with encounters in particular health care facilities or with specific providers in form of exit interviews[3,4]. The direct method is less costly and provides information for total quality management and is the focus of the current study.

In Ethiopia, health services are limited and poor quality[5] and the country has extremely poor health status relative to other low-income countries. To solve this problem, the government has focused on improving the organization and quality of health services delivered to the population. In such efforts towards improving quality of health care, patient satisfaction is integral component of health services provided to the population[6-9].

It is generally agreed that satisfaction data play significant role in the strategy and tactics health care providers use in delivering services for clients. In addition, measurement of patient satisfaction is increasingly playing important role in the growing push towards responsibility among health care providers[10, 11].

Assessment of patient satisfaction and associated factors in private and public health institutions in Gondar town, Northwest Ethiopia.

Specific Objectives

- To determine patient satisfaction in private and public health institutions
- To compare patient satisfaction in private and public health institutions
- To identify factors associated with patient satisfaction in private and public health institutions

Methods and Materials

Study design

The study was comparative cross sectional study on assessment of patient satisfaction and associated factors in private and public health institutions in Gondar town.

Study area & period

A comparative cross sectional study was conducted in May, 2011 in Gondar town, According to the 2007 census reported; this town had a total population of 206,987. As obtained from the Zonal health department, there are 32 private clinics (13 small clinics, 17 medium clinics and 2 higher clinics) and 5 public health centers at the time of the study. There are also one private and one public hospital.

Source and study population

The source population was patients who visited the adult outpatient departments in thirty three private and six public health institutions in Gondar town and the study population was patients who visited in six public and seven private health institutions in Gondar town during the study period.

Inclusion& exclusion criteria

A patient was included in the study if he/she was 18 years or older. But whose age were below the age of 18 years or critically ill and non volunteer at the time of data collection were exclude from the study.

Sample size determination[12]

The sample size was calculated using unequal double population proportion.; the sample size was calculated as follows;

$$n= \frac{(p_1q_1+p_2q_2).f\,(\alpha,\,\beta)}{(p_2-p_1)^2}$$

p_1=the satisfaction level in public health institution [Jimma university/ that is 57%]

p_2= the satisfaction level in private health institution is 67% [A difference of 10 percent will be assumed to exist for lack of similar studies]

n= final sample size

α = Level of significance [5%=1.96]

β = Power (the probability of getting a significant result, 90 %=1.28
**f (α, β)** = 10.5

With the above assumptions, the sample size was calculated as **490** and design effect is two, so the total sample for each public and private health institution was **980**.

Hence, Sample size: n1 = 980and n2 = 980; Total sample size = **1960** patients.

