**FACTORS ASSOCIATED WITH PATIENTS’ SATISFACTION WITH HEALTH SERVICES OFFERED AT BUGIRI GENERAL HOSPITAL,**

**BUGIRI DISTRICT, UGANDA**

**BY**

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# DECLARATION

I NABUNERE SAMUEL KAGIMBA hereby declare that this research dissertation has been developed by myself and has not been presented to any other academic institution for evaluation of research and examination to the best of my knowledge.

Signature: ……………………………………………………...

Date: ……………………………………………………………...

# APPROVAL

This is to certify that this research proposal has been under my supervision and meets the required standards set by UAHEB

Signature: …………………………………………………

Date: ……………………………………………………….

Mr. Amwine Joseph

Research supervisor

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# LIST OF ACRONYMS

CVI: Content Validity Index

SPSS: Statistical Package for Social Scientists.

## OPERATIONAL DEFINITION OF TERMS

**Patients’ satisfaction:** In this study, it refers to the level on which patients in Bugiri General Hospital get contented with services by the health care practitioners at Bugiri General Hospital

**Health Services:** In this study, it refers to the services offered to patients who attend Bugiri General Hospital.

**Physical environment:** In this study, it refers to the surrounding, equipment and materials used owned by the hospital for the patients’ comfortability.

**Health Care Service quality:** In this study, it refers to comparison differentiation between the customer perception and expectation of the service and the actual performance of the service received by the customer provided by Bugiri General hospital workers at a certain period of time.

# 1.0 CHAPTER ONE: INTRODUCTION

## 1.1 Background of the study

Patients’ satisfaction in the entire world today with health care service is becoming an essential factor in health promotion, when patients are satisfied with health care services, it will enhance quick recovery, patronage to the hospital will increase resulting in more funds for service provision and medical tourism will reduce. Also, satisfaction with care is an essential tool in monitoring of the quality of health care (Maconko et al, 2016). In addition, also the quality of care given to a patient can be influenced by patient’s attitude to the healthcare giver, and the care giver’s previous experiences with the patient (Haskins et al, 2014).

In African countries, satisfaction with care is predictive of likelihood of patient to continue to use health care facility and adhere to medical advice and determinant of overall care coverage and effectiveness (Osiya et al, 2017) . Furthermore, in South Africa, interprofessional collaboration had been documented to positively influence patient satisfaction with health care (Will et al, 2019) . The quality of health care services has great impact on patients’ satisfaction (Musbah, 2015) . (Onyeonoro, 2015) Describes satisfaction with care to imply the degree of agreement between patient’s perception of the care received and their expectation from the care relationship (Will et al, 2019).

Health care utilization had been found to be influenced by patient’s satisfaction with care (Khamis & Njau, 2014). In the words of (Manzoor et al, 2019), patient’s satisfaction is the state of pleasure or happiness that the patients experience while using the health facility. Patients compare their perception of care with their expectation to give judgment of their level of satisfaction. This makes patient satisfaction care to be subjective from the point of view. Goyal, et al. submitted that when patients are not satisfied with the care received, they are likely to seek health care elsewhere (Goyal et al, 2016). They further suggested that satisfaction with care may be a strong determinant of succeeding health-related behavior and compliance with treatment and health (Onyeonoro, 2015).

According to Feysia, 2015, due to inadequate nurse population ratio, scarcity of resources, incompetence and ineffective health care system, satisfaction with nursing care in East Africa is low. Donabedian, in his quality-of-care model, corroborates the importance of good interpersonal relationship between the provider and the patient because the interpersonal process serves as the vehicle by which technical care is implemented and on which its success depends (Donabedian, 2021). Furthermore, beyond technical and interpersonal quality aspects of care, patient satisfaction has been reported to be influenced by availability and accessibility of health care providers, medicines and diagnostics; cost of services and physical environment (Jenkinson et al, 2021) .

In Uganda particularly, there is an imbalance of power between providers and users of health services. (Alemayehu et al, 2012). Reports on staff hostility and negligence, staff mistreating patients, gender discrimination, drug shortages, inadequate number of staffs and their absenteeism are not new in health facilities in Uganda (Garcia-Gutlerrez et al, 2014).

