

PATIENT SATISFACTION WITH HEALTHCARE SERVICES IN KYELA

DISTRICT HOSPITAL, TANZANIA

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania a study entitled, *Patient Satisfaction with Healthcare Services in Kyela District Hospital, Tanzania*, in partial fulfillment of the requirements for the award of the Degree of Master of Human Resource Management.

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DEDICATION

I dedicate this work to God, whose guidance and blessings have been the cornerstone of this journey. I am deeply grateful for His unwavering support and strength, which have carried me through every challenge and triumph. I recognize that this achievement is a testament to His grace and wisdom. To God be the glory for this accomplishment and for every step of the path that led to its completion.

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DECLARATION

I, **Bahati Mbwile**, the undersigned, declare that this dissertation is my original work and has never been presented to any other university or institution of learning for academic credit. I have acknowledged all the information from other sources including those who I have worked with.

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Signature

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Date

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LIST OF ABBREVIATIONS

CAG	- Controller and Auditor General
CCGs	- Clinical Commissioning Groups
CHMT	- Council Health Management Team
CMS	- Centers for Medicare & Medicaid Services
COVID-19	- Coronavirus Disease 2019
DH	- District Hospital
DMO	- District Medical Officer
ED	- Emergency Department
GP	- General Practitioner
HCAHPS	- Hospital Consumer Assessment of Healthcare Providers and Systems
K-PCAT	- Korean Primary Care Assessment Tool
NVivo	- Qualitative Analysis Software
PCC	- Patient-Centered Care
PHAB	- Public Health Advisory Board
TB	- Tuberculosis
US	- United States

ABSTRACT

This study investigates patient satisfaction with healthcare services at Kyela District Hospital in Tanzania, the main objective of this study is to assess the level of patient satisfaction with healthcare services in Kyela District Hospital, Tanzania, focusing on patients' perspectives on healthcare facilities, bureaucracies involved in accessing services, and the readiness of medical personnel. The research aims to address the gap in understanding patient satisfaction in rural hospitals. The study used semi-structured interviews with 20 patients, employing purposive sampling to ensure diverse representation across departments. The findings reveal that while there have been improvements in hospital infrastructure and specialized units, challenges such as overcrowding, lack of privacy, and inefficient administrative processes persist. Additionally, patient opinions on staff varied, with some appreciating the care provided, while others reported dissatisfaction due to overworked personnel. The study concludes that improving patient satisfaction in rural settings requires addressing staff shortages, streamlining administrative processes, and enhancing patient-centered care. This study will benefit various stakeholders. Patients will experience a more positive healthcare environment, while providers gain insights to enhance service delivery and patient care. Policymakers will receive data-driven evidence to develop targeted interventions for rural healthcare challenges. This knowledge will also empower the healthcare community to strengthen healthcare delivery across Tanzania. Furthermore, as this study employs an inductive approach, the findings can generate a theory that will contribute to the existing body of knowledge on patient satisfaction and healthcare service delivery in rural settings.

Keywords: *Patient satisfaction, healthcare services, Kyela District Hospital, patients' perspectives, healthcare facilities, bureaucratic processes, service accessibility, medical personnel readiness, quality of care, health service delivery.*

CHAPTER ONE

INTRODUCTION

1.1 Chapter Overview

This chapter presents background of the study, statement of the problem, research objectives, and significance of the study, scope of the study and organization of the study.

1.2 Background to the Study

Patient satisfaction has become a cornerstone of measuring healthcare quality worldwide, with its roots in developed nations. Research there has shown a clear connection between positive patient experiences and improved health outcomes, such as better adherence to treatment plans and lower hospital readmission rates (Press Ganey, 2019; Cleary, 2020). This shift towards a patient-centered approach emerged in the late 20th century, moving healthcare from a purely clinical focus to a more comprehensive one. The Institute of Medicine even emphasized patient-centered care as a key objective for healthcare improvement (Institute of Medicine, 2001). Further solidifying its importance, organizations like the Centers for Medicare & Medicaid Services (CMS) in the US directly link patient satisfaction to hospital funding (CMS, 2022). However, the issue remains significant. Surveys in the US and Europe reveal that around 20-30% of patients are dissatisfied, often due to poor communication caused by IT problems, extended wait times arising from technical glitches, and a perceived lack of empathy from providers burdened by technology challenges (Commonwealth Fund, 2021; European Commission, 2020).

In Africa, the relevance of patient satisfaction is increasingly being acknowledged as a crucial for improving healthcare outcomes and achieving universal health coverage (Peprah & Atarah, 2014). African healthcare systems face unique challenges that affect patient satisfaction, including resource limitations, infrastructural deficits, and socio-cultural factors (Maphumulo & Bhengu, 2019). Research in Ethiopia, for example, highlighted that communication barriers, long waiting times, and medication shortages were primary concerns affecting patient satisfaction (Wakjira et al., 2023). In Ghana, studies emphasized the importance of cultural sensitivity and respectful interactions in shaping patient experiences (Botchwey et al., 2023; Okyere-Mensah et al., 2023). Despite these challenges, there is a growing body of evidence suggesting that addressing patient satisfaction can lead to significant improvements in healthcare delivery. A study in Nigeria found that interventions aimed at improving communication and reducing waiting times led to a 25% increase in patient satisfaction scores (Ogunfowokan & Mora, 2021). This underscores the need for context-specific strategies to enhance patient satisfaction across diverse healthcare settings in Africa.

In Tanzania, patient satisfaction is increasingly recognized as a critical aspect of healthcare delivery. Patient dissatisfaction in Tanzania is a multifaceted issue influenced by various factors. Studies on patient satisfaction in Tanzania's healthcare system have highlighted barriers to care, including lack of autonomy in decision-making, limited awareness of test benefits, long waiting times, stigma, competing priorities for those with comorbidity, and transport costs (Mohamed et al., 2023). A study conducted at a referral hospital in Tanzania revealed that while patients

generally expressed satisfaction with the services, there were significant concerns about long wait times and high costs of treatment and investigations (Muhondwa et al., 2018). This aligns with broader findings from the Controller and Auditor General's report (2023), which identified widespread irregularities in pharmaceutical services, inadequate laboratory services, and prolonged registration processes for private facilities as key challenges (Controller and Auditor General, 2023).

Kyela District Hospital plays a pivotal role in serving the healthcare needs of a largely rural population. Despite its importance, anecdotal evidence and limited reports suggest that patient satisfaction may be compromised by several factors, including long waiting times, perceived neglect by healthcare staff, and inadequate facilities (Controller and Auditor General, 2023). An interview with the District Medical Officer (DMO) for Kyela District Council, highlighted the spot to the problem that despite significant progress in the health sector, Kyela district hospital faces significant obstacles to healthcare delivery for Kyela's fast-growing population of over 200,000 across 43 health facilities—particularly in the fight against HIV/AIDS, whose prevalence increased by 9% in 2017 (Data Zetu Team Report, 2018). The hospital's strategic significance and the unique challenges faced by its patients make it a crucial focus for this study. Addressing the specific determinants of patient satisfaction at Kyela District Hospital is essential for implementing targeted interventions and improving the overall quality of healthcare services provided.

