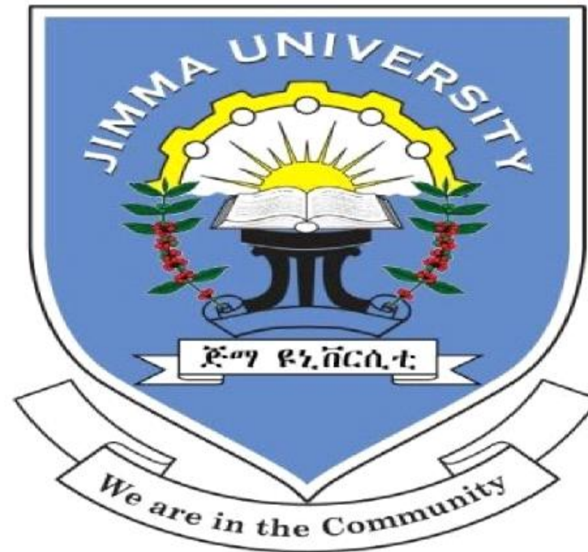
CAREGIVER SATISFACTION WITH PSYCHIATRY SERVICE AT JIMMA UNVERSITY MEDICAL CENTER SOUTH WEST ETHIOPIA



BY: MESKEREM TEKETEL

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Jimma, Ethiopia

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BY MESKEREM TEKETEL

ADVISORS

1. Dr. Alemayehu Negash (MD, Psychiatrists, PhD, Associte.Prof)
2. Mr. Matwos Soboka (BSc, MSc,Ass.Prof)
3. Mr. Gebeyehu Tsega (BSc, MPH)
4. Mrs. Almaz Mamaru (Bsc, Msc)

Jimma, Ethiopia

September, 2017

ABSTRACT

Background*: Satisfaction is an important measure of health service performance. In Ethiopia caregivers play a significant role in the treatment of mentally ill patient because of absence of modern rehabilitation service, and cultural obligation. Therefore assessing caregiver satisfaction of service given to their beloved one is a meaningful step towards improving the quality of psychiatry service.*

Objective*: The aim of the study was to assess caregiver satisfaction with outpatient psychiatry service and predictors at Jimma University Specialized Hospital.*

Method*: Across sectional facility based design was conducted and supported by qualitative inquiries. Consecutively selected 423 caregivers were participated from May to June 2017. Mental Health Service Satisfaction Scale was use to assess caregiver satisfaction. The independent predictors of satisfaction score in multiple linear regression were set at p-value* <0.05.

Result*: the response rate was100%. Out of 423 participants 278(65.7%) were male and the mean (SD) age was 40.3(11.99) years. The caregivers mean satisfaction score was 71.03 %. Majority caregiver was exhibited lower satisfaction with privacy issue, waiting area comfort, professional access to have followup with same health worker. In the final model 50.2% of variations of caregiver satisfaction score was explained by relationship to patient (other)* (β=-5.16, $p<0.05$), *increased burden* (β=-.123, $P<0.01$), *being caregiver of patient uses substance at daily base throughout the year* (β=-2.8, $p<0.05$), *and increased distance from clinic* (β=-4.11, $p<0.001$) *were inversely correlated with satisfaction score of caregiver. And having high social support* (β=.357, $p<0.05$), *being caregiver of other psychotic disorder* (β=2.73, $p<0.031$), *longer duration of caregiving* (β=.52, P< 001) *and longer time staying with patient per 24 hours* (β=.47, $P<.001$) *were positively correlated with caregiver satisfaction.*

Conclusion: *This study found that majority of caregiver was display lower ssatisfaction with privacy issue, waiting area comfort, professional access. Mean satisfaction score decrease with greater burden, lower social support, being caregiver of schizophrenia patient with substance use at daily base and increased distance from clinic. Therefore it is imperative to improve the facility comfort and service access with special emphasis for burdensome and farther distance participant.*

Key: caregiver, satisfaction, outpatient department, psychiatry service, Jimma, Ethiopia