Sampling technique
Multi-stage sampling technique used. In Gondar town there are five public health centers and thirty-two private clinics in addition one public and one private hospital. Simple random sampling used in private side and chooses seven private health institutions and six public health institutions, which were all public health institutions. The sample was allocated proportionally to the selected sites to give equal chance for all clients and every 4th was included in the interview.
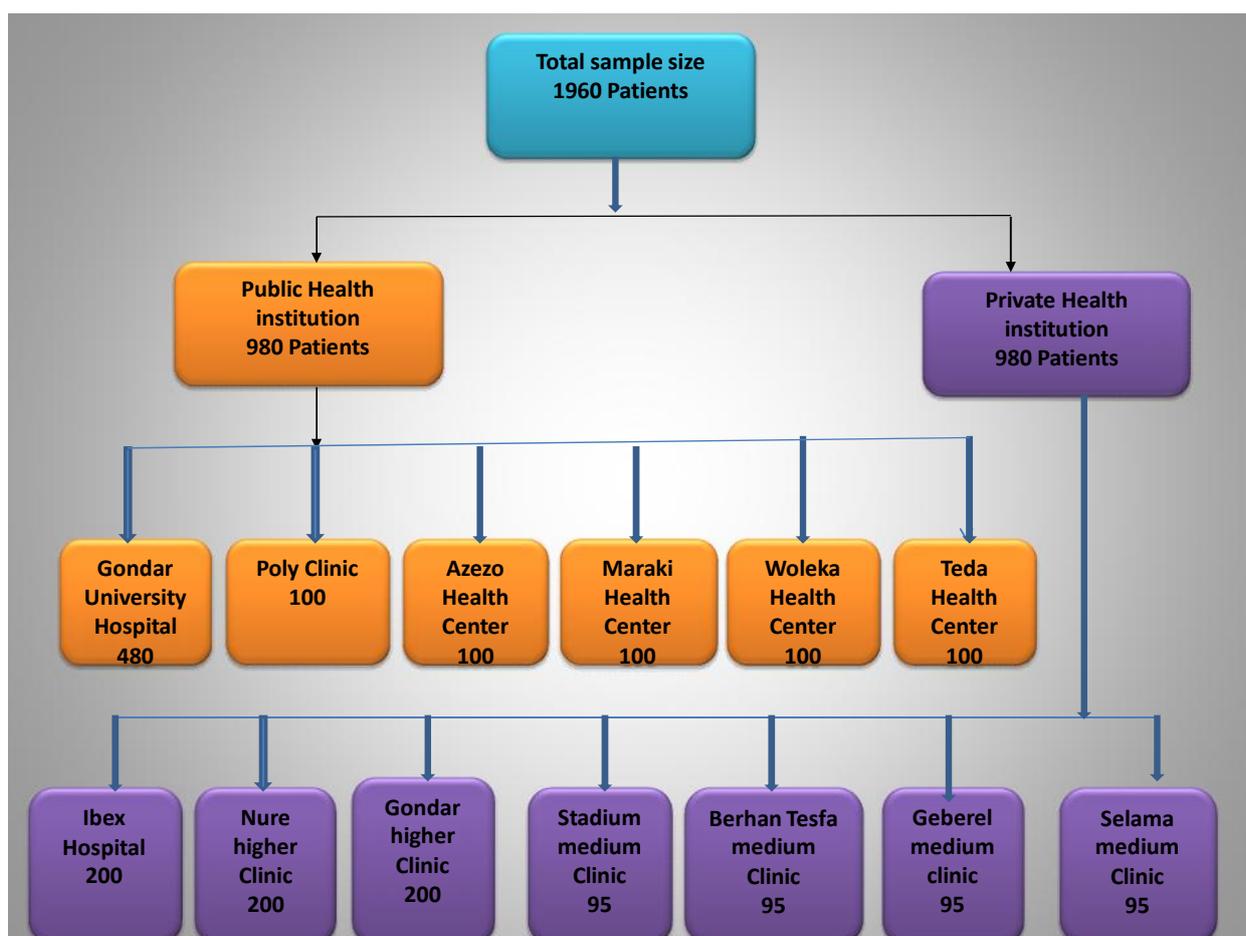
Data Collection
Data was collected by two health officers and three nurses in May 2011. Two senior health officers supervised the data collection process. Data collectors were trained for three days by the principal investigator and questionnaires was pretested first in private and public health institutions that was not involved in the study.

Data on patient's satisfaction was collected using a standard questionnaire modified from the Aga Khan Health Net and Primary Health Care Operations Research (25).The questionnaire had two parts. The first part was deals with socio demographic variables of respondents. The second part of the questionnaire was dealt with satisfaction with different aspect of medical care. Patients were interviewed after they were seen by health workers and satisfaction with regard to the specific visit was asked. Patients were asked to tell their degree of satisfaction.

Data Processing & Analysis
Data was entered into EPI-6 and exported to SPSS 16.0 for Windows. The SPSS was used for computing statistics. Frequency distributions were

obtained to check for data entry errors (e.g. unrecognized or missing codes). Descriptive statistics were computed and binary logistic regression was also conducted to examine the effect of selected variables on patients' satisfaction with health care.

