



**UNIVERSITY OF MALAWI**

**KAMUZU COLLEGE OF NURSING**

**CLIENT'S SATISFACTION WITH HEALTH SERVICES AT  
ZINGWANGWA HEALTH CENTRE**

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**A DISSERTATION SUBMITTED TO THE FACULTY OF  
NURSING IN PARTIAL FULFILMENT OF THE AWARD OF  
BACHELOR OF SCIENCE DEGREE IN NURSING EDUCATION**

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**DECLARATION**

I hereby declare that this dissertation is a result of my own effort and hard work and that has not been done previously for any degree program at any other institution.

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## DEDICATION

This work is dedicated to my loving husband Kelvin, for his love, support, encouragement, patience, and endurance throughout the entire period of my study.

To my children Phillip, Watipaso Vitumbiko, Mwiza, and Marumbo for their love and prayers. May the good Lord bless and guide them.

## ACKNOWLEDGEMENTS

The author would like to thank the Almighty God for giving her good health and wisdom throughout the period of the course.

The research Lecturer, Mr. M. Ngwale is acknowledged for imparting the knowledge on research, which has fully been utilized in writing this dissertation.

Sincere thanks should also go to Mrs. J. Chimango, my research supervisor, for her untiringly guidance during the dissertation writing. May God bless her.

Finally, my sincere thanks should go to staff members of Kamuzu College Nursing (KCN) library for their wonderful information and assistance in the internet café and all my classmates.

May God bless you all.

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## **OPERATIONAL DEFINITIONS**

- CLIENT** : A person who gets help or advice from lawyer, clinician or any professional
- CLIENT SATISFACTION** : Consumer degree of choice, evaluation of the services they receive
- QUALITY CARE** : Degree of excellence of a thing meeting requirements of the consumer
- FEEDBACK** : Response
- CONSULTATION** : User opinion are sought related to their health
- OPD** : Out Patient Department
- HEALTH EDUCATION** : Imparting knowledge and demanding more information from recipients as it aims to change attitude and behavior as well as increase knowledge.
- ENCOUNTER** : Unexpected meeting
- KCN** : Kamuzu College of Nursing
- PERCEIVED SUSCEPTIBILITY** : The feelings of personal vulnerability to a condition
- PERCEIVED BENEFIT** : Belief regarding the effectiveness of the health care to reduce threat
- PERCEIVED BARRIER** : Potential negative consequences of a particular action
- H.B.M** : Health Belief Model
- Z.H.C** : Zingwangwa Health Centre

## ABSTRACT

Survey research into client satisfaction is responsible for developing a number of related concepts concerning the ways in which clients evaluate the health care that they receive. Recently, doubts have been expressed to the adequacy of understanding how clients anticipate and respond to medical encounters and health services. The current study assesses client satisfaction with health services at Zingwangwa Health Centre and also explores ways of improving client satisfaction.

In a field study, questionnaires were administered to a convenient sample of 30 clients at Zingwangwa Health Centre ranging from outpatients (male or female, old or young), antenatal mothers, postnatal mothers, family planning clients and those are coming for voluntary counseling and testing. Client satisfaction as an independent variable was measured by three dependent variables such as waiting time, level of interaction between health personnel and clients, and quality of the facilities and service providers.

The results indicate that client satisfaction at Zingwangwa Health Centre was rated highly by the respondents on all the three variables. Over 50% of the respondents rated the three variables positively and this is contrary to findings from other studies that client satisfaction is low in health services.

## CHAPTER ONE

### 1.0 INTRODUCTION

Client satisfaction is an attitude a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social network (*Measurement of Client Satisfaction, 2003*)

Efforts of the Ministry of Health (M.O.H) is recommending a thorough organizational restructuring of the entire sector with the aim of establishing health care services that are more sustainable, cost effective, and responsive to client needs. The World Bank and other donors have been advising Malawi to ensure that limited resources not only have an optional impact on the population health at affordable cost, but also that health services are client-oriented.

In recent years, developing countries, influenced by findings in developed countries have become increasingly interested in assessing the quality of health care. Outcomes have received special emphasis as a measure of quality. Assessing outcomes has merit both as an indicator of the effectiveness of different interventions and as part of monitoring system directed at improving quality of care as well as detecting its deterioration (Consultant WHO).

Previous assessments of client satisfaction with services provided by government health workers in Malawi have usually constituted a marginal element in performance appraisal. These studies have mostly been limited to family planning but one finding worth mentioning is that quality care was not always linearly associated with the level of satisfaction expressed by clients.

The Joint Commission on Accreditation of Health Care Organizations (JCAHO, 2003) states that, Organizations should collect data about Clients' needs and expectations including the degree to which these needs and expectations have been met. Client letters and satisfaction surveys are

important indicators of quality as seen from the client's perspectives. In fact, the very survival of continuous quality improvement necessitates that healthcare providers identify what really matters to internal or external clients. If not, continuous quality improvement could well become buried in the graveyard of past management fads, such as quality circles and management by objectives that captured the fancy of healthcare managers but failed to become incorporated into ongoing management practices. In summary, feedback helps on individual practitioner or institution to improve future performance by examining past experiences. Clients' care provides vital sources of feedback to an institution while they are the direct recipients of that care. Yet, unfortunately, some institutions still in the transition from traditional quality assurance to continuous quality improvement are not making the best use of client feedback. The result is that individuals who most need the information collected from client and families never use it.

Continuous quality improvement will not succeed in an atmosphere of elevated idealism where caregivers are not really connected to those they serve. With lack of feedback from clients in the form of questions and comments, it is difficult for clinicians to improve their performance as communicators.

## 1.1 BACKGROUND

Malawi is a landlocked country in South Eastern Africa. Administratively, it is divided into three regions, and 28 districts, out of which 13 are in the Southern Region, 9 in the Central Region and 6 in the Northern Region. Malawi has an estimated population of 13,187,632 (National Statistics Office, 2007) comprising of 49 % males and 51% females which has a reproductive age group between 15 – 49 years. The Malawi population is young, with 45% below the age of 15. Life expectancy at birth is 42.8 years for men and 45.5 years for females. About 83% of the population lives in the rural areas (MDHS 2004). Educational attainment is higher for men than women. 20% of the men have never been to school as compared to 30% of the women (MDHS 2004).

In Malawi, Government health institutions provide about 60% of health care delivery, Christian Health Association of Malawi (CHAM), and other private-not-for profit NGOs provide about 36%

of the health services and the Ministry of Local Government (MoLG) provide 1%. The remaining 3% is provided by the private-for-profit sector. The Ministry of Health has the mandate to raise the level of health status of all Malawians by reducing the incidence of illness and occurrence of premature deaths in the population.

The Alma-Ata international conference defined primary health care as “the essential health care” made universally accessible to individuals and acceptable to them, through their full participation and at a cost which they can afford.

Measuring client satisfaction is regarded as the method of choice for obtaining customers’ views about the health care. This is based on two main principles: that clients are an essential source of data about how the service functions and that clients have the right to have their views taken into account when planning and evaluating services. Client satisfaction is of fundamental importance as a measure of quality care because it gives information on providers’ success at meeting those client values and expectations which are matters on which client has the ultimate authority.

Client satisfaction can also be described as the perception in the concerned subjects concerning nursing units, hospitals, and nursing staff members. Access to health services in Malawi remains modest with 54% of the rural population having access to formal health services within a 5 kilometre radius. This population increases to 84% if the urban population is included in the equation (Ministry of Health 2009, *Unpublished*).

## **1.2 PROBLEM STATEMENT**

Recent reports in the health care institutions have revealed enormous low client satisfaction with the health services. Zingwangwa Health Centre, one of the busiest health centres in Blantyre has not been spared of this problem. The community surrounding Zingwangwa catchment areas has expressed dissatisfaction with the services rendered at the centre.

Some of the evidence is:

*In 2007, there were outcries about dissatisfaction with health services when a 7 year old boy died after being bitten by a rabid dog but did not get any treatment from the centre. The news was in the Newspapers and on the radio when the child died two months later at home.*

*In 2008, the District Health Officer (DHO) received calls from residents surrounding Zingwangwa catchment area that the health centre opens at 10 a.m. and closes at 3 p.m. Some residents said they did not find a doctor to attend to them when they visited the centre.*

The District Health Officer for Blantyre District confirmed to the researcher receiving phone calls and reports from the community surrounding Zingwangwa catchment area complaining about low client satisfaction at the health centre. She said so far meetings were held to map out the way forward.

### **1.3 RESEARCH OBJECTIVES**

#### **MAIN OBJECTIVE**

The main objective of the study is to establish levels of client satisfaction with health services at Zingwangwa Health Centre.

#### **SPECIFIC OBJECTIVES**

Specifically, the study objectives are as follows:

- To examine and evaluate clients' waiting time:
  - At the reception;
  - At the waiting area;
  - During consultations;
  - During laboratory investigations if any;
  - During registration;
  - At the pharmacy.

- To find out client-provider interaction process during consultations.
- To determine the types of health services provided at the health centre.
- To analyse quantity of client satisfaction to those clients who have utilized the services.

#### **1.4 MOTIVATION OF THE STUDY**

The research study is driven by the fact that government institutions exist to offer free health services to the community. Current trends in health provision show greater focus on the government institutions and poor services offered. The majority of Malawian population is poor and cannot afford paying for hospital services and hence for their benefit, they take refuge to these institutions.

The question remains: Why have many reports over the years indicated poor health services to the community? This study aims at exploring client satisfaction with health services at Zingwangwa Health Centre and to suggest ways of improving client satisfaction.

#### **1.5 SIGNIFICANCE OF THE STUDY**

- The research study will help to improve health care services in government institutions thereby promoting the provision of quality services.
- The study will provide more ideas to the government of Malawi on how to best render high quality and satisfactory services to the general public.
- The study will also provide a model or tool for assessing factors contributing to client satisfaction in health institutions in Malawi.
- It will also provide greater understanding of how management in government health institutions values their services to the community.
- It will provide direction for most professional members of staff on how to effectively conduct research on any area of their interest.
- It will act as a pilot study to a major study in future.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

Literature review will help to find out what has already been done and identify the gaps left on the topic under study (Burns & Grove 2007). Literature review will also act as a foundation upon which new knowledge can be based. This chapter discusses a review of literature related to client satisfaction in health care. Some related studies on client satisfaction done outside and within Malawi will be discussed as well.

