ORIGINAL ARTICLE

CLIENTS' SATISFACTION WITH ANTI RETROVIRAL THERAPY SERVICES AT JIMMA UNIVERSITY SPECIALIZED HOSPITAL

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ABSTRACT

BACKGROUND*: The HIV/AIDS pandemic is a major public health problem with an estimated 32.3 million people living with the virus globally. Ethiopia is one of the highly affected countries. Free antiretroviral treatment was initiated in Ethiopia in 2005. Patients' satisfaction is one of the commonly used outcome measures of patient care. The objective of this study was to assess the satisfaction of people living with HIV/AIDS with services provided at anti retroviral therapy clinic of Jimma University Specialized Hospital.*

PATIENT AND METHODS: A health institution based cross-sectional study was undertaken from August 27 to September 10, 2007 on 286 people living with HIV/AIDS following antiretroviral treatment at Jimma University Hospital. Data were collected by trained nurses working in the antiretroviral clinic using English version structured questionnaire, entered in to computer and analyzed using SPSS for windows version 12.0.1.

RESULTS*: Women had a mean age of 30.5 years while men 35.2 years. For 267(93.4%) of the respondents, the first HIV test was done at governmental health institutions, reason for testing being illness for 252(88.1%). Analyses of measures of satisfaction showed that the scale had high internal consistency (Cronbach's Alpha > 0.75). For most of the questions regarding their satisfaction on the care services in different sections of the hospital, they responded positively (good and above) except for some like recognition of opinions, involving clients in medical decisions and laboratory services which were graded as fair and poor. The overall mean satisfaction score was "GOOD".*

CONCLUSION: ***The services in most sections of the hospital were rated positively (good and above) except for some like recognition of patients' opinions, involving clients in medical decisions and laboratory services which were graded as fair and poor. The hospital management should work to strengthen the clinic services by helping the ART clinic staff to involve patients in the treatment process and recognize their opinions on follow up. As the least satisfaction scores were seen in laboratory services, the hospital management should also exert effort to improve it.***

KEY WORDS*: Satisfaction, PLWHA, Services, Jimma*

INTRODUCTION

The HIV/AIDS pandemic is a major public health problem globally. According to the global summary of 2007, an estimated 32.3 million people were living with HIV/AIDS (PLWHA) of whom 2.5 million were children <15 years and estimated number of new infections were 2.5 million (1).

As per the Ethiopian demographic and health survey, the national HIV/AIDS adult prevalence rate was between 0.9 – 2.1% and number of people living with HIV/AIDS was estimated to be between 420,000–1,300,000 (2). The Ethiopian Ministry of Health estimated that about 929,699 people lived with HIV/AIDS in 2006 (3, 4). In view of the non-affordability of antiretroviral treatment (ART) by most HIV-infected persons in Ethiopia, the MOH launched the free Anti Retroviral Therapay (ART) rollout program in January 2005. This strategy has been associated with increased access to ART and lower mortality in other developing countries (5). In 2006, rapid expansion of ART services in health centers was pursued to increase access to treatment in rural areas (6). At the time of the study, there were approximately 272 ART clinics, 428 prevention of mother to child transmission (PMTCT) sites and approximately 82,248 people receiving ART (7).

Care and support for PLWHA plays an important role in preventing the spread of

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HIV/AIDS and ART is an important component of care for PLWHA. The objectives of ART policy is reducing mother to child transmissions, prolonging and improving the quality of lives of PLWHA and reducing accidental HIV infection within health institutions (8). Studies showed that patient satisfaction is one of the outcome measures of patient care in addition to mortality and morbidity and predicts treatment utilization and adherence (9, 10). Patient satisfaction had been an important issue for health care managers and health care providers (11).

Various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude clinical skills, comforting skills and food service (12). Several factors including patient's age, educational level, health status and the severity of illness influence satisfaction on care services (13, 14). The relationship between health care providers and patients (interpersonal skills) has also been reported to be the most influential factor for patient satisfaction (15).

As patient satisfaction is considered to be a health care outcome and predictor of treatment utilization and adherence to the care and support, this study is therefore conducted to assess the level of satisfaction of PLWHA on the service at Jimma University Hospital (JUSH), ART clinic.

PATIENTS AND METHODS

The study was conducted at Jimma University Specialized Hospital (JUSH), ART clinic, Southwest Ethiopia from August 27 to September 10, 2007. The ART clinic was first established in 2002 when services used to be given with charge until it become free of charge in 2005. The clinic was run by 2 Specialists, 1 general practitioner, 3 nurses and 2 data clerks. It is a place where PLWHA get comprehensive HIV/AIDS care services. At the time of the study, 2428 adult clients of whom 1616 were on ART and the rest on pre-ART follow up.