Data quality assurance

The questionnaire was pre-tested before the actual data collection. Training was given for data collectors and questionnaire was prepared by local language, ie. Amharic. Data collectors were instructed to check the completeness of each questionnaire at the end of each interview. The principal investigator together with the coordinator rechecked completeness of the questionnaire immediately after interview at field level and during submission.

Variables
Dependent variable
- Patient Satisfaction

Independent variables
- Age, Gender, Marital status
- Education, Occupation, Religion
- Monthly Income, Facility, Availability, Type & Level of Health Institutions
- Waiting time, Health care charges, Sanitation
- Interpersonal qualities, Competence of skill, Efficacy of treatment

Operational definitions
1. **Quality:** In health care and service, this means offering a range of service that are safe, effective and that satisfy clients want
2. **Waiting Time**: The time gap between the client's arrival at the Service Delivery Points and the time the client received health services
3. **Private** sector-refers to the private for profit institutions
4. **Consultation time:** The time spent discussing health matter with one's physician.
5. **Satisfied**: those respondent mean scores 3.22 equal and above
6. **Not satisfied:** those respondent mean scores less than 3.22
7. **Type of health institution**- an institution which gives health service with involvement of government we call it public and involvement by businesses or individuals is private health institution

8. **Level of health institution** –an institution which give health services at different hierarchy

Ethical Consideration

Ethical clearance was obtained from College of Medicine and Health Sciences, University of Gondar, School of Public Health. Then formal letter of consents was written from Gondar woreda health office and verbal consents were obtained from the owners of private health institutions. Response of clients was anonymous and data collectors informed to clients that they were full right to discontinue or refuse to participate in the study. A letter of agreement was also attached to questionnaire to obtain the permission of each individual. Participants were guaranteed confidentiality of the information collected.

Results
Socio-demographic characteristics of respondents

One thousand nine hundred sixty outpatient health service users were interviewed after completing their health care. The respondents, 1107 (56.5%) were females, the mean age of the patients were 33.32 (SD$\pm$11.38). One thousand one hundred twelve (56.7%) of the respondents were married, 620 (31.6%) of the respondent had attended secondary education, 666 (34%) were with monthly income of 500.00-1000.00 birr, 420 (21.4%) of the respondents were civil servants and 1141 (58.2%) orthodox in religion. Of the respondents 758 (38.7%) were using the health institutions for the first time while 1077 (54.9%) had used occasionally and 125 (6.4%) were regular users. Most (80.4 %) responded could reach to the health institutions easily. The time spent to reach the health institutions was reportedly to be less than 30 minutes were 784 (40%) of the respondents; 30 minutes to 1 hour were 764 (39%) of the respondents and 412 (21%) reported that they spend more than an hour to reach to the health institutions. Most of the respondents were 1031 (52.6%) came to the health institutions using public transportation (taxi/bus), 855 (43.6 %) were walking and 74 (3.8%) used private car. In the aspect of choice who went to the health institutions 1173 (59.8%) were to get better service, 309 (15.8%) were to save time and 478 (24.4%) were to get service with low cost in public health institutions.

Table No. 01: **Socio-demographic characteristics of respondents by type of health service, Gondar town, May 2011**.

