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Patient Satisfaction Survey at Mining Clinic in Zvishavane

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ABSTRACT

This study aimed to assess the level of patient satisfaction with health care services provided at a mining clinic in Zvishavane, Zimbabwe. A total of hundred (100) mine workers and contractor company employees participated in the survey, achieving a 100% response rate. Data was collected using a structured patient satisfaction survey questionnaire administered during routine COVID-19 screenings and clinic visits. The questionnaire was developed based on literature and the SERVQUAL model dimensions, including responsiveness, assurance, tangibles, empathy, and reliability.

Key findings revealed a generally high level of patient satisfaction across several service dimensions. Notably, the majority of participants indicated they would recommend the clinic to others. High satisfaction levels were reported in areas such as staff appearance (very good), cleanliness of the clinic (very good), privacy during consultations (very good), and availability of medicines (very good). The promptness of services across departments was also commendable, with 87% receiving reception services within 10 minutes. However, minor concerns were raised about consultation and treatment room wait times and clarity of communication, with up to 10% rating these areas as fair.

The study concludes that the mining clinic provides quality, patient-centred care, consistent with other international studies on healthcare satisfaction. Recommendations include improving wait times, enhancing communication, conducting regular satisfaction surveys, and investing in staff training for customer care. The findings serve as a valuable input for healthcare management in developing targeted strategies to enhance service delivery and overall patient experience.

Key Words: Patient Satisfaction, Quality healthcare service, Satisfaction and healthcare systems

INTRODUCTION

Consumer satisfaction and quality services continue to attract the attention of researchers in a wide variety of disciplines. Quality stands at the centre of interest in all spheres of society, including healthcare. The importance of quality service delivery has compelled some healthcare institutions to implement quality programmes as a management approach to ensure health service providers maintain quality healthcare services to patients. A survey was done to ascertain satisfaction levels among mine workers on provision of primary health services at a clinic mine in Zvishavane. The paper explored patient satisfaction views among mine workers attending a mining clinic in Zvishavane.

Background of the study

There has been a lot of attention being placed on the assessment of the quality of health care that is being offered (Farley et al. 2014). Further to that, quality is increasingly becoming an important aspect of health care. In addition to that, patients have become more aware of quality issues and want healthcare to become safer and of higher quality. Similarly, the providers of care have a moral obligation to provide high quality and safe care.

Healthcare regulators have therefore shifted towards a market-driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organisational performance (Al-Albri & Al-Barushi 2014).

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Satisfaction with healthcare services is a complex concept that includes clinical dimensions, personal preferences and the expectations of individuals (Burger et al., 2016). Furthermore, client satisfaction is a critical issue for health care providers (Manyanye & Sithole 2016). Over the past 20 years, patient satisfaction surveys have gained increasing attention as meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare services (Al-Abri and Al-Balushi 2014). Manzoor et al. (2019) defined patient satisfaction as the state of pleasure or happiness that a patient experience when utilising a health care service. On top of that, patient satisfaction is also a measure of quality care provided to them. Apart from that, client satisfaction is considered as one of the desired outcomes of health care and is directly related to utilization of health services (Fekadu, Andualem &Johannes, 2011). Additionally, patient satisfaction is even more important in relation to the determinants and performance of health services (Anderson et al 2007, Linder-Pelz S. 1982).

Patient satisfaction is directly related to perceived performance and expectations (Sahoo et al. 2016) and if patients' experiences are not consistent with their expectations, they become dissatisfied (Zarei et al. 2015). It therefore, reflects the gap between the expected service and the experience of the service (Mathew and Berth, 2001). Measuring patient satisfaction is clinically relevant as it bridges the gap between the treating clinician and the patient (Prakash 2010) and it influences patients' compliance with treatment (Norhayati et al. 2017). Healthcare managers ought to recognize patient satisfaction as a necessary and appropriate outcome of the system and that it is an appropriate measure of successful service provision (Motloba et al 2018). Client satisfaction has emerged as an increasingly important parameter in the assessment of quality of health care services; hence health care facility performance can best be assessed by measuring the level of patient satisfaction (Manyanye &Sithole 2016). Thus, patient satisfaction reflects patients' involvement in decision-making and their role as partners in improving the quality of health care services (Al-Abri and Al-Balushi 2014).

One of Zimbabwe 's national health development strategy is to achieve high accessibility, utilization and provision of quality services as pronounced by the patients' charter (Manyanye & Sithole 2016). There are many concerns about the quality of service at hospitals and clinics in Zimbabwe (Manyanye &Sithole 2016). Patient dissatisfaction at general hospitals is a cause for concern the world over and warrants an in-depth investigation (Manyanye &Sithole 2016). Consequently, health providers invest in systems and activities aimed at providing quality healthcare services to encourage customer satisfaction (Motloba et al 2018). Despite great innovation and investment in health systems, patient satisfaction remains a major challenge for health care providers, especially nowadays in the era when health care services are regarded as a commodity (Piper LE 2010; Umar I, et al 2011).

It has therefore become crucial for the health service providers to deliver and sustain the delivery of quality services (Murti et al. 2013; Mohammad & Alhamadani 2011). Evaluating patient satisfaction leads to better patient experience, which then leads to better treatment outcomes, and thereby benefiting both the treating clinician and the patient (Peltzer 2009; Ofei-Dodoo 2019).

Conceptual framework

Purasurman et al. (1991) developed a tool to measure service quality based on those five dimensions and called it the SERVQUAL (Service Quality) framework (Al-Damen 2017). The criteria consisted of five dimensions namely reliability, responsiveness, assurance, empathy and tangibles. Many service quality studies incorporate the SERVQUAL framework into their questionnaires (Peprah and Atarah 2014; Balasubramanian 2016; Bautista and Tangsoc 2016; Aliman and Mohamad 2016).

Reliability

Reliability refers to the health care provider's ability to perform the service which was promised, and performing it dependably and accurately (Andaleeb 2001; Ismail, Zaki and Rose 2016). It is also linked with the practitioner's attitude and competence, which are crucial factors that contribute to service quality (Bautista and Tangsoc 2016). Mosadeghard (2014) agrees with this by stating the quality of health care depends mainly

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on the practitioner's knowledge and skills. Reliability is important to the mine clinic staff by providing reliable quality health care to mine employees.

