

Assessment of Patient Customer Satisfaction at Kitale District Hospital Laboratory Kenya, 2013

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**Kenya Field Epidemiology and Laboratory Training Program
Ministry of Health**

Laboratory Services in Kenya

- Two levels
 - National government
 - County governments
- Kitale laboratory is being mentored towards accreditation
 - WHO/AFRO stepwise approach
 - ISO 15189

Justification

- **Patient customer service**
 - One of 12 QMS
- **ISO 15189 and ISO 17025 emphasize**
 - Customer satisfaction
 - Accreditation
- **Following baseline assessment of Kitale Laboratory**
 - Customer satisfaction survey
 - Clear methodology

Objectives

- **To assess patient customer satisfaction at Kitale District Hospital Laboratory**
- **To describe factors associated with dissatisfaction of patients attending Kitale District Hospital Laboratory**

Materials and Methods

Study characteristics

Study Site: Kitale District
Hospital Laboratory, Kenya

Study Design: Cross –
sectional study

Study population: Patients
attending Kitale Hospital
Laboratory

Study period: June 2013

Sample size: 260

Sampling Technique:

Systematic random sampling



Data Collection

- **Standardized questionnaire**
 - **Face-to-face interviews**
- **Variables collected**
 - **Demographic characteristics**
 - **General hospital based questions**
 - **Specific questions for laboratory services**
 - **One open question**