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ABBREVIATIONS

DALYs: disability adjusted life years

DSM-IVTR: Diagnostic Statistical Manual of Mental disorders fourth edition Text Revision

IDI: In-depth Interview

JUTH: Jimma university teaching hospital

LIC: low income countries

LMIC: low and middle income countries

HMSSS: Mental Health service Satisfaction Scale

MD: Medical doctor

MNS: mental neurological and substance use disorders

SMI: severe mental illness

SPP: service provider participant

SPSS: Statistical Package for Social Science

SUP: service user participants

WHO: World health organization

WTH: Wachemo teaching hospital,

YLD: years live with disability

YLL: Year's life

CHAPTR ONE: INTRODUCTION

1.1. Background

Health service can be assessed at three levels; structure, process and result through reliable subjective and objective measures[1]. Among the subjective measures satisfaction is the best indicators of quality of care[2]. Health care service consumers' satisfaction is becoming an emerging health policy throughout the world. It is a key determinant of quality of health care and an important component of pay-for-performance metrics. Furthermore, it is best source of information about a health care systems' communication, education and disease management process that has enhanced consumer's-centered high quality care[3]. World health organization (WHO) report, service consumers power and health system responsiveness are largely a function of the ability of consumers to make their wishes heard. It is assessed through their satisfaction survey[4]. Satisfaction is health care recipient's reaction to most important aspects of his or her experience, expectation and preference of service met by health care service and providers [3].

Caregiver in this study is anyone may be family members, relatives, or friends who give unpaid care and support to mentally ill patients. They provide care for the mentally ill patients such as emotional support, financial assistance, housing, medication supervision and making decision for the need to seek mental health service in subsequent relapse[5–9]. These unrecognized care and support provided by caregivers make a major contribution to the mental health service system[10].

In addition to the patients, asking caregivers of mentally ill patients how they satisfied with psychiatry service given to their mentally ill beloved ones is a meaningful step towards improving the quality of mental health care. Because caregivers are the mainstay of mentally ill patients and they are the main decision makers for patients with mental illness for seeking mental health service[6,7,11]. Satisfaction study can provide means for caregivers to express their worries about the service given to their mentally ill beloved ones and it increase partnership with mental health care professionals these will enhance outcome of mental health service[12]. Therefore assessing their experience and fulfilling their expectation is the important aspect of enhancing responsiveness to mental health service. However there is limited research on caregiver satisfaction particularly in developing countries like Ethiopia[13–15].

1.2. Statement of the problem

Mental, neurological and substance use disorders (MNS) are accounted for 14% of the global burden of disease expressed in disability adjusted live years (DALYs). 2.3% of years life lost (YLLs) and 28.5% of years live with disability(YLDs) worldwide respectively[16]. In low and middle income country the burden of mental disorders are about 24% DALYs and 32% YLDs [16,17] and in Ethiopian, it is found to be 11% DALYs of with schizophrenia and depression are included at the top ten most difficult conditions, out-ranking HIV/AID[18].

The impact of mental illness is huge and a great deal to accomplish. about one million persons with mental disorders die because of suicide globally, and it is third leading cause of death among young people[19]. Severe mental disorders lead individual to poor education, low general health outcomes, with a rate of 50% of homelessness and 90% unemployment respectively[20–24]. Mental disorders have a tendency to cause 25 years life expectancy reduction in patients with mental illness[21,24]. The combination of factors such as lifestyle and health risk behaviors, chronic communicable and non-communicable diseases, suicide, and poorer health care, contribute to this premature mortality [21,24].

Despite these facts, treatment gap appears too wide especially in countries classified as LMIC by the World Bank, where around 85% of the world's population lives[25–27]. In such countries, treatment rates for these disorders are suboptimal and over 90% of patients do not get treatment although effective treatments exit[25,28,29]. According to WHO the rich countries like USA and England have 200 time more mental health professional than African countries[17,28]. Middle income countries have 20 times more mental health professional than low-income countries[29]. It shows in some of the LICs almost no mental health service.