Responsiveness

According to Faleh et al. (2015), satisfaction with responsiveness has not been extensively studied in developing countries. Malhotra and Do (2017) finds that the better the responsiveness of a health care facility, the greater the patient satisfaction is, which leads to increased utilisation of that facility. A study by Kashkoli et al. (2017) in Iranian hospitals reveals that responsiveness has a significant effect on overall patient satisfaction and, thus, health care facilities need to place emphasis on improving responsiveness, include patients in their treatment plan and allow the patient to choose their health care provider. Mishima et al. (2016) reports that the majority of studies have evaluated responsiveness as a whole but, in reality, responsiveness is a multidimensional variable. Kashkoli et al. (2017) breaks up responsiveness into eight dimensions, which are dignity, communication, confidentiality, autonomy, prompt attention, social support, quality of basic amenities and the choice of provider. Responsiveness is key to the mine clinic as it helped to achieve total quality care among mine employees.

Assurance

According to Aliman and Mohamad (2016), assurance refers to the knowledge and courtesy that health care workers possess; in addition, it also refers to their ability in building trust and confidence with patients. This study considered the link of quality service with patient satisfaction and behavioural intention among mine workers. Assurance can be influenced by modern and functional equipment and facilities, as it shows patients that their services are reliable and can be trusted (Bautista and Tangsoc 2016).

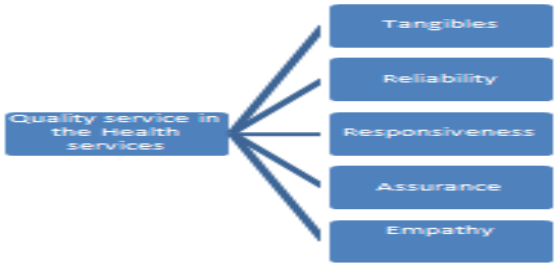
Empathy

Empathy in the health care setting can be defined as the practitioner being able to understand the experiences, concerns and perspectives of a patient and then being able to communicate his understanding and intention to offer help back to the patient (Hojat et al. 2013). When clinicians communicate with empathy, it causes an increase in patient satisfaction and, hence, empathy is a core component of a consultation (Birhanu et al. 2010). When clinicians have empathy while communicating with patients, they are able to elicit more information about the patient's illness and concerns which results in patient satisfaction and influences a positive health care provider-patient relationship. Empathy is a key pillar of patient satisfaction at the mine clinic.

Tangibles

Tangibles are the appearance of the facility, the personnel at the facility and the equipment used in the facility (Peprah and Atarah 2014; Al-Damen 2017). According to Aliman and Mohamad (2016), tangibility is one of the strongest predictors of customer satisfaction and, therefore, health care providers need to ensure both their facility and equipment are modern and visually appealing. Staff at the facility also need to be neat and presentable to contribute to efficient tangibility. The survey linked the health care infrastructure and the dressing among staff clinic to quality health care at the mine clinic.

Figure 1: Conceptual model of quality service in the health sector for our case study below (Adopted from the model of Parasuraman (Parasuraman, Berry &Zeithaml 1991).



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Objective of the study

The research sought to achieve the following specific objective:

To assess patient satisfaction among mine workers at a mine clinic

METHODOLOGY

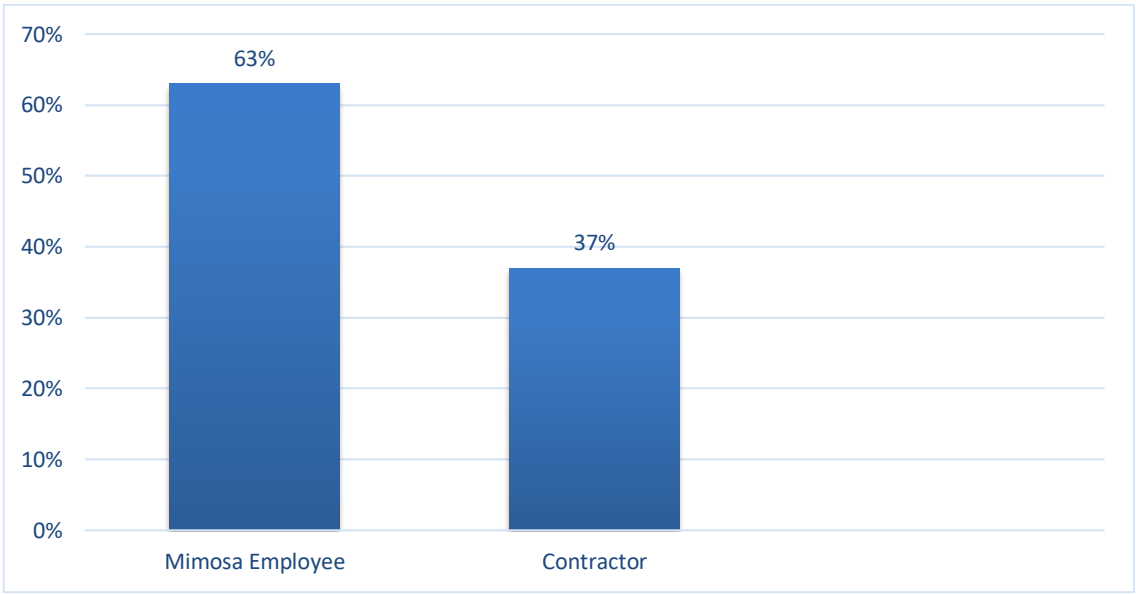
Surveys are seen as powerful research tools that convey valuable information on disease trends, risk factors, treatment outcomes, quality of life and the cost-effectiveness of care. Surveys increase the ability for gathering large amounts of information and increase access to a target population since surveys can be conducted online or on paper (Turk et al. 2018). Questionnaires are frequently used in primary health care research to obtain information that is relevant to one or more pre-specified research questions (Zhang and Schuster 2018). Data was collected using questionnaires. Questionnaires were administered to participants as their come for their routine Covid 19 screening and routine clinic visits. Mine clinic rolled out a survey using Kobo collection tool to its patients, as a way of measuring patient satisfaction .The questionnaire instrument (Patient Satisfaction Survey Questionnaire) was designed using information from peer reviewed literature on quality of health service delivery, patient satisfaction and expectations of the quality of service (Peprah 2014; Alzolibani 2011; Lis et al. 2011; Gill & White 2009; Hoe 2007; Heidegger et al. 2006; Sofaer & Firminger 2005; Newsome & Wright 1999). In addition, the questionnaire items were developed based on the research objective and questions. Participants were mainly drawn from mine workers to measure patients' satisfaction.