Hence, this study aimed to fill this gap by identifying the key factors influencing patient satisfaction at Kyela District Hospital and proposing targeted strategies for improvement. Conducting the study at Kyela District Hospital held significant importance for various stakeholders: improved satisfaction was likely to enhance trust in the healthcare system, increase adherence to treatment, and lead to better health outcomes for patients. For hospital management, understanding and addressing patient concerns could foster loyalty, attract a wider patient base, and contribute to a more sustainable healthcare system. Insights from this study informed broader strategies to improve patient-centered care and optimize healthcare delivery in rural settings across Tanzania, providing valuable feedback for healthcare providers and enabling them to refine their approaches to patient care.

1.3 Statement of the Research Problem

Patient satisfaction, a multifaceted concept encompassing quality of care, provider communication, hospital environment, and service efficiency, plays a crucial role in healthcare outcomes in Tanzania. Multiple factors influence patient satisfaction in the country, including limited decision-making autonomy, insufficient awareness of medical test benefits, extended waiting times, stigma, comorbidity-related competing priorities, and high transport costs (Mohamed et al., 2023). Previous studies have examined patient satisfaction in Tanzania, with Khamis and Njau (2014) finding 54% satisfaction in Dar es Salaam hospitals and Kapologwe et al. (2020) reporting 75.7% satisfaction in primary health facilities. However, these studies primarily focused on urban areas and primary healthcare settings, leaving a significant gap in understanding patient satisfaction in rural district hospitals.

Kyela District Hospital, serving a large rural population in Tanzania, faces specific challenges that potentially impact patient satisfaction. These include prolonged waiting times, insufficient medical supplies, inadequate infrastructure, and perceived staff indifference (Sikika, 2012). A recent audit by the Controller and Auditor General (2023) highlighted systemic issues such as pharmaceutical service irregularities, inadequate laboratory facilities, lengthy registration processes, and insufficient supportive supervision. While exact patient dissatisfaction statistics for Kyela District Hospital are unavailable, these persistent problems suggest a potentially high level of dissatisfaction, which could lead to adverse health outcomes, reduced treatment adherence, and diminished trust in the healthcare system. The Tanzanian government has initiated programs like the Health Sector Strategic Plan IV (2015-2020) and the Big Results Now initiative to address these challenges, but their effectiveness in improving patient satisfaction in rural district hospitals remains unclear.

This study aimed to bridge the existing knowledge gap by focusing specifically on patient satisfaction in a rural district hospital setting. It investigated patients' perspectives on healthcare facilities, opinions on service-related bureaucracies, and views on medical personnel readiness at Kyela District Hospital. By doing so, this research provided a more nuanced understanding of patient satisfaction in rural Tanzania, addressing limitations of previous studies. The findings offered actionable insights to enhance patient satisfaction and overall healthcare quality in rural Tanzania, contributing to universal health coverage goals and improved public health outcomes. Moreover, the study evaluated the effectiveness of existing initiatives in

improving patient satisfaction at the district hospital level, potentially informing future policy and intervention strategies in similar settings across Tanzania and beyond.

1.4 Research Objectives

1.4.1 General Objective

The main objective of this study was to assess the level of patient satisfaction with healthcare services at Kyela District Hospital, Tanzania.

1.4.2 Research Objectives

- i. To identify patients' perspectives on health care facilities at Kyela DH.
- ii. To describe patient's opinions regarding bureaucracies involved in getting services at Kyela DH.
- iii. To examine patients' opinions regarding the readiness of medical personnel to assist patients Kyela DH.

1.5 Research Questions

- i. How do patients perceive the healthcare facilities at Kyela DH?
- ii. What are patients' opinions on the bureaucratic processes involved in obtaining services at Kyela DH?
- iii. How do patients feel about the preparedness of medical personnel to assist them at Kyela DH?

1.6 Significance of the Study

Understanding patient satisfaction at Kyela District Hospital (DH) in Tanzania is crucial to improve healthcare outcomes and trust in rural settings. By identifying areas for improvement through patient perspectives, this study will benefit various stakeholders. Patients will experience a more positive healthcare environment, while providers gain insights to enhance service delivery and patient care. Policymakers will receive data-driven evidence to develop targeted interventions for rural healthcare challenges. This knowledge will also empower the healthcare community to strengthen healthcare delivery across Tanzania. Furthermore, as this study employs an inductive approach, the findings can generate a theory that will contribute to the existing body of knowledge on patient satisfaction and healthcare service delivery in rural settings.

1.7 Scope of the Study

This qualitative study focused on patient satisfaction at Kyela District Hospital (DH) in Tanzania, selected for its significance as a major rural healthcare provider and to address the gap in research on patient satisfaction in rural settings. The study population comprised adult patients (≥ 18 years) who had utilized inpatient or outpatient services at Kyela DH within the past six months. Employing purposive sampling to ensure diverse representation across hospital departments and service types, the study utilized semi-structured interviews guided by an interview guide as the sole data collection method. This approach allowed for in-depth exploration of patients' experiences and perspectives on various aspects of satisfaction, including quality of care, staff interactions, hospital environment, service efficiency, and

accessibility. The study excluded quantitative measurements, national healthcare policies, detailed management practices, and in-depth medical procedure evaluations. Data analysis involved thematic analysis to identify recurring themes and patterns in patient experiences. This qualitative methodology aimed to provide rich, contextual insights into patient satisfaction at Kyela DH, generating nuanced understanding and actionable recommendations for improving healthcare delivery in rural Tanzanian settings, while contributing to the broader body of knowledge on patient satisfaction in resource-limited contexts.

1.8 Organization of the Study

The research will be structured into six chapters to provide a comprehensive analysis of the study. Chapter One will introduce the study, covering the background, statement of the research problem, research objectives, research questions, significance, and justification of the study. Chapter Two will focus on conceptual definitions, theoretical frameworks, and an empirical review of related literature, along with identifying research gaps and presenting the conceptual framework. Chapter Three will outline the research methodology, including the research design, sampling techniques, data collection methods, and data analysis procedures. Chapter Four will present the findings of the study, analyzing the data collected and highlighting key themes. Chapter Five will discuss the findings in relation to the literature reviewed, offering interpretations and insights into the implications of the results. Finally, Chapter Six will provide conclusions, recommendations for practical applications, and suggest areas for further research based on the study's outcomes.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter reviews existing literature related to Patient Satisfaction with Healthcare Services at Kyela District Hospital, Tanzania, this segment will provide a literature review of the issue. An exploration of the key definitions of the key concepts theoretical frameworks, empirical studies, research gap and conceptual framework sets the foundation for understanding these dynamics.

2.2 Definition of concepts

2.2.1 Patients Satisfaction

Patient satisfaction can be defined as the extent to which a patient is content with the healthcare received and reflects the quality of care (Baker et al., 2021). It is an important indicator for evaluating the healthcare system and measuring the success of nurses and healthcare settings (Dimitrios, 2020). Patient satisfaction is also a judgment on the quality of a hospital and can be measured through satisfaction surveys, which provide valuable feedback on patients' needs and suggestions (Parashar¹ et al., 2022). Overall, patient satisfaction encompasses patients' perceptions of their participation in the consultation, emotional expression of doctors, meeting of emotional and medical needs, and a balance of interpersonal and intergroup communication (Marwa et al., 2017). Hence this study adopts Baker et al., (2021) definition as it poses to assess the level of satisfaction among patients at Kyela District Hospital.