Background Characteristics	Type of health Services		Total Number
	Government % (Number)	Private % (Number)	
Sex			
Male	37.4 (367)	49.6 (486)	853
Female	62.6 (613)	50.4 (494)	1107
Age group			
18-27	43.3 (424)	27.8 (272)	696
28-37	31.7 (311)	40.1 (393)	704
38-47	12.4 (122)	19.4 (190)	312
48-57	7.9 (77)	8.4 (82)	159
58+	4.7 (46)	4.4 (43)	89
Marital Status			
Married	53.1 (520)	60.4 (592)	1112
Single	38.7 (379)	33.7 (330)	709
Divorced	7.4 (73)	3.4 (33)	106
Windowed	0.8 (8)	2.6 (25)	33
Religion			
Orthodox	63.9 (626)	52.6 (515)	1141
Muslim	23.4 (229)	31.8 (312)	541
Protestant	8.6 (84)	10.8 (106)	190
Catholic	4.2 (41)	4.8 (47)	88
Educational Status			
Illiterate	23.9 (234)	15.3 (150)	384
Primary	22.4 (220)	15.0 (147)	367
Secondary	25.0 (245)	38.3 (375)	620
Diploma	18.6 (182)	19.6 (192)	374
Degree &above	10.1 (99)	11.8 (116)	215
Occupation			
Civil servant	20.1 (197)	22.8 (223)	420
Merchant	11.0 (108)	12.0 (118)	226
Self-employed	18.4 (180)	20.4 (200)	380
Student	15.9 (156)	13.1 (128)	284
Unemployed	5.3 (52)	0.7 (7)	59
Retired	1.7 (17)	1.0 (10)	27
Housewife	21.9 (215)	19.3 (189)	404
Farmer	5.6 (55)	10.7 (105)	160

A total of 1960 patients (980 from each type of health institution) were interviewed for satisfaction from which 26.7% were satisfied in Government institution, however, 80.2% of the respondents were satisfied in private health institutions. The respondents satisfaction with level of health institutions were 50.4% satisfied in Government hospital, 91.0% of the respondents were satisfied in Private hospital, 4.0% of the respondents were satisfied in health center, 94.0% were satisfied in private higher clinic and 60.0% were satisfied in medium clinic.

Out of the total respondents 474 (55%) were Males, 194 (62.2%) between the ages of 38-47 years, 25 (75.8%) were widow, 621 (55.8%) were married and 281 (70.4%) of the respondents whose income from 1001.00-1500.00 birr were satisfied. The respondents level of satisfaction based on educational status showed that 134 (62.3%) graduated and undergraduate were more satisfied. However, respondents' level of satisfaction based on occupation indicated that 272 (64.8%) were the civil servants and 97 (60.6%) farmer were satisfied.

Table No. 02: Distribution *of* user's satisfaction with health care compared to private and government health institutions, Gondar town, May 2011

Characteristics (parameters)	Satisfaction level	
	Number	(%)
Type of Health institution Government	262	26.7
Private	786	80.2
Level of Health Institution		
Government Hospital	242	50.4
Private Hospital	182	91.0
Health Center	20	4.0
Private Higher Clinic	376	94.0
Private Medium Clinic	228	60.0
Sex		
Male	474	55.6
Female	574	51.9
Age group		
18-27	302	43.4
28-37	415	58.9
38-47	194	62.2
48-57	91	57.2
$\geq$58	46	58.8
Education Status		
Illiterate	189	49.2
Primary	168	45.8
Secondary	356	57.4
Diploma	201	53.7
Degree and above	134	62.3
Occupation		
Civil servant	272	64.8
Merchant	134	59.3
Self employed	187	49.2
Student	106	37.3
Unemployed	19	32.2
Retire	9	33.3
Housewife	224	55.4
Farmer	97	60.6
Monthly Income		
< 500 birr	178	36.5
500 -1000 birr	346	52.0
1001 -1500 birr	281	70.4
1501- 2000 birr	136	59.6
2001- 3000 birr	86	60.6
above 3000 birr	21	56.8

Bivariate and multivariate analysis

The analyses were done using both bivariate and multivariate analyses. Results of bivariate analyses depicted that the percentage for high mean score satisfaction with type and level of health institution and respondents marital status and occupation. Further analysis was performed using the adjusted odds ratios (AORs) with 95% confidence intervals which were obtained from multivariate logistic regression model. In the model, variables which specify the respondents' level of mean score satisfaction to cleanliness of facility, providers' and service characteristics were considered as outcome variables whereas gender, age, marital status, level of education, and type of health facility were categorized as explanatory variables. Both government and private health institutions on Table 3,shows at 5% level of significance the results of multivariate logistic regression on the respondents occupation , type and level of health facility were found to be statistically significant in determining respondents' mean score satisfaction to health care providers' characteristics**.**

The results indicated that the respondent who made use of health service at private health institution were 1.54 times more likely to have high satisfaction (mean score (>3.22) on health care providers' characteristics) than those respondents who received health services from government health institutions [AOR: 1.54 (1.15, 2.05)].

