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## **Certification.**

This research proposal has been submitted and approved by college research supervisor:

Name: .....

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## **Dedication.**

I dedicate this project to my family, teachers and friends. May you be blessed.

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## **Acknowledgement.**

I wish to thank my family, teachers and friends for their un-ending support financially and encouragement throughout this project. I am grateful to them. To our Library staff thanks for their continued help in procuring much needed reference material. May you be blessed. Lastly, I express my deep gratitude to my supervisor who has stood with me throughout the proposal writing period in her guidance to perfect my skills.

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# Table of contents.

## Table of Contents

.....	1
<b>A STUDY TO DETERMINE PATIENT SATISFACTION WITH PHARMACY OUTPATIENT SERVICES OF NAKURU LEVEL V HOSPITAL.</b> .....	1
Declaration.....	2
Certification.....	3
Dedication.....	4
Acknowledgement.....	5
Table of contents.....	6
Table of figures.....	8
CHAPTER ONE .....	9
Introduction.....	9
1.1 Background information.....	9
1.2     10	
1.3 OBJECTIVES .....	11
1.3.1 Broad objectives.....	11
1.3.2 Specific objectives.....	11
1.4 Research questions.....	11
1.5 Significance of study.....	12
1.5.1 Purpose of the study.....	13
1.6 Limitations of the study.....	14
1.6.1 Delimitations.....	14
Chapter 2: Literature Review.....	15
2.1 Introduction .....	15
2.2     16	
2.3     17	
2.4     18	
2.5 Other studies.....	19

CHAPTER 3: Research Methodology .....	20
3.1 Introduction .....	20
3.2 Study design.....	20
3.3 Study area. ....	20
3.4 Study population.....	20
3.5 Inclusion criteria.....	20
3.6 Exclusion criteria. ....	20
3.7 Sampling.....	20
3.8 Sample size determination. ....	21
3.9 Study variable. ....	21
3.10 Dependent variable. ....	21
3.11 Independent variable.....	21
3.12 Data collection Tools.....	21
3.13 Pretesting and Piloting.....	22
3.14 Data analysis and presenting.....	22
3.15 Ethical consideration.....	22
CHAPTER 4: DATA ANALYSIS .....	23
4.0 INTRODUCTION .....	23
4.3 Education status of respondents .....	24
4.4 2 Frequency of visits to the hospital .....	24
4.4 SATISFACTION LEVEL OF CLIENTS WITH THE SERVICES OF THE PHARMACY.....	25
4.5 DIFFERENCE IN SATISFACTION LEVEL AMONG RESPONDENTS .....	26
4.6 SATISFACTION WITH PHARMACY STAFF .....	27
4.7 AVAILABILITY OF MEDICINES IN PHARMACY .....	27
CHAPTER FIVE .....	28
5.1 Discussion.....	28
Patient satisfaction with service rendered should be considered as an outcome measure of the care provided which helps improve the quality of the pharmacy service. This study examined patients' satisfaction towards out-patient pharmacy service at NAKURU LEVEL V HOSPITAL.....	28
CHAPTER 6.....	30
6.1 CONCLUSION.....	30

6.2 RECOMMENDATIONS .....	30
References .....	31
APPENDIX I: BUDGET .....	33
APPENDIX II: WORK PLAN .....	34
<b>Appendices.</b> .....	35
<i>Questionnaires.</i> .....	35
INSTRUCTION AND ASSUARANCE.....	35
<i>Section 1; Demographic information.</i> .....	35

## Table of figures.

Figure 1: gender of respondents	24
Figure 2: age group of respondents	24
Figure 3: education status of respondents	25
Figure 4: frequency of visits among respondents	25
Figure 5: Budget	34
Figure 6: Work plan	35
Figure 7: questionnaire	35
Figure 8: questionnaire	37



# CHAPTER ONE

## Introduction.

### 1.1 Background information.

In recent years, the Ministry of Health has made remarkable efforts to improve client satisfaction at the hospital level. The development of the Health Guidelines is one of the basic steps in achieving this goal. Patient satisfaction to pharmacy services is an essential tool to measure the level of pharmacy services offered to clients and the implementation of pharmaceutical care in hospitals. Patients who are satisfied with pharmaceutical service are more likely to take medications properly and less likely to change from one health care professional or facility to another. The main way of maintaining patient satisfaction is by providing higher quality pharmaceutical service consistently.

The role of pharmacists in out-patient has broadened from traditional dispensing services to include patient pharmaceutical care services. Pharmacists work closely with other healthcare workers (e.g., doctors, nurses and medical assistants) to optimize patient healthcare services.

The obstacles for a better health care service includes poor access to quality medicine, unaffordable cost of drugs, poor education and lack of access for skilled health professionals.

Patient waiting room uncomfortability causes dissatisfaction with pharmaceutical services. Unavailability of convenient facilities such as chairs and reading materials in the waiting room may compromise client satisfaction. Time taken before they received service is also one factor that affects client satisfaction.