In Ethiopia the mainstays of care for the mentally ill are their families, friends, religious institutions or they simply roam free. Despite the existence of affordable and effective treatment more than 90% of mentally ill patients ever receive the treatment they need. Basing on WHO question to scale up mental health budget, Ethiopian government committed to increase service coverage at highest governmental level[18].currently in Ethiopia there are mental health service in almost all general and territory hospital. However per investigators knowledge there is no study done on caregivers' satisfaction about mental health service in Ethiopia.

Caregivers who had higher satisfaction with psychiatry services were twice as likely as those who had lower satisfaction to use the services again when needed. This shows the importance of caregivers' satisfaction on their continuous usage of psychiatry services and compliance with as the order of professional[30]. For mental disorder patients, family involvement in treatment is associated with a number of benefits such as: the improvement of patients' social functioning, an increased amount of time spent out of hospital, reduced family conflicts, reduced perceived family burden, and a feeling of increased effectiveness among relatives and also patients becoming productive member of the family[31,32]. Dissatisfied caregivers often cite lack of contact, information, communication, and partnership with health care professionals as a significant complain[33,34]

The magnitude of overall caregiver satisfaction found to be 87% among caregiver of cognitive impairment patients in England[35], 72% among caregiver of schizophrenia patients in Finland[36], 98% among caregiver of stork patients in Nigeria[37], 61.8% among mentally ill patient Dessie referral hospital and 77.% among patient Jimma specialized hospital in general health care service in Ethiopia. Public organizations such as the WHO promote to have an increased awareness of the importance of family caregiver as treatment partners and their level of satisfaction has led to this partnership[19,38].

However there is limited study that identifies family caregivers' satisfaction and related factors with psychiatric service particularly in developing countries like Ethiopia[13–15]. Therefore it is necessary to consistently undertake survey in the community or facility to introduce better services that fulfill not only the expectations of patients but also their caregivers. So the aim of this study is to determine satisfaction of caregivers and associated factors with the available limited psychiatry services provided at Jimma University Specialized Hospital.

CHAPTER TWO: LITERATURE REVIEW

2.1. Over view of literature review

This literature review is about satisfaction with psychiatric service and predictors among caregiver of mentally ill patient such as socio-demographic characteristics and caregiving experience of caregivers, socio-demographic and clinical factors patient cared for and the service aspect characteristics.

2.2. Magnitude of caregiver satisfaction

The magnitude of overall caregiver satisfaction found to be 87% among caregiver of cognitive impairment patients in England[35], 72% among caregiver of schizophrenia patients in Finland(36), 98% among caregiver of stork patients in Nigeria[37], 61.8% among mentally ill patient in Dessie Referral Hospital and 77% among patient in general health care service in Jimma, University Specialized Hospital Ethiopia. Caregivers' satisfaction with psychiatric services vary from country to country as discussed above, but in general what seems especially to generate dissatisfaction is lack of information, a low level of caregiver involvement, lack of advice, lack crisis assistance, and poor efficacy of treatment and low respect from professionals.[15,39–44].

2.3 caregiver satisfaction and predictors

Socio-demographic factors and caregivers' satisfaction

Age: study done in Mackay Memorial hospital Taiwan on satisfaction primary caregiver of home geriatric service care using a five point likert scale representing 1strongly disagree and 5 strongly agree reported that the overall satisfaction of home mental health higher for those age caregiver older than 30 years[45]. Study done in Taiwan on factor related to caregiver satisfaction with home care for mentally ill patient, report that degree of general satisfaction was increase as age increase where as decrease as age decrease[30].

Gender: study done in south Rome, Italy on patient and caregiver satisfaction with psychiatry service using a six point likert scale showed that being female was significantly associated with dissatisfaction[41]**.** Survey report from 22 European countries show that female caregivers

experience more dissatisfaction with support received from service provides and they feel that staff take what they say less seriously[12].

Marital status study done in Taiwan on factor related to caregiver satisfaction with home care for mentally ill patient, report that married caregiver had more general satisfaction than unmarried caregivers

Education: study done in Mackay Memorial hospital Taiwan on satisfaction primary caregiver of home care using a five point likert scale representing 1strongly disagree and 5 strongly agree reported those who had lower education level are more satisfied service than higher education.