The private hospital was 6.95 times more likely to have high satisfaction than government hospital [AOR: 6.95 (4.07, 11.88)]. Since there is no private health center in the study area, comparison could be made. Rather I compared the government health centers with that of private higher and medium clinics and the results showed that 4% of the

respondent satisfied in health center and 94% and 60% of the respondents satisfied in private higher clinics and medium clinics respectively.

In general the findings showed that respondents who were self employed were 0.65 times and students 0.27 times less likely to have high satisfaction (mean score (>3.22) on providers' characteristics) than civil servants [AOR: 0.65(0.44, 0.97)] & [AOR: 0.27 (0.17, 0.41)] respectively.

Table No. 03: Factor associated to patient satisfaction at the private and government health institution, Gondar town, May 2011.

Variable		Satisfaction		COR(95%CI)	AOR(95%CI)
		yes	no		
Type of health institution					
	Government	262	718	1	1
	private	786	194	11.1(8.99-13.72)	1.54(1.15-2.05)*
Level of health institution					
	Government Hospital	242	238	1	1
	Private Hospital	182	18	9.94(5.93-16.66)	6.95(4.07-11.88)*
	Health center	20	480	0.04(0.02-0.06)	0.03(0.02-0.06)*
	Private Higher clinic	376	24	15.4(9.82-24.15)	10.54(6.60-16.82)*
	Private medium clinic	228	152	1.47(1.12-1.93)	
Marital status	married	621	491	1	1
	Single	354	355	1.26(1.05-1.53)	0.76(0.56-1.04)
	Divorced	48	58	0.83(0.55-1.25)	0.89(0.51-1.55)
	Widow	25	8	3.13(1.39-7.04)	2.55(0.78-8.31)
Occupation	Civil servant	272	148	1	1
	Merchant	134	92	0.79(0.56-1.10)	0.81(0.53-1.25)
	Self employed	187	193	0.52(0.39-0.70)	0.65(0.44-0.97)*
	student	106	178	0.32(0.23-0.44)	0.27(0.17-0.41)*
	unemployed	19	40	0.25(0.14-0.46)	0.80(0.38-1.68)
	Retired	9	18	0.27(0.11-0.62)	0.25(0.08-0.78)*
	House wife	224	180	0.67(0.51-0.89)	1.32(0.87-1.98)
	Farmer	97	63	0.83(0.57-1.21)	0.71(0.43-1.20)

NB: * =Significant

As indicated in Table 4 below, at 5% level of significance the results of multivariate logistic regression on government health institutions were sex, occupation, and level of health facility were found to be statistically significant in determining respondents' mean score satisfaction to health care

providers characteristics. These results indicate that students were found to be 0.46 times less likely to have high satisfaction (mean score (>3.22) on health care) than civil servant [AOR: 0.466 (0.267, 0.812)]. Female respondents were 1.63 times more likely to have high satisfaction than men [AOR: 1.637 (1.102, 2.431)].

Table No. 04: Factor associated to patient satisfaction at public health institution, Gondar town, May 2011.