Results of the study

In this chapter, the data analysis was presented. Hundred (100) people responded to the survey. It is therefore evident that a total response rate of 100% per cent was obtained. This section further answers the research question as highlighted earlier in chapter one of this thesis.

Respondents Company Identity

The company belonging and identity of respondents are summarised in figure 1 below.



The figure above indicates the respondent's company profile. The results showed that 63% of the participants were permanent employees whilst 37% of the respondents were contractor employees from various engaged contractors.

Gender of the Respondents

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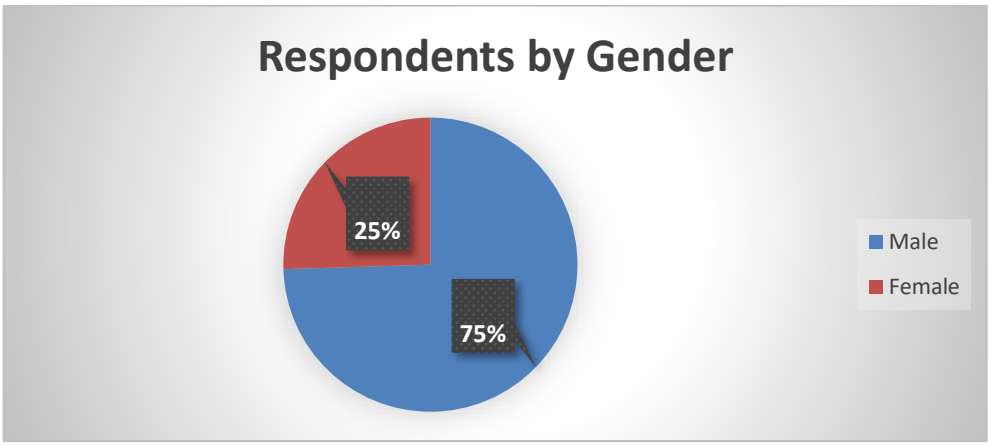
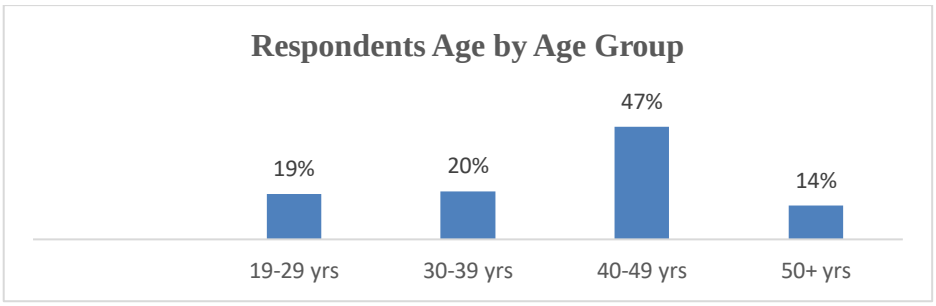
The sex of respondents is summarised in figure 2 below.



The figure above indicated the gender of the participants. The results showed that 75% of the respondents were males whilst 25% of the respondents were females.

Age group of the respondents

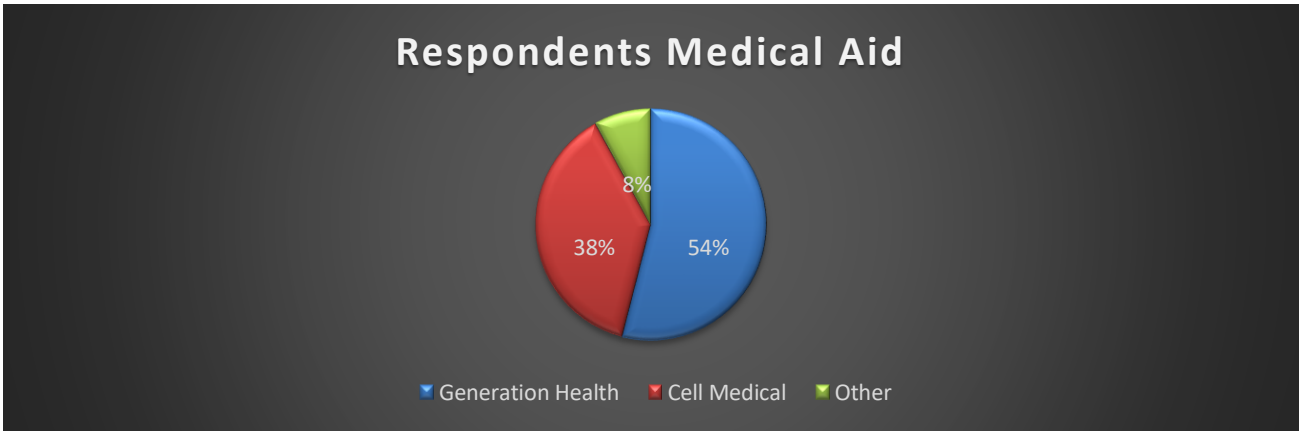
The age of respondents is summarised in figure 3 below.



The figure above indicated the age of the participants. The results showed that 47% of the participants were of the age groups of 40-49 years. It was followed by 30-39 years which had 20%. Then 19-29 years constituted 19 %. Lastly, 14% of were 50 years and above.

Type of medical Aid the respondents were using?

The type of medical aid is summarised in figure 4 below.



The figure above indicates the medical aid the participants are using. The results showed that 54% of the participants use Generation Health. It was followed by cell health which had 38%. Lastly, other medical aid societies had eight (8%).