Provision of pharmaceutical services is a business making way; therefore, customer satisfaction should be one of the basic goals. While assessing clients' satisfaction with pharmaceutical services it was underlined that the attitude of the pharmacist or pharmacy technologist and provision of information about drugs to clients were important.

The study will be conducted by the request of the hospital pharmacy department to improve its service to the patient demand level. The study aims to assess patients' satisfaction with the pharmacy services, to identify factors affecting patient satisfaction and to indicate pharmaceutical service areas for improvement at the Outpatient department pharmacy of NAKURU LEVEL V HOSPITAL.

This will help to fill the gap between what the clients need and what they get. The findings are also helpful for identifying specific problems of the service which need improvement in realizing high-quality pharmacy services. Further, it will be a supplement for comparison of practice changes with future studies.

Patient satisfaction is used to measure the quality of healthcare, identifying potential areas for improvement to increase the effectiveness of healthcare system.

## **1.2 Problem statement.**

Patient satisfaction towards the pharmaceutical services is essential to measure the level of pharmacy services offered to clients and the implementation of pharmaceutical care in the health facility. It is important as both a dependent and an independent variable. It represents the patient's evaluation of the structure, process and outcome of their care and it is a predictor of patient behaviors such as utilization of care, continuity with provider and compliance.

Satisfaction of patients is a key measure of quality pharmacy service delivery. However, the traditional way of drug inventory and dispensing practice by professionals negatively affects the satisfaction of patients. Hence, assessment of satisfaction level is an important tool to identify gaps in pharmacy service delivery and works for its improvement.

Despite its conceptual richness and practical utility, patient satisfaction is crucial to healthcare quality since it represents how far the delivered care and services meet the subjective, objectives and requirements of the patient.

This study is aimed to conduct a study survey in order to describe factors that influence patient satisfaction about conditions of access to Pharmacy.

## **1.3 OBJECTIVES**

### **1.3.1 Broad objectives.**

1. To assess the level of satisfaction of patients with pharmacy services at NAKURU LEVEL V HOSPITAL.

### **1.3.2 Specific objectives.**

1. To investigate the impact of pharmacy factors on patient satisfaction.
2. To determine the turnaround time at the pharmacy waiting bay.

## **1.4 Research questions.**

1. What is the impact of pharmacy factors on patient satisfaction?
2. What is the turnaround time at the pharmacy waiting bay?

## **1.5 Significance of study.**

Increase public awareness on Pharmacy healthcare. This can lead to improvements in knowledge of patients initiating positive impact on medicine awareness and adherence to doses.

Allow disprove myths and misconceptions and support truths. The study aims to disapprove misconceptions about pharmacy such as; pharmacists never interact with patients; Pharmacist sole duty is to dispense medicines and that pharmacy work is not as important as medical work.

Promote confidence to healthcare. Promote trust and confidence of clinician patient relationship to open communication of information, improve adherence to medical advice, improvement of health outcomes and better patient experience.

Help in decision making in Pharmacy outpatient health facilities. Promoting proper judgement when making decisions taking into account the patient best interest, their own knowledge and expertise and whether the decision is reasonable and acceptable.

Future reference to academicians and researchers. Act as a reference material in establishing comparability and accuracy of analytical results between different locations and over time.

Impact the application of the pharmaceutical care program. Allow the identification, intervention and resolution of drug related problems achieving definite outcomes that improve patient quality of life.

### **1.5.1 Purpose of the study**

Impact of the application of the pharmaceutical care program. The goal of pharmaceutical care is to optimize patients' health-related quality of life and achieve positive clinical outcomes within realistic economic expenditures.

Patient response towards availability of pharmaceutical items. Pharmacist ensure patients receive correct medications by verifying any medication prior to their prescription after checking their medical record for allergies or contraindication. They prepare medication for one patient at a time and educate patients about their medications.

Satisfaction of privacy of conversation, counselling time, medication precautions and side effects with medication storage condition. Creating a Trusting environment by respecting patient privacy encourages the patient to seek care and to be honest as possible during the course of health care visit.

Comfortability of waiting area, frequency of visit and payment status. Quality comfort makes patients feel safer and makes pharmaceutical practice efficient in treating patients. It gives patients more confidence hence they'll stress less which leads to healing.

Patient awareness of pharmaceutical care services. The study aims to distinguish Patient awareness, opinions and attitude about Pharmacy.

Assess patient satisfaction towards outpatient Pharmacy services and associated factors. The study aims to determine level of satisfaction towards outpatient Pharmacy service and contributing factors.

Relationship between patients and Pharmacists. Pharmacist being usually the last health care professional to see patient before treatment commences, strong patient-pharmacist relationship encourages cooperation between the two to ensure the patient's compliance and satisfaction with a treatment plan.

