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Customers' satisfaction of the occupational therapy services in Namibia

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ABSTRACT

Background: Patients' satisfaction is important in healthcare services. It can be an indicator of quality of services in a hospital. The study aims to determine the customers' satisfaction of the Occupational Therapy Services at Katutura State Hospital in Windhoek.

Methods: The research design was a mixed approach - quantitative and qualitative. Questionnaires and interviews were used to collect data. The statistical package for the social sciences software version 23 was used to analyse data. **Results:** Results of the study showed that occupational therapy patients at Katutura State Hospital are satisfied with the quality of service. However, the service was not superior. Perceived quality mean of the service was 5.51 while the desired quality of service was 9.45. Out of the three dimensions; quality of care, physical environment and occupational therapy services, patients were mostly satisfied with quality of care with the adequacy mean of 1.02 and least satisfied with the physical environment which had an adequacy mean of 0.31. Patients were not satisfied with the cleanliness, ventilation, privacy, lighting, waiting time, consent before treatment and follow up of patients.

Conclusions: The study shows that the occupational therapy patients at Katutura State Hospital are slightly satisfied with the services although there are some other factors they are dissatisfied with. The occupational therapy department is recommended to develop consent forms, improve on waiting time and keeping appointments. The physical environment also needs to be improved in order to increase the patients` satisfaction rate.

Keywords: Customer satisfaction, Occupational therapy, Quality of care, Physical environment, Service adequacy, Service superiority

INTRODUCTION

Patient satisfaction is defined as the core of human experiences, when we are reflecting our liking of a hospital's services.¹ Patient satisfaction is a highly desirable outcome of clinical care in the hospital and patient's expression of satisfaction or dissatisfaction is a judgement on the quality of hospital.² In addition patient's satisfaction is a requirement for healthcare as it is related to the quality of hospital. A comprehensive understanding of the patients' needs and their suggestions can be obtained through satisfaction surveys.³

Furthermore, gaps in the health systems can also be identified through satisfaction surveys. Health service providers can take actions to address concerns in the best possible way to ensure that minor problems do not become permanent complications.⁴

Occupational therapy is the assessment and treatment of physical and psychiatric conditions using purposeful activities to prevent disability and promote an independent function in all aspects of daily life.⁵ Satisfaction surveys have been carried out in other departments but literature shows that no survey was done

for the occupational therapy department at Katutura State Hospital. Katutura State Hospital has been referred to in an Audit report which was ordered by President Pohamba in 2012 because of poor service. The President of Namibia (Hifikepunye Pohamba) ordered an inquiry in 2012 because of a huge public outcry.

There are many factors which determine satisfaction of customers. The quality and physical environment are the most common determinants of satisfaction. 8-12

Objectives

To assess the customers' satisfaction levels with regards to the quality of the services offered by the Occupational therapy department considering different dimensions and attributes of the services such as quality of care, physical environment and occupational therapy.

Quality of care

Quality is a very important factor in determining satisfaction of patients. ^{13–15} Patients who are satisfied with the quality of service in hospitals associated with high quality. ^{13–18} Patients tend to become more loyal and stick to their treatment regime if quality service is offered. ¹⁰ Quality of service is determined by five dimensions which include: tangibles, reliability, responsiveness, assurance and empathy. ¹⁹

Physical environment

The physical environment can influence how patients perceive the service of an organisation. ¹⁶ The physical environment is defined as the ambient, architectural or interior design features that are purely stimulus objects. ²⁰ The physical environment influence how patients view dignity in care in the hospital. ^{9,16,21} Despite the physical environment being one of the crucial determinants of customer satisfaction, it was documented that little has been done to improve the physical environment especially in hospitals in Africa. ²²

Current research on patients` satisfaction and physical environment which was conducted in Cameroon shows that patients were dissatisfied with the physical environment of the hospital. Cleanliness of the hospital facility was rated 40% satisfaction while other variables like staff – patient communication was rated 99% satisfaction.²³

Occupational therapy services

Occupational therapy services are one of the satisfaction dimensions in this study. Occupational therapy aims at increasing the range of motion, function and quality of life in patients. Smaller group therapy sessions, continuity of care and hands on-time with the therapist determine patients` satisfaction levels.²⁴

It was reported that physical therapists and occupational therapists are not the frequently cited healthcare workers with whom persons with disabilities report dissatisfaction. There is evidence that patients are often satisfied with occupational therapy. 25–27

METHODS

A mixed method approach was used - quantitative and qualitative methods. A descriptive quantitative approach was used to investigate the level of satisfaction of the service users on the three dimensions (quality of care, physical environment and occupational therapy) of the occupational therapy department. The population was approximately 500 patients who visited Katutura occupational therapy department in Windhoek. A representative sample of 385 patients was used.