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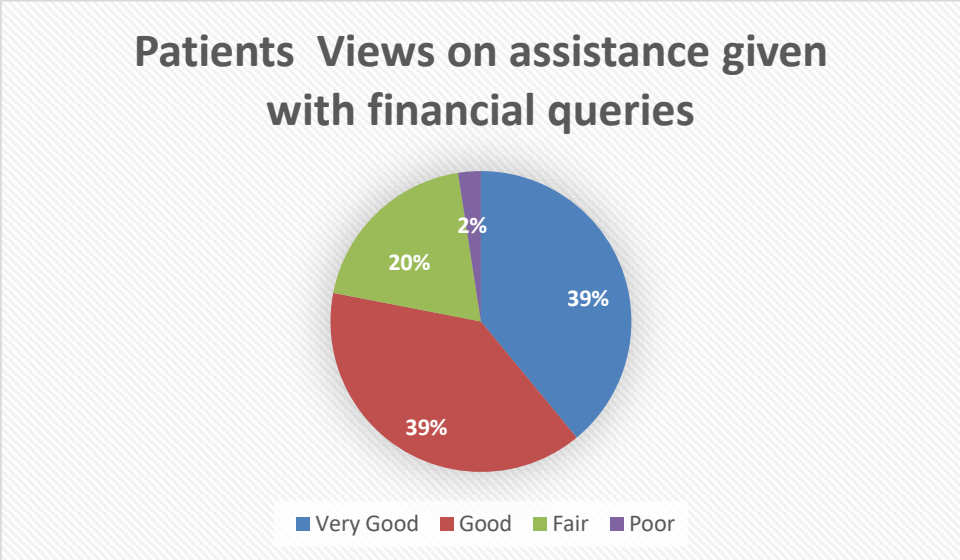
Patient views on assistance with financial queries

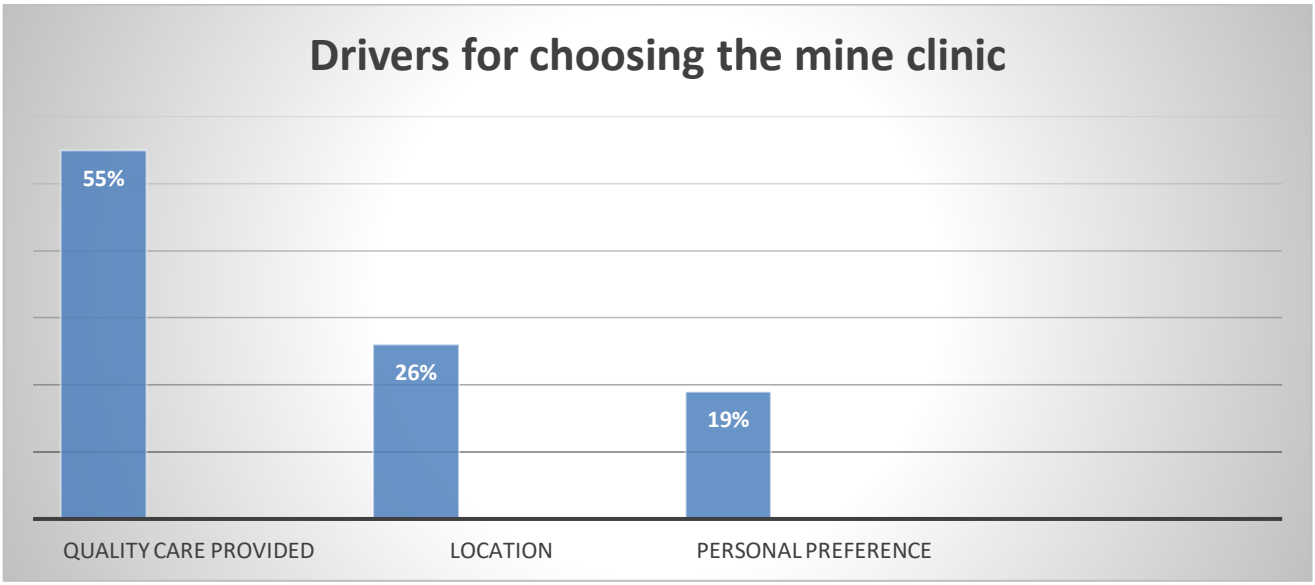
Patient views on financial queries assistance is summarised in figure 5 below.



The figure above indicates the participant's views on assistance given on financial queries by the clinic staff. The results showed that 39% of the participants indicated that the assistance is very good. The other 39% indicated that the assistance is good. Then the other 20% of the participants indicated that the assistance is fair. Lastly,2% of the participants indicated that the assistance is poor.

Drivers for choosing the mine clinic

Drivers for choosing the mine clinic is summarised in figure 6 below.



The figure above indicates the drivers for choosing the mine clinic out of other health care providers around. The results showed that (55%) of the participants were pushed by quality care services being provided by the clinic. It was followed by the participants (26%) who were pushed by location of the mine clinic. Lastly, (19%) of the participants indicated that they are pulled by personal preferences to come to the mine clinic.