A review of literature shows that many studies have been conducted on client satisfaction in non-health institutions such as hotels and results have shown increased customer satisfaction.

#### **2.2 STUDIES DONE OUTSIDE MALAWI**

Lyatuu et al (2008) conducted a descriptive study on client satisfaction with services for prevention of mother-to-child transmission (PMTCT) of HIV at Dodoma rural hospital in Tanzania. The aim of the study was to assess client satisfaction with PMTCT services at the hospital. The study recruited 113 clients who accessed PMTCT services and the results showed that 75.2% were satisfied with counseling provided as well as waiting time spent for the service. 24.8% were not satisfied with counseling provided as well as waiting time spent for the service. Some of the reasons contributing to dissatisfaction include inadequacy in individual counseling, inadequate on site test supplies, and requirement and cost incurred when travelling to seek PMTCT services from a referral hospital or a satellite health facility.

A descriptive study was done by Oliveras E. et al (2004) on client satisfaction with abortion care using in-depth interviews. The study recruited 489 abortion clients in three Russian cities. In general, the results were that client satisfaction was very high with 74% of all abortion clients reporting that they were satisfied with the care given. The study also found out that they were greater variations in responses to questions about specific care. Rating of comfort had the greatest variation with 41% of the clients rating comfort as good, 47% as fair and 11% as poor. For both hygiene and courtesy, less than 2% rated their satisfaction as poor while 69% reported satisfaction as good. Those that rated poor attributed their dissatisfaction to lack of adequate information.

Manje L. (2007) conducted a descriptive study on micro insurance client satisfaction in Zambia. There were 18,000 clients recruited because the study was conducted the whole year. The results of the study revealed that 11% of the respondents were not satisfied at all, 7% were fairly satisfied while only 2% were very satisfied. Those that were dissatisfied affirmed this to lack of understanding of the insurance product claimed that no clear explanations were provided.

In fact most of them indicated that they were just learning they had insurance from the research team, but even then they still did not know the type of insurance they had or the accompanying benefits.

### **2.3 STUDIES DONE IN MALAWI**

Phiri et al (2005) conducted a quantitative study on client satisfaction, knowledge transfer and role of the National scale-up plan of HIV and AIDS in Malawi at Lighthouse Lilongwe. The study recruited 178 clients from Lighthouse CT, Area 18 and Bottom hospital. The results on client satisfaction showed that almost 99% were satisfied with the counseling and testing services and were recommending the services to others. However, the study found out that there was a deficit in information about ARV and PMTCT, which has to be addressed carefully by the counseling team.

A qualitative survey done by Kongnyum E.J. & Van den Broek, N. (2008) on women friendly care and providers' perception in Salima, Kasungu and Lilongwe which revealed that most women did

not utilize health care because of poor attitude of the providers. The study also developed standards for women friendly care in maternity units which were: reception, attitude towards women, respect for culture, respect for women, waiting time, enabling environment, provision of information, individual care, provision of skilled attendants at birth and emergency obstetric care, confidentiality and proper management of client information.

## CHAPTER THREE

### 3.0 CONCEPTUAL FRAMEWORK

#### 3.1 INTRODUCTION

Conceptual framework guides the researcher to understand the variables under study and their relationship and how these relationships affect their outcome. This chapter will give a description of the health belief model, a diagrammatic presentation of the model and how it will be applied in the study (Belief Model (HBM)). The model integrates psychological theories of goal setting, decision-making and social learning (Kozier, B. 2007).

#### 3.2 DESCRIPTION OF THE HEALTH BELIEF MODEL

This model has components that interact to explain a variety of health behaviours and designs interventions that would improve client access to preventive measures (Clemens-tone, 2002). The model explains that individuals' perceived susceptibility and perceived severity of the disease determine a perceived threat that will increase the likelihood of the preventive actions or participation in health interventions to decrease or lessen that perceived threat.

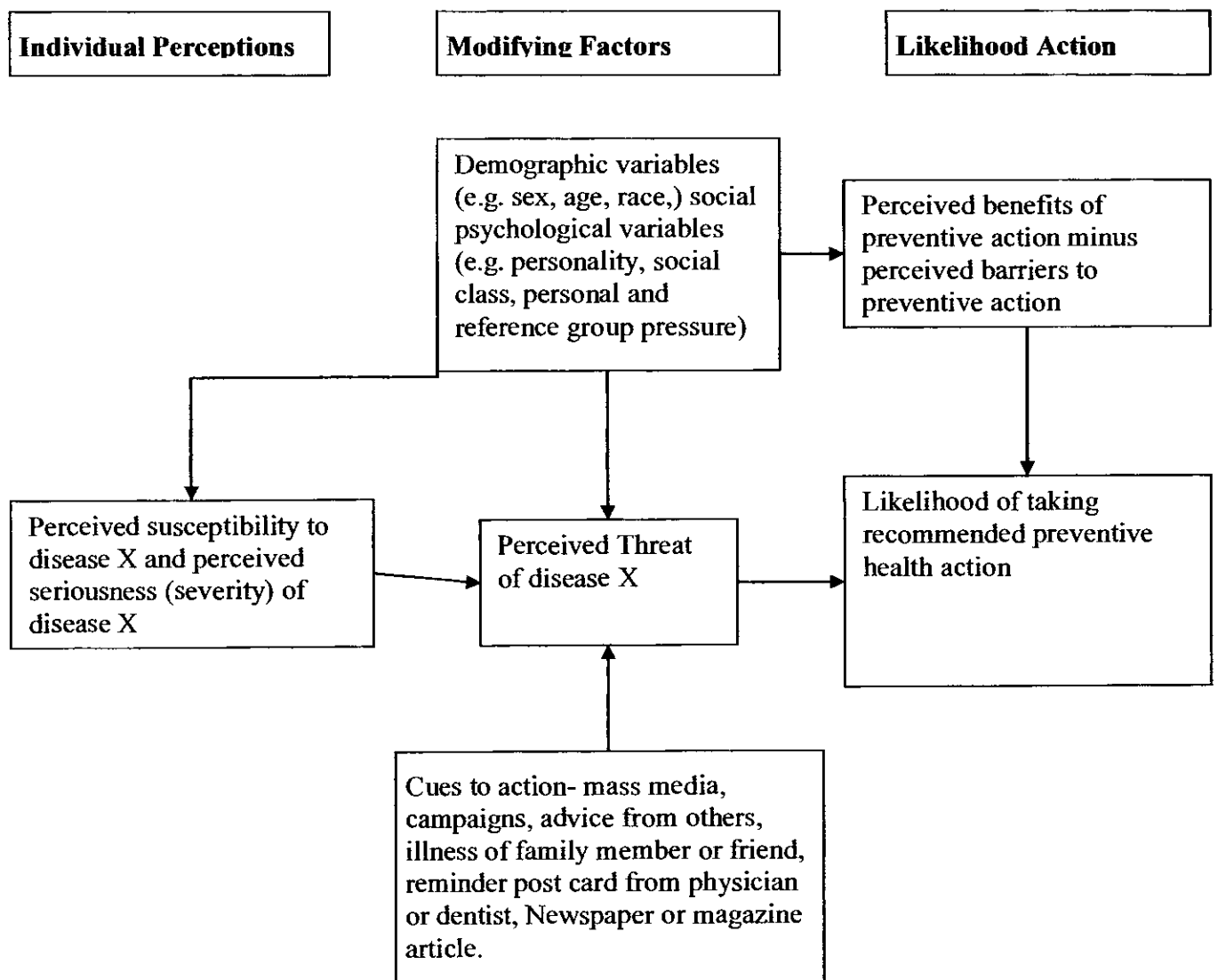
The major components of Health Belief Model include: perceived susceptibility, perceived severity, perceived benefit and cost, modifying factors and perceived barriers. Both the perceived susceptibility and perceived severity must exist before a perceived threat becomes sufficient to motivate a readiness for action and behavior change. The model postulates that health-seeking behavior is influenced by a person's perception of a threat posed by a health problem and the value associated with the action aimed at reducing the threat. The author perceived susceptibility refers to a person's perception that a health problem is personally relevant or that diagnosis of illness is accurate. Perceived severity refers to a person's perception on the seriousness of the disease. Perceived benefits refer to the client's belief that a given treatment will cure the illness or prevent it and perceived cost refers to the complexity, duration and accessibility of treatment. Motivation includes the desire to comply with a treatment. Modifying factors are those that act as a drive

towards performing an action. These include personality variables for instance, knowledge about the disease, client satisfaction, and demographic factors such as age, sex, and race.

### **3.3 FIGURE 1: THE HEALTH BELIEF MODEL**

The model has three principle concepts namely: individual perceptions, modifying factors, and variables affecting the likelihood of initiating actions. Individual perceptions include the individual's own judgment of the susceptibility to seriousness of the disease and perceived threats of the illness. Modifying factors include age, gender, race, ethnicity, personality, social class, peer pressure, knowledge about the disease and prior contact. Variables affecting the likelihood to initiate action include; perceived benefit, perceived barriers, and motivation.

The HBM suggests that people are more likely to take preventive action to comply with professional medical advice if they feel concerned about their health and are motivated to protect it, feel susceptible to or risk of disease in question. It says that people will comply to treatment if they believe that the consequences of the disease would be serious if left untreated and that these outweigh any cost or draw backs involved (See figure 1.)



The Health Belief Model (source: Potter & Perry, 2005, p 92)

### 3.4 APPLICATION OF THE HEALTH BELIEF MODEL TO THIS STUDY

Client satisfaction is a complex concept that is related to a number of factors including lifestyles, future expectations and the value of both individuals and society. Client satisfaction is when a person has gone to a health care facility either to get treatment or counseling. A person goes to the hospital when there is perceived susceptibility for example illness, or when there is an outbreak of any disease. The perceived seriousness of the threat and the client's perceived benefit among some modifying factors.