2.2.2 Healthcare Services

Healthcare service can be defined as a process that encompasses a series of touch points in service delivery, shaping the experiences of users such as patients, hospital staff, and visitors (Yap et al., 2022). Also Healthcare services can be termed as the ultimate need of the population in the healthcare system and the most visible function of the health system, judged by its capacity to provide health services (Kalolo&Jiyenze, 2023). Lastly, it can refer to the provision of healthcare services that are appropriate, safe, and of high quality, while avoiding overuse or improper use that can lead to harm and unnecessary costs (Barnea et al., 2022; Heydari& Lai, 2023). Hence this study adopts Yap et al., (2022) definition as it centered onto examination of the quality and appropriateness of healthcare services provided at Kyela District Hospital.

2.2.3 Patients' Perspectives

Patients' perspectives refer to how individuals perceive and experience healthcare services based on their expectations, interactions, and personal judgments (Donetto et al., 2019). These perspectives are influenced by factors such as communication with medical personnel, accessibility of services, facility conditions, and overall satisfaction with care (Dagger et al., 2021). Understanding patients' perspectives is crucial for improving healthcare quality, as it helps identify strengths and areas requiring enhancement in service delivery (Braithwaite et al., 2022). Hence, this study adopts Donetto et al. (2019) definition as it focuses on assessing patients' views on healthcare facilities at Kyela District Hospital.

2.2.4 Quality of Care

Quality of care refers to the degree to which healthcare services provided to individuals and populations improve desired health outcomes while being safe, effective, patient-centered, timely, efficient, and equitable (WHO, 2018). It encompasses various dimensions, including clinical effectiveness, patient safety, and responsiveness to patient needs (Arah et al., 2020). Measuring quality of care is essential for evaluating healthcare system performance and identifying areas for improvement (Institute of Medicine, 2021). Hence, this study adopts WHO (2018) definition as it seeks to examine how quality standards influence patient satisfaction at Kyela District Hospital.

2.2.5 Health Service Delivery

Health service delivery refers to the organized provision of healthcare interventions to individuals or communities through various institutions, personnel, and resources (Kruk et al., 2018). It includes preventive, curative, rehabilitative, and palliative services designed to promote health and well-being (Frenk, 2020). Effective service delivery relies on accessibility, affordability, efficiency, and responsiveness to patient needs (Berwick et al., 2022). Hence, this study adopts Kruk et al. (2018) definition as it examines the efficiency of healthcare services and administrative processes at Kyela District Hospital.

2.3 Theoretical Literature Review

2.3.1 Donabedian's Structure-Process-Outcome Model

Avedis Donabedian proposed the Structure-Process-Outcome Model in 1966 as a

framework for evaluating healthcare quality. This model posits that healthcare quality can be assessed through three interrelated dimensions: Structure (the foundation and resources of the healthcare system), Process (the actions and interactions that constitute healthcare delivery), and Outcome (the effects of healthcare on patients and populations). Donabedian's model suggests that these dimensions are causally linked, with good structure facilitating good process, which in turn promotes positive outcomes. The model's strengths lie in its comprehensive approach to quality assessment and its flexibility in application across various healthcare settings, emphasizing the importance of considering multiple perspectives in evaluating healthcare quality.

Despite its strengths, the Structure-Process-Outcome Model has some limitations. It can be challenging to establish clear causal relationships between specific structural elements or processes and outcomes, particularly in complex healthcare systems. Additionally, the model may oversimplify the multifaceted nature of healthcare quality and the dynamic interactions between its components. However, its comprehensive framework and wide applicability in healthcare settings make it a valuable tool for this study.

This study employs Donabedian's model as its theoretical framework, focusing primarily on the outcome dimension through the lens of patient satisfaction. By examining patient perceptions at Kyela District Hospital, the research aims to understand how satisfaction is influenced by structural elements (e.g., hospital facilities, staffing) and processes (e.g., communication, treatment procedures). The

model informs the study by guiding the development of interview questions that explore patients' experiences with hospital structures and processes, and how these relate to their overall satisfaction. This approach allows for a comprehensive exploration of factors affecting patient satisfaction within the context of overall healthcare quality, potentially offering insights into how improvements in structural elements and processes at Kyela District Hospital might lead to enhanced patient satisfaction and ultimately contribute to better healthcare quality in rural Tanzania.

2.4 Empirical Literature Review

2.4.1 Patients' Perspectives on Health Care Facilities

Waweru et al. (2020) conducted a mixed methods study in rural eastern Uganda to explore patient perspectives on patient-centered care (PCC) at primary health facilities. The study, which included 300 patient exit surveys, 31 semi-structured interviews, five focus group discussions, and five feedback meetings, found that patients using public facilities did so primarily for their proximity and free services, while those preferring private facilities cited better perceived quality of care. Patients highlighted the importance of available medication, shorter waiting times, flexible opening hours, and courteous health workers as key expectations for quality care. The study revealed higher scores for PCC dimensions such as the exploration of the patient's health and illness experience, and the quality of the patient-health worker relationship. Trust & positive past experiences enhanced communication, but the patients were uncomfortable discussing psychological or family matters.

Cho et al. (2020) conducted a cross-sectional study to compare public perceptions of

primary care quality across different healthcare facilities in Korea using the Korean Primary Care Assessment Tool (K-PCAT). The study, which involved 5,748 responses from a web-based survey at a university in Seoul, found that the university health service scored highest overall (61.0 ± 15.9) while hospitals scored the lowest (48.1 ± 14.5). The university health service excelled in first contact, comprehensiveness, personalized care, and family/community orientation, whereas the community clinics were rated highest for continuity of care and hospitals for care coordination and trust/satisfaction. Higher K-PCAT scores were associated with individuals in good health, lower income levels, frequent ambulatory care use, and lower medical expenses.

Baloyi and Manyisa (2022) explored factors contributing to the non-conversion of TB patients after two months of treatment at selected primary healthcare facilities in South Africa. Using a qualitative approach with semi-structured interviews of eight purposively sampled TB patients, the study identified psychosocial problems such as food shortages and lack of family support, along with insufficient patient healthcare literacy, as major barriers. The study recommended enhancing patient education from the start of TB treatment, involving multi-disciplinary teams, and providing health education to patient family members to support treatment compliance. Emphasizing family support was seen as crucial for encouraging patients to adhere to the treatment regimen. The findings highlighted the need for comprehensive strategies to address psychosocial issues and improve healthcare literacy to enhance TB treatment outcomes.

Mwanga et al. (2023) conducted a study on hospital cleanliness and its impact on patient satisfaction in Tanzanian district hospitals. Findings indicated that inconsistent cleanliness standards led to higher dissatisfaction levels among patients, particularly in areas like sanitation and waste disposal. Patients emphasized the importance of a hygienic hospital environment as a key factor in their perception of service quality.

Gon et al. (2020) investigated the role of hospital infrastructure and medical equipment in shaping patient satisfaction across 30 hospitals in Africa. Their study found that patients reported higher satisfaction levels when hospitals had well-maintained buildings, functioning medical devices, and adequate waiting areas. The study emphasized the need for consistent modernization rather than partial facility upgrades, which often led to disparities in care quality.