Dimensions

The following three dimensions were measured by the instrument: quality of care, physical environment, and occupational therapy services.

Analysis

The statistical package for the social sciences (SPSS) program version 23 was used to analyse data. Mean for the minimum service expected, desired and perceived was calculated for the quality of care, physical environment and occupational therapy services. The adequacy and superiority mean was also calculated for each question for the three dimensions. Tables and graphs were used to present data.

RESULTS

Table 1 shows the overall mean for minimum expectation is 4.77, desired 9.45 and perceived 5.51. The adequacy mean is positive with 0.74 while the superiority mean has a negative value of -3.94. The overall satisfaction rate was just above half; 55.1%. Under the quality of care patients were not satisfied with waiting time (O1) and the consent (O7), for waiting time the adequacy mean was -0.127 while for consent it was -2.010.

Out of 9 variables under physical environment, patients were not satisfied with 4 variables which were cleanliness, ventilation, privacy and lighting in the department. Privacy had the least adequacy mean of -1.358. Lighting in the department also had a negative adequacy mean of -0.722, cleanliness was -0.423 and ventilation was -0.140. Accessibility of the department had the highest adequacy mean of 1.540, followed by interior design, signs, equipment and ideal place for receiving occupational therapy with 1.540, 1.161, 1.067, 0.979 and 0.662 respectively. The superiority mean for all the variables of the physical environment were negative. The least superiority mean was privacy in the department which had a value of -6 while the highest value was -3.156: accessibility of the department.

Table 1: Survey item summary.

		Mean	Desired Mean	Perceived Mean	Adequacy Mean	Superiority Mean	N				
Dimension: Quality of care											
Q-1	Waiting time to receive occupational therapy treatment	4.67	9.56	4.55	-0.127	-5.010	385				
Q-2	Employees give confidence in patients	4.63	9.58	6.66	2.036	-2.914	385				
Q-3	Employees show care and are consistently courteous	4.65	9.27	6.91	2.260	-2.364	385				
Q-4	Employees` willingness to help patients	4.65	9.32	5.96	1.307	-3.361	385				
Q-5	Employees have the knowledge to answer the patients' questions	4.70	9.44	6.63	1.938	-2.810	385				
Q-6	Individual attention to patients	4.79	9.40	5.04	0.244	-4.358	385				
Q-7	Employees get consent from patients before treating.	4.81	9.35	2.80	-2.010	-6.543	385				
Q-8	Friendliness of employees	4.84	9.46	6.72	1.875	-2.746	385				
Q-9	Employees keep the appointment time	4.80	9.51	4.87	0.068	-4.644	385				
		4.73	9.43	5.75	1.02	-3.68					
Dimens	ion: Physical environment										
P-1	Ideal place for receiving occupational therapy treatment	4.75	9.74	5.42	0.662	-4.322	385				
P-2	Cleanliness of the department	4.68	9.41	4.26	-0.423	-5.153	385				
P-3	Ventilation in the department	4.79	9.48	4.65	-0.140	-4.834	385				
P-4	Accessibility of the department	4.71	9.40	6.24	1.540	-3.156	385				
P-5	Interior design	4.84	9.41	6.00	1.161	-3.410	385				
P-6	Signs and directions in the department	4.76	9.40	5.82	1.067	-3.580	385				
P-7	Privacy in the department	4.83	9.47	3.47	-1.358	-6.00	385				
P-8	Lighting in the department	4.82	9.42	4.10	-0.722	-5.317	385				
P-9	Equipment in the department	4.87	9.43	5.85	0.979	-3.577	385				
D:	ion. Occurational there are consider	4.78	9.46	5.09	0.31	-4.37					
Dimens	ion: Occupational therapy service Regaining of independence after										
O-1	treatment	4.74	9.50	5.56	0.816	0.816	385				
O-2	Clarity of instructions of exercises to do	4.71	9.61	5.90	1.184	-3.709	385				
0-3	Provision of assistive devices like corner chairs, plate guards, wheelchairs or splints	4.84	9.36	6.28	1.444	-3.075	385				
O-4	Provision of home programs	4.75	9.37	6.06	1.309	-3.3065	385				
O-5	Follow up of patients	4.75	9.39	4.34	-0.405	-5.052	385				
O-6	Availability of occupational therapy resources	4.94	9.47	5.97	1.029	-3.499	385				
		4.79	9.45	5.69	0.9	-3.76					
	Overall:	4.77	9.45	5.51	0.74	-3.94					