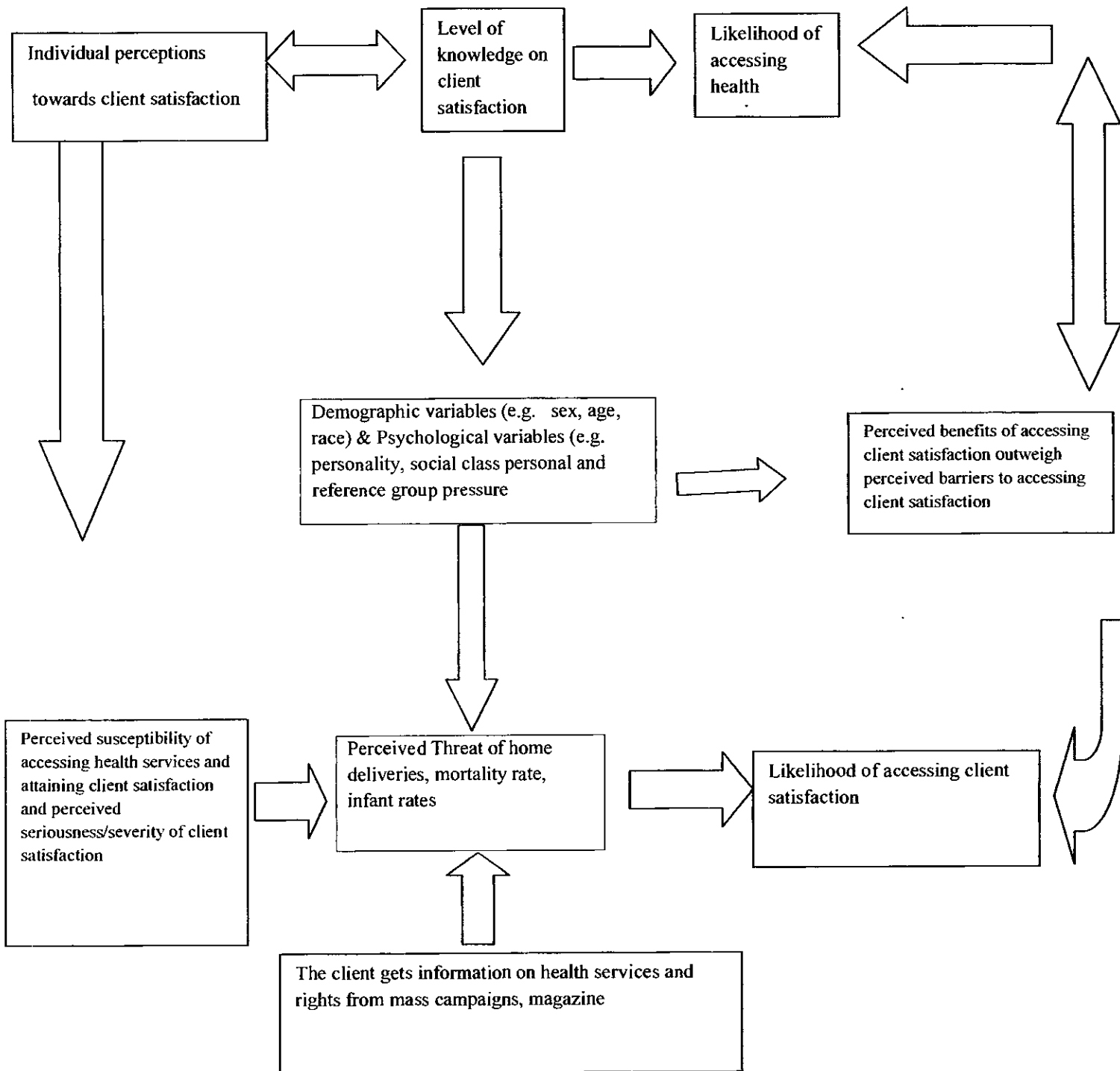
In this theory, modifying factors act as a push to seek medical attention. Malawi has an extensive and comprehensive health care delivery system infrastructure consisting of maternity units, dispensaries, health centres, district and central hospitals linked through a well defined referral system that one can access anytime. The policy of Ministry of Health is to raise the level of health status of Malawians through the development of a health care system capable of promoting health, preventing, reducing, and curing disease, protecting life, and fostering the general wellbeing and increased productivity and reducing the occurrence of premature death. On the other hand, individuals may not be able to seek treatment from the hospitals despite perceived susceptibility and seriousness of an illness due to perceived barriers like waiting time, attitude of health workers etc.

In Health Belief Model, some cues to help an individual take action have been stated such as: mass media campaigns, advice from others, reminder post cards from health personnel and newspapers or magazine article. This means that clients need to be reminded about health care services through mass media such as radio; reminder postcards should be pasted in hospital buildings; information on client's rights and access to health care services should be in the papers and magazine article.

### 3.5 SUMMARY

Literature shows that dissatisfaction does not seem to be reduced by clinicians trying to see that the customers are fully informed nor does the increase in the level of educational and research concerns with the problem seem to have led a reduction in customer satisfaction. Large amount of evidence exists to show that customers are frequently dissatisfied with the quality of health services. In nursing, professionals have placed on increasing emphasis on customer opinion and what constitutes desirable (See Figure 2).

**3.6 FIG. 2 A MODIFIED DIAGRAMMATIC ILLUSTRATION IN RELATION OF HBM TO CLIENT SATISFACTION**



The Health Belief Model (source: Potter & Perry, 2005, p 92)

## CHAPTER FOUR

### 4.0 METHODOLOGY OF THE STUDY

#### 4.1 RESEARCH DESIGN

A study design is an overall plan of action to obtain the answers to constructs under study for testing the developed hypothesis (Burns & Groves 2007).

This study used quantitative design since it involves systematic collection of numerical data and findings were presented in numerical and graphical method. This involves investigating how much time is spent for laboratory investigations, the time spent for registration and finally time spent to receive drugs. Clients consisted of adult male and female out-patients youths from surrounding schools, antenatal, postnatal and family planning mothers

Clients who were literate filled the questionnaires but those that were illiterate were interviewed by the researcher and the questionnaires filled.

Level of satisfaction was assessed in two stages. In the first stage, respondents were asked whether they were satisfied or dissatisfied with various health care services at Zingwangwa Health Centre. In the second stage, clients further categorized their satisfaction or dissatisfaction with the health services. Rating was as follows: very satisfied = 5, satisfied = 3, poorly satisfied = 2 and not satisfied = 0.

#### 4.2 SETTING

Setting is the location where the study will be conducted (Burns & Grove 2007). The current study was conducted at Zingwangwa Health Centre in the City of Blantyre. The study setting was chosen because was within easy reach of the researcher and researcher's familiarity with the area.

#### 4.3 SAMPLING

Sampling is the process of selecting subjects that are representative of the population being studied (Burns & Grove 2007). The study used stratified random sampling and a sample of 30 participants was recruited using simple random sampling from each stratum like antenatal mothers, family planning mothers, outpatients, under five clinic, and postnatal mothers.

Polit & Beck, (2008) state that a stratified random sampling entails the use of the most available people for use as subjects in a study.

A stratified random sampling of all clients attending Zingwangwa Health Centre was used to select subjects to avoid bias despite having many.

#### **4.4 DATA COLLECTION**

Good research results are judged by the quality of data collected and analyzed. The quality of data is dependent on the methods used to collect the data. In this research, the aim was to have meaningful results which will contribute effectively to the health sector. There are many methods used in data collection. This study used a variety of methods of data collection. The many methods ensured that one method supplements the other and at the end have quality data for analysis of the findings.

The methods chosen for this study are described below:

##### **Personal Interviews**

This was done with clients visiting Zingwangwa Health Centre. Semi-structured questions were used to collect data from the subjects earmarked for the study. The researcher physically conducted the interviews in order to have an own assessment of the factors contributing to the client satisfaction.

##### **Questionnaires**

Semi-structured questionnaires were used to collect data from clients and the questionnaires were administered by the researcher. Waiting time for clients starting at the reception, waiting area was recorded. In addition to waiting time, consultation time was also assessed.

First, waiting time for consultation was defined from the time of arriving at the centre to the time of meeting the clinician or the nurse.

#### **4.5 DATA COLLECTION INSTRUMENTS**

A questionnaire was developed with the aim of capturing all the variables targeted for the study mainly waiting time and attitude of health workers.

#### **4.6 PILOT STUDY**

A pilot test was conducted on the questionnaire to ensure validity of the tool. Identified shortfalls were amended and the questionnaire was revised and used in the data collection for the study. The pilot study helped to assess feasibility of the study. It also helped to examine the reliability and validity of the data collection tool.

#### **4.7 DATA ANALYSIS**

The data was analyzed manually with the help of a calculator. Once the data was collected using the questionnaires and personal interviews, it was edited, coded, and prepared for analysis. Data analysis involved reduction, summarization, pattern examination and statistical evaluation of the hypotheses.

#### **4.8 ETHICAL CONSIDERATIONS**

The participants were included in the study only upon their voluntary acceptance to participate and an informed consent was signed to ensure this. No names were used on the questionnaires to ensure anonymity and all responses from participants were treated in a confidential manner by locking them in a closed cupboard and used for the intended purpose.

Interviews were conducted in a private room to ensure privacy. Permission was sought through the University of Malawi Research Committee from Blantyre District Health Office where the main study was done and Mzuzu Health Centre where the pilot study was done.

Participants were given freedom to withdraw from participation or withhold any information which they feel is irrelevant at any time of the study without interfering with their services at the health centre. Risks and benefits of the study were explained.

#### **4.9 DISSEMINATION OF RESULTS**

The research results were communicated through written report. Copies were made available at KCN Library, Blantyre District Health Office, and Zingwangwa Health Centre.

#### **4.10 LIMITATIONS OF THE STUDY**

The study focused on and was limited to the health centre and sample size was too small, as such the results can not be generalized to the entire population or catchment area of Blantyre district health centres. Further more funds were very limited, hence study only concentrated on Zingwangwa Health Centre.

#### 4.11 TIMELINE

Figure 2

Below is the clear outline of all the activities that are going to be carried out in the project.

	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
<b>SELECTION OF TOPIC</b>										
<b>LITERATURE REVIEW</b>										
<b>PROPOSAL DEVELOPMENT</b>										
<b>SUBMISSION OF PROPOSAL</b>										
<b>PRETESTING</b>										
<b>DATA COLLECTION</b>										
<b>REPORT WRITING &amp; BINDING</b>										
<b>SUBMISSION OF REPORT</b>										
<b>DISSEMINATION OF RESULTS</b>										

#### 4.12 RESEARCH BUDGET

The research budget was prepared showing activities during the study period and their cost (refer to table below).