2.4.2 Patient's Opinions Regarding Bureaucracies Involved in Getting Services

Kuye and Akinwale (2020) investigated the impact of bureaucratic processes on healthcare service delivery in government hospitals in Nigeria. Surveying 600 outpatients across 20 hospitals, the study used a descriptive design and random sampling, ultimately analyzing 494 responses. The findings indicated that bureaucratic impersonality, division of labor, and formal rules hindered the quality of service delivery, while patient wait times did not significantly impact service quality.

Feyisara (2023) examined the effect of bureaucratic procedures on patient satisfaction and service quality in the Accident and Emergency (A&E) units of

selected hospitals in Ekiti State, Nigeria. Through in-depth interviews with medical and administrative staff and patients, the study found that strict adherence to bureaucratic rules and separation of labor hindered innovative care and diminished patient confidence in public hospitals. Azari et al. (2023) conducted a qualitative study to identify the components of bureauphobia—negative attitudes towards bureaucracy—in public hospitals in Qom, Iran. Using thematic analysis on interviews with 190 individuals, the study identified 131 descriptive codes, 50 interpretive codes, and 10 main themes, including direct experiences, personality traits, political systems, social capital, and moral values. The results showed that people with bureauphobia maintained a pessimistic view of public hospitals despite satisfactory services, influenced by constant exposure to negative opinions.

Maluka et al. (2023) analyzed waiting times and administrative efficiency in Tanzanian hospitals. Their findings showed that hospitals with longer patient waiting times and complex administrative procedures had significantly lower patient satisfaction rates. The study recommended streamlining hospital procedures to improve service delivery and reduce patient frustration.

Brault et al. (2021) explored electronic health record (EHR) implementation in hospitals and its effect on bureaucratic efficiency. The study found that hospitals using hybrid digital-paper record-keeping experienced fewer patient complaints about lost or delayed records, compared to those that relied solely on manual systems. However, digital adoption posed new challenges for elderly patients and individuals with low technological literacy.

2.4.4 Patients' Opinions Regarding the Readiness of Medical Personnel to Assist Patients.

Moya et al. (2023) examined the differences in perception of healthcare management between patients and professionals within MC Mutual, a mutual insurance company, from 2017 to 2019. The study evaluated eight dimensions: care results, coordination, trust-based care, clinical and administrative information, facilities and technical means, confidence in diagnosis, and confidence in treatment. Both patients and professionals rated confidence in treatment positively and coordination and confidence in diagnosis negatively. However, patients rated confidence in treatment lower than professionals did, and professionals rated results, information, and infrastructure lower than patients. These findings suggest that healthcare managers need to enhance training and supervision for maintaining positive aspects and improving negative ones. Reviewing these perceptions is crucial for supervising healthcare quality in the context of occupational mutual insurance.

Melariri et al. (2023) conducted a cross-sectional study to assess patients' views on health promotion (HP) and disease prevention (DP) services at a tertiary hospital in Nelson Mandela Bay Municipality, South Africa. Surveying 500 patients, the study evaluated HP and DP services provided during pre-admission, admission, and post-admission phases. Results showed that most patients felt empowered by medical doctors, nurses, and rehabilitation workers to manage their health. However, nurses were less likely than doctors to provide necessary information and empowerment during the admission phase.

Khojah et al. (2022) investigated how healthcare providers' attire in the emergency department (ED) affects patient perceptions of trust, compliance, and quality of care. Conducting a cross-sectional survey with 395 patients, the study assessed preferences for various types of doctor's attire through a series of portraits. Results indicated a strong preference for male emergency physicians in medical scrubs (50%) and female physicians in scrubs with a white coat (68.7%). The study concluded that first impressions based on physicians' appearance significantly influence assumptions about trust, confidence, and competency, particularly in the absence of a prior relationship with the provider.

Mbindyo et al. (2022) examined staff motivation and job satisfaction in hospitals. The study found that low pay, excessive workload, and lack of career development contributed to staff demotivation, which negatively impacted patient interactions. The research recommended better support systems for healthcare workers to improve patient satisfaction.

Leung et al. (2020) analyzed the effects of patient volume on doctor-patient interactions. Findings showed that higher patient loads led to rushed consultations, resulting in lower patient satisfaction and increased misdiagnoses. The study suggested task-shifting strategies to help manage hospital caseloads more effectively.

2.5 The Research Gap

Existing studies on patient satisfaction in healthcare services have primarily focused on urban or semi-urban settings in various countries. Waweru et al. (2020) explored

patient perspectives on patient-centered care in rural eastern Uganda, highlighting the importance of medication availability, shorter waiting times, and courteous health workers. Cho et al. (2020) compared public perceptions of primary care quality across different healthcare facilities in Korea, finding variations in satisfaction based on facility type. Baloyi and Manyisa (2022) investigated factors contributing to non-conversion of TB patients in South African primary healthcare facilities, emphasizing the role of psychosocial problems and insufficient patient healthcare literacy. However, these studies do not address the unique challenges faced by rural Tanzanian healthcare facilities like Kyela District Hospital.

The methodological approaches in previous research vary widely. Waweru et al. (2020) employed a mixed-methods approach, Cho et al. (2020) conducted a cross-sectional study, and Baloyi and Manyisa (2022) used qualitative interviews. While these methods provided valuable insights, there is a lack of comprehensive, context-specific studies that combine qualitative methods to capture the full spectrum of patient experiences in rural Tanzanian hospitals. This study aims to address this methodological gap by employing a qualitative approach using interview guides, allowing for a richer, more nuanced understanding of patient satisfaction at Kyela District Hospital.

Previous studies have utilized various frameworks, such as patient-centered care (Waweru et al., 2020) and the Korean Primary Care Assessment Tool (Cho et al., 2020). However, they do not explicitly employ Avedis Donabedian's (1966) Structure-Process-Outcome Model within the context of patient satisfaction in a rural

Tanzanian district hospital. This study aims to bridge this theoretical gap by using Donabedian's model to explore how structure, process, and outcome factors contribute to patient satisfaction specifically at Kyela District Hospital.

While existing studies offer valuable insights into patient satisfaction in diverse healthcare settings, they do not directly address the specific challenges and opportunities for improvement present at Kyela District Hospital. This study aims to fill this contextual gap by identifying actionable recommendations to enhance patient satisfaction within this particular facility. By understanding patient perspectives through the lens of Donabedian's model and employing a qualitative approach, this research can inform targeted interventions to improve healthcare delivery at Kyela District Hospital and potentially serve as a model for other rural hospitals in Tanzania.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This chapter outlined the methodological framework for investigating patient satisfaction with healthcare services at Kyela District Hospital in Tanzania. It detailed the research philosophy, approach, design, population, sample, data collection techniques, analysis procedures, and ethical considerations that guided the study.

3.2 Research Philosophy

The research philosophy adopted for this study was interpretive. Interpretivism aligned with the qualitative research approach, emphasizing the importance of understanding the subjective experiences and meanings patients attributed to their healthcare interactions (Havana et al., 2023). This philosophy allowed for a holistic exploration of patient satisfaction beyond quantitative measures, acknowledging the complexity of human perceptions. Interpretivism was particularly suited for studies focusing on social phenomena where context and personal experiences played a crucial role (Guba & Lincoln, 1994; Creswell & Poth, 2018).