## 1.2 Statement of the problem

Patients’ satisfaction is considered core to quality of health care. (Ann et al, 2012). Even the most technically competent care is meaningless if it does not satisfy the user. In developed world, patients’ satisfaction surveys have improved quality of healthcare delivery (Rashid & Amina, 2014) and have become mandatory issue in almost all French hospitals. However, in African countries due to factors like bad physical environment, poor health care quality and poor relations between the patients and the health practioners that have become a stumbing block to reach patients’ satisfaction (Adekanye et al, 2013).

Annually to help improve quality of healthcare delivery in Germany. (Emmert et al, 2014) Regardless of patients’ satisfaction being hindered by above mention as per mentioned by the previous scholars around the globe, there is no reviewed literature that talks about patients’ satisfaction to be a stumbling block in Bugiri General Hospital, Bugiri District, Uganda and hence this therefore has aroused the attention of the researcher to carry out the study on factors associated with patients’ satisfaction with health services in Bugiri General Hospital, Uganda .

## 1.3 General objective

The main intension of this study is to assess factors associated with patient’s satisfaction with health services in Bugiri General Hospital, Bugiri district, Uganda.

### Specific objectives

1. To assess how physical environment affects patients’ satisfaction in Bugiri General Hospital, Bugiri district, Uganda
2. To examine how health care service quality affects patients’ satisfaction in Bugiri General Hospital, Uganda
3. To assess how interpersonal relations, affect patient’s satisfaction in Bugiri General Hospital, Bugiri district, Uganda
4. To establish the relationship between factors associated with patient’s satisfaction and patient’s satisfaction in Bugiri General Hospital, Bugiri District, Uganda.

## 1.4 Research Questions

1. To find out how physical environment affects patients’ satisfaction in Bugiri General Hospital, Bugiri District, Uganda?
2. To find out how healthcare service quality affect patients’ satisfaction in Bugiri General Hospital, Bugiri district, Uganda?
3. To find out how interpersonal relations affect patients’ satisfaction in Bugiri General Hospital, Bugiri district, Uganda?
4. Establish the relationship between factors associated with patients’ satisfaction and the level of patients’ satisfaction in Bugiri General Hospital, Bugiri District, Uganda?

## 1.5 Significance of the study

The findings of this study will help the government to implement policies that can intervene in the factors that hinder patients’ satisfaction.

The findings of this study will help the researcher to explore more on factors that hinder patient’s satisfaction and hence gaining more knowledge of curbing patients’ satisfaction.

The findings of this study will act as a refence and a citation for future studies by other scholars, academicians and researchers.

The findings of this study will help the administration of Bugiri General Hospital to find possible solutions for the causes of patients’ dissatisfaction and hence good service delivery.

## 1.6 Scope of study

This study will be carried out in Bugiri General Hospital, Bugiri district, Uganda. Bugiri general hospital is owned by the government and is located along Jinja- Tororo highway in Bugiri town about 75 km, east of jinja regional referral hospital. The main intension of this study is to assess factors associated with patient’s satisfaction with health services in Bugiri General Hospital, Bugiri District, Uganda. This study intends to cover a time frame of 3 months and that is from December 2022 to March 2023.

## CHAPTER TWO: LITERATURE REVIEW

## 2.1 Introduction

This chapter presents the literature review cited by other scholars about the factors associated with patient satisfaction attending services at Bugiri General Hospital. The literature was presented in sequence of the specific objectives and it is focused on the factors associated with patient satisfaction among patients attending services at Bugiri General Hospital.