Recommending to someone else to the mine clinic

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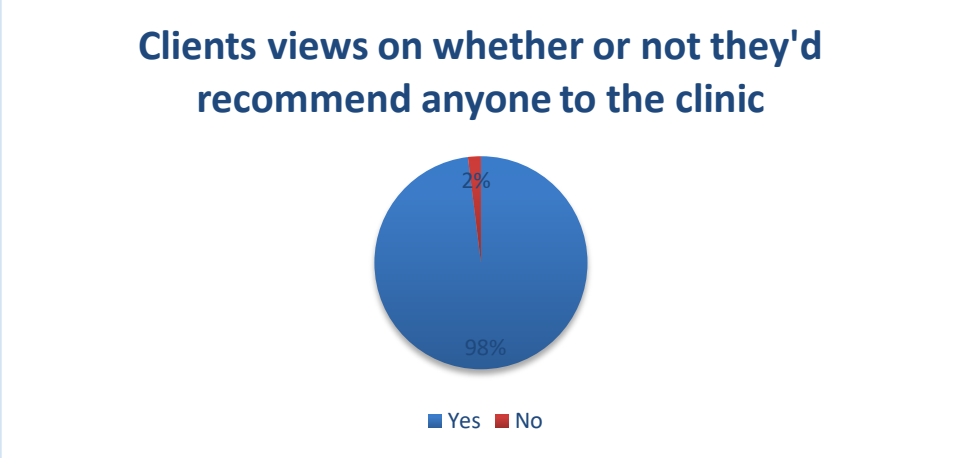
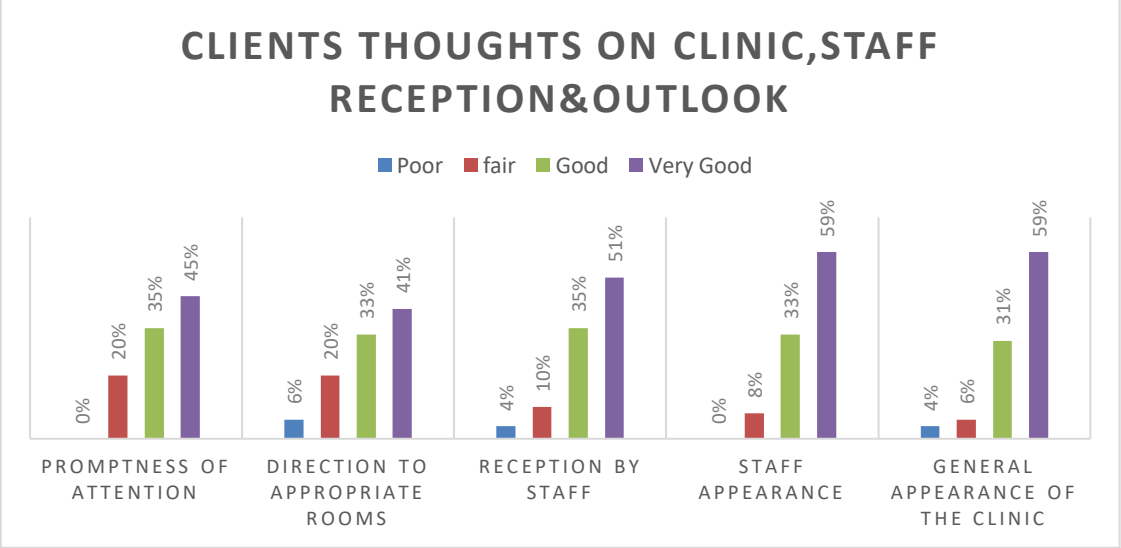
Recommending to someone to the mine clinic is summarised in figure 7 below.



The figure above indicates the views on recommending for someone seeking services at the mine clinic. The results showed us that (98%) of the participants agreed that they are comfortable to refer someone to the mine clinic for treatment whilst (2%) of the participants indicated that they would not refer anyone to the mine clinic.

Clients thoughts on clinic, staff reception and outlook

Clients thoughts on clinic, staff reception and outlook is summarised in figure 8 below.



The figure above indicated the respondent's thoughts on clinic, staff reception and outlook of the clinic under 5 (five) headings namely promptness of attention by staff, direction to appropriate rooms by staff, reception by staff, staff appearance and general appearance of the clinic.

Promptness of attention by staff

The figure above indicated that (45%) of the participants agreed that promptness among the staff is very good. Thirty-five (35%) of the participants indicated that promptness is good. Then it was followed by (20%) of the participants indicated that promptness is fair. Lastly, there was no participants on the poor segment.

Direction to appropriate rooms by staff

The figure above indicated that (45%) of the participants agreed that direction to appropriate rooms by staff is very good. It was followed by (33%) who agreed that the direction to appropriate rooms by staff is good. Then

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20% of the participants indicated that direction to appropriate rooms by clinic staff is fair. Lastly, six (6%) indicated that direction to appropriate service is poor.

Reception by staff

The figure above indicated that 51% of the participants were satisfied by the level of reception by clinic staff. It was followed by (35%) of the respondents who indicated that reception is good by the clinic staff. Ten (10%) of the respondents indicated that reception by clinic staff was fair. Lastly, (4%) of the respondents indicated that reception by the staff is very poor.

Staff appearance

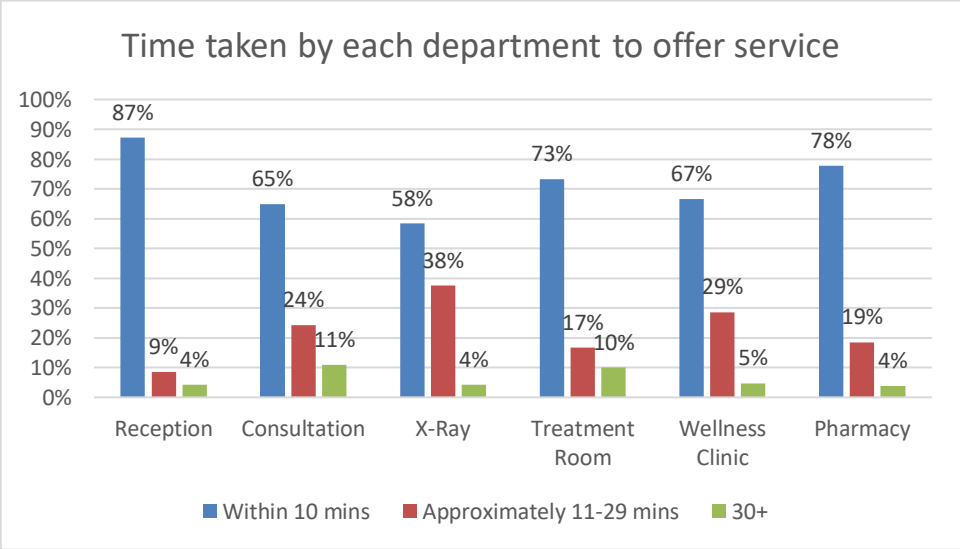
On staff appearance, the respondents (59%) indicated that staff appearance is very good. It was followed by (33%) respondents indicated that staff appearance was good. Eight (8%) of the respondents indicated that staff appearance is fair. Lastly, no respondents attributed to staff appearance as poor.

General appearance of the clinic

On general appearance of the clinic, the respondents (59%) indicated that the appearance of the clinic is very good. It was followed by (31%) who indicated that the appearance of the clinic is good. Six (6%) of the respondents indicated that the appearance of the clinic looks fair. Lastly, the respondents (4%) indicated that the appearance of the clinic looks poor.