ITEM	QUANTITY	COST IN MK	TOTAL COST IN MK
<b>1. STATIONERY</b>			
Plain papers	5 Reams	700/Ream	3,500.00
Ball point pens	10	25/Pen	300.00
Pencils	2	15/ Pencil	30.00
Rubber	1	100/each	100.00
Tippex	2	300/each	600.00
Small envelops	10	20/each	200.00
Big envelops	6	50/each	300.00
Postage stamps	5	35/each	175.00
Pencil sharpener	2	100/each	200.00
Diskettes	10	100/each	1,000.00
Paper clips	1 Box	100/Box	100.00
Stapling machine	1	900	900.00
Staple pins	1 Box	100/Box	100.00
Punching machine	1	900	900.00
<b>SUB TOTAL</b>			<b>9,405.00</b>
<b>2. SECRETARIAL SERVICES</b>			
Typing proposal	50 pages	100/page	5,000.00

Printing proposal	200 pages	10/ page	2,000.00
Binding proposal	4 copies	300/copy	1,200.00
Photocopying questionnaires	400	10 /page	4,000.00
Typing Dissertation	100 pages	100/ page	10,000.00
Printing Dissertation	400 pages	10 /page	4,000.00
Binding Dissertation	4 copies	300 /page	1,200.00
<b>SUB TOTAL</b>			<b>27,400.00</b>
<b>3. TRANSPORTATION AND COMMUNICATION</b>			
Transport to and from data collection centres			9,000.00
Local Running to other resource centres			3,000.00
Phone calls			2,000.00
Internet services			2,000.00
<b>SUB TOTAL</b>			<b>16,000.00</b>
<b>4. INCIDENTALS</b>			<b>6,000.00</b>
<b>GRAND TOTAL</b>			<b>58,805.00</b>

#### **4.13 JUSTIFICATION OF THE BUDGET**

##### **STATIONERY**

This was used in writing the draft notes and also printing copies of the proposal and dissertation.

##### **SECRETARIAL SERVICES**

This was used in the typing the proposal and dissertation and printing and photocopying of the proposal and dissertation.

##### **TRANSPORT COST**

Money was used to cover the transport from Mzuzu to Blantyre where the researcher collected data. In August, the researcher was in Mzuzu for Teaching Practices.

##### **CONTINGENCY**

The money was used in emergency in the course of research project.

## CHAPTER FIVE

### PRESENTATION OF THE RESEARCH FINDINGS

#### 5.0 INTRODUCTION

This chapter presents the findings from the study. Section one presents demographic data, section two presents the sample composition, section three presents the main variables for the study which were investigated and what has been the findings. Section four summarizes the results presenting a discussion of the overall study findings.

#### 5.1 DEMOGRAPHIC DATA

	FREQUENCY	PERCENTAGE
<b>AGE</b>		
<1-15 years	4	13.3%
16-34 years	22	73.3%
35-54 years	3	10%
55-74 years	1	3.3%
Above 75 years	0	0%
<b>TOTAL</b>	<b>30</b>	<b>100%</b>
<b>SEX</b>		
Male	10	33.3%
Female	20	66.6%

<b>TOTAL</b>	<b>30</b>	<b>100%</b>
<b>RELIGION</b>		
<b>C.C.A.P.</b>	<b>3</b>	<b>10%</b>
<b>S.D.A.</b>	<b>3</b>	<b>10%</b>
<b>R/C</b>	<b>6</b>	<b>20%</b>
<b>ISLAM</b>	<b>4</b>	<b>13.3%</b>
<b>PENTECOSTAL</b>	<b>10</b>	<b>33.3%</b>
<b>OTHERS</b>	<b>3</b>	<b>10%</b>
<b>TOTAL</b>	<b>20</b>	<b>100%</b>
<b>MARITAL STATUS</b>		
<b>Single</b>	<b>4</b>	<b>13.3%</b>
<b>Married</b>	<b>15</b>	<b>50%</b>
<b>Divorced</b>	<b>2</b>	<b>6.6%</b>
<b>Widowed</b>	<b>8</b>	<b>26.6%</b>
<b>Separated</b>	<b>1</b>	<b>3.3%</b>
<b>TOTAL</b>	<b>30</b>	<b>100%</b>
<b>ETHNIC GROUP</b>		
<b>Chewa</b>	<b>9</b>	<b>30%</b>

<b>Sena</b>	<b>6</b>	<b>20%</b>
<b>Tumbuka</b>	<b>10</b>	<b>33.3%</b>
<b>Tonga</b>	<b>1</b>	<b>3.3%</b>
<b>Others</b>	<b>4</b>	<b>13.3%</b>
<b>TOTAL</b>	<b>30</b>	<b>100%</b>
<b>EDUCATIONAL LEVELS</b>		
<b>Non</b>	<b>4</b>	<b>13.3%</b>
<b>Primary</b>	<b>22</b>	<b>73.3%</b>
<b>Secondary</b>	<b>3</b>	<b>10%</b>
<b>Tertiary</b>	<b>1</b>	<b>3.3%</b>
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

## **5.2 THE SAMPLE**

A total of 30 subjects were successfully interviewed on exit from the facility. When children were exit clients, their carers were interviewed. A proportion of users who refused the interview was insignificant less than 3.3% (n=30) of the total participants. Only one client refused to be interviewed. In total, 33% of the respondents were males and 67% were females. The age of the subjects ranged from 7 years to 60 years and the average was 18 years. About 56% of the respondents had attended school reflecting roughly the catchment area educational pattern.

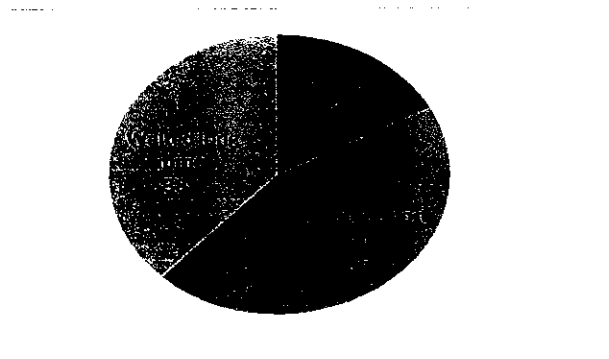
## **5.3 MAIN VARIABLES USED IN THE STUDY**

The study investigates the four main variables which have a direct relationship to the level of satisfaction and these are: Waiting time, Level of interaction between health personnel and patients, availability of health services and Quality of the facilities and service providers. Questions were administered using the questionnaires focusing on these variables to provide findings on the level of client satisfaction of the health services provided at Zingwangwa Health Centre. The following are the findings of the study:

### **5.3.1 CLIENT'S WAITING TIME**

From the 30 questionnaires administered during the data collection, it has shown that client's do not wait long at the health centre. From the 30 respondents, 18 showed that they did not wait and waited for a short time and only 11 indicated to have waited a longer time. The pie chart below presents the findings and numbers under each category. This shows that 45 % of the respondents waited less time, 38 % waited longer and 17 % did not wait.

**FIG.1: CLIENTS' WAITING TIME**

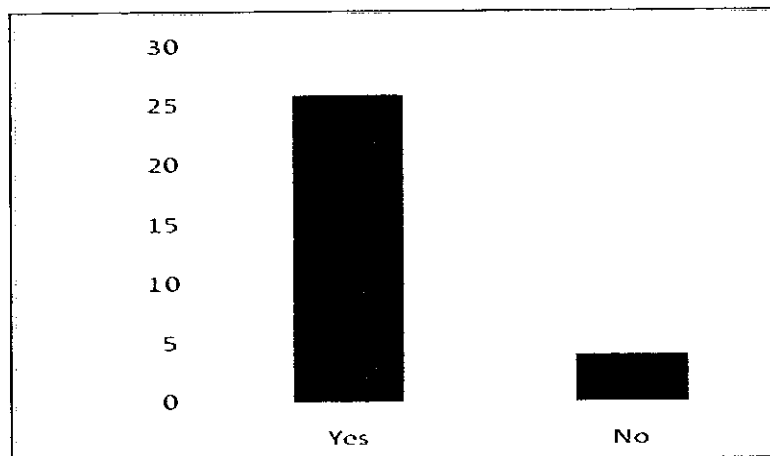


**5.3.2 CLIENTS' OBTAINING REQUIRED SERVICES**

Respondents were also asked if they obtained the service required at the health centre. A total of 26 clients answered Yes showing that they obtained the services they sought at the health centre representing 87% as compared to 4 who said did not get the services required.

The graph below presents how the respondents obtained the services.

**FIG.2 OBTAINING THE SERVICES REQUIRED**



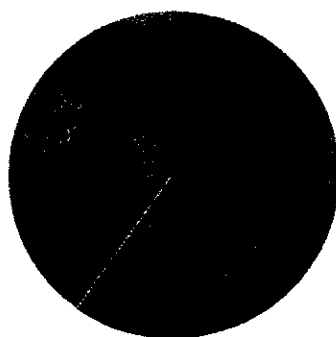
### **5.3.3 LEVEL OF INTERACTION WITH SERVICE PROVIDERS**

To assess the level of interaction with service providers, a set of questions were asked which included receiving greetings from the service provider, reception from the provider when attending to the client. In both attributes, it was found that respondents were supportive of the level of interaction which shows that the providers displayed a positive attitude to their clients and this depicts a satisfactory service.

### **5.3.4 CLIENTS' GREETINGS FROM THE PROVIDER**

A total of 18 respondents indicated that they received greetings from the providers representing 60 % while only 12 indicated that they were not greeted representing 40 % as shown by the pie chart and below.