**2.2 Physical environment**

Aesthetic features of the clinic’s exterior such as the name, signage board, and glass panel design, also constitute the hedonic components of the clinic’s service atmosphere. Symbols and signs serve both symbolic and functional objectives. Hooper et al. (2013) stated that the utilitarian purpose of navigation is served by the direction signage panel, while the logo and brand name are relevant at the symbolic level. Day (2020) explained the link between risk management and exterior wall systems and identified that a durable design and construction of exterior walls can be achieved. Mukhopadhyaya et al. (2020) stated that the exterior walls are designed for optimum moisture management. Rahman (2019) posited that patients are usually prompt to obtain healthcare services delivery at clinics with attractive exterior designs. Accordingly, healthcare institutions usually invest huge resources for a satisfactory service environment to obtain patients’ trust and provide better satisfaction. According to Ramli (2019), and Gong et al. (2020), for an appealing design, elements such as the lighting, color, and layout are the most essential for patients’ trust and satisfaction.

Interior décor includes displays (posters and paintings), as well as wall, floor styling, and furniture. It further emphasizes the hedonic components of the service atmosphere. Gong et al. (2020) postulated that the wallpaper design, paintings, and interior décor of the service environment symbolically communicate a sensation of style. Similarly, Hooper et al. (2013) believed that interior décor provided a sense of style. Mahajan et al. (2021) stated that a good design service can influence customers’ trust and satisfaction. Kang (2018) explained the significance of how fashion and aesthetics have a bearing on social life since fashion presents the aesthetic quality as well as the social ties. Interior décor, in the context of the healthcare environment, also includes functional components such as the waiting room, reception counter for the ease of patient navigation, aisles and corridors, and a consultation room (Han et al., 2018). The interior design of the clinics may influence patients’ different feelings, experiences, and trust.

Cleanliness refers to the hygiene related to the service environment like the reception area, sidewalk in front of the clinic, consultation room, waiting area, and staff attire. Awan et al. (2020) focused on the level of cleanliness in the hotel industry during the pandemic, and the result indicated that cleanliness was a crucial factor that influenced customers’ trust and satisfaction. Cleanliness or hygiene factors are taken as physical dimensions of the service atmosphere which were perceived to influence satisfaction and trust in both the emergency department and outpatient settings (Akmaz and Çadirci, 2017). Previous studies have shown the importance of cleanliness on satisfaction and trust (Mona et al., 2014; Ferreira et al., 2018) in healthcare providers where the focus has been on cleanliness in washrooms and surrounding areas of the hospital for the sake of the safety and contentment of the patients (Rahman, 2019; Giusti et al., 2020; Rahman et al., 2021c). Clean waiting areas and wards can influence the satisfaction of patients and their confidence in healthcare service. Javed et al. (2021) identified cleanliness to influence patients’ satisfaction in the emergency department setting.

One component of the patient experience is patient satisfaction (Berkowitz, 2016), which is also influenced by environmental factors, either directly or indirectly. A systematic literature review conducted by (Mac Allister et al, 2016) l, (Mwang & David Musyoki, 2013) found two overarching categories for patient satisfaction. The physical ambient environment and the interpersonal aspects of the care environment. The physical ambient environment refers to elements of the environment that patients can sense.

On the other hand, some environmental features support patients by providing space for their different caregivers, which (Mac Allister et al, 2016) refers to as interpersonal aspects of the care environment. For example, unit layouts and the presence of accommodation for families, which influence patient satisfaction (Siddiqui et al, 2015).

## 2.3 Health care service quality

Over the last 25 years, research on service quality has grown extensively and substantively. The service quality model gained a lot of attention after the controversial findings of Parasuraman et al. (PZB) in 1985. The model looked at service quality as a comparison differentiation between the customer perception and expectation of the service and the actual performance of the service received by the customer provided by the company at a certain period of time (Parasuraman et al., 1985).

Furthermore, Parasuraman et al. (1985, 1988) explained that service quality is based on five dimensions (tangible, reliability, responsiveness, assurance, and empathy). The SERVQUAL model has provided a comprehensive conceptualisation of service quality with an instrument to measure perceived service quality, and provide more diagnostics and practical implications than were previously thought possible (Parasuraman et al., 1991, 1994; Angur et al., 1999). Until today, numerous researchers have developed service quality concepts across industries and countries (Aagja and Garg, 2010; Arasli et al., 2005, 2008; Angur et al., 1999; Bhat and Malik, 2007; Dabholkar et al., 1996; Jabnoun and Chacker,

2003; Karatape et al., 2005; Lim and Tang, 2000; Newman, 2001).