Occupational therapy services dimension had 6 variables. Patients were not satisfied only with one variable which was the follow up of patients- O5. The adequacy mean for the follow up of patients was -0.405. The other 5 variables had positive adequacy mean. The highest adequacy mean was 1.444 which was provision of assistive devices followed by 1.309, 1.184, 1.029 and

0.816 which were for provision of home programs, clarity of instructions, availability of occupational therapy resources and regaining of independence after treatment respectively. The superiority mean values were all negative for the occupational therapy services except for the variable O1 which was regaining independence after treatment.

Code	Question Text	Minimum Mean	Desired Mean	Perceived Mean	Adequacy Mean	Superiority Mean	n
Dimension							
	Quality of Care	4.73	9.43	5.75	1.02	-3.68	385
	Physical Environment	4.78	9.46	5.09	0.31	-4.37	385
	Occupational Therapy Services	4.79	9.45	5.69	0.9	-3.76	385
Overall		4.77	9.45	5.51	0.74	-3.94	385

Table 2: Core question dimensions summary.

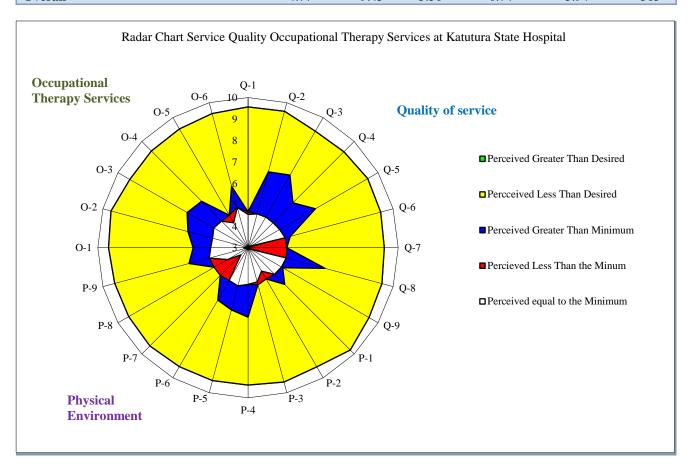


Figure 1: Service quality at occupational therapy department, Katutura state hospital.

Table 2 shows the summary of the core questions dimensions of the research. The three dimensions which are Quality of care, physical environment and occupational therapy services are shown with the minimum mean, desired mean, perceived mean, adequacy mean and superiority mean.

Quality of care had a perceived mean of 5.75, adequacy mean was 1, 02 and a negative 3.68 superiority mean. Physical environment had 5.09, 0.31 and -4.37 for perceived mean, adequacy mean and superiority mean respectively. Occupational therapy dimension had scores of 5.69, 0.9 and -3.76 for perceived, adequacy and superiority mean. Quality of care had the highest adequacy mean while occupational therapy services had the least score. Patients were mostly satisfied with the quality of care followed by occupational therapy services

and physical environment. The overall perceived mean was 5.51 while the minimum expectation was 4.77. The desired expectation was highest with a value of 9.4.

Figure 1 shows the proportion of the minimum, desired, perceived, adequacy and superiority mean. The yellow part shows areas where perceived mean is less than desired mean. Most of the participants had perceived values which were greater than the desired values in all the three dimensions, quality of care, physical environment and occupational therapy services.

The second biggest proportion is shown by the blue area. The blue colour shows the proportion where the perceived mean was greater than the minimum mean. The greatest proportion was under the quality of care

dimension and while the least was the physical environment.