Results

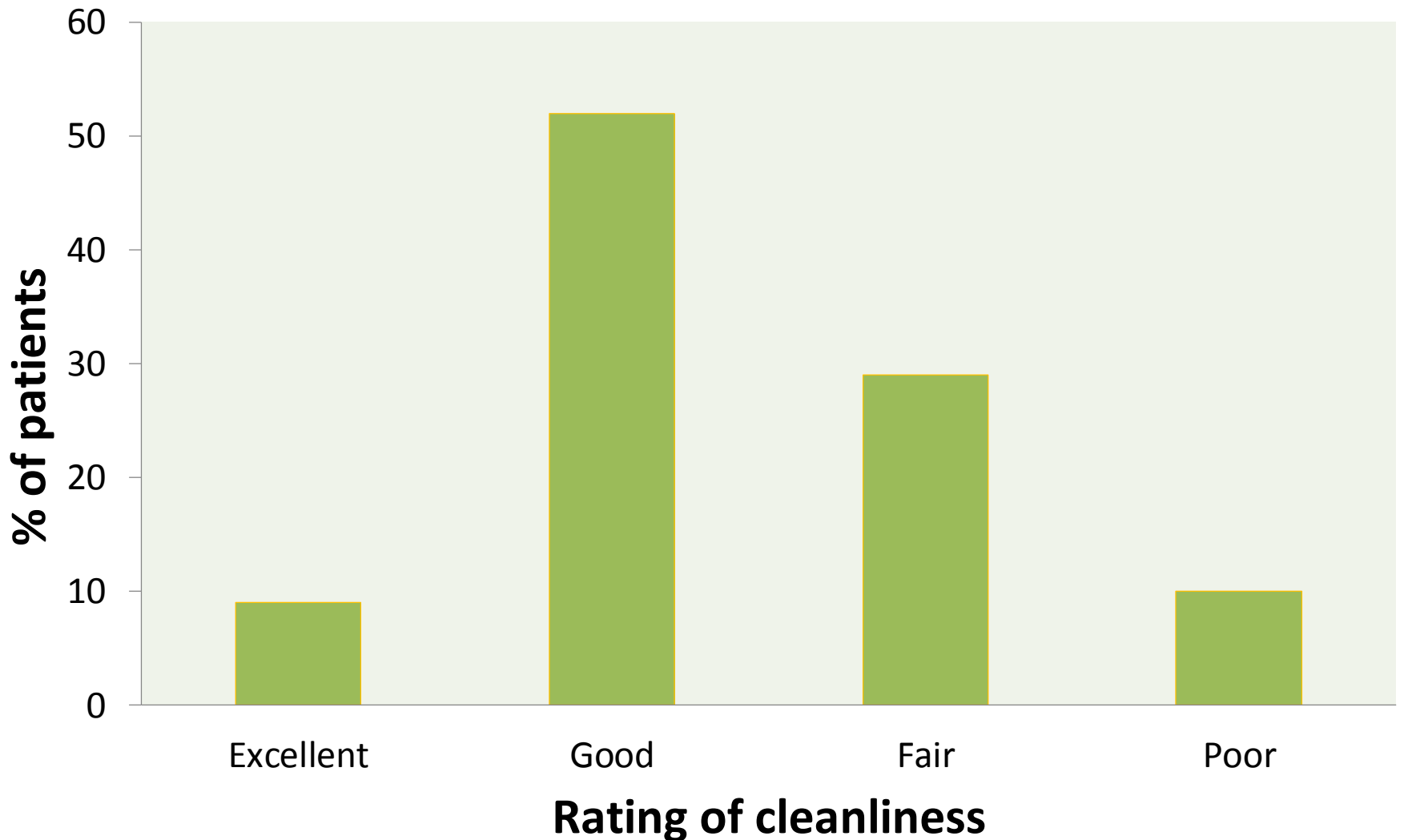
Patient Customer Satisfaction

- Total number of patients enrolled:260
- Customer dissatisfaction - 26/260 (10%)

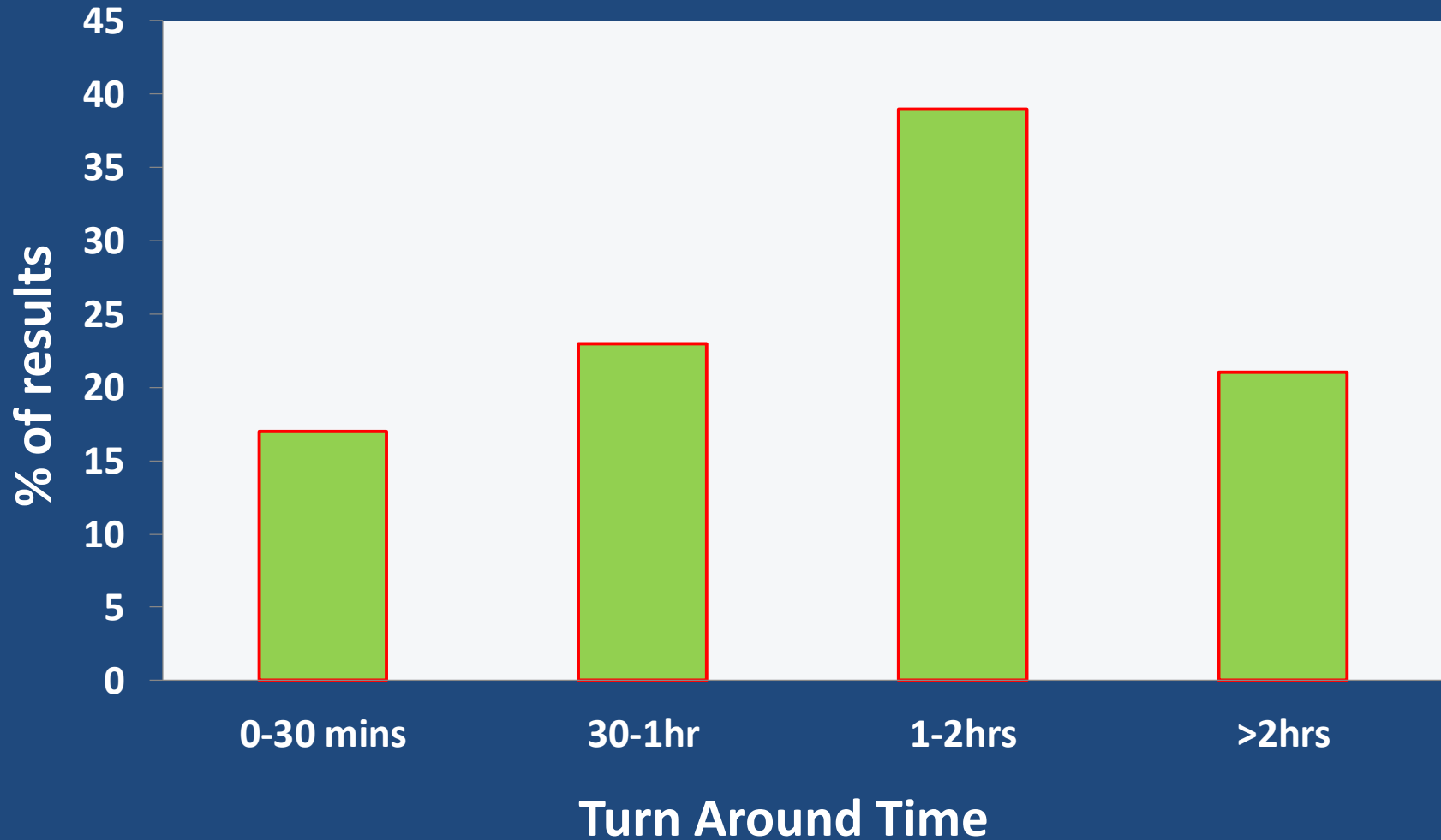
Socio-demographic Characteristics(n=260)