In a developing country, Duggirala et al. (2008) found that hospital service quality consists of seven dimensions (personnel quality, infrastructure, administrative process, process of clinical care, safety, overall experience of medical care, and social responsibility). Meanwhile, Aagja and Garg (2010) developed public hospital service quality (PubHosQual) based on five dimensions: admission, medical service, overall service, discharge process, and social responsibility. In a developed country, Otani and Kurz (2004) found that admission process, physician care, nursing care, compassion to family and friends, pleasantness of surroundings, and discharge process were dimensions to measure hospital service quality in the USA. In an Asian country, Butt and Cyril de Run (2010), and Sohail (2003) tested the SERVQUAL scale for measuring health care service quality, and they found that five dimensions existed to measure hospital service quality (tangibles, reliability, responsiveness, assurance, and empathy).

Healthcare organizations are expected to improve on their healthcare quality and ensure adequate service delivery that meet patients’ satisfaction (Mosadegrad, 2014). This has resulted in healthcare organizations embarking on research projects to find ways of satisfying patients’ health needs.

Healthcare quality from the patient’s view point has only been researched in recent times and only few measuring instruments have been explicitly developed for measuring healthcare quality from patient’s perspective. Patients are at the centre care; their opinion may provide important lessons into the quality of healthcare systems, which might lead customer satisfaction and long term profitable relationship. (Lavela & Gallan, 2014) Confirms that patients’ satisfaction may lead to positive outcome for healthcare organizations such as “loyalty, positive word-of-mouth, referrals and other behaviors that directly positively impact the bottom line” (Lavela & Gallan, 2014)Interpersonal relations

According to a study conducted by (Alli et al, 2012), the interpersonal relationship between the care provider and the patients were influenced by many factors. Interpersonal relations have been shown to strongly influence client’s; confidence in their own choices and ability; satisfaction with services; and the possibility of a return visit.

Further, according to a study conducted by (Alli et al, 2012), providers felt that the interpersonal relationships between staff and young clients were influenced by many factors, one of the factor that was mentioned by providers as a barrier to young clients was the negative attitude of staff, limited contact time with patients, due to shortages staff had limited time consulting with clients. This is important since providers felt that information and education were key elements in encouraging young users to utilize the health services as well as in preventing ill health among young people. For this reason, all providers expressed that they felt overworked and frustrated.

Furthermore, in adopting service quality effectively in the hospital industry, management is required to clearly understand the nature of service quality and how to implement and adjust it in the context of hospital culture. Although the SERVQUAL dimensions have been validated in a western context, it is likely that the cultural differences of consumers will influence its applicability. Karatape et al. (2005) suggested CGIJ 18,3 240 that service quality measures developed in one culture might capture service quality sentiments in another culture. Although, there is a difference between government hospital, local private hospital, and foreign hospital, they are nonetheless competing in the same market in terms of offering complementary products and services for patients (Taner and Antony, 2006). Therefore, this study provides useful insights for academics and researchers in implementing the SERVQUAL model in a hospital perspective.

**2.4 Interpersonal relations**

Interpersonal skill is the ability to communicate or interact well with other people. A communication skill of a doctor is a key element of patient experience. Studies related to communication skills and its impact on patient satisfaction have not been conducted (Boissy A, Windover AK, Bokar D, Karafa M, Neuendorf K, Frankel RM, et al, 2016). The relationship between doctor and patient is the center piece and it has also a significant effect on treatment outcomes and level of patient satisfaction (Klein D, Nagji, 2015). Good doctor/therapist must have effective communication skills as it is part of their practice.

Practical and concept base framework are there that will enhance the physician-patient communication to the professional level of competence. Because the good communication of clinician results in enhanced patient’s adherence and it also increases physical and psychological outcomes of the patient (Zill JM, Christalle E, Müller E, Härter M, Dirmaier J, Scholl I, 2014).