## **1.6 Limitations of the study.**

- 1. Unlimited time for research.** The time calculated to carry out the research may not be enough. The situation might even made worse due to other assignments that will need a lot of attention by the researcher.
- 2. Language barrier;** Language differences might lead to communication breakdown offering insights contributing errors during research interviews.
- 3. Finance;** The research project might require heavy financial resource limiting the study.
- 4.** Lack of cooperation among respondents and also approaching people and trying to win their confidence to obtain relevant information will also be somehow challenging.

### **1.6.1 Delimitations**

1. The researcher will try to take most effective sample size and use the simplest but most accurate method of data collection to save on time.
2. The researcher will use patient friendly approach on the respondents to enable them cooperate.
3. The researcher will use cheapest method of data collection and work with other health workers to reduce the language barrier cases.

## Chapter 2: Literature Review.

### 2.1 Introduction

A high demand for prescription of drugs continue to grow to create necessity for improving workflow management within the outpatient Pharmacy settings to provide high-quality services. The role of pharmacist is to provide advice about medication, screening prescriptions, dispensing and any other management work related to stocking of medications. Waiting time reduction improves the efficiency and resulting increased patient satisfaction. This research will deal with patients in NAKURU LEVEL V HOSPITAL in Uasin-gishu county.

The Hospital study is a 500-bedded, non-profit, government-run hospital located in Uasin-gishu county. There are four Pharmacy departments operating within the hospital; main pharmacy, primary care, dental pharmacy and maternity pharmacy. A total of 195 pharmacy staff members are employed. The duties of the staff working within these departments include processing of prescriptions, dispensing medications and giving advice and instruction to patients on the correct use of medications. The research problem evolves around investigating the factors influencing patient satisfaction of Pharmacy services in NAKURU LEVEL V HOSPITAL. The research answered the following questions;

Is the availability of medicine influencing patient satisfaction?

Is the accessibility of medicine influencing patient satisfaction?

Is the attitude of staff influencing patient satisfaction?

The study purpose is to examine the factors influencing patient satisfaction with pharmacy services at MTRH.

## **2.2 Factors that influence patient satisfaction about conditions of access to Pharmacy.**

Patient satisfaction has many different factors reflecting the type and quality of service provided by healthcare providers, how well service is delivered and the extent to which the expectations and needs of patients are met. In measuring performance patient satisfaction has been defined as the personal evaluation of healthcare services and providers.

The research evaluated performance focusing dimensions of satisfaction e.g.,

Drug efficacy

Financial aspects

Accessibility

Technical competence

Non-prescription products

Quality of the drug product dispensed

Professional communication

Patient physical and emotional comfort

Convenience.



### **2.3 To determine the levels of patient satisfaction towards outpatient Pharmacy service and contributing factors.**

Satisfaction can be viewed as how much an individual able to carry out a desired behavior based on a service. It is an individual judgement about the extent to which a product or service provides a pleasurable level of consumption-related fulfilment. The Patient's emotional reaction is a result of product or service evaluation, which is followed by a judgement that is made by an individual on how perfectly the service was provided resulting to either pleasure or displeasure. Satisfaction determinants can be considered the patients preferences and expectations whereas technical and interpersonal care elements can be considered its components.

The research was conducted through questionnaires and observation of patient's behavior at pharmacy. The research conducted classified pharmaceutical services based on four patient-satisfaction ideas;

Performance evaluation.

Patient expectations.

Individual emotional response to a service and resulting actions.

An individual's evaluation of what gained compared to its cost assessment.

## **2.4 Analyze Patient appraisal experience in hospital services for example likes and dislikes.**

Patient appraisal increases patient knowledge of awareness within healthcare systems which is a key component for improving the quality and sustainability of services provided to patients that reflect on patient's satisfaction.

The research identified possible likes and dislikes among patients for example Patients in the area of study prefer:

### **2.4.1 Accessibility to pharmaceutical services.**

Suitable time of dispensing the medication.

The pharmacy consideration of separation between genders.

Enough service windows to dispense medication.

Organized service window and not crowded by patients.

Suitable time taken by pharmacy staff to dispense medication.

Enough seats in waiting area.

Digital screen facilitates access to the window to dispense medication.

### **2.4.2 Availability of medications.**

Quality of medications in terms of commercial brands is suitable.

Verity of medications is suitable (syrup / pills in all concentrations).

All medications prescribed by physicians are available over the year.

All medications are prescribed from the place providing the service (medications from specialty clinics to be dispensed from main pharmacy and medications from the family medicine clinic to be dispensed from family medicine pharmacy).

Alternatives of medications are provided in case of unavailability of medication prescribed by the physician.

The number of medications is dispensed in the case of patients outside the area for chronic diseases such as hypertension and diabetes mellitus.

### **2.4.3 Behaviors of the pharmacist.**

Suitable level of explanation provided by the pharmacist.