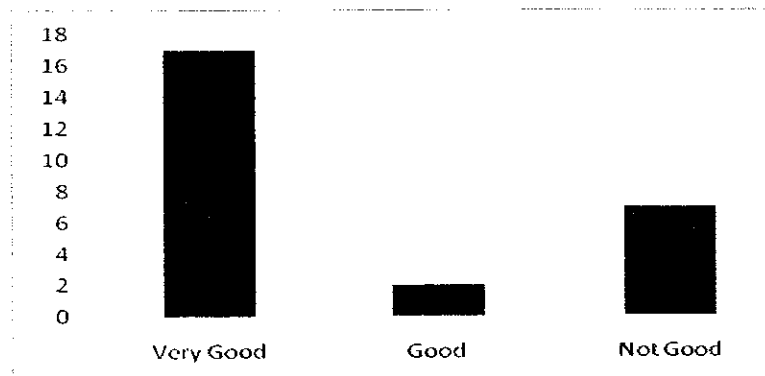
**FIG. 3 CLIENTS' GREETINGS FROM THE PROVIDER**



### **5.3.5 EXPLANATIONS OF CLIENTS' PROBLEMS FROM THE PROVIDER**

On receiving information about health their problems from the providers, a total of 17 respondents indicated that the explanations were very good, 2 indicated good and only 7 showed that explanations were not good.

**FIG. 4 EXPLANATIONS OF CLIENTS' PROBLEMS FROM THE PROVIDER**



**5.3.6 RECEPTION FROM THE PROVIDER**

On the reception from the providers, a total of 23 respondents showed that they received good reception from the providers while 3 reported to have not received good reception as shown by the graph below.

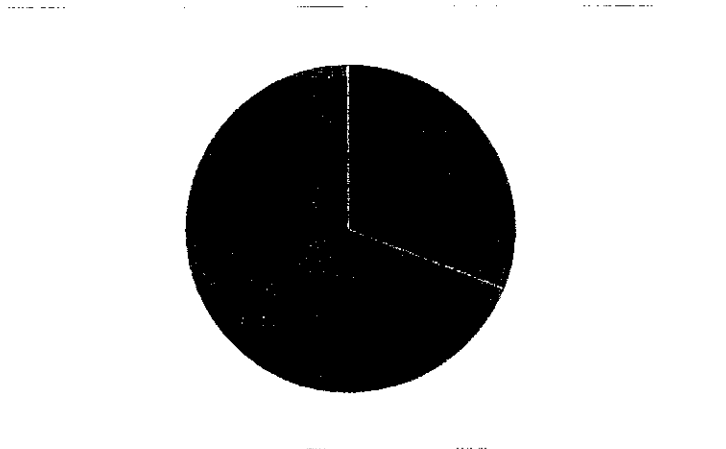
**FIG. 5 RECEPTION FROM THE PROVIDER**



**5.3.7 QUALITY OF HEALTH SERVICES**

To assess client satisfaction, clients were also asked if they were given chance to ask questions. Out of the 30 participants only 9 were given a chance to ask questions, 20 were not given a chance while one respondent said could not remember as shown by the table below:

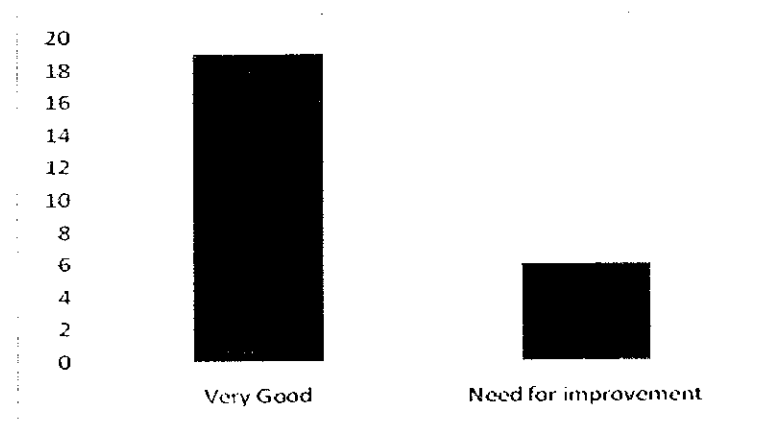
**FIG. 6 CLIENTS' CHANCE OF ASKING THE PROVIDER QUESTIONS**



**5.3.8 CLIENTS COMMENTS ABOUT ZINGWANGWA HEALTH CENTRE**

An assessment was done on the client's comments about Zingwangwa Health Centre. A total 19 respondents indicated that the facilities are good and 6 respondents indicated that the facilities need improvements as shown by the graph and table below.

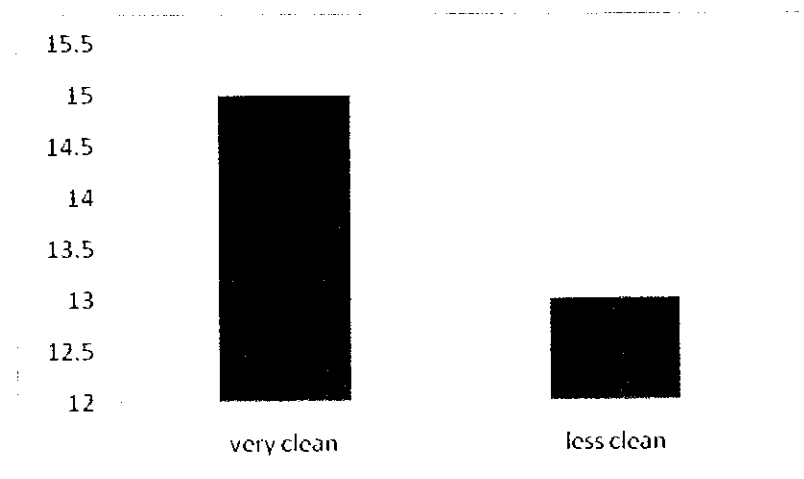
**FIG. 7 CLIENT'S COMMENTS ABOUT ZINGWANGWA HEALTH CENTRE**



### 5.3.9 CLEANLINESS OF THE FACILITY

Respondents were asked to assess the cleanliness of the health facility. The results showed that 15 respondents rated the facility to be very clean and 13 rated it less clean.

**FIG. 8 CLEANLINESS OF THE FACILITY**

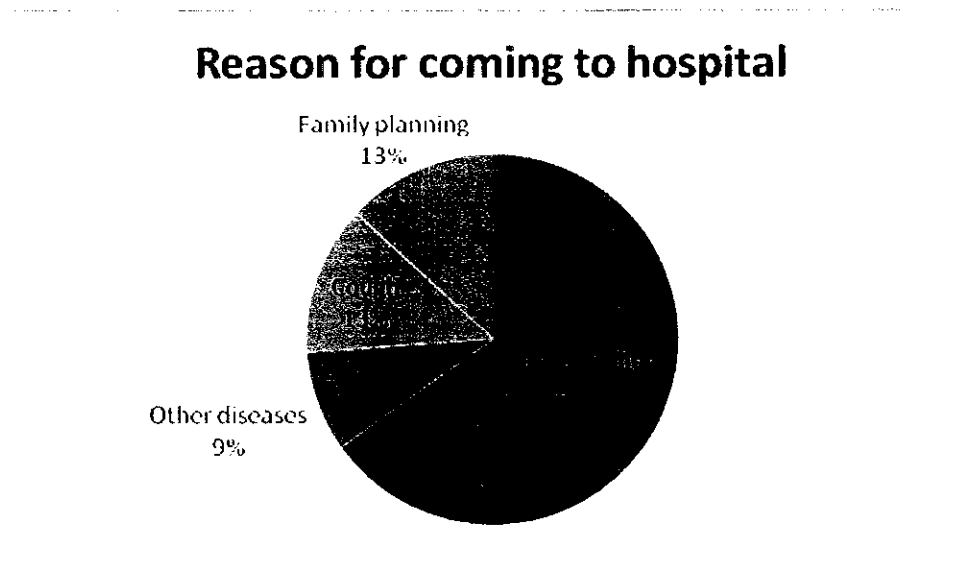


### 5.2.6 REASON FOR COMING TO ZINGWANGWA HEALTH CENTRE

Respondents were also asked the reason for coming to the hospital. The study has shown that the following health services were provided at the health centre; maternal care, family planning, under five clinic, outpatient department services, and voluntary testing and counseling services.

The pie chart below shows the results.

**FIG.9 REASONSFOR COMING TO HOSPITAL**



**5.4 SUMMARY OF FINDINGS**

This study has shown that:

- Clients wait for a very short period of time at Zingwangwa Health Centre contrary to what was foreseen at the duration of time for delivery of services. This finding signifies that client satisfaction is higher at the health facility.
- Clients indicated that they obtained all the services required at the health centre and were satisfied with the delivery of health services.
- The level of interaction between the health personnel and the clients was reported to be good as signified by greetings given to patients on their arrival at the service provider’s work station.

## CHAPTER SIX

### 6.0 DISCUSSION OF THE RESULTS AND CONCLUSION

#### 6.1 DISCUSSION

This chapter presents a discussion of significant findings of the study. The purpose of this study was to assess client satisfaction with health services at Zingwangwa Health Centre. The results are discussed according to available literature, objectives, and Health Belief Model (HBM).

Provision of health care is expected to respond directly to client's preference and demands, consequently client satisfaction is undoubtedly a useful measure, and to the extent that it is based on client's accurate assessments, it may provide a direct indicator of quality care.

This study is confined to the responses of clients who received health services at Zingwangwa health centre. It also highlights the gap between the notion of client satisfaction as an element representative of quality care. The most powerful predictors for client satisfaction with health services were: Waiting time, Level of interaction between health personnel and patients, Quality of the facilities and service providers and services being provided at Zingwangwa health centre.

The study has shown that the following health services were provided at the health centre; maternal care, family planning, under five clinic, outpatient department services, and voluntary testing and counseling. Health services were provided to clients within Zingwangwa catchment area which includes Nancholi, Chilobwe, Chimwankhunda, Manja, Naperi, Soche, Nkolokosa, Sunny side and Njamba. Official working hours are from 7.30 a. m. to 12 noon and 1.00pm to 4.30 p. m from Monday to Friday and 7.30 a.m. to 12 noon on Saturday. The author observed that the health centre opens at 8.00 a.m. to 12noon and then from 2.00 pm to 3.00 p.m. from Monday to Friday and almost all clients were not satisfied with working hours because they felt the health centre opens for few hours. Zingwangwa health centre provides care to a large population thus opening the facility for a short time has an impact on delivery of health services. The government policy stipulates that every client should start with the nearest health centre before referral to Queen Elizabeth Central Hospital since Blantyre does not have a district hospital. This poses a challenge as statistics show that almost about 1,000 people visit the health centre on daily basis for one reason or the other.