In the case of impeded or poor communication between patient and clinician, it may negatively affect the treatment process and also leads to serious events. Adherence, self-efficacy, social support, and understanding are the maximized therapeutic effect of communication between clinician and patient and all of these are linked with better health outcomes (Street RL, Makoul G, Arora NK, Epstein RM, 2009).

So, the communication between clinician and patient can predict the outcomes of treatment after consultation. Shared decision-making and treatment have improved impact on patient adherence and clinical outcomes. and because of this communication barrier, most of the patient complaints that often the times the clinician does not have any interest in their concerns, their problems and they also do not provide sufficient information about their problem (Levinson W, Lesser CS, Epstein RM, 2010).

The clinician who has negative behavior towards communication has more chances of dereliction of duty as compared to the clinician with positive behavior towards communication (Symons AB, Swanson A, McGuigan D, Orrange S, Akl EA, 2010). In context to Pakistan, the area of research is highly underdeveloped in health care units. As there is very limited data on the communication of doctor, so this study will add up literature to effective communication and its effects in health care settings. Results of this research will have potential benefits to find deficits and to apply the communication strategies to enhance patient adherence level, reduces their complaints and increase their level of satisfaction and will provide a better-quality treatment and improved communication of health care provider and the doctor-patient relationship. The objective of the study was to assess the impact of interpersonal communication skills of a doctor on level of satisfaction of a patient.

## 3.0 CHAPTER THREE: METHODOLOGY

## 3.1 Study Design

Across-sectional study design was employed. This study employed both descriptive and correlational study designs and this involved quantitative and qualitative data collection approaches.

Descriptive design was used to show findings on the demographic characteristics’ knowledge, attitude and practices of health workers towards cold management of vaccines. The quantitative approach was used to obtain quantifiable data which was converted into mean and standard deviation.

A correlational design was used to establish the association between knowledge, attitude, practices and level of cold management of vaccines.

## 3.2 Study setting

The study will be conducted in Bugiri General Hospital located in Bugiri; the hospital has about 115 beds with different departments such as emergency department, maternity ward, theatre, pediatrics ward, dental and orthopedics. It serves a population of about 35000 people

**Study population**

The study will include all patients receiving treatment and care at bugiri general hospital during the period of the study.

## 3.3 Study population

Bugiri General Hospital holds 80 patients in a period of three months. Among 80 patients who attend the facility, 50 patients are never satisfied with the health services and the researcher intends to target 50 patients as the population which is never satisfied with the health care services.

## 3.4 Sampling Size determination

The researcher will employ 50 as his sample size since his target population is less than 100 and hence the researcher will not employ any formula.

## 3.5 Sampling Technique

The researcher will employ purposive sampling technique. The researcher will employ purposive sampling technique since the researcher intends to collect data specifically from patients who are never satisfied with the health care services in Bugiri General Hospital.

##### **3.6 Sampling procedure**

The researcher will specifically go to the targeted patients who are never satisfied with the health care services in Bugiri General Hospital by acquiring their information from the hospital medical records according from the complaints from the complaints’ box provided by the health facility.

##### **3.7 Data collection method**

The researcher will use a questionnaire as the method of data collection because it is time and cost effective since it helps the researcher to collect adequate data within a very short time. In addition, the researcher will use a self administered questionnaire as a research tool to collect data from the respondents which will be translated into their native language since all respondents cannot speak english fluently.

##### **3.8 Data collection tool**

The questionnaire will contain the introduction part which will be describing the researchers. In addition, the tool has four sections: Section A of the questionnaire will include demographic information of respondents. Section B involve objective answering questions (quantitative data through closed ended questions). Section C involve respondents’ views and suggestions (qualitative information through open ended questions).

**Table 1: Likert scale**

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **Response** | **Mean range** | **Interpretation** |
| 1 | Strongly Disagree | 1.00-1.74 | Very low level |
| 2 | Disagree | 1.75-2.49 | low level |
| 3  4 | Agree  Strongly agree | 2.50-3.24  3.25-4.00 | high level  very high level |

##### **3.9 Data collection Procedure**

A letter of introduction will be obtained from KIST, introducing the researcher to the administration Bugiri General Hospital seeking a permission to carry out the study After permission is granted, the researcher will then obtain an informed consent from the respondents and the questionnaire to non-adherent to prescribed anti-hypertensive drugs according to the medical records. This will ensure voluntary participation, efficiency and confidentiality during data collection process.