Relationship to the patient : study done in Mackay Memorial hospital Taiwan on satisfaction of primary caregiver of mentally ill patient home care using a five point likert scale representing 1strongly disagree and 5 strongly agree reported sibling caregiver are satisfied than other than child caregivers. Survey report from 22 European countries show that those caring for their partner have lowest dissatisfaction than those cares for their sibling.

Caregiving characteristics of caregivers and psychiatric service satisfaction

Burden: according to study done in Douglas mental health university Canada on predictor of caregiver satisfaction with mental health service using a 4 point likert scale reported that care giving burden was significantly and negatively associated with caregiver satisfaction.

Length of stay with patient: survey report from 22 European countries show that Caregivers didn't live long with the patient are more dissatisfied with support received from service providers and their involvement in important decision than family caregivers living with the patient.

Social support: survey report from 22 European countries show that having no support on care giving process is associated with increased dissatisfaction. Caregivers who share caring responsibilities other family member more satisfied than the only caregivers[12]

Patient factors and caregiver satisfaction

Age of patient, longer treatment episode: According to study done in child and adolescence mental health center at East and South Norway showed that giving care for younger age beloved one, longer treatment episode positively, Study in UK using 10 item caregiver satisfaction questionnaires the overall satisfaction was 87%.higher levels of behavioral and psychological symptom of patient cared for, and diagnosis of delirium associated with caregiver dissatisfaction.

Duration illness: study done in Douglas mental health university Canada on predictor of caregiver satisfaction with mental health service using a 4 point likert scale reported that duration of illness demonstrate positive correlation with caregiver satisfaction indicating that higher caregiver satisfaction was associated with longer duration of illness of their beloved ones[46].

Service factors and family caregiver's satisfaction

Efficacy t of treatment: according to study done in Douglas mental health university Canada on predictor of caregiver satisfaction with mental health service using a 4 point likert scale reported that caregivers whose beloved one exhibited more problematic behaviors were less satisfied than those their relative had no problematic behavior. Study done in Finland indicate that caregivers of schizophrenia patient, However nearly 40% of caregivers were m dissatisfied with the service if the outcome of the treatment and patient's functional state are poor and if the, medication and rehabilitation services given to the patient is low [26].

Professional aspect: study in 22 European countries shows 40% family caregivers is very satisfied with their doctors, but the same percentages also feel dissatisfied. One third is satisfied, 33% feel dissatisfied and one third are neutral. Nearly 40% family caregivers of persons with severe mental illness feel satisfied with their ability to influence important decisions in treatment and care planning. 40% caregivers are satisfied with their involvement in important decisions[12]. The study conducted in Brazil on psychiatry service satisfaction among patient, caregiver, and health care providers indicated overall mean score obtained by the family caregivers 4.37more satisfied than patient and service providers satisfied [40].

Information: The study performed in south Rome, Italy on satisfaction with services expressed by outpatients and their relatives was fairly good, with the exception of poor satisfaction with information about treatment and involvement in the treatment program[41]. Nigeria on informal caregivers' satisfaction with health care service showed that caregivers were dissatisfied with information about the condition of their beloved one[37].

caregiver satisfaction[47]. Study done in tertiary health care center in Ibadan, Nigeria on informal caregivers' satisfaction with health care service showed that caregivers were dissatisfied with waiting time until they get service[37].

Kindness and respect according to study done in tertiary health care center in Ibadan, Nigeria on satisfaction with health care service among informal caregivers' of stroke patient the participant were highly satisfied with kindness and respect shown to recipients by the hospital staff.