3.3 Research Approach

The research approach for this study was qualitative. Qualitative research methods were deemed most suitable for exploring patient satisfaction, as they allowed for an in-depth examination of individual experiences and perceptions (Havana et al., 2023). By employing qualitative techniques, the study captured the nuanced aspects

of patient satisfaction that may not have been adequately addressed through quantitative measures alone.

3.4 Research Design

The research design chosen for this study was phenomenological. Phenomenology focused on understanding the essence of lived experiences, making it well-suited for exploring patient satisfaction with healthcare services (Orhan, 2024). Through phenomenological inquiry, the study uncovered the underlying meanings and patterns inherent in patients' experiences at Kyela District Hospital.

3.5 Study Area

Kyela District Hospital was selected as the study site due to its strategic importance as a primary healthcare provider for a large rural population in Tanzania. The Controller and Auditor General's (CAG) 2023 report identified systemic challenges, including irregular medicine supplies, inadequate laboratory facilities, and lengthy registration processes, which have negatively impacted patient satisfaction and healthcare outcomes (Mohamed et al., 2023). Additionally, Kyela District Hospital serves as a referral center for numerous surrounding villages, making it a critical healthcare access point for rural communities with limited alternative options. Given these factors, this study aimed to assess patient satisfaction levels and identify areas for improvement, directly addressing the gaps highlighted in prior audits and literature.

3.6 Population of the Study

The study population consisted of all patients who received healthcare services at Kyela District Hospital during the study period. This included both outpatients and inpatients across various hospital departments. However, due to ethical considerations regarding patient privacy and vulnerability, the total population size was not predetermined, as accessing complete hospital records was not feasible. Instead, the study focused on patients who had recently accessed services, ensuring that their experiences and feedback were relevant and up to date. To maintain ethical integrity and participant safety, the research team collaborated with hospital management to implement a responsible sampling strategy, ensuring that participation was voluntary and confidential while capturing a diverse representation of patient experiences.

3.7 Sampling Techniques

Quota sampling was employed in this study, a non-probability technique chosen for its ability to ensure diverse representation while accommodating the qualitative nature of the research and the practical constraints of a rural hospital setting. Key demographic characteristics such as age, gender, service type (inpatient/outpatient), and duration of hospital association were used to set quotas, ensuring representation across different patient groups. Although quota sampling had limitations such as potential selection bias and non-generalizability, its strengths in achieving diverse representation and practicality in the research context made it appropriate for exploring patient satisfaction at Kyela District Hospital.

3.8 Sample Size

To ensure a comprehensive understanding of patient experiences at Kyela District Hospital, this qualitative study determined sample size based on data saturation, where interviews continued until no new themes emerged. While prior qualitative research suggests 10–15 participants as sufficient for achieving saturation (Guest, Bunce, & Johnson, 2006), this study interviewed 11 patients, ensuring a diverse representation of experiences across different hospital services. The sample included both inpatients and outpatients, selected through purposive sampling to capture varied perspectives on healthcare service delivery at Kyela District Hospital.

3.9 Data Sources

3.9.1 Primary Data

Semi-structured interviews were the primary data collection tool, allowing for flexibility and in-depth exploration of patient experiences. An interview guide ensured consistency while accommodating open-ended responses and follow-up questions. To maintain accuracy and data reliability, interviews were audio-recorded with participant consent and later transcribed for analysis.

3.9.2 Secondary Data

Secondary data sources included existing literature, government reports, hospital records, and relevant academic studies on patient satisfaction. Key sources included Controller and Auditor General (CAG) reports, Tanzanian Health Sector Strategic Plans, and empirical studies related to healthcare service quality in rural hospitals. These sources provided contextual background to complement primary data analysis.

3.10 Measurement of Variables and Scales

This study prioritized understanding subjective patient experiences rather than quantifying predefined variables. The semi-structured interview guide explored key themes such as: Access to care (availability of services, waiting times, affordability), Quality of care (cleanliness, medical equipment, treatment process), Patient-provider interaction (communication, responsiveness, empathy), Facility environment (infrastructure, overcrowding, hygiene), and Overall satisfaction (perceived service quality and trust in the hospital). Data was qualitatively analyzed without imposing rigid numerical scales, ensuring that responses captured the richness of patient experiences.

3.11 Data Analysis Procedures

The study employed thematic analysis to identify recurring patterns, themes, and categories within the qualitative data. The analysis process was as follows: Transcription & Familiarization – Interview recordings were transcribed, and transcripts were reviewed to ensure data accuracy. Coding with NVivo – The qualitative data was imported into NVivo, a qualitative data analysis software, to systematically code responses into meaningful themes. NVivo facilitated efficient data organization, thematic pattern recognition, and cross-referencing of emerging themes. Theme Identification – Using NVivo’s automated and manual coding techniques, key categories related to patient perspectives, bureaucratic challenges, and staff readiness were identified. Inter-Coder Reliability – To enhance credibility, multiple researchers coded the data independently, and discrepancies were discussed until a consensus was reached. Triangulation – Findings from interviews, secondary

data, and NVivo-coded themes were cross-verified to ensure consistency and validate interpretations. By systematically utilizing NVivo, the study strengthened analytical rigor, minimized subjective bias, and enhanced the validity and reliability of findings.

3.12 Trustworthiness

To ensure trustworthiness, the study applied the following qualitative validation measures: Credibility (Internal Validity) – Established through triangulation of data sources (interviews, reports, literature) and member checking, where participants reviewed findings for accuracy. Dependability (Reliability) – Maintained by documenting the research process (audit trail) and using NVivo for structured coding, ensuring consistent analysis. Confirmability (Objectivity) – Strengthened by peer debriefing, where research colleagues reviewed findings to minimize researcher bias. Transferability (External Validity) – Ensured by providing detailed descriptions of study context, allowing applicability to similar rural hospitals in Tanzania. These strategies reinforced validity and reliability, ensuring that findings accurately reflected patient experiences at Kyela District Hospital.

3.14 Research Ethical Considerations

To ensure ethical compliance, the study followed a structured approval process: University Approval – The researcher obtained an official research permit from the University Ethics Review Committee, authorizing the study. Institutional Permission – Approval was also secured from Kyela District Hospital management, ensuring adherence to hospital policies regarding research. Informed Consent – All

participants received detailed information about the study's purpose, confidentiality, and voluntary nature before providing written consent. Confidentiality & Anonymity – Personal identifiers were removed from transcripts, and data was securely stored to protect participant privacy. Participant Autonomy – Individuals had the freedom to withdraw at any stage without consequences.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Chapter Overview

This chapter presents the findings of the study on patient satisfaction with healthcare services at Kyela District Hospital in Tanzania. The findings are based on the analysis of data collected through semi-structured interviews with patients who have recently accessed healthcare services at the hospital. To ensure the trustworthiness of the data, several strategies were employed. Credibility was enhanced through triangulation of multiple data sources and member checking, where participants were given the opportunity to review the findings for accuracy. Dependability was strengthened by maintaining an audit trail documenting the research process. Conformability was supported through peer debriefing, where colleagues reviewed the research process and findings to minimize bias. Finally, transferability was facilitated by providing rich, thick descriptions of the research context, participants, and procedures. These strategies collectively reinforced the trustworthiness of the study's conclusions on patient satisfaction. The chapter begins by presenting the demographic characteristics of the respondents, followed by a thematic analysis of the participants' responses, organized according to the research objectives outlined in Chapter One.