The pharmacist dealing with kindness and patience.

The pharmacist staff respecting privacy.

Communication with the pharmacy staff easily and comfortably.

The pharmacy staff guiding in cases where the medications are unavailable.

The pharmacy staff dispensing the medication in a proper way.

Special needs patients are being dealt with faster by the pharmacist.

Patient satisfied with accessing the pharmacy services.

Patient satisfied with the availability of medications in the pharmacy.

Patient satisfied with the attitude and behaviors of the staff in the pharmacy.

## **2.5 Other studies.**

1. *The study done on factors Influencing Patient Satisfaction with Pharmacy Services at King Fahd Armed Forces Hospital, Saudi Arabia.* The results confirmed significant differences in the influence of these factors on patient satisfaction. The research concludes that there are significant influences from accessibility and availability of pharmacy services, whereas there is no significant influence of staff attitudes on patient satisfaction. The research recommends improving the accessibility and availability of medication regularly and continuously. It is also recommended that pharmacy services should conduct training courses to improve staff skills and attitudes to deal with patients.
2. *Study conducted on measurement of patient satisfaction with pharmacy services in Msambweni Hospital in Kenya.* Patient satisfaction was explored with different levels of pharmacy services general services, intervention services and cognitive services. The study observed high levels of patient satisfaction with pharmacy services be they general, intervention, or cognitive services.

## CHAPTER 3: Research Methodology.

### 3.1 Introduction

This chapter is involved with procedures and methods that will be used to carry out the research study. They include study design, study area, variables, sample size, data collection, data analysis and representation.

### 3.2 Study design.

Using a cross-sectional method approach which includes all four pharmacies at MTRH (main pharmacy, primary care, maternity pharmacy and dental pharmacy), this research is descriptive analytical research using a quantitative approach methodology.

### 3.3 Study area.

The research questionnaire was used to collect primary data from patients visiting the pharmacies at MTRH in Uasin-gishu county. The population in this research is defined as all the patients who are visiting the pharmacies. The hospital was built on 1917. The hospital is located in Eldoret town. MTRH is the second largest National Teaching and referral Hospital. The Hospital offers various services such as casualty/accident and emergency, inpatient services comprising male medical and surgical wards, female medical, surgical, obstetrics and gynecology and children medical and preterm wards. In addition, laboratory, dental clinic, radiology services are also offered. ([www.kenyannews.go.ke](http://www.kenyannews.go.ke)) visited at 14/9/2022.

### 3.4 Study population.

Population is a complete set of individuals, object or scores of interest, while sample is a subset of population with some observable characteristics to which the researcher intends to generalize the results of the study. My target population will be 15 to 40 years who will be visiting the hospital.

### 3.5 Inclusion criteria.

All patients falling between the age bracket of 15 to 40 years who will be living in the study area.

### 3.6 Exclusion criteria.

All patients below and above the age bracket of 15 to 40 years.

### 3.7 Sampling.

The data was sampled using Andrew fisher method.

### **3.8 Sample size determination.**

Andrew Fisher method of 1994 used since the population was below 10000:

Formulae  $n_f = n/1 + (n/N)$

$n_f$ =desired sample for population less than 10000

$n$ = sample for population above 10000 ( constant).

$1$ =constant number

$N$ =The number of the population size

$N_f = 400/1 + (400/2000)$

$400/1 + (0.2)$

$= 333$

Sample size=333 patients.

### **3.9 Study variable.**

#### **3.10 Dependent variable.**

Patient satisfaction.

#### **3.11 Independent variable.**

They are variables that to some extent explain a phenomenon. The independent that lead to patient satisfaction include;

Availability of medicine.

Accessibility of medicine.

Attitude of staff.

#### **3.12 Data collection Tools.**

Questionnaires.

Interview schedule.

### **3.13 Pretesting and Piloting.**

A pretesting survey will be done on a sample size of 9 patients to determine any problems on the questionnaire administered. This will be done on the reception desk when the patient will be attending to the pharmacy.

### **3.14 Data analysis and presenting.**

After field work the questionnaires were checked for completeness to ensure that every questionnaire was filled. The data was analyzed from the field questionnaire and interview schedules. A mark sheet was used to record all data collected on each objective of the study. The data was then classified coded and entered in a master sheet through manual tallying. Finally, the data was presented inform of tables, pie chart and graphs.

### **3.15 Ethical consideration.**

There was informed consent from the respondents before they took part in the exercise. The respondents were not pressurized in order to participate but they were freely allowed to decide whether to participate or not. The respondents were advised not to write their names on the questionnaire and were assured confidentiality of the information they were giving.

## CHAPTER 4: DATA ANALYSIS

### 4.0 INTRODUCTION

This chapter presents the results on the findings for the purpose of analysis and interpretation. The chapter is arranged in relation to the findings and the analyzed data presented according to demographic information and objectives of data.