2.4. Significant the study

Satisfaction survey give means for caregivers to express their concerns about the service given to their mentally ill relative and it is one of the core pillars for mental health service to achieve quality of care. Despite this fact, per investigator knowledge there is no study that identifies caregivers' satisfaction and related factors with psychiatric service in Ethiopia particularly in study area. Therefore the finding of this study:

- Will add to the limited body of knowledge about caregivers' satisfaction and associated factors with psychiatric service in Ethiopia.
- It will serve as a base line data to other researchers will have an important input in assessing the caregivers' satisfaction that will be helpful to fill research knowledge gaps which ultimately contribute to enhance quality of mental health services.
- It will serve as base line data for Policy makers, and health service administrators and professionals to improve mental health service planning, allocation and provision.
- Later help to enhance caregivers' satisfaction and increase responsiveness to mental health service system.

2.5. Conceptual frame work

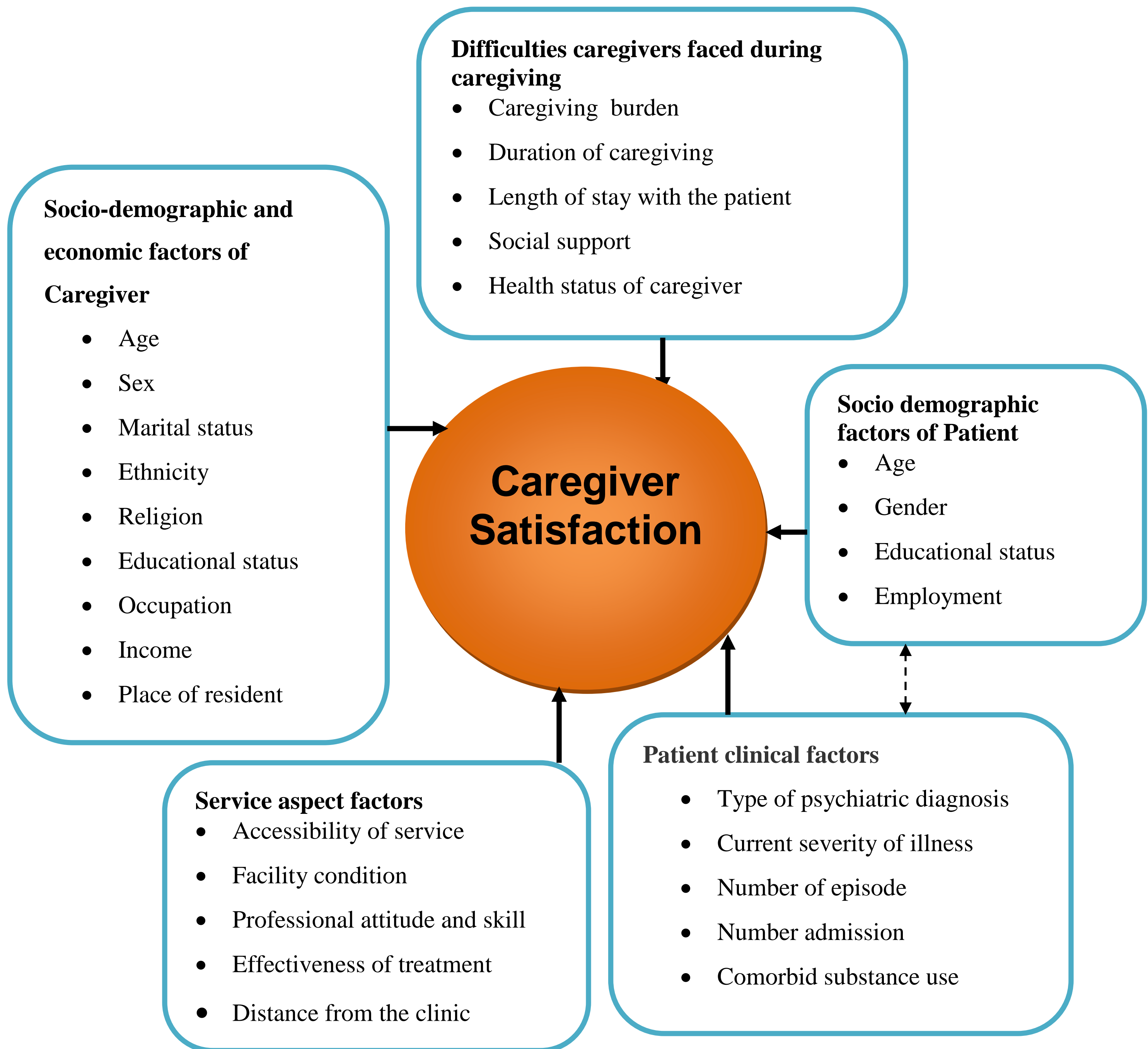

Figure 1: Conceptual frame work for family caregivers' satisfaction and predictors with mental health service at JUSH psychiatric clinic source from different literature (30,35,37,38,41,46).