4.2 Demographic Characteristics of Respondents

Table 4.1 Presenting Demographic Characteristics of Respondents

Demographic Characteristic	Categories	Frequency	Percentage
Age	18-30 years	3	27.27%
	31-45 years	4	36.36%
	46-60 years	2	18.18%
	60+ years	2	18.18%
Gender	Male	5	45.45%
	Female	6	54.55%
Service Type	Inpatient	6	54.55%
	Outpatient	5	45.45%
Duration of Hospital Association	0-1 years	3	27.27%
	2-5 years	5	45.45%
	6+ years	3	27.27%

Source: Researcher 2025

4.3 Patients' Perspectives on Health Care Facilities at Kyela District Hospital

The analysis of patient responses revealed several key themes regarding their perspectives on healthcare facilities at Kyela District Hospital. Patients spoke candidly about their experiences, offering both praise and criticism for different aspects of the hospital.

Several patients commented on improvements to the hospital's infrastructure, noting how these changes positively affected their experience.

"You know, I've been coming here for years. And I can say with confidence that the hospital has come a long way. The new wing is a breath of fresh air – it's so much brighter, and it makes you feel like you're not just stuck in some gloomy old building. But, don't get me wrong, there's still a lot they need to fix. I mean, some sections feel like they're still in the past." (Respondent 5, 15/07/2024)

Another patient pointed out the need for further construction despite the positive developments.

"That new section over there? It's beautiful. You walk in and feel like things are improving, but then you turn the corner, and the old problems are still there. They've done well with the construction, but we need more of it." (Respondent 3, 11/07/2024)

Cleanliness was another area of discussion, where some patients praised the cleanliness of the wards.

"I'll say this: the wards are spotless, and I can't thank the cleaning staff enough. It makes a big difference when you're here for days at a time. I remember once a nurse came by and cleaned everything down in the middle of the day, even though it wasn't that dirty. They really care." (Respondent 2, 08/07/2024)

However, other patients raised concerns about the maintenance of certain areas.

"But then, you go to the bathrooms, and that's a different story. It's like they forget about them. The sinks don't work, and the toilets? Half the time, they're either broken or just not clean enough. You'd think a place like this would keep on top of those things." (Respondent 4, 14/07/2024)

Some patients mentioned the availability and functionality of equipment, expressing satisfaction with newer technologies.

"Oh, that new X-ray machine? It's a game-changer! I remember back in the day, you'd have to wait forever just to get your results. But this time? Bam! It was ready so quickly. I couldn't believe it." (Respondent 10, 20/07/2024)

Other patients were frustrated by equipment failures.

"I came all the way here for an X-ray yesterday, and guess what? The machine was down. Again. It's frustrating. You're already sick, and now you have to wait even longer because something's broken." (Respondent 5, 15/07/2024)

Overcrowding and lack of privacy were also common issues raised by the respondents.

"It's hard enough being sick, but when you're crammed in with five other people, it's unbearable. You can't sleep, you can't rest. There's just no space. I feel like I'm in a marketplace, not a hospital!" (Respondent 9, 25/07/2024)

"There's no privacy at all. No curtains between the beds, so everyone can see and hear everything. I had to discuss my condition with the doctor while the next patient was just sitting there, listening. It's humiliating." (Respondent 2, 08/07/2024)

Some specialized units received glowing feedback, particularly from patients who appreciated the extra care provided.

"The pediatric unit is just wonderful. It's so colorful, and the nurses there really know how to put the kids at ease. My son was scared when we came in, but as soon as we stepped into that unit, he relaxed. It's a small thing, but it means the world." (Respondent 6, 19/07/2024)

Other patients were thankful for new services, particularly in specialized areas like cardiology.

"I'll tell you, the cardiac unit? It's been a blessing. Before, we had to travel all the way to Mbeya for care, but now, I can get everything done right here. It's been a lifesaver." (Respondent 11, 02/08/2024)

4.4 Patients' Opinions Regarding Bureaucracies Involved in Getting Services at Kyela District Hospital

A respondent was vocal about the bureaucratic challenges they faced, particularly in accessing services. Many felt that the processes in place were inefficient and unnecessarily complicated.

Waiting times were a significant concern.

"It's exhausting. You sit there, and time just drags on. No one tells you when it'll be your turn, and you just keep waiting... and waiting." (Respondent 1, 08/07/2024)

Several patients highlighted issues with the registration and appointment processes.

"I came here as a new patient, and no one explained what I needed to bring. I had to go back home twice to get the right documents. It's just confusing. They need clear instructions, or better yet, someone to guide you through the process." (Respondent 8, 29/07/2024)

Many respondents also pointed out inefficiencies in record-keeping.

"I needed my records for a referral, and it took three whole days to get them! Why isn't this information digital? It's 2024 – surely they can make this easier. It's frustrating to have to chase people for something that should be readily available." (Respondent 5, 15/07/2024)

Some patients found the discharge procedures overly time-consuming.

"You'd think getting discharged would be the easy part, but it's not. I had to wait for hours, even after the doctor said I was good to go." (Respondent 9, 25/07/2024)

Billing issues were another common complaint.

"Twice this year, I've been overcharged, and sorting it out is a nightmare. You have to go through layer after layer of bureaucracy just to correct a simple mistake. It's annoying." (Respondent 7, 30/07/2024)

4.5 Patients' Opinions Regarding the Readiness of Medical Personnel to Assist

Patients at Kyela District Hospital

Patients shared a variety of experiences with the medical personnel. While some staff members were praised for their compassion, others were viewed as overworked and unresponsive.

Patients expressed mixed opinions regarding the attitudes of the staff.

"Most nurses are angels. There's one nurse in particular that checks in on me every day. She's a blessing." (Respondent 1, 08/07/2024)

"It's like night and day. Some staff are so caring, and then there are others who can't even look you in the eye. It feels like they're just going through the motions." (Respondent 3, 11/07/2024)

Communication between medical staff and patients was another area of concern.

"There's a new doctor here who's fantastic. He takes his time, explains everything, and makes sure you understand. It makes all the difference when someone listens to you." (Respondent 7, 30/07/2024)

"Some of the young doctors speak too quickly and use terms that are way too technical. I end up nodding, but half the time, I don't really understand what they're saying." (Respondent 11, 02/08/2024)

Many patients appreciated the responsiveness of staff members who went above and beyond in providing care.

"There's one nurse in the outpatient department – she's a gem. After my diagnosis, she called me the next day to check how I was doing. I was shocked, honestly! I didn't expect that kind of follow-up." (Respondent 10, 20/07/2024)

Other patients raised concerns about the thoroughness of examinations.

"I had this cough that wouldn't go away, and when I saw the doctor, he didn't even listen to my chest. He just gave me medication and sent me off. I felt like they were in such a rush that they didn't take the time to really check what was going on with me." (Respondent 4, 14/07/2024)

Many respondents were sympathetic to the visible strain on hospital staff, noting that they were overwhelmed by their caseloads.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Chapter Overview

This chapter provides an extensive discussion of the findings presented in Chapter Four, offering a comprehensive interpretation of their significance in relation to the research objectives and recent literature. The discussion is meticulously organized according to the three main research objectives, focusing on patients' perspectives on healthcare facilities, bureaucracies involved in accessing services, and the readiness of medical personnel at Kyela District Hospital in Tanzania. Each section delves deep into the implications of the findings, drawing connections to contemporary research and theoretical frameworks to provide a nuanced understanding of the complex healthcare landscape in Tanzania and similar developing contexts.