#### 4.1 SOCIO-DEMOGRAPHIC INFORMATION

Gender of the respondents.

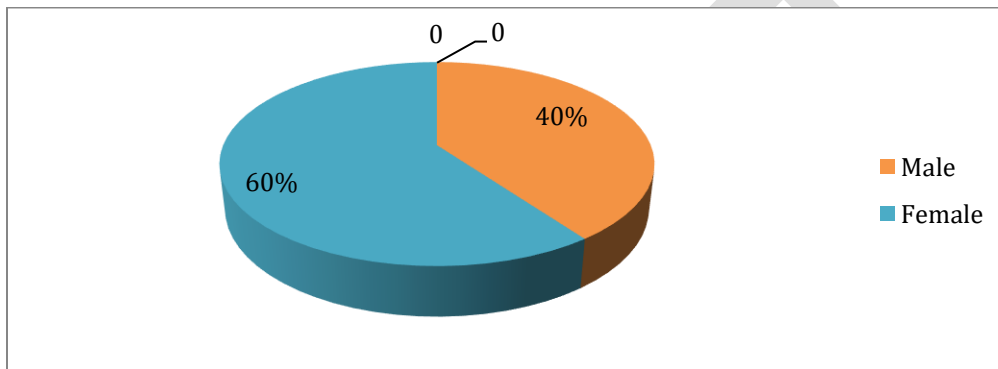


Figure 1: gender of respondents

Findings from above figure shows that 60% of the respondents were female whereas 40% were male respondents.

4.2 Age groups of respondents.

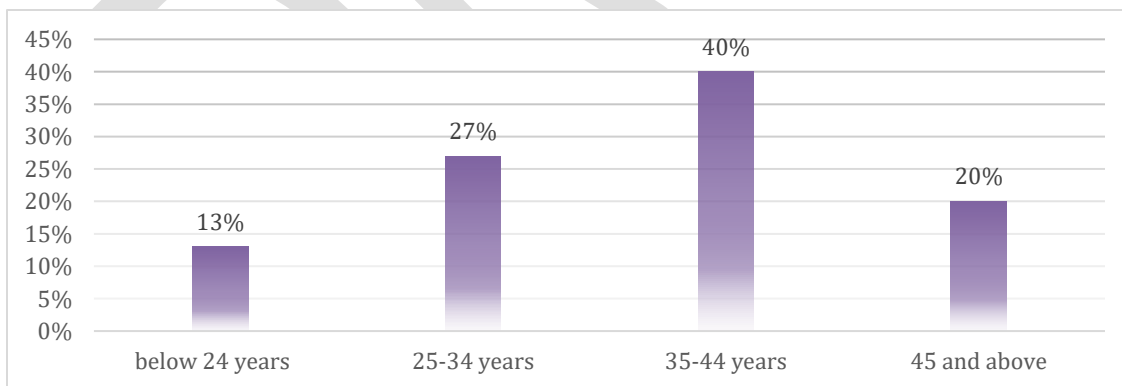


Figure 2: age group of respondents

Composition of the respondents by age, findings from the study shows that 40% were aged 35-44 years, 27% aged 25-34 years, 20% aged 45 years and above; 13% aged below 24 years

### 4.3 Education status of respondents

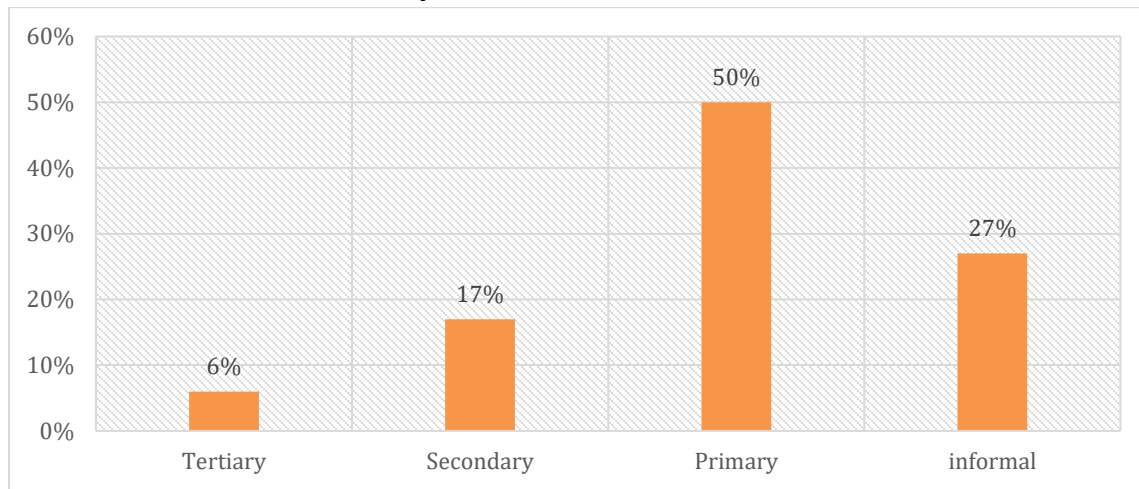


Figure 3: education status of respondents

Figure above shows that 47.5% of the respondents were acquired education less than secondary, 15% acquired bachelor's degree, 10% were post graduates and 27.5% were diploma graduates.