Time taken by each department to offer service

Time taken by each department to offer services is summarised in figure 9 below



The figure above indicated the time taken by each of the six sections/ departments to offer services to the clients. The results were as follows:

Reception

The results showed that (87%) were offered services within 10 minutes at the reception. It was followed by nine (9%) of the participants who indicated that service is given approximately within 11-29 minutes. Lastly,4% indicated that service is provided after 30 minutes at the reception.

Consultation

On consultation, sixty-five (65%) of the respondents indicated that service is provided within 10 minutes. It was followed by 24% of the respondents who indicated that service is provided approximately within 11-29 minutes. Lastly, 11% of the respondents indicated that service is provided after 30 minutes.

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X-Ray

The respondents (58%) indicated that in the X-Ray department service was provided within 10 minutes of arriving. The other respondents 38% indicated that service is offered approximately after 11-29 minutes of arriving. Lastly,4% of the respondents indicated that service is offered after 30 minutes of arrival.

Treatment Room

In the treatment room,73% of the respondents indicated that service is offered within 10 minutes after arrival. It was followed by (17%) of the respondents indicated that service is offered approximately 11-29 minutes of arrival. Lastly,10% of the respondents indicated that service is offered after 30 minutes of arrival.

Wellness Clinic

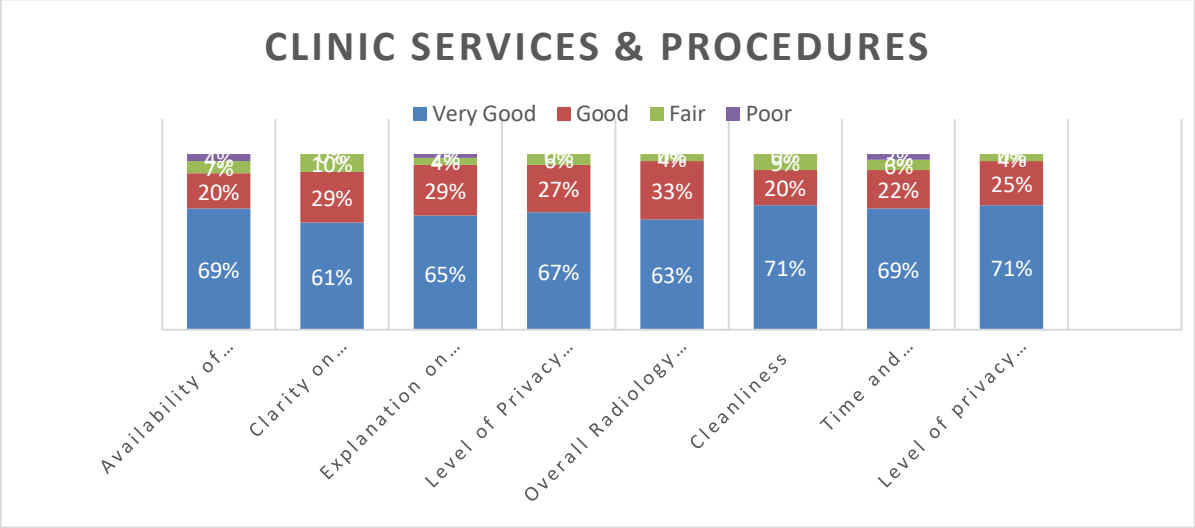
The respondents (67%) on the wellness clinic indicated that service is offered after 10 minutes of arrival. It was followed by 29% of the respondents who indicated that service is offered approximately 11-29 minutes of arrival. Lastly,5% of the respondents indicated that service is offered within 30 minutes of arrival.

Pharmacy

On pharmacy (78%) of the respondents indicated that service is offered within 10 minutes of arriving at the department. Then (19%) of the respondents indicated that service is offered approximately 11-29 minutes of arrival at the department. Lastly, four (4%) of the respondents indicated that service is provided after 30 minutes of arrival at the department.

Clinic Services and Procedures

Figure 10 summarised Clinic services and Procedures.



Availability of medicine

The figure above indicated the availability of medicines at the clinic. The results showed that (69%) indicated that medicines are always availability at the clinic. It was followed by (20%) of the participants indicated that medicines are sometimes availability at the mine clinic. Then (7%) of the respondents indicated that medicines availability is fair. Lastly, four (4%) of the respondents indicated that availability of medicines is poor.

Clarity on instructions

On clarity on instructions, the respondents (61%) indicated that clarity on instructions is very good. It was followed by 29% of the respondents indicated that clarity on instructions among the clinic staff is good. Lastly, (10%) of the respondents indicated that clarity on instructions is fair.

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Explanation on side effects

On explanation of the side effects by clinic staff, the respondents (65%) indicated that explanation on side effects is very good by the staff members. It was followed by (29%) of the respondents who indicated that explanation was good. Then, it was followed by (4%) of the respondents who indicated that explanation on the side effects by clinic staff is fair. Lastly, two (2%) of the respondents indicated that explanation on the side effects of medication by clinic staff is poor.

Level of privacy during dispensing

On the level of privacy during dispensing at the pharmacy, the respondents (67%) indicated that privacy is adhered to and its very good. It was followed by (27%) of the respondents who indicated that privacy during dispensing is good. Lastly, no respondents indicated that privacy during dispensing is poor.

Overall Radiology care

On radiology care, the respondents (63%) indicated that overall radiology care is very good. It was followed by (33%) of the respondents who indicated that overall, the radiology care is good. Then it was followed by (4%) of the respondents who indicated that radiology care is fair. Lastly, no respondents attributed to poor radiology services.

Cleanliness of the Clinic

On the cleanliness of the clinic, the respondents (71%) indicated that cleanliness was very good. It was followed by (20%) of the respondents who indicated that cleanliness was good. Then (9%) of the respondents indicated that cleanliness of the clinic was fair. Lastly, no respondents attributed cleanliness of the clinic to poor.

Time and Attention given

On time and attention given by the clinic staff, the respondents (69%) agreed that time and attention was very good. It was then followed by (20%) of the respondents who agreed that time and attention by the clinic staff was good. Then (6%) if the respondents indicated that time and attention by clinic staff was fair. Lastly, three (3%) of the respondents indicated that time and attention by the clinic staff was poor.