The values where perceived was equal to minimum values are shown with the white colour. Physical environment had the highest proportion of the values where perceived values were equal to minimum values. The red colour showed areas where the perceived mean was below the minimum mean. Physical environment dimension had the largest proportion of perceived mean below the minimum mean while occupational therapy services had the smallest proportion. The green colour showed perceived mean greater than desired mean. From Figure 1, it is shown that in all the three dimensions there was no perceived mean which was greater than desired mean.

DISCUSSION

The overall satisfaction rate for males and females were 67.3% and 64.5% respectively. The data obtained is broadly consistent with satisfaction levels of patients with public hospitals which is confirmed by previous researches in public hospitals. 17,28–30

The satisfaction rate in occupational therapy services, however, was generally high in the previous research. This is because of the models used in occupational therapy of seeing a patient as a whole and not in parts. Occupational therapy is client centred.⁴ The results of the study however differ from the findings of Muntlin who found that the satisfaction of occupational therapy patients is generally high (over 80%) because of the holistic nature of the occupation.³¹ The results differ probably because of the difference in places where the studies were carried. Muntlin carried his study in America where the health care system is generally better in terms of the availability of resources. 31 This research was carried out in Namibia, a developing country where the resources are very limited which hinders the occupational therapists to effectively deliver quality service.

Occupational therapists are required to first establish rapport with the patient for effective treatment. This makes the patients more comfortable and relaxed. The results of the study shows the effects of rapport through the higher levels of satisfaction which were scored in factors related to employees (occupational therapists).

The results of each dimension are discussed in detail on relation to the customer satisfaction levels of the services offered.

Quality of care

The patients were mostly satisfied with the quality of care dimension. Quality of care was rated higher than the other two dimensions by the occupational therapy patients. The perceived mean for quality of care, physical

environment and occupational therapy services was 5.75, 5.09 and 5.69 respectively. The quality of care included factors like employee's confidence, care willingness to help and friendliness of employees. Patients were satisfied with the services they received. The occupational therapy department is effectively implementing some of the dimensions of quality like empathy, assurance and responsiveness. This led to a higher satisfaction of patients. The findings are similar with the findings of other researchers. The authors concur that occupational therapists shows empathy due to the models they use in treating patients.

However, patients rated the waiting time and the ability to keep appointment time lower. Patients said that the therapists were sometimes unreliable in terms of their time. Reliability was lower which affected patients' satisfaction. The literature stated that if the services are unreliable then the quality of care decreases. 4,33

It is very important to deliver service as promised. From the interview with staff members, it was reported that sometimes they experience work overload unexpectedly hence they will not be able to stick to the promised time. Unexpected patients who come to the occupational therapy department are referred by the doctors seeing outpatients and it is difficult to send them or book them for another day. Patient may not have money for transport to come back for occupational therapy.

Physical environment

Physical environment had the least satisfaction level. Patients were not satisfied with the privacy, cleanliness, lighting and ventilation. The results are in line with other previous studies. In many studies which were carried out about satisfaction of patients with healthcare, low satisfaction results were due to physical facilities/physical environment. 34-38

Katutura State Hospital more than 30 years old and depends on maintenance and renovations to improve the physical environment. Some of the staff members reported that the maintenance is not always effective; sometimes the maintenance workers take long to come to fix broken things. Additionally, due to recent renovations which were taking place in the dental department most of the things like lights, internet and toilets were not functional. This resulted in patients' dissatisfaction as they could not receive the services they expected. From the interviews, patients highlighted that they were dissatisfied with privacy, cleanliness, lighting and ventilation. The factors are discussed in detail below:

Privacy

Patients had an expectation of 4.83 regarding privacy and what they received was 3.47. There was a negative adequacy mean; -1.358. The results showed dissatisfaction with the Katutura State Hospital privacy.

From the interviews, patients reported that the treatment areas were divided by screens and they felt uncomfortable to take off their clothes during treatment. Additionally, they were not confident to give therapist all the information about their conditions because everyone in the other screens could hear the conversation.