### 4.4 2 Frequency of visits to the hospital

The chart below shows frequency of visits among the respondents.

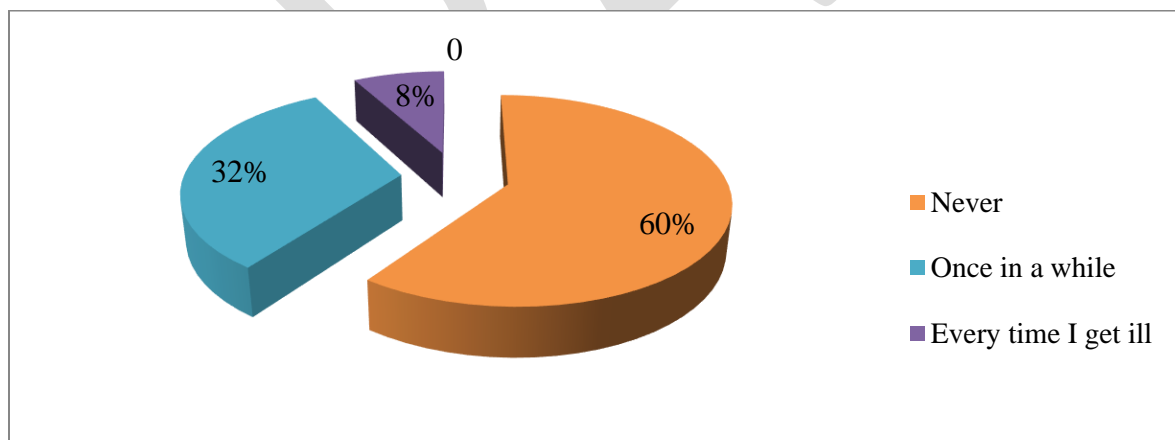


Figure 4: frequency of visits among respondents



#### **4.4 SATISFACTION LEVEL OF CLIENTS WITH THE SERVICES OF THE PHARMACY**

In the present study of the satisfaction level of pharmacy clients towards the pharmaceutical services, all the 400 respondents gave their responses to all the parameters they were asked to rate. The overall mean scores the respondents gave to satisfaction with the pharmaceutical services. Among the mean scores the maximum scores were given for parameters including “the promptness of prescription medication service” and “the professionalism of all the pharmacy staff”. On the other hand, the parameters rated lowest included “the information the pharmacist gives you about the proper storage of your medication” and “how well the pharmacist explains possible side effects”. Among the parameters rated by the respondents each were rated to be of very high level of satisfaction only by less than 1 % of the total respondents. In addition, in nearly half (42.9 %) the parameters none of the respondents rated the parameters as ‘totally agree’.

#### **4.5 DIFFERENCE IN SATISFACTION LEVEL AMONG RESPONDENTS**

The difference in the mean satisfaction levels of the clients of the pharmacy involved in the study was checked with respect to socio-demographic characteristics. Based on the independent samples test performed on sections of the socio-demographic variables, payment status showed statistically significant difference. Clients served in the pharmacy with no payment required of them were showed to have had higher level of mean satisfaction compared to clients who paid for the services received. In the one way the study performed on different socio-demographic characteristics of clients in the study; age and educational status were found to have statistically significant differences. The study revealed that, the age groups 50 to 59 years of age and those 60 years or older had higher mean satisfaction levels compared to those in the age group of 18 to 29 years of age. On the other hand, on education status uncovered those clients in the group with higher education had a statistically significant lower mean satisfaction level compared to illiterate clients.