In accordance with practices in all government health facilities in Malawi, people coming to the health centre registered and waited for their turn for consultations. Based on the responses given by the respondents and the results from analysis of the questionnaires, it is apparent that the quality of services at Zingwangwa Health Centre is rated positively though it was not feasible to satisfy everybody as indicated by the pie chart figure 1 and graph figure 4. Most people who expressed satisfaction with services were women attending antenatal care, labour and delivery while those attending outpatient departments, family planning and others expressed dissatisfaction with health services.

Although, there was an outcry of poor health services, *like the death of a 7 year old boy who was not attended at the health centre and the residents direct calls to District Health Officer expressing their concerns*, the study has shown that there is great improvement in the quality of health services. The study has also shown that Zingwangwa Health Centre has greatly improved in clients' satisfaction as depicted by one the short waiting time. From the respondents interviewed, it has been found that over 60% of the respondents indicated that they do not wait for a long time before they are attended to by the health personnel as shown in figure 1. This is in line with what Phiri et al (2005) found in their client satisfaction survey with VCT services. They found that 99% of clients were satisfied with counseling services at Lighthouse in Lilongwe.

The study also showed that health workers displayed good behavior to the clients' since there was positive rating on the level of interactions and this is one of the important variables on measuring client's satisfaction as 17.65% of the respondents said they received very good explanation from the provider while 2.8% indicated that they received good explanation about health problems. However 7.27 % said the explanations were not good as indicated in figure 4. This is contrary to what Phiri (2004) found. In her customer's satisfaction with health services at Mzuzu Health Centre, she found out that health workers were not friendly to clients. Despite the satisfaction above, most clients were not given a chance to ask questions to the provider. As part of client satisfaction, clients were supposed to be given a chance to ask questions about their health problems.

The study also indicated that most clients about 86% were satisfied with health services being provided at Zingwangwa Health Centre as seen in figure 5. Manje, (2007) did a micro insurance

client satisfaction study in Zambia, and found that 55% of the clients were not satisfied with the services being offered. The study has also shown that most people who come to Zingwangwa health centre are pregnant women who need the nurse's care and support all the times as shown in figure 9.

## 6.2 DISCUSSION OF FINDINGS IN RELATION TO THE HEALTH BELIEF MODEL

The nurse-client relationship differs from a social or intimate relationship. It focuses on the client, is goal-directed and has defined parameters (Craven & Hirnle 2009). In the professional relationship, the nurse also assesses his or her own role, communication skills; personal history may be affecting the interactions. The Health Belief Model provides an insight into the connection between the way a person sees his or her state of health and that person's response to health, illness and treatment (Potter & Perry 2005). In this case both perceived susceptibility and perceived severity existed before a perceived threat came in that led to clients seeking help at Zingwangwa health centre.

### INDIVIDUAL PERCEPTIONS

Individual perceptions include the individual's own judgment of the susceptibility to seriousness of the disease and perceived threats of the illness. Clients will come to the hospital because they have a felt need. In this study, individuals from Zingwangwa had both perceived susceptibility and severity to any kind of diseases that is why they were coming to the health centre.

### MODIFYING FACTORS

Modifying factors include: **demographic variables** like age, gender, race and ethnicity, **sociopsychological variables** like personality, social class, peer pressure, reference group and pressure and **structural variables** such as knowledge about the disease and prior contact with the disease. There is perceived threat of the disease and cues to action like people surrounding Zingwangwa catchment area coming to Zingwangwa Health Centre for treatment. However in this study it has revealed that demographic variables such as age had an impact because most adults

were more tolerant to particular illness than younger people because of greater susceptibility to poor health.

## **LIKELIHOOD OF ACTION**

Variables affecting the likelihood to initiate action include; perceived benefits of preventive action minus perceived barriers to preventive action and likelihood of taking recommended health action. At the health, clients are given health education on how best they prevent illnesses and maintain health. They are told on life changing styles.

## **6.3 IMPLICATIONS OF THE RESEARCH STUDY**

### **6.3.1 Implications to Nursing Practice**

The participants in this study were able to provide information though at a relatively superficial level as they were not able to give a detailed narration of their perceptions and experiences probably because this was their only reliable hospital. When clients go straight to the referral hospital, they are returned to start with their nearest health facility which is Zingwangwa.

Nursing deals with relationships and interaction concerning the self and others in an interpersonal setting. The process is a two way phenomenon in which the nurse affects the client and the client affects the nurse. The goal of nursing is to provide quality care to patients assisting them to develop a health understanding of their problems for satisfaction. In order for the nurse to provide quality nursing care and develop an effective nurse-client relationship, he or she must understand the perceptions, expectations, feelings and thoughts that each brings to and how experiences in the relationship will influence the quality of care and client satisfaction.

The managers may help in developing standards and policies that should interact with clients and guardians to enhance satisfaction. Supervisors must intensify supervisory, supportive and routine visits in order to identify training needs of health personnel.

The study has shown that many people (66.6%) were not given chance to ask questions to their provider therefore, it is important to improve health workers competence to satisfy the clients. (refer to figure 6)

Lastly, there is need for all health workers to be kind to themselves and their co-workers. Co-workers are the internal clients. No one works alone. Satisfying internal colleagues provides a vital link in the chain that leads to satisfying clients outside the facility. It is increasingly recognized that nurses who first address internal clients and themselves or their personal needs are clearly more effective in helping clients. This improves client satisfaction.

### **6.3.2 Implications to Nursing Education**

From the results of the study, most nurses and clinicians treat patients with respect; however there are a few others who are not friendly to clients. It is therefore necessary that nursing institutions use this information to develop, revise or include in their curriculum. This will ensure that graduates produced from nursing colleges are knowledgeable about good communication skills to promote client satisfaction.

There is also need to train the person in-charge in the management of hospital services, personnel and resources.

There is need to introduce a subject in the curriculum for enhanced morale and client satisfaction to nursing students on the ground from day one, and caring behaviour modeled in the instructor-student relationship.

### **6.3.3 Implications to Nursing Research**

This study was done at a small scale and participants in this study may not represent the whole population of the catchment area. Therefore, it is necessary that further research should be conducted to validate the findings of this study.

More studies on client satisfaction should be conducted widely as they are rarely done in Malawi and results should be disseminated for improvement in quality care through remedial tactics instituted accordingly.

This study has revealed increased client satisfaction in terms of waiting time, level of interaction between the provider and the client and quality of service providers. There are however shortfalls regarding client satisfaction, therefore it is necessary to explore further about these aspects. It would also be necessary to study clients in all hospitals in Malawi in order to have a general picture for better general improvements of quality care and client satisfaction.

#### **6.4 CONCLUSION IN RELATION TO THEORETICAL FRAMEWORK**

The purpose of this study was to assess client satisfaction with health services. Most of the participants expressed satisfaction in one way or the other, however, some people about half of them expressed dissatisfaction with health services. A person goes to the hospital when there is perceived susceptibility for example illness, or when there is an outbreak of any disease. The perceived seriousness of the threat and the client's perceived benefit among some modifying factors will necessitate the client seek the health care.

#### **6.5 RECOMMENDATIONS**

Based on the findings of the study, this section presents recommendations in order of priority to Management Team of Zingwangwa Health Centre Staff:

1. There is need for more nursing and clinical policy and procedure manuals that will guide the actions of all personnel to improve quality of care at the facility.
2. Supervisors must intensify supervisory and routine visits and do them systematically in order to identify training needs of all health personnel.
3. Staff competence must be improved. This encompasses all aspects sought by clients for satisfaction.

4. Need to train the in-charge in management of hospital services, personnel and resources
5. There is need to stick to prescribed times of opening the health centre that is from 7.30am to 12 noon and then 1.00 pm to 4.30 pm from Monday to Friday, on Saturday from 7.30am to 12 noon.

#### 6. 6.6 AREAS FOR FUTURE RESEARCH

From this study, the focus was on assessing the causes of client satisfaction and one area of study for future research is to explore on the factors that make clients hide some information about their health care providers at Zingwangwa Health Centre.

#### 6.7 CONCLUSION

Client satisfaction is the perception of the concerned subjects and highly individualistic. Assessing outcomes merit both as an indicator of the effectiveness of the interventions and as part of a monitoring system directed towards improving quality of care as well as detecting its deterioration. Clients are vital sources of feedback to an institution because they are the recipients of care. This paper concludes that clients varying concerns with regard to their illness need to be more directly considered in explaining different responses to medical consultants. A summary of this is aimed at encouraging individual practitioners at Zingwangwa Health Centre improve future performance by examining their past experience. This client satisfaction survey was important since information elicited will be needed as a basis for quality management, quality improvement and clinical supervision.

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**APPENDIX 1a CLIENT SATISFACTION INTERVIEW (EXIT CLIENT)**

**SECTION A**

**DEMOGRAPHIC DATA**

**CODE NUMBER.....**

- 1. Sex
  - (a) Male [ ]
  - (b) Female [ ]
- 2. Age
  - (a) <1-15 years [ ]
  - (b) 16-34 years [ ]
  - (c) 35-54 years [ ]
  - (d) 55-74 years [ ]
  - (e) above 75 years [ ]
- 3. Where do you come from
  - (a) Urban [ ]
  - (b) Semi urban [ ]
- 4. Religion
  - (a) Roman catholic [ ]
  - (b) C.C.A.P [ ]
  - (c) S.D.A [ ]
  - (d) Pententecostal [ ]
  - (e) Moslem [ ]
  - (f) Other specify [ ]

**5. Tribe**

- (a) Chewa [    ]
- (b) Tumbuka [    ]
- (c) Yao [    ]
- (d) Sena [    ]
- (e) Tonga [    ]
- (f) Other specify [    ]

**6. Level of education**

- (a) Primary school [    ]
- (b) Secondary school [    ]
- (c) Tertiary level [    ]

**7. What do you do to earn a living**

- (a) Farming [    ]
- (b) Business [    ]
- (c) Working [    ]
- (d) Just staying [    ]
- (e) Others specify [    ]

**SECTION B**

**8. Why did you come to the hospital today? ( Tick all the reasons)**

Brought a child who is sick with:

- a. Diarrhea ..... [    ]
- b. Fever ..... [    ]
- c. Sore throat ..... [    ]

- d. Stomachache ..... [    ]
- e. Vomiting ..... [    ]
- f. Immunization of the child ..... [    ]
- g. Others (specify)... ..... [    ]

Because I (adult) have a problem concerning:

- h. Antenatal care ..... [    ]
- i. Postnatal care ..... [    ]
- j. Sore throat ..... [    ]
- k. Stomachache ..... [    ]
- l. Fever..... [    ]
- m. Came for family planning method ..... [    ]
- n. Other (specify)... ..... [    ]

9. Did you get the service you wanted?

Yes [    ]    No [    ]    N/A [    ]

(If yes, go to question number 10, If no, why?)