A cross-sectional study was conducted on adult PLWHA who were on follow up at the clinic. The sample size was calculated using a formula for estimating single population proportion for cross-sectional studies that is corrected for finite population. Taking the assumptions, proportion of poor satisfaction of 50 % at 95% confidence level and with margin of error of 5 %, a sample size of 310 was determined. All subjects (those fulfilled the inclusion criteria) who had been on care during the data collection periods were included.

Data were collected using English version structured questionnaire by 3 nurses working in the clinic after one day training. Besides their socio-demographic characteristics study subjects were asked to rate each aspect of their care on a five-point scales (Poor, Fair, Good, Very Good, and Excellent). The data were checked daily for completeness, entered in to computer and analyzed using SPSS for window version 12.0.1. Descriptive statistics were calculated for all socio-demographic variables and for measures satisfaction levels. The overall mean and median index and for each satisfaction items was determined.

The proposal was endorsed by Jimma University student research program. Informed consent was obtained from each client after explaining the objective of the study. Names were not recorded and confidentiality was maintained throughout the study.

The following operational definitions were used:

Adherence: a client's behavior coinciding with the prescribed health care regimen as agreed upon through a shared decision making process between clients and health care provides.

Services: all services provided for clients in the hospital including examination, treatment, admission, referral, information, education and counseling test.

Clients: those people who are living with HIV/AIDS and on follow-up at JUSH, ART clinic.

Satisfaction: clients view and perception towards the services rendered.

RESULTS

Out of 311 subjects intended to be included in the study, 286 (92%) patients on ART responded to the questionnaire. Of those who responded, 151(52.8%) were females, 142 (49.7%) currently married, 144 (50.3%) Orthodox Christian and 137 (47.9%) were Amhara. Women had a mean age of 30.5 (±SD) years which differed significantly from the men whose mean age was 35.2 years (±SD). Eighty one (28.3%) of them were illiterate and the remaining 205 (71.7%) literate of whom 8 (2.8%) had educational level above 12^{th} grade. Seventy five (26.2%) of the subjects were Government employees, 58 (20.3%) daily laborers, 48 (16.8%) housewives, 22 (7.7%) merchants, 13 (4.5%) farmers, 12 (4.2%) had other occupation and the remaining 58 (20.3%) were unemployed (Table 1).

For 267 (93.4%) subjects the HIV test was done in government health institutions while for the

remaining the test was done either in private institutions and non-governmental organizations. The reason for testing was illness 252 (88.1%), to know their sero-status 27 (9.4%), antenatal care during pregnancy 4 (1.4%) and medical check-up for visa 3 (1%). For all the respondents, their ART was initiated in government hospitals. All are receiving services including scheduled follow-up, laboratory and medication. Four cases (1.4%) had additionally received inpatient service (Table 2).

Table 1. Socio-demographic characteristics of PLWHA (n=286) on ART at JUSH ART clinic, south west Ethiopia, 2007.

Characteristics	Number	Percent
Age		
Mean	32.71	SD= 7.03
Sex		
Female	151	52.8
Male	135	47.2
Marital status		
Currently married	142	49.7
Currently unmarried	144	50.3
Religion		
Orthodox	144	50.3
Protestant	52	18.2
Muslim	86	30.1
other	4	1.4
Ethnicity		
Oromo	122	42.7
Amhara	137	47.9
Other	27	9.4
Educational status		
Not read and write	64	22.4
Read and write only	17	5.9
1-6	62	21.7
7-8	74	25.9
9-12	61	21.3
12+	8	2.8
Occupation		
Government employee	75	26.2
Merchant	22	7.7
Daily laborer	58	20.3
House wife	48	16.8
Farmer	13	4.5
Unemployed	58	20.3
Other	12	4.2

Regarding time taken for different services, 248 (86.7%) responded that they waited for less than 15 minutes while 38 (13.3%) stated that they waited for16-30 minutes at the card room. One hundred forty eight (51.7%) and 88 (30.8%) reported that they waited for <15 minutes and 16-30 minutes, respectively to be seen by the ART staffs. Two hundred sixty one(91.3%) waited for more than 60 minutes to get laboratory service, while 286(100%) stated that they had to wait for <15 minutes to get pharmacy service(Table 3).

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Table 2. HIV related services for PLWHA, JUSH ART clinic, Southwest Ethiopia, 2007.

Characteristics	Number(n=280)	Percent
HIV Test		
• Government health institutions (hospital health center	267	93.4
• Private and FGAE	19	6.6
Reasons for HIV Screening		
• Because I was sick	252	88.1
• Pregnancy	4	1.4
• Visa	3	1.0
• To know my status	27	9.4
Services Received		
• Scheduled follow up, Laboratory and medication	282	98.6
• All the above+ in patient service	4	1.4

Table 3. Time taken for the different services for PLWHA at JUSH ART clinic, Southwest Ethiopia, 2007.