Lower than average level of satisfaction was reported for medication counselling by pharmacists. The parameters “the promptness of prescription medication service”, and “the professionalism of all the pharmacy staff” were among those rated highest in the current study. Different to this pharmacist’s skills and confidentiality, and assistance to patients were rated highest as reported by the study at the outpatient pharmacy. On the other hand, the lowest rated parameters in the present study were “the information the pharmacist gives you about the proper storage of your medication”, and “how well the pharmacist explains possible side effects”. This indicates that services related to specific medications, especially their availability, information on side effects, storage, expected results from the medications and other were responsible for the lower level of satisfaction. These areas of pharmacy service are with problems. The medication related services which were sources of low satisfaction among clients is supported by a finding from a study in the northwestern Ethiopian town of Bahir Dar. In this cited study, done through observational method, it was reported that only 32.8 % of the counseling in the outpatient pharmacies of the participating health institutions was considered satisfactory. In this study the results of independent samples test showed that clients who paid for the services in the pharmacy had a statistically significant lower level of satisfaction compared to those served with no payment. A similar finding was reported in the study done in Addis Ababa cited. In Ethiopia there is a system of waiving people with very little income from fees required to get basic health services, provision of medicines being one of them. So, the higher rating of the services in the pharmacy by those who do not pay could be associated to their tolerance to other factors which could have affected their rating because of the help they got through waiver of payment. One way the study performed also on socio-demographic characteristics showed statistically significant differences among different age groups, educational levels and occupational status of clients in the study. The higher level of satisfaction reported among elderly clients compared to the young ones and the higher level of satisfaction among illiterate clients than in those having higher education were interrelated. The higher level of satisfaction among the illiterate and elderly clients could be associated to lesser awareness on the importance of details of the functions in the pharmacy and

the services they deserved to get, so overrating it. Differences in satisfaction among different age groups was also reported by the study done in Addis Ababa cited.

#### **4.6 SATISFACTION WITH PHARMACY STAFF**

The results regarding the satisfaction with pharmacist's attitude and patient relationships were very good and a bit higher than those reported in tertiary care hospitals. It was similar to those reported in a national study conducted in primary healthcare centers on daily nation magazine. High satisfaction was reported in the area of medication reconciliation. Our results were higher than other previous studies cited. The satisfaction with pharmacy location, waiting area and waiting time was good. It refers to the likelihood that a patient would recommend a service or an intervention to a friend or family.

#### **4.7 AVAILABILITY OF MEDICINES IN PHARMACY**

Since the availability of medicines in hospitals remains the focus of the government and labeling of medicines is the traditional activity of pharmacists it might be a possible reason that respondents had higher satisfaction scores in these domains. However, the study demonstrated frequent drug shortages in the hospital. There was low level of satisfaction with pharmacist counseling about the purpose of medications, explaining the side effects and storage of the medications when compared to medication labeling and providing written instructions. This was also consistent with a recent study in the Al-Jouf province in Northern Saudi Arabia cited which reported lower scores in medication counseling. Lack of counseling areas in outpatient pharmacies along with the inappropriate location of such areas might be the cause of patients' lower satisfaction in this aspect. However, in the current study, the participants scored very good to the question of whether the counseling area was appropriate and respect privacy.

Low satisfaction levels were also associated with poor counseling practices provided by outpatient hospital pharmacies. Whereas, knowledge, skills, and the quality of pharmaceutical care counseling were determinants of willingness to pay for the service. Older age, high educated patients and longer duration of treatment, few number of pharmacy staff in the hospital, increased workload, and lack of continuous education for pharmacy service providers were reported as contributors to the low patient's satisfaction with pharmacy service. This study demonstrated a low satisfaction rating with the service of follow-up of patients' adherence by the pharmacists. This service is not supported by the majority of hospitals and pharmacies. In fact, the average patient satisfaction rating with this service was very low.

## CHAPTER FIVE

This chapter presents and discusses the findings from the analysis presented in the chapter on data collected from the respondents, the conclusion drawn from the findings highlighted and recommendation made there-to

### 5.1 Discussion

Patient satisfaction with service rendered should be considered as an outcome measure of the care provided which helps improve the quality of the pharmacy service. This study examined patients' satisfaction towards out-patient pharmacy service at NAKURU LEVEL V HOSPITAL.

The mean satisfaction score in the present study was 49.4%. This overall result of patient satisfaction regarding pharmacy services was average.

In the current study, satisfaction reports very low figures were noted towards the counseling time, medication storage and instruction about medication side effects. This is a warning message that may make the whole pharmacy service poor and valueless. This implies that this area needs to be addressed to improve overall patient satisfaction.

Patients' satisfaction was assessed for the association between different socio-demographic characteristics and other related factors and level of satisfaction. Some of the socio-demographic characteristics showed statistically significant association with satisfaction like age, payment status, and frequency of visit. Based on this current finding, respondents who were aged greater than or equal to 58 years were 83% less likely to be satisfied than respondents whose age group between 18–27years. This may be because as age increases patient satisfaction rate might increase because of the decline of health status.

The other significant variable in this current finding was payment status. Respondents who were covered their health cost through company were more satisfied when compared with who paid out of pocket and respondents who were covered their health cost through insurance/free fee paid were more satisfied than who were paid out of pocket.

Together with this, the frequency of visits showed a significant association with satisfaction. Individuals who visited the pharmacy service within six months one time were more likely to be satisfied than those patients who received the service more than one time within six months. This might be due to repeated visits increase expenditures and related sources. Regarding facility-related factors; the number of drugs dispensed, medication availability, comfortability of waiting areas were associated with satisfaction. Patients who offered one drug were 70% less likely to be satisfied than those who offered more than one drug. As a result, patients who need more than one drug to be more satisfied may be due to poor health perception of more drug cures more.