Level of privacy during consultation

On the level of privacy during consultation, the (71%) of the respondents indicated that privacy during consultation was very good. It was then followed by (25 %) of the respondents who indicated that privacy during consultation was good. Then (4%) of the respondents indicated that privacy during consultation was fair. Lastly, no respondents indicated that privacy during consultation was poor.

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

It was observed that the total of hundred (100) participants voluntarily consented and participated in the study. The participants' demographic details included occupation statuses, age, type of medical aid used and gender. The study findings demonstrated that many participants reached by the study were permanent mine employees though the mine had many different contractors, which contributes larger numbers of contractor employees as well. Meanwhile, among study participants ,the majority were males whilst females were a few. The study findings were supported by a study conducted by Syed et al. (2017), which found that ill women would less often seek health services than males (Ahmed et al. 2000, Voeten et al. 2004). Interestingly, gender inequality from the mining sector was greatly exhibited from the findings of the study as indicated by low females' participants. However, the mining sector on the other hand employed more males than females due to nature of the heavy job opportunities found in the sector.

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The study findings observed that many participants were between the age groups of 40-49 years. The age groups depicted the young and energetic working group needed by heavy mining industry. Although the study demonstrated that the respondents were proportionately younger than 60 years, the findings do not suggest that the younger population used the health facility more than the older ones. In a Turkish study, income level (high), marital status (married) and occupation (high level of education) were found to be significant predictors of satisfaction of care (Baltaci et al. 2013). However, in this study demographic variables were not measured as predictors of satisfaction of care.

The study findings observed that many participants were satisfied by the promptness of the staff, direction to appropriate rooms by staff at the mine clinic, reception by the staff, staff appearance and general appearance of the mine clinic respectively. The findings of the study were similar to a study done by Fisseha, Berhane, Worku & Terefe (2017:187) who indicated that health facilities can only provide quality services provided there is physical infrastructure that is matched with adequate and functional materials and supplies; sufficient number of trained human resources that are performing up to standards. The study findings were also supported by (Manyanye & Sithole 2016) who indicated that health care providers need to skill up their skills in view of patient satisfaction. Furthermore, the findings of this study were supported by a study done by Bisschoff & Clapton (2014:43) who emphasised the need to ensure continuous maintenance, the improvement of the appearance of the facility, and further training of staff in order to sustain and increase the service quality. However, Chingarande et al. (2013) also added that miscommunication increased patients' delays at the clinic in most cases world over.

The study findings observed that the majority of the participants were pushed/lured by quality care services being provided by the mine clinic. The study also noted 26% (n=12) who were pushed by location of the mine clinic which is within the mine surrounding areas, a mine compound adjacent to the clinic were other mine employees stayed. Further to that, 98% (n=50) of the participants were comfortable to refer someone to the mine clinic. Atinga et al. (2011), indicated that participants' overall satisfaction with health service delivery is mostly dependent on a personal or individual point of judgement with the value or the specific services received. The study findings were similar to study done by Lee MA, Yom Y-H. (2007) who indicated that patients who are satisfied with the service they receive are more inclined to return for further appointments or even to refer others to the same practitioner or facility. Satisfied patients are more likely to adhere to treatment protocols and advice given to them in a study by Sawyer and Kassak (1993); Ilioudi, Lazakidou and Tsironi (2013), whereas dissatisfied patients will either complain to the provider, be less loyal to the provider, switch to a new health care provider or tell other of their poor impression. It was further noted by Nezenega et al., (2013) that dissatisfied patients bypassed a facility for another one perceived to offer quality services irrespective of the distance. Similar to a study by Kumar et al., (2008), patients who were dissatisfied with the quality of services had the tendency to spread a bad word of mouth to other potential users which tainted the public image of the facility. Interestingly, Burger & Swanepoel, (2006); Burger, (2007) indicated that users of public healthcare facilities complained about a number of factors that include long waiting times, staff rudeness, hours of operation, and availability of drugs. However, the study findings were in contrary to a study done by Chifamba (2013) in Bindura, Zimbabwe which found that if the service quality does not meet the client 's expectations, and only a few clients would recommend the health centre to their friends and relatives.

The study findings indicated that the majority of the participants 87% (n=44),65% (n=33) ,58% (n=30),73% (n=37),67% (n=34) & 78% (n=40) were satisfied with services offered to them within 10 minutes of arriving from various departments such as at the reception, consultation, x-ray, treatment room, wellness clinic and pharmacy respectively. The study findings were supported by a study done by Boe et al., (2009); Gaioso & Mishima (2007) who indicated that shorter waiting times was an indicator for increased user satisfaction with health services. In addition to that, Onwuzu et al. (2014); Syed et al. (2013) indicated that waiting time contributes to patient satisfaction and is one of the key factors that weighed against patients' overall satisfaction with healthcare services. Again, a study by Michael et al. (2013) reported a strong relationship existed between patient satisfaction and waiting times in healthcare facilities. Interestingly, in Ethipoia, 50.6% of study participants reported high satisfaction with waiting hours (Mekonen et al., 2016) thereby supporting the research findings. This finding, therefore means that the variable (waiting time) has largely contributed to the participants' overall satisfaction with the service delivery.

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Concerns have been consistently raised about patients' waiting time in healthcare facilities (Syed et al. 2013; Anderson et al. 2007) and this variable kept emerging in patient satisfaction studies (Becker & Douglas 2008). Thus, the waiting time serves as one of the variables for measuring patients' satisfaction with the health care service delivery. The above findings were contrary to a study done in Zimbabwe by Chifamba (2013) at Bindura hospital found that long waiting times was the main reason for dissatisfaction of clients. This scenario was also found by Thatcher (2005) that the problem of long waiting time for services has been identified as a reason people avoid presenting for care in African countries. Further to that, Onwuzu et al. (2014) reported that lengthy patient waiting times had been identified in the literature as the major cause of patients' dissatisfaction with health care services.