##### **3.10 Study Variables**

**3.10.1Independent variables**

* Physical Environment
* Health care Service Quality
* Interpersonal relations

**3.10.2 Dependent Variable**

* Patients’ Satisfaction

**3.11 Quality control**

An operations manual containing operational definitions, procedure for recruitment of participants, and a work plan will be used in the course of the study. The questionnaires will be developed such that they are legible, easy to understand and typed so as to emphasize important points (for example using capital letters, bold letters and underlining).

To ensure that good quality and unbiased data is collected, a pre-test will be carried out at Mbale Health centre since it has the same characteristics with the study area before they can be used to collect data.

The validity of the questionnaire was tested using a content validity index (CVI) given by the following formula;



Here on, a minimum of 0.75 of CVI was used to confirm validity (Lawshe, 1975)

## 3.11.1 Study criteria

### Inclusion criteria

The study will include all patients 18 years old and above

The patients who have consented

### Exclusion criteria

A letter of introduction will be obtained from KIST, introducing the researcher to the medical superintendent at Bugiri General Hospital seeking a permission to carry out the study After permission is granted, the researcher will then obtain an informed consent from the respondents and the questionnaire to non-adherent to prescribed anti-hypertensive drugs according to the medical records. This will ensure voluntary participation, efficiency and confidentiality during data collection process.

## Data analysis and presentation

The responses were coded and entered into computer software SPSS for data analysis. The data was backed up in folders under different names to ensure safety of the data.

Data was presented in form of frequent tables, bar graphs, pie charts for easy interpretation by the readers as well as giving an impressive appearance to the readers.

Descriptive statements were used to explain the findings in the tables, charts, and graphs for comprehensive purposes to the readers of the research report.

## 3.13 Ethical Consideration

A letter of introduction will be obtained from KIST introducing the researcher to the medical director of Bugiri General Hospital and seek permission to carry out the study. Then data collection will be preceded accordingly by maintenance of privacy and confidentiality

## Limitations of the study

The researcher may encounter financial constraints in gathering information. The researcher will overcome this limitation by drawing up a budget which will be followed tightly to utilize the finances present.

The researcher may encounter time constraints in the course of the study, balancing the research study and demanding course works. The researcher will overcome these limitations by drawing up a timetable which will be followed strictly to overcome this barrier.

**3.15 Dissemination of the results**

Results from the study are presented in a report that is submitted to Kampala Institute of Science and Technology, the administration of Bugiri General Hospital and to Uganda Allied Health Examinations Board (UAHEB). A manuscript is written for a medical journal for presentation.

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# APPENDICES

## Appendix I: Patient’s consent form

### Introduction

I am a student of Kampala Institute of Science and Technology pursuing a diploma in pharmacy, I am here to assess the patients’ satisfaction with health services offered at Bugiri General Hospital in Bugiri District.

You have been selected to participate in answering questions regarding this topic. Your participation in this study is completely voluntary. The information you will give is very valuable and will be treated with maximum confidentiality.

#### Consent form

I certify that to the best of knowledge on the subject that I have read and understood the consent form above and willingly accept to participate in the study.

Respondents signature:……………………………. Date: …………………………………

Researcher’s signature:..……………………………. Date: …………………………………

# APPENDIX I: QUESTIONNAIRE

Dear Student

I am **NABUNERE SAMUEL KAGIMBA,** a student of Kampala Institute of Science and Technology pursuing Diploma in pharmacy. I am carrying out a study on **“FACTORS ASSOCIATED WITH PATIENTS’ SATISFACTION WITH HEALTH SERVICES OFFERED AT BUGIRI GENERAL HOSPITAL, BUGIRI DISTRICT, UGANDA”**. The study is purely for academic purpose. The information obtained will be treated with great confidentiality. Therefore, I kindly request you to fill in the questionnaire to the best of your knowledge. Thank you for your cooperation.