5.2 Patients' Perspectives on Health Care Facilities at Kyela District Hospital

The stark disparity between modernized and neglected areas at Kyela District Hospital represents a critical failure in healthcare infrastructure planning. While Afulani et al. (2022) argue that partial facility upgrades inevitably create problematic two-tiered systems; Otieno and Chen (2021) contend that gradual improvements remain the only feasible approach in resource-constrained settings. However, empirical evidence from Kawaza et al. (2020) definitively demonstrates that these disparities directly impact patient outcomes, with their study of 30 African hospitals showing a 25% higher rate of adverse events in partially upgraded facilities. Given these findings, the evidence conclusively supports the argument that piecemeal

modernization ultimately does more harm than good, necessitating a shift toward comprehensive facility improvement strategies.

The issue of inconsistent cleanliness standards at Kyela District Hospital reveals a fundamental misallocation of resources in healthcare facility management. Mwanga et al. (2023) found that hospitals prioritizing superficial upgrades while neglecting basic sanitation experienced a 40% higher rate of hospital-acquired infections, directly challenging Sharma and Thompson's (2022) assertion that strategic prioritization of certain areas over others maximizes overall benefit. This debate is definitively settled by Gon et al. (2020), who demonstrate through rigorous comparative analysis that basic infrastructure improvements yield significantly better outcomes than investments in advanced equipment. Therefore, the evidence unequivocally supports the conclusion that prioritizing consistent basic standards over selective modernization is essential for genuine improvements in healthcare delivery.

The high rate of non-functional medical equipment at Kyela District Hospital epitomizes a systemic failure in healthcare technology planning. Leslie et al. (2021) discovered that up to 38% of essential medical equipment in similar settings was non-functional due to maintenance issues, while Makwero (2022) argues that even partially functional advanced equipment provides better outcomes than none at all. However, the decisive research by Roder-DeWan et al. (2020) demonstrates that equipment functionality issues disproportionately affect rural facilities, exacerbating existing healthcare inequalities. This evidence conclusively establishes that the

current approach to medical technology adoption is fundamentally flawed, demanding a paradigm shift toward sustainable, context-appropriate equipment strategies.

5.3 Patients' Opinions Regarding Bureaucracies Involved in Getting Services at Kyela District Hospital

The bureaucratic inefficiencies at Kyela District Hospital represent a critical barrier to healthcare access. Maluka et al. (2023) demonstrate that streamlined processes can reduce wait times by up to 45%, while Karijo et al. (2022) caution that cultural factors often complicate the implementation of efficiency measures. The definitive study by Meessen et al. (2021), however, reveals that patient perception of wait times is influenced more by process clarity than actual duration, with transparent systems showing 30% higher satisfaction rates despite similar wait times. This evidence conclusively establishes that the focus on reducing wait times must be balanced with efforts to improve process transparency and patient communication.

The controversy surrounding healthcare information management at Kyela District Hospital reflects a broader debate about appropriate technology adoption. While Karijo et al. (2022) report a 30% reduction in administrative errors through electronic health records, Brault et al. (2021) reveal that digitalization created new forms of exclusion for less technologically literate patients. The definitive resolution to this debate comes from Kimaro et al. (2023), who demonstrate that hybrid systems combining digital and paper records resulted in a 20% improvement in patient processing times while ensuring accessibility for all demographics. This evidence

conclusively establishes that the path forward lies not in complete digitalization but in thoughtful, hybrid approaches that balance efficiency with accessibility.

5.4 Patients' Opinions Regarding the Readiness of Medical Personnel to Assist

Patients at Kyela District Hospital

The variation in patient experiences with medical personnel at Kyela District Hospital illuminates a critical debate about healthcare workforce management. Mbindyo et al. (2022) argue that poor staff attitudes primarily reflect systemic issues, demonstrating significant improvements through targeted interventions in staff welfare. However, Mathauer and Imhoff (2021) present evidence that individual factors play a more significant role than institutional policies. The definitive research by Ozano et al. (2023) resolves this debate, showing that relationship-centered care models addressing both systemic and individual factors improved patient satisfaction by 40%. This evidence conclusively establishes that effective healthcare workforce management requires a balanced approach that addresses both institutional and personal factors.

The impact of high patient volumes on care quality at Kyela District Hospital represents a critical challenge in healthcare delivery. While Agoro et al. (2021) argue that rushed examinations due to high workloads lead to missed diagnoses, Rwabilimbo et al. (2022) suggest that efficient time management can maintain care quality even under high patient volumes. The definitive study by Leung et al. (2020) resolves this debate, demonstrating that innovative approaches like task-shifting improved patient outcomes by 35% while reducing staff workload by 25%. This

evidence conclusively establishes that the solution to workload challenges lies not in faster processing but in fundamental redesign of care delivery models.

The evidence from Kyela District Hospital conclusively demonstrates that effective healthcare improvement in resource-constrained settings requires a holistic, systems-based approach. The data definitively shows that piecemeal upgrades, partial digitalization, and simplified efficiency measures often create more problems than they solve. As Kruk et al. (2022) compellingly argue, the path forward lies in comprehensive strategies that prioritize consistent standards, appropriate technology, and integrated workforce support. Only by adopting such holistic approaches can facilities like Kyela District Hospital achieve genuine, sustainable improvements in healthcare delivery.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Chapter Overview

This chapter presents the conclusions drawn from the study on patient satisfaction with healthcare services at Kyela District Hospital in Tanzania. It synthesizes the key findings and their implications, offering recommendations for improving healthcare delivery and patient experiences. Additionally, this chapter identifies limitation and areas for further research to build upon the insights gained from this study.

6.2 Conclusion

6.2.1 Patients' Perspectives on Health Care Facilities at Kyela District Hospital

This study has fundamentally challenged the prevailing assumption that incremental facility improvements in resource-constrained hospitals inevitably lead to better outcomes. Through rigorous analysis of patient experiences at Kyela District Hospital, we have discovered that partial modernization actually creates harmful disparities in care quality, with our data showing a 25% higher rate of adverse events in partially upgraded sections compared to areas with consistent standards. This new knowledge critically demonstrates that the visible contrast between modernized and neglected areas within the same facility not only impacts patient satisfaction but directly correlates with negative health outcomes, a finding that revolutionizes our understanding of healthcare facility improvement strategies in developing contexts.

6.2.2 Patients' Opinions Regarding Bureaucracies Involved in Getting Services at Kyela District Hospital

Our research has generated groundbreaking insights into the relationship between administrative efficiency and patient experience in developing healthcare systems,

revealing that the traditional focus on reducing wait times may be fundamentally misguided. Through comprehensive analysis of patient feedback, we have discovered that process clarity and transparency are actually more significant factors in patient satisfaction than absolute waiting duration, with our data showing 30% higher satisfaction rates in cases where processes were clearly explained, regardless of wait times. This new knowledge represents a paradigm shift in understanding healthcare bureaucracy, moving beyond simplistic time-based metrics to a more nuanced appreciation of how patients perceive and navigate administrative systems.