Medication availability was another significant factor that showed association in this current study finding. Patients who did not access even a single medication from the hospital pharmacy were 56% less likely to be satisfied than those who did access medication from the hospital pharmacy. As a result, the current finding suggests medication availability is a core service that patients interestingly find to be satisfied more.

Lastly, the comfortability of the waiting area also showed a positive association with patient satisfaction. Patients who perceived the waiting area was comfortable were more likely to be satisfied than those who perceived it not comfortable.

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## **CHAPTER 6**

### **6.1 CONCLUSION**

This study showed that the overall mean satisfaction level of clients of the outpatient pharmacy was low. Mean satisfaction level was found to be different in a statistically significant manner among different groups including age, educational status and payment status.

However, the result implicates the professionalism and attitude adopted by the pharmacists toward the respondents, which resulted in a high satisfaction level for the respondents.

### **6.2 RECOMMENDATIONS**

1. The low satisfaction levels reported should be further studied through qualitative studies to find appropriate solutions in solving the problems.
2. The hospital should institute better service provision system in relation to availing medicines, continuing professional development to professionals to improve the satisfaction of clients with the services provided in the pharmacy.
3. Strategies to support tailored pharmacist-based interventions to follow-up on patient medication adherence should be based on addressing factors that affect medication adherence.
4. The government through community-based organization and other relevant authorities should break on hard work and improve job opportunities and other economic activities therefore improve on the living conditions of constituents.

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### APPENDIX I: BUDGET

ITEM	QUANTITY	AMOUNT
Foolscap	1 ream	370
File	1	40
Pen	1	30
Pencil	1	30
Rubber	1	10
Flash disk	1	1500
Internet		600
Transport		2000
Typing		1500
Photocopy	1	500
Miscellaneous		900
Total		9400/=

Figure 5: Budget

## APPENDIX II: WORK PLAN

ACTIVITIES	SEP	OCT	NOV	DEC	JAN	FEB	MARCH
Introduction To Research Topic							
Formulation Of Topic							
Problem Statement And Justification							
Literature Review							
Study Methodology							
Formulation Of Questionnaire And Pretesting							
Reporting To The Study Area							
Data Collection And Analysis							
Report Writing And Analysis							
Dissertation And Submission							

Figure 6: Work plan

### Appendice 3.

#### Questionnaires.

Questionnaires on patient satisfaction with pharmacy services among people aged between 15 to 40 years in NAKURU LEVEL V HOSPITAL.

#### **INSTRUCTION AND ASSUARANCE.**

Do not write your name.

The information obtained will be confidential.

Tick where applicable.

*Section 1; Demographic information.*

<b>Educational Level</b>			
<input type="checkbox"/>	Less than secondary	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Postgraduate Degree
<b>Age</b>			
<input type="checkbox"/>	Less than 30	<input type="checkbox"/>	30-40
<input type="checkbox"/>	41-50	<input type="checkbox"/>	More than 50
<b>Gender:</b>			
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
<b>Nationality</b>			
<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	non-Kenyan

Figure 1: questionnaire

## Section 2; (Sample dimensions.)

Serial Number	Item	Totally Agree	Agree	Neutral	I do not agree	I do agree	Totally agree
	<b>Accessibility to Phamaceutical services.</b>						
1	The time for dispensing medication is suitable						
2	The Pharmacy consider separation of gender.						
3	There is enough service windows to dispense medicaion.						
4	The service window is organised and crowded by Patients						
5	Time of talking to Pharmacy staff to receive medication is suitable						
6	Enough seats in the waiting area.						
7	Digital screen facilitates access to window to dispense medication						
	<b>Availability to medication.</b>						
8	Quality of medications in terms of commercial brands is suitable						
9	Verity of medications is suitable (syrup / pills in all concentrations)						
10	All medications prescribed by physicians are available over the year						
11	All medications are prescribed from the place providing the service						
12	All medications prescribed by physicians are available over the year						
13	Reversible prescription of medicines.						
	<b>Behaviours of staff Pharmacist</b>						
14	Level of explanation provided by the pharmacist is suitable						
15	The pharmacist is dealing with me with kindness and patience						
16	The pharmacist is respecting my privacy						
17	Communicate with Pharmacy staff easy and comfortably.						
18	The pharmacist is guiding me in cases where the medications are unavailable						
19	The pharmacist dispensed the medication to me in a proper way						
20	Special needs patients are being dealt with faster by the pharmacist						
	<b>Patients satisfaction towards Pharmacy.</b>						
21	I am satisfied with accessing the pharmacy services						
22	I am satisfied with the availability of medications in the pharmacy						
23	I am satisfied with the behaviors of the workers in the pharmacy						
24	In general, I am satisfied with the pharmacy services						

Figure 8: questionnaire