CHAPTER THREE: OBJECTIVE

3.1 General objective

- To assess satisfaction with psychiatry service and predictors among caregiver of mentally ill patient at psychiatry clinic of Jimma university specialized hospital, 2017.

3.2 Specific objectives

- To determine caregiver satisfaction with psychiatry service at Jimma university specialized hospital psychiatry clinic.
- To identify predictors of caregiver satisfaction with psychiatry service at Jimma university specialized hospital psychiatry clinic

CHAPTER FOUR: METHOD AND MATERIALES

4.1. Study setting

The study was conducted at Jimma University Medical Center which is located 352 km south west to Addis Ababa the capital city of Ethiopia. Iimm University Medical Center is one of well known government institute in Jimma town which is a teaching tertiary level hospital and provide inpatient and outpatient health service in more than nine clinical departments for around than 15 million people living in south west of Ethiopia.

In Jimma University Medical center Psychiatry clinic was established in 1988 and was serving more than 10,000 patients annually. Currently the clinic has 36 beds for in patient service and 03 outpatients department with 2 psychiatrist, 10 psychiatric nurses, 3 clinical psychologists and 2 MSc and 2 PhD fellow mental health professionals for about 15 million population of south west Ethiopia.

4.2. Study design and period

Facility based cross-sectional study was conducted and supported by qualitative inquiries from May to June 2017.

4.3. Population

4.3.1 Source population

- All outpatient caregivers of mentally ill patients who visited psychiatry clinic at Jimma University Specialized Hospital for quantitative study
- All service users and all service providers for qualitative study

4.3.2. Study population

4.3.2.1. for quantitative study

- Consecutively selected outpatient caregivers of mentally ill patients who visited psychiatry clinic at Jimma University Specialized Hospital during the study period.

4.3.2.2. for qualitative study

- Purposively selected psychiatry service providers and service users of psychiatry clinic at Jimma University Specialized Hospital during the study period.

4.4. Inclusion and exclusion criteria

4.4.1 Inclusion criteria

- All caregivers of mental ill patients visited psychiatric clinic to get treatment for their mentally ill beloved ones at Jimma University Medical Center psychiatry clinic who have at least three month follow up were included.
- For those came with more than one caregiver lottery method was used.

4.4.2. Exclusion criteria

- age less than 18 years

4.5. Sample Size and sampling technique

4.5.1. Sample size determination

Sample size was calculated using single population proportion formula using the following assumptions

$$\mathbf{n} = \frac{(\frac{z\alpha}{2})^2 p(1-p)}{d^2}$$

Where, n = required sample size

$Z_{\alpha/2}$= Z value: standard score corresponding to 95% confidence level (α= 0.05) = 1.96

P = estimated prevalence of satisfaction which is assumed to be 50%

D = Margin of error (0.05)

$$n = \frac{(z\alpha/2)^2 p(1-p)}{d^2}, \qquad = \frac{(1.96)^2 0.50(1-0.50)}{(0.05)^2}, \qquad n= 384$$

Adding 10% non respondent and total study population sample size was 384+ 38.4 = 422.4~ 423

4.5.2. Sampling technique

Quantitative

- Jimma University Medical Center was the only psychiatry service center in Jimma town. In this hospital quantitative data was collected using consecutive sampling technique until the total sample size was achieved from whom had visited Jimma University Medical Center psychiatric clinic during data collection period.