Variable		Satisfaction		COR(95%CI)	AOR(95%CI)
		yes	No		
Level of health institution					
	Public Hospital	242	238	1	1
	Health center	20	480	0.041(0.025-0.066)*	0.038(0.023-0.062)*
Sex	Male	76	291	1	1
	Female	186	427	1.668(1.229-2.264)	1.637(1.102-2.431)*
Occupation	Civil servant	77	120	1	1
	Merchant	37	71	0.812(0.498-1.325)	0.946(0.536-1.670)
	Self employed	32	148	0.337(0.209-0.543)	0.759(0.432-1.336)
	Student	30	126	0.371(0.227-0.606)	0.466(0.267-0.812)*
	Unemployed	13	39	0.519(0.261-1.036)	0.880(0.386-2.005)
	Retired	2	15	0.208(0.046-0.934)	0.285(0.057-1.416)
	House wife	61	154	0.617(0.409-0.932)	1.205(0.707-2.054)
	Farmer	10	45	0.346(0.165-0.728)	0.596(0.253-1.401)

NB: * =Significant

As shown in Table 5,below multivariate logistic regression of private health institution at 5% level of significance the results of multivariate logistic regression on the respondents' marital status, occupation , education and level of health facility were found to be statistically significant in determining respondents' mean score satisfaction to health care. These results indicated that, study participants who were students were found to be 0.12 times less likely to have high satisfaction (mean score (>3.22) on health care) than civil servant [AOR: 0.12(0.98, 9.28)].

Respondents who were Divorced were 0.36 times less likely to have high satisfaction (mean score (>3.22) on providers' characteristics) than those who were married [AOR: 0.36 (0.140-0.969)]. Degree holders and above were 4.35 times more likely to have high satisfaction (mean score (>3.22) on health care) than illiterate [AOR: 4.35(1.09, 17.23)].

Table No. 05: Factor associated to patient satisfaction at private health institution, Gondar town, May 2011.

Variable		Satisfaction		COR(95%CI)	AOR(95%CI)
		yes	no		
Level of health institution	Private hospital	182	18	1	1
	Private higher clinic	376	24	1.549(0.820-2.927)	1.544(0.796-2.995)
	Private medium clinic	228	152	0.148(0.088-0.251)	0.134(0.077-0.234)*
Marital	Married	490	102	1	1
	Single	251	79	1.512(1.086-2.105)	0.701(0.410-1.198)
	Divorced	21	12	0.551(0.259-1.170)	0.369(0.140-0.969)*
	Widow	24	1	7.554(1.006-56.73)	5.820(0.706-47.98)
Education	Illiterate	127	23	1	1
	Primary	110	37	0.538(0.302-0.961)	0.767(0.289-2.034)
	Secondary	295	80	0.668(0.402-1.110)	1.387(0.494-3.896)
	Diploma	149	43	0.628(0.359-1.097)	1.308(0.397-4.311)
	Degree and above	105	11	1.729(0.806-3.710)	4.352(1.099-17.23)*
Occupation	Civil servant	195	28	1	1
	Merchant	97	21	0.663(0.358-1.228)	1.561(0.542-4.498)
	Self employed	155	45	0.495(0.295-0.829)	1.167(0.461-2.2.95)
	Student	76	52	0.210(0.123-0.357)	0.128(0.033-0.488)*
	Unemployed	6	1	0.862(0.100-7.424)	2.491(0.213-29.11)
	Retired	7	3	0.335(0.082-1.371)	0.555(0.089-3.459)
	House wife	163	26	0.900(0.508-1.596)	3.023(0.984-9.287)
	Farmer	87	18	0.694(0.365-1.321)	1.857(0.429-8.047)

NB: * =Significant

Discussion

Patient satisfaction is a popular way of evaluating health practice in most developed countries. It has also to be practiced in developing countries like Ethiopia. This study may contribute something in this area. Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied. Satisfied patients usually trust their health care providers, and as a return they comply with medical and nursing orders. Then, eventually, the patient's healing process is enhanced and at the same time, they disseminate their experiences to others which increase the number of clients who uses the services. If not satisfied the opposite may happen.