Long waiting times threaten access to healthcare and impact on the quality of care provided (Motloba et al. 2018). Ideally, healthcare should be provided when needed, and without undue delay (Motloba et al. 2018). In developing countries, surveys are being increasingly endorsed (Mpinganjira 2012) as a means of understanding health care service quality and the demand of health care services, as it is important to manage public expectations and resources (Glick 2009). Therefore, it is fundamental that administrative processes should be streamlined to avoid delays and improve patient flow (Sayah et al .2014).

The clinical services and procedures were grouped into eight (8) categories as follows: availability of medicine, clarity on instructions, explanation on side effects, level of privacy during dispensing, overall Radiology care, cleanliness of the clinic, time and attention given and level of privacy during consultation. The study findings reported that the majority of the participants 69% (n=35),61% (n=),65% (n=33), 67% (n=34),63% (n=),71% (n=36),69% (n=35) & 71% (n=36) were satisfied by the clinical services and procedures offered by the mine clinic under the following categories (availability of medicine, clarity on instructions, explanation on side effects, level of privacy during dispensing, overall radiology care, cleanliness of the clinic, time and attention given and level of privacy during consultation). Medicines were always available at the mine clinic. Access to drugs was one of the most suggested priorities for improvement of public health services in a study by Binna (2006). However, the findings were contrary to findings from a study done by Chifamba (2013) at Bindura Provincial Hospital in Zimbabwe who found that clients were dissatisfied with non-availability of essential drugs in public hospitals.

The current findings on cleanliness were similar to the study by Kagashe and Rwebangila (2011) who indicated that the general environment for health care service provision largely influenced the overall satisfaction of the patients. The findings suggest that, in practice, the healthcare professionals should ensure and value the comfort of patients within service delivery environments, as the variable largely contributed to the patients' overall satisfaction with the service delivery.

Zimbabwe 's Patient Charter's main trust is focused on patients' rights, and that patients have the right to privacy and confidentiality (Consumer Council of Zimbabwe 1994). Patient satisfaction has been described in the literature as the extent to which general health care needs and expectations of the health service users are met (Andaleeb et al. 2007). This finding was reinforced by Hu et al. (2011) who found patient's privacy and confidentiality of patients' information to influence perceived quality of services and patient satisfaction. Apart from that, Riaz, Khan and Jafar (2017), noted that privacy issues caused males to refuse to visit healthcare service and only go for emergency cases because they feel afraid that their information is not safe. Medical records contain confidential information about every patient and should be kept private and confidential which is crucial issues in health care facilities. In view of this, quality of health care service is largely evaluated relative to the patients' expectations and/or perspectives (Schembri & Sandberg 2011).

Meanwhile, the extent to which patients and other healthcare users are satisfied with the health service deliveries is a key determinant underpinning the health behaviour of the users and utilisation of healthcare services (Peprah 2014; Smith et al. 2006). According to Moore and Bowden-Everson (2012), it is important to measure patient satisfaction, particularly in health care as it gives an idea of how patients perceives the care they receive. Measuring patient satisfaction bridges the gap between the treating clinician and the patient, thus making it clinically relevant (Prakash 2010). This is supported by Prakash (2010), who stated that measuring patient satisfaction was clinically relevant. Lastly, Prakash (2010) also explained that patient satisfaction is an important and common indicator for measuring the quality of care.

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Conclusions

The study aimed at assessing patients and client's satisfaction level at a Mining Clinic in Zvishavane. This study used the dimensions defined by the service quality (SERVQUAL) model, which has been adopted by other studies that explored the perceptions of patients of the quality of various services (Parasuraman., et al 1988). The SERVQUAL is consistent with other health research (Jawaid., et al 2009). Various variables were used to assess patient satisfaction at the clinic such as drivers for choosing the mine clinic, recommending to someone else to the mine clinic, promptness of attention by staff, reception by staff and staff appearance, general appearance of the clinic and time taken by each department to offer service. The study also looked at availability of medicine, clarity on instructions, explanation on side effects and the level of privacy on all clinic activities, and being treated politely (Nunu and Munyewende 2017). Patient satisfaction surveys are used as a tool to understand patient concerns and to determine areas of improvement.

In this study it was concluded that high levels of satisfaction were experienced by mine workers who attend mine clinic. This finding is similar to a study conducted in Majmaah, Saudi Arabia, where an 81.7% level of satisfaction with healthcare was reported (Mohamed et al. 2015). Satisfied patients were found to be more adherent to treatment plans and had better health seeking behaviour which improved clinical outcomes; therefore, health care staff need to continue to listen to patients, respect patients and be polite. Basing on the findings discussed above, this study concludes that clients and patients were satisfied with health care services provided at a mining clinic in Zvishavane.

According to Hussain et al. (2019), carrying out patient satisfaction surveys in developing countries aids in comparing their health care facilities to those of the developed world. Developing countries need to design their own patient satisfaction questionnaires and administer them to patients (Wei et al. 2015). Olomi, Mboya and Manongi (2017) state that, traditionally, the quality of health care services was measured by means of professional standards, ignoring the importance of patient satisfaction. Patients are the best arbiters of services because they accurately assess the services provided and their input can help in the overall improvement of healthcare provision. These study results and findings are important considerations for the management of healthcare services to develop policies and strategies for improving the quality of healthcare.

Recommendations

Having made these conclusions, this research put forth the following recommendations from the findings of the study:

- There is a need for interventions in terms of time spent at the facility, and telephonic access to health outcomes. Such interventions could promote good client-centred service delivery, which could aid in preserving and promoting the well-being and quality of life.

- It is important that the relevant authorities address feedback from patient satisfaction surveys could assist with improved prioritisation and allocation of resources and it could also serve as a platform for providing better services.

- Patient satisfaction surveys should be conducted periodically to keep the department abreast with current health care trends and practices in order to address emerging needs (Fekadu, Andualem & Yohannes 2011; Mosadeghrad 2014). The process is essential for the improvement of amenities in healthcare facilities (Al-Abri & Al-Balushi 2014; Goldman, Vaiana & Romley 2010).

- For the mentioned unfriendly staff to loosen up on patients through customer care training workshops and introduction of health care staff and customer open days where they will meet their customers in different settings for teambuilding.

- Clinic health quality services identified gaps should be addressed with urgency.

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