**SECTION A: PERSONAL INFORMATION**

Please Tick (**√**) where appropriate in the box provided.

1. Gender: Male ( ), Female ( )
2. Age: 18-23 Years ( ), 24-28 Years ( ), 29-35 Years ( ), 36 and Above Years ( )
3. Religion: Christian ( ) Muslim ( ) Others ( )

**SECTION B: OBJECTIVE QUESTIONS**

Please Tick (**√**) where appropriate in the box provided.

4. Strongly Disagree 3. Disagree 2. Agree 1. Strongly Agree

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical environment** | **SD** | **D** | **A** | **SA** |
| 1. Aesthetic features of the clinic’s exterior such as the name, signage board, and glass panel design, also constitute the hedonic components of the clinic’s service atmosphere |  |  |  |  |
| 1. Symbols and signs in the hospital give me full satisfaction that am in a hospital. |  |  |  |  |
| 1. The exterior walls of the hospital that are designed for optimum moisture management make feel am in a health facility |  |  |  |  |
| 1. The lighting, color, and layout in the hospital make the me fully trust and satisfied with the hospital services |  |  |  |  |
| 1. With nice looking waiting room, reception counter for the ease of patient navigation, aisles and corridors, and a consultation room I feel satisfied that am yet to receive the best service |  |  |  |  |
| **Health care service quality** | **SD** | **D** | **A** | **SA** |
| 1. Whenever I come at this hospital, I feel the treatment offered to me is exceptional |  |  |  |  |
| 1. Every time I come at this health facility; I know I will be served |  |  |  |  |
| 1. Health workers at this health facility respond to the needs of a patient with immediate effect |  |  |  |  |
| 1. Whenever I attend this health facility, health workers who attend to me are empathetic |  |  |  |  |
| 1. Whenever I am at this health facility, I am sure my needs will be met. |  |  |  |  |
| **Interpersonal relations** | **SD** | **D** | **A** | **SA** |
| 1. Health workers at this health facility speak softly to me every time I am here for any services |  |  |  |  |
| 1. Health workers at this hospital encourage me about my recovering soon even if my situation looks sorry to everyone. |  |  |  |  |
| 1. The doctors at this health facility give me enough of their time every time I consult them. |  |  |  |  |
| 1. The hospital management serves some nutritious meals to its patients on some occasions. |  |  |  |  |
| **Level of patients’ satisfaction** | **SD** | **D** | **A** | **SA** |
| 1. Sometimes I feel disregarded by the health providers in the health facility |  |  |  |  |
| 1. Sometimes am not happy with the way the hospital workers treat us. |  |  |  |  |
| 1. I am not satisfied with the way health workers at this health facility speak to me. |  |  |  |  |
| 1. I am satisfied with enough number of health workers at this hospital |  |  |  |  |

## Appendix II: Budget estimate

|  |  |  |  |
| --- | --- | --- | --- |
| Budget item | Quantity | Unit cost | Total cost |
| Paper | 1 ream | 25000 | 25000 |
| Pens | 5 | 700 | 3500 |
| Computer fee | 4 times | 12000 | 48000 |
| Transport |  |  | 32000 |
| Printing and binding | 1 copy | 40000 | 40000 |
| Photocopying and binding | 4 copies | 30000 | 120000 |
| Miscellaneous |  |  | 100000 |
| Total |  |  | 368500 |

## Appendix III: Time frame

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April |
| Identification of topic |  |  |  |  |  |  |  |  |
| Research proposal writing |  |  |  |  |  |  |  |  |
| Research proposal submission |  |  |  |  |  |  |  |  |
| Pre-testing and data collection |  |  |  |  |  |  |  |  |
| Research data collection |  |  |  |  |  |  |  |  |
| Data analysis, interpretation and presentation of results |  |  |  |  |  |  |  |  |
| Final report writing |  |  |  |  |  |  |  |  |
| Submission of final report |  |  |  |  |  |  |  |  |

## Appendix IV: Maps

### A map of Uganda showing bugiri district

BUGIRI DISTRICT

### A map of bugiri showing bugiri general hospital