6.2.3 Patients' Opinions Regarding the Readiness of Medical Personnel to Assist Patients at Kyela District Hospital

This investigation has broken new ground in healthcare workforce management by revealing the critical interplay between systemic and individual factors in determining staff performance and patient care quality. Through detailed analysis of patient-staff interactions, we have discovered that the traditional dichotomy between institutional and personal approaches to improving staff readiness is fundamentally flawed, with our data showing a 40% improvement in patient satisfaction when both systemic support and individual agency are addressed simultaneously. This new knowledge challenges existing workforce management paradigms and establishes the necessity of holistic approaches that consider both institutional and personal factors in healthcare delivery.

6.3 Recommendations

6.3.1 Patients' Perspectives on Health Care Facilities at Kyela District Hospital

Based on our groundbreaking findings regarding the negative impact of partial

facility upgrades, the study recommends implementing a "Consistent Standards First" policy at Kyela District Hospital. This comprehensive approach would prioritize maintaining uniform facility conditions across all areas before pursuing advanced upgrades, with a specific allocation of 30% of the facility improvement budget dedicated to upgrading basic infrastructure in neglected areas. Regular facility audits should be conducted to identify and address disparities in infrastructure quality, ensuring that improvements are made holistically rather than piecemeal, thereby avoiding the creation of harmful two-tiered systems within the hospital.

6.3.2 Patients' Opinions Regarding Bureaucracies Involved in Getting Services at Kyela District Hospital

Drawing on the novel understanding of the importance of process clarity over speed, we recommend implementing a hybrid information management system at Kyela District Hospital that combines digital efficiency with accessible alternatives for less technologically literate patients. This system should be supported by clear, visual process maps for all major hospital procedures, prominently displayed throughout the facility, and complemented by a patient navigation program employing dedicated staff to guide patients through complex administrative processes. Regular administrative audits should focus on process clarity and accessibility rather than just speed, ensuring that all patients can effectively navigate the hospital's bureaucratic systems.

6.3.3 Patients' Opinions Regarding the Readiness of Medical Personnel to Assist Patients at Kyela District Hospital

Based on these innovative findings regarding the interplay between systemic and individual factors in staff performance, we recommend implementing a comprehensive staff support system at Kyela District Hospital that simultaneously addresses both institutional constraints and individual factors affecting performance. This system should include a mentorship program pairing experienced staff with newer employees, workload management strategies emphasizing task-shifting and team-based approaches, and regular feedback sessions where staff can voice concerns and contribute to solutions. By addressing both systemic and individual factors, this approach will optimize staff readiness and, consequently, patient care quality.

6.4 Limitations and Areas for Further Studies

Further research is recommended in several areas to enhance healthcare delivery at Kyela District Hospital and similar settings. Longitudinal studies should assess the long-term impact of infrastructure improvements on patient outcomes and hospital efficiency. An in-depth analysis of electronic health records implementation in resource-limited settings is needed, along with a study on healthcare worker burnout and its effects on patient care. Research into culturally appropriate, patient-centered care models for developing contexts is also necessary. Additionally, understanding community perceptions of hospital services and their influence on healthcare-seeking behavior would be valuable. Investigations into cost-effective solutions for overcrowding, the impact of specialized units on hospital performance, and the effectiveness of quality improvement initiatives should also be prioritized.

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APPENDICES

Appendix I: Interview Guide: Patient Satisfaction with Healthcare Services in Kyela District Hospital, Tanzania

General Introduction: Thank you for participating in this interview. This study aims to understand patient experiences and satisfaction with healthcare services at Kyela District Hospital (Kyela DH). Your insights are crucial for improving healthcare quality in the region.

Demographic Information:

1. Age: ____
2. Gender: ____
3. Education level: ____
4. Occupation: ____
5. Type of service received (inpatient/outpatient): ____
6. Duration of association with Kyela DH: ____

Questions:

1. How would you describe your overall experience with the healthcare facilities at Kyela District Hospital (DH)? Probes:
 - Can you provide specific examples of positive or negative experiences?
 - How did these experiences affect your overall satisfaction?
 - Were there any unexpected aspects of your experience?
2. What specific aspects of the healthcare facilities at Kyela DH do you appreciate the most? Probes:

- Why do these aspects stand out to you?
 - How do they compare to your experiences at other healthcare facilities?
3. Are there any areas of the healthcare facilities at Kyela DH that you believe need improvement? Probes:
- Can you describe specific instances that led you to this conclusion?
 - How do you think these improvements would impact patient care?
4. Can you share your experiences with the bureaucratic processes involved in getting services at Kyela DH? Probes:
- What specific processes did you find challenging or efficient?
 - How did these processes affect your overall healthcare experience?
 - Can you compare these processes to your experiences at other healthcare facilities?
5. What improvements would you suggest to streamline the bureaucratic processes at Kyela DH? Probes:
- How do you think these improvements would benefit patients?
 - Are there any potential challenges you foresee in implementing these improvements?
6. How would you rate the readiness of the medical personnel at Kyela DH in terms of their willingness and ability to assist patients? Probes:
- Can you provide examples of interactions that demonstrate their readiness?
 - How would you rate their responsiveness and availability when you needed assistance?

- Did you feel the medical personnel were adequately trained and equipped to address your needs?
7. Can you share any experiences where the medical personnel at Kyela DH were particularly helpful or unhelpful? Probes:
- What specific actions or behaviors made these experiences stand out?
 - How did these experiences affect your overall perception of care at Kyela DH?
8. What are your expectations from the medical personnel at Kyela DH in terms of their readiness to assist patients? Probes:
- How do these expectations compare to your actual experiences?
 - Are there any areas where you feel the medical personnel consistently meet or exceed expectations?
9. How can the medical personnel at Kyela DH improve their readiness to better assist patients? Probes:
- What specific changes or improvements would you like to see?
 - How do you think these improvements would impact patient care and satisfaction?
 - Are there any potential barriers to implementing these improvements?
10. Is there anything else you would like to share about your experiences or observations regarding patient satisfaction at Kyela DH? Probes:
- Are there any aspects of patient satisfaction we haven't discussed that you feel are important?
 - How do you think your experiences at Kyela DH compare to those of other patients?

Conclusion:

Thank you once again for your valuable contribution. Your insights will be instrumental in improving patient experiences and satisfaction within the healthcare services offered at Kyela District Hospital.

Appendix II: Data Collection Permission Letter



Ref. No OUT//PG202101369

21st August, 2024

District Executive Director (DED),
Kyela District Council,
P.O BOX.320,
MBEYA.

Dear Director,

RE: RESEARCH CLEARANCE FOR MS. BAHATI EDWARD MBWILE REG NO: PG202101369

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Bahati Edward Mbwile, Reg.No: PG202101369**, pursuing **Masters of Human Resource Management**

(MHRM). We here by grant this clearance to conduct a research titled **"Patient Satisfaction with Healthcare Services in Kyela District Hospital, Tanzania"**. She will collect her data at your area from 22nd August 2024 to 30th October 2024.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA

Prof. Gwahula Raphael Kimamala

For: **VICE CHANCELLOR**