Service sites	Waiting time (n = 286)			
	<15 Min. No (%)	16-30 Min. No (%)	31-60 Min. No (%)	≥61 Min. No (%)
Card room	248(86.7)	38(13.3)	0	0
Laboratory	0	15(5.2)	10(3.5)	261(91.3)
Staff at ART	148(51.8)	88(30.8)	28(9.8)	22(7.7)
Pharmacy	286(100)	0	0	0

Concerning the communication between health care professionals and PLWHA, 281 (98.3%) reported to have been informed about the nature of the disease, while 282 (98.6%) said that they were given explanation about the need for regular follow up and all the study subjects reported that they were explained about the drugs (Table 4).

Table 4. Interaction between health care professionals and PLWHA at JUSH ART clinic, Southwest Ethiopia, 2007.

Characteristics	Client provider interaction(n=286)	
	Yes	No
	No. (%)	No. (%)
Explanation on the disease nature	281(98.3)	5(1.7)
Explanation on need for regular follow up	282(98.6)	4(1.4)
Explanation about the drugs	286(100)	0

One hundred ninety six (68.5%) clients rated the service of the card room as excellent, 79 (27.6%) as very good and 11 (3.8%) as good and fair with mean satisfaction score of 4.64. Thirty eight (13.3%) rated the recognition of their opinions by ART staffs as poor, 146 (51.0%) fair, 72 (25.2%) good while the rest 30 (10.4%) rated it to be very good and excellent with mean satisfaction score of 3.66. Large proportion, 197(68.9%) rated attention of health care professionals to individual needs as good while, 65 (22.7%) and 20 (7.0%) rated it as very good and fair, respectively with mean satisfaction score being 2.84.

With regard to information provided by health care professionals on tests treatments and expectation it was rated to be good, very good and excellent by 117(37.4%), 96 (33.6%), 75 (26.2%), respectively with mean satisfaction score 2.17.

Forty six (16.1%), 43(15.0% and 6 (2.1%) rated willingness of health professionals to answer their questions and helpfulness of professionals and their skill as excellent, respectively. Seventy one (24.8%) graded how much professionals involve them in their medical decisions as poor, 122 (42.3%) as fair, 72 (25.2%) as good, 22 (7.2%) as very good and excellent. Four (1.4%) and 208

(72.7%) them said that professional's treatment of their clients and their explanation of medical terms was excellent, respectively. One hundred eighty six (65.0%) stated that the laboratory service was poor, while 151(52.8%) indicated that pharmacy service was excellent with mean satisfaction score of 4.52. (Tables 5 and 6).

Table 5. Level of Satisfaction and grading of care services rendered to PLWHA at JUSH ART clinic, Southwest Ethiopia, September 2007 (n=286).

Characteristics	Excellent No (%)	V. good No (%)	Good No (%)	Fair No (%)	Poor No (%)
Recognition of your opinion	3(1.0)	27(9.4)	72(25.2)	146(51.0)	38 (13.3)
Attention of professionals to individual needs	2(0.7)	65(22.7)	197(68.9)	20(7.0)	2 (0.7)
Information on tests, treatment and expectation	75(26.2)	96(33.6)	107(37.4)	6(2.1)	2(0.7)
Willingness of professionals to answer questions	46(16.1)	133(46.5)	105(36.7)	2(0.7)	0
Helpfulness of professionals	43(15.0)	132(46.2)	109(38.1)	2(0.7)	0
Skill of professionals	6(2.1)	100(35.0)	180(62.9)	0	0
How much professionals involve you in your medical decisions	2(0.2)	20(7.0)	72(25.2)	121(42.3)	71(24.8)
How professionals treat you as a person	4(1.4)	207(72.4)	45(15.7)	30(10.5)	0
How well professionals explain medical terms to you	40(14.0)	208(72.7)	36(12.6)	2(0.7)	0
Grading of services at card room	196(68.5)	79(27.6)	9(3.1)	2(0.7)	0
Grading of services at laboratory	0	0	53(18.5)	47(16.4)	186(65.0)
Grading of services at pharmacy	151(52.8)	134(46.9)	0	0	0
Grading of over all care service	19(6.6)	87(30.4)	73(25.5)	107(37.4)	0

Table 6. Mean level of patients' satisfaction and grade of care services for the services rendered at JUSH ART Clinic, Jimma, Southwest Ethiopia, September 2007 (n=286).