10. Did you wait for your service?

(a) No [    ]

(b) Short wait [    ]

(c) Long wait [    ]

11. Do you /your child receive the correct treatment for the problem?

Yes [    ]    No [    ]    N/A [    ]

12. Did you pay officially for the treatment received?

Yes [    ]    No [    ]    N/A [    ]

13. If yes, how much did you pay?

14. Do you think the cost were reasonable or too much?

(a) Reasonable [ ] (b) Too much [ ]

15. Why do you think that way?

.....

16. Did you give something unofficially (a gift for a thank you or a bribe) in order to obtain treatment?

Yes [ ] No [ ]

17. If so, how much (what) did you give?

.....

18. If paid, do you think what you gave was appropriate?

(a) Reasonable [ ] Too much [ ] (C) Don't know [ ]

19. Did the provider greet you?

Yes [ ] No [ ] N/A [ ] don't know [ ]

20. Were all the providers kind to you?

(a) All [ ] (b) Some [ ] (c) None [ ]

21. If with a child, did the provider greet the child?

Yes [ ] No [ ] N/A [ ] Don't know [ ]

22. Did the provider treat the child kindly?

Yes [ ] No [ ] N/A [ ] don't know [ ]

23. Do you think her or his manner should be improved?

Yes [ ] No [ ] N/A [ ] don't know [ ]

24. If so, why do you say that?

25. Was there anything you would like to have talked about with the provider today but did not?

Yes [ ] No [ ] N/A [ ] don't know [ ]

26. If yes, what was it?

.....

27. If yes, why did you not talk about it?

.....

28. Did the provider explain to you what the problem was?

Yes [ ] No [ ]

29. Did you understand everything the provider told you?

Yes [ ] No [ ] N/A [ ] don't know [ ]

30. If not what did you understand?

.....

31. Did the provider ask you if you had any questions?

Yes [ ] No [ ] N/A [ ] don't know [ ]

32. Do you feel that you had enough time with the provider, or did you wish that you had more time with the provider?

(a) Enough [ ]

(b) Not enough [ ]

26. Did you see any blood or dirt supplies on the floor, tables or chairs of the facility?

Yes [ ] No [ ]

27. If you or your child were examined, did the provider wash hands?

(a) BEFORE: Yes [ ] No [ ] did not practice [ ]

(b) AFTER: Yes [ ] No [ ] did not practice [ ]

28. Would you say the facility seemed to be very clean, somewhat clean or not clean?

(a) Very clean [ ]

(b) Somewhat clean [ ]

(c) Not clean [ ]

29. Were you satisfied with the provider's appearance?

Yes [ ] No [ ] N/A [ ] did not notice [ ]

Why?

Explain.....

30. Is this the nearest health facility to your home?

Yes [ ] No [ ] N/A [ ] don't know [ ]

If no or don't know go to NO 31

31. If not the nearest, why did you come here?

Explain.....

32. About how long did it take you to get to this facility from your home?

(a) Less than 1/2 hour [ ]

(b) 1/2 hour to an hour [ ]

(c) 1 1/2 hours to 2 hours [ ]

(d) More than 2 hours [ ]

(e) Don't know [ ]

33. Did the provider show favoritism?

Yes [ ] No [ ] N/A [ ] don't know [ ]

34 What are some of the good things about this facility?

.....

35 What are some of the bad things about this facility?

.....

36. Does the facility need improvements?

Yes [ ] No [ ] N/A [ ]

37. If it should be improved, how should it be improved to better meet your needs?

.....

.....

.....

38 Do you think people in your community generally think that this facility is good as it is or it should be improved?

(a) Good as it is [ ]

(b) Needs improvements [ ]

**APPENDIX 1b MAFUNSO OKHUDZANA NDI KALANDILIDWE KA  
CHITHANDIZO KWA ODWALA PACHIPATALA**

**SECTION A  
DEMOGRAPHIC DATA**

**CODE NUMBER.....**

**1. Woyankha mafunso**

**a. Mwamuna [ ]**

**b. Mkazi [ ]**

**2. Zaka**

**(f) <1-15 years [ ]**

**(g) 16-34 years [ ]**

**(h) 35-54 years [ ]**

**(i) 55-74 years [ ]**

**(j) zopyolera 75 years [ ]**

**3. mumakhala kuti**

**(c) mutawuni [ ]**

**(d) kutali ndi towuni [ ]**

**4. mpingo**

**(g) Roman catholic [ ]**

**(h) C.C.A.P [ ]**

**(i) S.D.A [ ]**

**(j) Pententecostal [ ]**

**(k) Asilamu [ ]**

- (l) Chipembedzo china [    ]
5. Mtundu
- (g) Chewa [    ]
- (h) Tumbuka [    ]
- (i) Yao [    ]
- (j) Tonga [    ]
- (k) Mtundu wina [    ]
6. Maphunziro munalekeza pati
- (d) Primary school [    ]
- (e) Secondary school [    ]
- (f) Tertiary level [    ]
7. Mumagwira ntchito yanji
- (f) mlimi [    ]
- (g) Bizinesi [    ]
- (h) Ndimagwira ntchito [    ]
- (i) ndimangokhala [    ]
- (j) ntchito zina [    ]

## SECTION B

8. Ndi bvuto lanji limene lakubweretsani kuchipatala lero?

Wabwela ndi mwana amene ali ndi vuto la:

- (a) Kutsegula m'mimba [    ]
- (b) Kutentha thupi [    ]

- (c) Chifuwa [ ]
- (d) Kupweteka m'mimba [ ]
- (e) Kusanza [ ]
- (f) Akufunika katemera [ ]
- (g) Matenda ena [ ]

Ndabwera ndi vuto lohudza izi:

- (h) Sikelo ya a mayi oyembezero [ ]
- (i) Sikelo ya mwana wongobadwa kumene [ ]
- (j) Zilonda za kukhosi [ ]
- (k) Kuphwanya m'thupi [ ]
- (l) Sikelo ya maleledwe [ ]
- (m) Mabvuto ena [ ]

9. Kodi mwalandira chithandizo chomwe mumafuna?

Inde [ ] Ayi [ ]

(Ngati simunathandizike longosolani)

10. Munadikira kwa nthawi yotani musalandire chithandizo

(a) Sindinadikire [ ]

(b) Ndinadikira nthawi pang'ono [ ]

(c) Ndinadikira nthawi yayitali [ ]

11. Kodi mukuganiza kuti mwathandizika moyenelera?

Inde [ ] Ayi [ ]

12. Kodi munalipira kuti mupeze chithandizo?

Inde [ ] Ayi [ ]

13. Ngati inde, munalipila ndalama zingati?  
 .....
14. Kodi mukuganiza kuti mtengo unali woyenelera?  
 Unali wabwino [ ] Unali wodula [ ]
15. Chifukwa chiyani mukutero?  
 .....
16. Kodi munapeleka chilichonse kwa a dokotala kapena anamwino kuti akuthandizeni?  
 Inde [ ] Ayi [ ]
17. Ngati inde, munapeleka mothokoza kapena mokakamizidwa?  
 Mothokoza [ ] Mokakamizidwa [ ]
18. Kodi mukuganiza kuti zomwe munapeleka zinali zoyenera?  
 (a) Zinali zoyenelera [ ]  
 (b) Zinali zodula [ ]  
 (c) Sindikudziwa [ ]
19. Kodi a dokotala/anamwino anakulonjelani?  
 Inde [ ] Ayi [ ]
20. Nanga mwanayu anamulonjela?  
 Inde [ ] Ayi [ ]
21. Kodi a dokotala kapena anamwino anakuthandizani moyenelera?  
 Bwino kwambiri [ ]  
 Bwino pang'ono [ ]  
 Sanandithandize [ ]
22. Kodi adokotala anamuthandiza mwana moyenelera?

Bwino kwambiri [ ]

Bwino pang'ono [ ]

Sanandithandize [ ]

23. Kodi mukuganiza kuti khalidwe la a dokotala / anamwino ndi loyenela kusintha?

Lili bwino kwambiri [ ]

Liri bwino pang'ono [ ]

Ndi loyipa [ ]

17. Ndi chifukwa chiyani mukutelo?

.....

18. Kodi panali chidandaulo china chimene mumafuna kuwauza a dokotala/ anamwino koma simudathe kutelo?

.....

19. Ngati chinalipo ndi chiyani?

.....

20. Munalepheleranji kulankhula nthawi yomweyo?

.....

21. Atakuyezani adokotala/ anamwino anakuwuzani kuti bvuto ndi chiyani

Anafotokoza bwino kwambiri [ ]

Anafotokoza pang'ono [ ]

Sanafotokoze [ ]

22. Kodi inuyo munamvetsetsa zonse zimene adokotala adakuuzani?

Bwino kwambiri [     ]

Bwino pang'ono [     ]

Sindinamvetsetse [     ]

23. Ngati simunamvetsetse, chifukwa chiyani

.....

24. Kodi anakupatsani mwayi woti mufunse mafunso?

Inde [     ] Ayi [     ]

25. Kodi munali ndi nthawi yokwanira ndi amene amakuthandizani?

Inde [     ] Ayi [     ]

26. Kodi m'mene mumalandilira chithandizo, munapezako magari panso, patebulo kapena Mipando?

Inde [     ] Ayi [     ]

27. Kodi amene amakuthandizani anasamba m'manja?

(a) Asanayambe kuyeza: Inde [     ] Ayi [     ] Sindinanawone [     ]

(b) Atamaliza kuyeza: Inde [     ] Ayi [     ] Sindinanawone [     ]

28. M'mene inu mukuwonela chipatalachi amachisamalira kapena ayi?

(a) Amasamalira kwambiri [     ]

(b) Amasamalira pang'ono [     ]

(c) Sasamalira [     ]

29. Kodi amene amakusamalirani ,amaoneka bwino?

Longosolani

.....  
30. Kodi chipatala ichi ndi chomwe muli pafupi nacho?