The satisfaction level of outpatient service users in the study area was 53.5% (in the government hospital 50.4% and in private hospital 91.0%).This report is very low with a study conducted in Bangladesh[32] which showed 68%,74% in Trinidad and Tobago[33],84% in Nigeria[35]and,55% in Mozambique[34].But it is comparable study with a survey undertaken in Eastern Ethiopia (Harare region) with satisfaction level of 54.1%[29].On the other hand, this finding is higher than the reports of a study conducted by Dagnew et al[33] in Gondar which showed 22.0% satisfaction level. This might be related to the fact that differences in method of data collections and the pervious study done sometimes ago so the level of awareness now increased.

Gender seemed to be important in patient satisfaction[36], however, the investigator of this study examine this issue and has got ,there were more female respondent (56.5%) who were fully satisfied in this study than male respondent (43.5%) , similar study Kebede et al[39] identified (52.9%) female and (47.1%) male who were served. This may be due to females were come to the health institutions for checkup for those children. While Wallin et al[21] did not find a correlation between age and patient satisfaction; other studies found age to be significant predictor of satisfaction[4] Different studies indicated that older patients are generally more satisfied than younger patients. Concerning to participants age, in this study, age group 38 to 47 years old (62.2%) were fully satisfied compared to participants 58 years and above (58.8%) who were fully satisfied.

The level of satisfaction on Gondar university hospital was 50.4% compared to a study done in Jimma hospital in 1999, the satisfaction level of outpatient service was 57.1%.and the study conducted in Gondar town 1997 was 78% of the outpatient visitors to Gondar teaching hospital reported dissatisfaction with services offered at the outpatient department in their past experiences.[29, 30] Likewise, a report from Tigray zonal hospitals revealed satisfaction level of 43.6%[38]. This finding could partially be due to the ongoing changes in the study area hospital because of the newly introduced reform, where an improvement in the service delivery process. The level of satisfaction on private health institution were 80.2% compared to a survey undertaken in private clinics in Addis Ababa, high rate of satisfaction (81.5%) were found in all aspects of medical care except affordability of service charges[31]. This may be the services given in both areas similar

In a study done in 2010 Aminu Kano, Northern Nigeria, 83 % of patients were satisfied with the services received but a study done in 2009 West Shoa, central Ethiopia was 73 % satisfaction level of patients[35]. This might be related to the fact that differences in method of data collections and the services given in other areas may be different. The high level of satisfaction with providers in the present study may be attributed to the fact that majority of the respondents (64.8%) were civil servant who are literate and hence more likely to have better understanding of how the health care provider is suppose to be and what he/she is suppose to do.

Limitation of the study
➢ Since the study was institutional based it might underestimate the results related to satisfactions. It is possible that dissatisfied clients might not come to health institutions.
➢ Response bias might be also introduced.

Conclusion

Based on the descriptive and logistic regression analysis of data collected results of this study the following conclusions are made;

Patient satisfaction in public health institutions is found low. Patient satisfaction in private health institutions is found high. Patient satisfaction in private health institutions was higher than

government health institutions. In government health institutions factors like level of health institution, sex and occupation of the respondents were found to be significantly associated with satisfaction. In private health institutions factors like level of health institutions, marital status, educational status and occupation of respondents were found to be significantly associated with satisfaction. In public and private health institutions factors like type of health institution, level of health institutions, and occupation of respondents were found to be significantly associated with satisfaction in the study area.

Recommendations

Based on the findings of the study the investigator recommends the following

1. Federal Ministry of Health and Regional Health Bureaus shall work on the improvements of service delivery for patient satisfaction through:
  ➢ Appropriate resources utilization
  ➢ Refreshment staff training.
  ➢ Preparing monitoring and evaluation tools for the achievement of better service

2. Gondar City Administration Health Office & Gondar University Hospital need to have appropriate and sustainable activities to improve the health service delivered and shall maximize the satisfaction level of patients.

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