Variable		n (%)
Sex	Female	145 (56)
	Male	115 (44)
Marital status	Married	184 (71)
	Single	63 (24)
	Windowed/Divorced	13 (5)
Education	None/primary	91 (35)
	Secondary/tertiary	169 (65)
Distance to the Hospital	<5kms	143 (55)
	>5kms	117 (45)

The Rating of Hospital Cleanliness by Patients Attending Kitale Laboratory, 2013



Test Turn Around Time at Kitale Laboratory, 2013



Factors Associated with Patient Dissatisfaction

Variable	C OR	95%CI		P value
		Lower	Upper	
Increased turn around time	1.1	1.14	2.51	0.01
Payment for washroom/toilet services	2.2	1.33	5.23	0.02
Poor attitude of staff towards patients	7.9	3.34	18.76	>0.001
Sex/Male	1.3	0.56	2.98	0.53
Low level of education	2.4	1.05	5.39	0.03
Marital Status/Married	1.3	0.45	2.82	0.78
Distance to the Hospital <5km	0.8	0.39	2.00	0.77
Reduced laboratory cost	2.0	0.79	5.16	0.13
Cleanliness of phlebotomy	4.2	0.55	32.41	0.130
First visit to the laboratory	1.4	0.60	3.24	0.42

Multivariate Analysis of Associated Factors

Variable	A OR	95%CI		P value
		Lower	Upper	
Increased turn around time	3.4	1.02	11.51	0.04
Payment for washroom/toilet services	3.4	1.22	9.57	0.01
Poor attitude of staff towards patients	0.4	1.44	1.21	0.14
Cleanliness of phlebotomy	8.8	0.92	84.71	0.06
Low level of education	1.5	0.61	2.71	0.18

Conclusion

- **Ninety percent of the clients assessed were satisfied**
- **Of those dissatisfied, associated factors were**
 - **Increased turn around time**
 - **Payment for washrooms/toilet services**

Recommendations

- Further study need to be done to assess reasons for long turn around time and necessary interventions put in place
- Abolish Washrooms /Toilet fee

Public Health Actions

- Findings have been disseminated
 - Kitale District Health Management Team
 - County Health Management Team
 - Partners
- Toilet services made free for all the patients

Study Limitation

- Several customers in the lab however the study only assessed patient customer satisfaction
- Study findings can not be generalized to other labs

Acknowledgements

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- County Health Management Team- Kitale
- Field Epidemiology and Laboratory Training Program -Kenya

THANK YOU

Sample size Determination

- Cochran formula of 1977 the minimum sample size was calculated as shown below:
- n = Sample size
- z = Value for 95% CI = 1.96
- P = percentage of customer satisfaction of last assessment (80%).
- D = margin of error (5%)
- minimum sample size was 246 however the number interviewed was 260.

Selection of study subjects

- Each day 12 or 13 subjects were interviewed from the laboratory daily activity register and from a random start every 10th patient was selected until the daily number was attained. Each selected patient was informed of the objective of the study and their right either to accept or refuse to participate.