Variables	Mean	Std. Deviation
Overall mean score of satisfaction	3.34	0.49
Recognition of your opinion	3.66	0.86
Attention of professionals to individual needs	2.84	0.57
Information on tests, treatment and expectations	2.16	0.87
Willingness of professionals to answer questions	2.22	0.71
Helpfulness of professionals to comfort + reassure you	2.25	0.71
Skill of professionals	2.61	0.53
How much professionals involve you in your medical decisions	3.84	0.90
How professional treat you as a person rather than a case of a disease	2.35	0.68
How well professionals explain medical terms to you	2.00	0.54
Overall mean score of grading	3.57	0.42
Grading of services at card room	4.64	0.58
Grading of services at laboratory	1.54	0.79
Grading of services at the pharmacy	4.53	0.50
Grading of overall care service	3.06	0.97

DISCUSSION

This study presents findings that showed the socio-demographic characteristics, waiting time for service at different service sites and satisfaction level of PLWHA by the care services. With regard to the socio-demographic characteristics,, there was statistically significant difference in the mean age by of the two sexes which was 30.5 years for females and 35.2 years for the males which is similar to reports of Beck et al(16). This might indicate that females were either exposed to HIV infection at younger age or manifested earlier.

For majority of the study subjects, HIV test was done in governmental health institutions than private or non-governmental which could be explained by the availability of charge free services in the public institutions. The majority (88%) of the respondents in this study under went HIV test due to illness, indicating the fact that they are not using the opportunity to know their sero-status ahead and care themselves before they become sick, which is not in agreement with reports from Canada (17). The reason for not having test earlier could be fear of stigma and discrimination.

Outpatient follow up through ART clinics is the major treatment modality of giving health care to PLWHA. Quality care in ART clinics is essential in enabling patients to cope with their condition and its therapy (18). More than 98% of the respondents reported that they were well explained about the disease nature, the need for regular follow up and about the drugs, by trained sero-positive counselors and health professionals through out the sessions. Concerning waiting times, 80%, 100% and more than half reported that they were served within 15 minutes at the card room, the pharmacy and at ART, respectively. This is consistent with a report from London where 47% of the respondents stated that they were seen by their doctors within 15 minutes (16). The above positive responses by clients in getting appropriate information about their disease, treatment and waiting time are encouraging for the clinic staff for further improvement of the services.

In regard to the laboratory service, most of the respondents (91.26%) stated that the waiting time to get results was stated to be longer than 60 minutes. which could be due to the nature of the specific laboratory procedures or high work burden as the number of staff were limited. Another study showed that laboratory services are important in the routine care of HIV patients and should be of high quality and time sensitive (15).

Most of the questions on level of satisfaction regarding the skill, attitude and interaction of ART staffs were answered positively similar to other satisfaction surveys (16,19). This could be a real witness about the care services in the clinic or this information might be biased due to fear of criticism that may affect their care will receive in the future. Studies showed that patient involvement in decisions on treatment modalities had a strong correlation with interpersonal quality of care satisfaction and with overall quality-of-care satisfaction (19). Recognition of patient's opinions and their involvement in their medical decisions were rated mostly as fair and good suggesting relatively low level of clients' involvement in decision making. This could be because of the small number of staff in the clinic. Similar result was reported from a study in England (16).

This study showed an overall patient mean satisfaction score of "GOOD', but was lower than the report from Canada and English hospitals study where they reported higher satisfaction score (16, 19). This could be due to the differences health service system between the countries. On the contrary, previous studies from Jimma hospital and 3 hospitals in Harar city showed low level of patient satisfaction on the outpatient services (20, 21). Another country status report revealed patient's dissatisfaction with providers' characteristics (22). These differences could come from the fact that our study was on care of one disease entity which had special attention by many partners. No significant differences were observed in mean satisfaction scores when analyzed by gender, ethnic group, age or employment status which is in agreement with other reports (16,23).

In conclusion, clients' response towards their level of satisfaction regarding skill, attitude and interaction with staff and quality of services was positive with overall mean satisfaction score of 'GOOD'. Health workers explanation about required tests, treatment, expectation, the need for regular follow up, drugs, ease of getting information, helpfulness, competence and skill, respect to patients were key qualities appreciated by the clients. Least favored qualities were recognition of opinions, involving client in their medical decisions and laboratory services.

As the number of clients is increasing and HIV is a sensitive illness which needs physical as well as psychological support, it is recommended that more staff and conducive environment are needed to improve the level of satisfaction of PLWHAs by the service. Responsible bodies should work for betterment of the services specifically in involving patients in the treatment process and recognizing their opinions on follow up in ART clinic. As the least satisfaction scores were

seen in laboratory services, the hospital management should exert maximum effort to improve it.

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