The results found are consistent with other researchers' findings who found out that privacy was one of the important factors which determine satisfaction. ^{39–42} Another researcher reported that human beings should be treated with dignity. If the level of respect and privacy is not observed at a health facility, there are high chances that the patients' level of satisfaction with the facility service will be low. ²⁶ Additionally, patients will not give the information that might help the health worker in the effective treatment of the patient.

Lighting

Lighting had the second lowest score of satisfaction of 41%. Patients were dissatisfied with the service. The department was dark due to the fluorescent lights which were not working. The occupational therapists said that it was sometimes difficult to see and work effectively because of poor lighting. The lighting was affected by the renovations for the dental department.

Lighting is one of the tangibles for the quality dimension.⁴³ Previous researchers reported that poor lighting has an effect on satisfaction level.^{9,44,45}

Cleanliness

The satisfaction level of cleanliness was 42.6%. Participants were not satisfied with the cleanliness of the occupational therapy department. From the interviews they reported that the curtains and the floors were not very clean. The results are consistent with the findings of other authors who reported that cleanliness in public hospitals is a problem especially in developing countries. ^{22,46,47} They pointed out that there are always high patients' flows in public hospitals and there is poor management of cleaners.

For the studies which were carried out in developed countries, satisfaction levels were very high ranging from 85% to 98% in cleanliness. This was because in developed countries strict measures are taken to reduce hospital acquired infections which can develop due to poor hygiene. Hospital acquired infections has caused a great increase in hospital costs and most important, has decreased the satisfaction level of patients.

Nyandoro concluded that cleanliness in developing countries hospitals is hard to achieve.⁵¹ She further explained that in developing countries resources are few and the funds which are available are usually channelled towards buying medications which is viewed as the critical area to make a patient recover. Public hospitals

always struggle to get enough cleaning materials and enough cleaners to do the job due to limited funds.

An author also concluded that cleanliness in hospital is an important factor which determines satisfaction with physical environment. The findings in India were consistent with the findings of this study.⁵²

Ventilation

The satisfaction rate of ventilation was 46.5%. Patients stated that the department was very big but did not have windows. It was dependent on the air conditions which were sometimes not working. Patients expected the hospital to be well ventilated to avoid spread of airborne diseases. Poorly ventilated facilities always lead to low satisfaction. The findings concur with those of Custer who reported that ventilation is an essential physical environment variable.⁴

Occupational therapy services

Under the occupational therapy dimension, there were 6 factors. The factors were more technical and included regaining of independence after treatment, clarity of instructions, and provision of assistive devices, follow up of patients and availability of occupational therapy resources. Patients were only dissatisfied with the factor of patients follow up. The perceived mean was below the expected mean.

From the qualitative results, patients stated that occupational therapists do not do patients follow ups. If they fail to turn up for therapy, no one will call them to find out why the patient did not turn up. Patients also reported that they do not receive any reminder messages for their follow up dates to help them to remember their appointments.

A research also found out that humans need to be seen holistically and they need to be remaindered even to receive the medical treatment.⁵³ Occupational therapy is client centred therefore all areas of a human beings should be looked at in order to satisfy them. Human beings can forget easily and they need to be reminded of their follow up dates. Following up patients helps them to feel that they are taken care of and the quality of service is high. Patients who are followed up have high satisfaction rates.⁵

Females were less satisfied than males with the occupational therapy services. This is supported by the findings of Ibrahim who reported that females usually finds it hard to understand technical aspects of the hospital and end up in most cases rate the variables low due to lack of understanding. However other researchers oppose this findings saying that if a person does not understand one particular aspect, she will end up rating it very high rather than low.

CONCLUSION

The study shows that the occupational therapy patients at Katutura State Hospital are slightly satisfied with the services although there are some other factors they are dissatisfied with. There is a service adequacy; however the service is not superior. Out of the three dimensions; quality of care, physical environment and occupational therapy services, the highest satisfaction was under quality of care, followed by occupational therapy services. Physical environment had the least satisfaction rate. The perceived quality mean for Katutura State Hospital is 5.51 while the adequacy is 0.74 mean. Patients were dissatisfied with the unavailability of consent forms, cleanliness, ventilation, lighting and few follow ups. The perceived quality is above the minimum expectation meaning that the patients are satisfied although there is a gap with the superiority adequacy.

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Institutional Ethics Committee

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