Inde [ ] Ayi [ ]

31. Ngati sichapafupi ndi kwanu, chifukwa chiyani munasankha kubwera kuno?  
.....

32. Munatenga nthawi yayitali bwanji kuti mudzafike ku chipatala kuno?

(a) Zinanditengela nthawi yochepa [ ]

(b) Zinanditengela theka la ola kufika ola limodzi [ ]

(c) Zinanditengela ma ola awiri [ ]

(d) Zinanditengela kupyola ma ola awiri [ ]

(e) Sindikudziwa [ ]

33. Ngati chipatalachi sichapafupi ndi kwanu, chilipo chifukwa china chimene munabwelera?  
.....  
.....  
.....

34. Kodi amene amakuthandizani anaonetsa kukondela kuli konse?

Inde [ ] Ayi [ ]

35. Kodi ubwino wa chipatala ichi ndi wotani? Fotokozani  
.....  
.....  
.....

36. Ngati pali kuyipa ndi kotani. Fotokozani

.....  
.....  
37. Kodi ndi chimene chikufinika kukonza pachipatala ichi?

.....  
.....

38. Kodi mukuganiza kuti angakonze bwanji kuti odwala muthandizike bwino?

.....

39. Kodi kumene mumakhala anthu akuti bwanji za malowa?

(a) Ndi abwino choncho [     ]

(b) Awakonze                    [     ]

40. Kodi anthu ambiri akuganiza kuti malowa angakonzedwe bwanji?

.....  
.....  
.....  
.....

**ZIKOMO KWAMBILI PO'EENGA NAWO MBALI!!!!**

**APPENDIX 2a INFORMED CONSENT (English version)**

I am Florence Nyirenda, a second year Bachelor of Science in Nursing Education student at the University of Malawi, Kamuzu College of Nursing. As part of the programme requirements, a research project has to be conducted. The title of the project is ‘ Client Satisfaction with health services at Zingwangwa Health Centre. The information obtained will be confidential , accessible to researcher only and will be used for educational purposes only. Your identity will remain anonymous as code numbers will be used on the questionnaires instead of your name.

I would appreciate your response on the questionnaire

I understand that I may make any enquiries concerning this study.

I understand that my participation or non-participation will not affect my care.

I understand that I am free to withdraw my consent and discontinue participation at any time of the study.

I have understood the explanation given and I hereby consent to participate in this study.

.....

**DATE**

.....

**SIGNATURE OF THE SUBJECT**

.....

**DATE**

.....

**INVESTIGATOR**

## APPENDIX 2b CONSENT FORM (CHICHEWA VERSION)

University Of Malawi  
Kamuzu College of Nursing  
P/Bag 1  
**LILONGWE**

### **KALATA YA CHILOLEZO KWA WOTENGA NAWO MBALI**

#### **Okondendwa Otenganawo Mbali**

Dzina langa ndine Mayi Florence Nyirenda ophunzira pa sukulu ya anamwino ya Kamuzu College Of Nursing. Mwazina, pofuna kukwaniritsa zofunika kuti nditenge digiri ya ukachenjende mu unamwino ndiyenera kuchita kafukufuku. Kafukufuku amene ndikufuna kuchita akutchedwa kuti: KUWONA NGATI ANTHU MUMAKHUTITSIDWA NDI THANDIZO LOMWE MUMALANDIRA PA CHIPATALA CHA ZINGWANGWA. Zonse zomwe mwayankha zidzakhala zachinsinsi ndipo ndidzagwiritsa ntchito pa maphunziro okha. Inu dzina lanu silidzadziwika kwa anthu popeza tizagwiritsa ntchito nambala.

Ndikuthokozani koposa poyankha mafunsowa.

Ndikudziwa kuti nditha kufunsa china chili chonse chokhudza kafukufukuyu.

Ndikudziwa kuti kafukufukuyu sanditangwanikitsa kapena kusokoneza kalandilidwe ka chithandizo changa.

Ndikudziwa kuti ndikhoza kusiyira panjira kafukufukuyu nthawi ina ili yonse yomwe ndikufuna.

Ndamvetsetsa zonse za kafukufukuyu ndipo ndakonzeka kutenga nawo mbali.

TSIKU ..... SAINI YA OCHITITSA KAFUKUFUKU.....

TSIKU..... SAINI YA OTENGA NAWO MBALI .....

**APPENDIX 3: LETTER TO THE RESEARCH AND PUBLICATION  
COMMITTEE**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

11<sup>th</sup> MAY, 2009

The Chairman  
Research Committee  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

Dear Madam,

**REQUEST TO CONDUCT A RESEARCH PROJECT**

I am a student at Kamuzu College of Nursing pursuing a Bachelor of Science degree in Nursing Education. I am required to conduct a research in partial fulfillment of the course. The research title is 'CLIENT SATISFACTION WITH HEALTH SERVICES AT ZINGWANGWA HEALTH CENTRE'.

I write to request permission to conduct the research project. The research will be conducted at Zingwangwa health centre in Blantyre District.

Enclosed is the research proposal

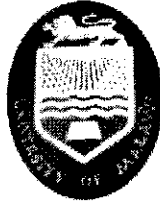
Yours faithfully,

**FLORENCE E. NYIRENDA**

**RESEARCH STUDENT**

**MRS. J. CHIMANGO**

**RESEARCH SUPERVISOR**



University of Malawi

**KAMUZU COLLEGE OF NURSING**  
**RESEARCH AND PUBLICATIONS COMMITTEE**  
**APPROVAL CERTIFICATE**

TITLE: CLIENT'S SATISFACTION WITH HEALTH SERVICES AT  
ZINGWANGWA HEALTH CENTRE

INVESTIGATOR(S): Mrs. FLORENCE LUHANGA NYIRENDA

YEAR OF STUDY: MATURE ENTRY: BSc IN NURSING

REVIEW DATE: 22<sup>ND</sup> July 2009

DECISION OF THE COMMITTEE: APPROVED

SIGNATURE: *[Signature]* DATE: 23/11/09

DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mrs. J. CHIMANGO

**DECLARATION OF INVESTIGATOR(S)**

*I/WE fully understand the conditions which I am/we authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.*

DATE: 29/7/09 SIGNATURE(S): *[Signature]*

**APPENDIX 4 : LETTER TO THE DISTRICT HEALTH OFFICER**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

The District Health Officer  
Blantyre District Health Office  
Private Bag 66  
**BLANTYRE**

Dear Sir,

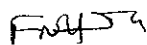
**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT  
ZINGWANGWA HEALTH CENTRE**

I am a second year Bachelor of Science in Nursing Education student at the above mentioned college, and as part of fulfillment of the programme, a research project is required.

I would like to ask for permission to conduct a research study at your health centre. The title of the research is 'CLIENT'S SATISFACTION WITH HEALTH SERVICES', at Zingwangwa health centre.

Your favourable consideration will be appreciated.

Yours Faithfully



**FLORENCE E. NYIRENDA (Mrs.)**

**APPENDIX 5: LETTER TO THE HEALTH CENTRE IN-CHARGE**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

The In-charge  
Zingwangwa Health Centre  
Private Bag 66  
**BLANTYRE**

Dear Sir,

**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT  
ZINGWANGWA HEALTH CENTRE**

I am a second year Bachelor of Science in Nursing Education student at the above mentioned college, and as part of fulfillment of the programme, a research project is required.

I would like to ask for permission to conduct a research study at your health centre. The title of the research is 'CLIENT'S SATISFACTION WITH HEALTH SERVICES', at Zingwangwa health centre.

Your favourable consideration will be appreciated.

Yours Faithfully

*F. Nyirenda*  
**FLORENCE E. NYIRENDA (Mrs.)**

21/09/09  
District Health Officer  
Approved  
SEP 2009  
Private Bag 66  
Blantyre  
Zingwangwa Health Centre  
*[Signature]*

**APPENDIX 5: LETTER TO THE HEALTH CENTRE IN-CHARGE**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

The In-charge  
Zingwangwa Health Centre  
Private Bag 66  
**BLANTYRE**

Dear Sir,

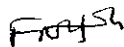
**APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH STUDY AT  
ZINGWANGWA HEALTH CENTRE**

I am a second year Bachelor of Science in Nursing Education student at the above mentioned college, and as part of fulfillment of the programme, a research project is required.

I would like to ask for permission to conduct a research study at your health centre. The title of the research is 'CLIENT'S SATISFACTION WITH HEALTH SERVICES', at Zingwangwa health centre.

Your favourable consideration will be appreciated.

Yours Faithfully



**FLORENCE E. NYIRENDA (Mrs.)**

**APPENDIX 6. Letter to the District Health Officer (Mzimba North)**

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
**LILONGWE**

The District Health Officer (Mzimba North)  
Mzuzu Health Centre  
Box 299  
**MZUZU**

Dear Sir,

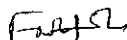
**APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY AT MZUZU  
HEALTH CENTRE**

I am a second year Bachelor of Science in Nursing Education student at the above mentioned college, and as part of fulfillment of the programme, a research project is required.

I would like to ask for permission to conduct a pilot study at your health centre. The title of the research is 'CLIENT'S SATISFACTION WITH HEALTH SERVICES', at Zingwangwa health centre.

Your favourable consideration will be appreciated.

Yours Faithfully



**FLORENCE E. NYIRENDA (Mrs)**

APPENDIX 6. Letter to the District Health Officer(Mzimba North)

The University of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE

The District Health Officer (Mzimba North)  
Mzuzu Health Centre  
Box 299  
MZUZU

Dear Sir,

APPLICATION FOR PERMISSION TO CONDUCT A PILOT STUDY AT MZUZU HEALTH CENTRE

I am a second year Bachelor of Science in Nursing Education student at the above mentioned college, and as part of fulfillment of the programme, a research project is required.

I would like to ask for permission to conduct a pilot study at your health centre. The title of the research is 'CLIENT'S SATISFACTION WITH HEALTH SERVICES', at Zingwangwa health centre.

Your favourable consideration will be appreciated.

Yours Faithfully

*Fns*  
FLORENCE E. NYIRENDA (Mrs)

Permission granted.

17/09/2009

*clear*

For D.H.O.