4.6. Study Variables

4.6.1 Dependent variables

- Caregiver satisfaction

4.6.2 Independent Variables

- **Caregiver socio-demographic factors**: age, gender, ethnicity, occupation, marital status, education, relationship with patient, average monthly income.
- **Factors related with difficulties caregivers faced during caregiving:** duration of care giving, length of stay with the patient per twenty four hours, caregiving burden, social support and health status.
- **Socio-demographic factors of patients cared for**: Age, gender, marital status, employment status, educational status
- **Clinical variables of patient cared for:** current psychiatric diagnosis, duration of illness, Age at onset mental illness, number of episode, number of previous hospitalizations, severity of illness, comorbidity substance use.
- **Institution and providers related variables:** access of service, provider skill and approach, effectiveness of the treatment, distance from the clinic

4.7. Data collection instruments and procedure

Quantitative study instruments and data collection procedure

Data for caregiver satisfaction was collected using standard questionnaire, Mental Health service Satisfaction Scale (HMSSS). It was 20 items and validated in Ethiopia Butajira general hospital for use in LMIC. The questionnaire comprises five distinct service domains such as interpersonal factors, efficacy, and communication, technical competency and adequacy of facilities.

Satisfaction items 1 to 24 has five point likert scale showing 1= strongly disagree... and 5strongly agree and the total score range from 20 to 100. The scale is scored by summing each item; higher scores indicate greater satisfaction with psychiatric services, while lower scores indicate less satisfaction. The MHSSS demonstrates high internal consistency with Cronbach's α = 0.92(48).

Caregiver burden assessed using a standard tool Family Burden Interview Schedule (FBIS) with Cronbach's α= 0.83(49). 24 item had three response categories including 0 (no burden), 1 (moderate burden) and 2 (severe burden). The total scores range from 0-48 for burden, with higher score indicating a higher burden of care. Social support was measured using 3 item Oslo social support scale (OSSS) was used to assess social support among caregivers.

Patient and caregiver socio-demographic and economic data were collected using structured questionnaire which developed after reviewing literatures and related tools. The type of psychiatric disorder and other clinical factors was identified based on patient chart review according to Diagnostic Statistical Manual of Mental Disorders fourth and fifth edition Text Revision (DSM-IV TR /5). The questionnaires were designed to be conducted by interview. It took approximately 30 to 45 minutes to complete the questionnaires.

The questionnaires were interview and took approximately 30 to 45 minutes to complete. Three BSc psychiatry nurse and two psychiatry MSc supervisors were recruited and 2 day training was given. After training both data collectors and supervisor assigned to pretest questionnaires before the actual data collection. The questionnaire was administered and tested by 5% caregivers of inpatients of the same clinic for understandability reliability and clarity of the questionnaire. The internal consistency of service satisfaction measurement items in pretest was (Cronbach's Alpha=.874). Then in the actual data collection each data collectors completed on average 4 questioners and hence the actual data collection took 36 days. The principal investigator and the supervisors checked completeness and quality of collected data each day and the incomplete question was excluded and feedback was given at daily base.

Qualitative data collection instrument and procedure

An **in-depth interview (IDI)** guide was prepared and checked by health education experts for consistency and clarity. The guide consist 10 open-ended questions for service providers and 9 open ended question for service users. The aim of the study was discussed and the written consent was obtained. In-depth interview was proposed to collect qualitative data from 6 service

provider and 12 service users. However only 4 service providers and 6 service users were interview because of repeated similar responses were given. Each interview took on average 43 minute for service providers 35mimute for service users with overall range of 23 minute to 1houre and 20minute. The principal investigator conducted the In-depth interview with a simple checklist of questions to be covered to collect the suggestion of the participants using tape recorded after consent was ensured from the participant to do so.

The **trustworthiness** of the qualitative data was maintained. The IDI guide was checked for understandability and clarity by health education professionals. The interview was carried out in a place and times chosen by the informant. An atmosphere of trust between the IDI participants and the data collector was established through welcoming, smiling, self introduction and discussing some other issues before interview. Confidentiality issue was discussed in detail. Pause, probing, and facilitation technique was held thoroughly. Clarification of misunderstood questions was given in neutral and non judgmental approach. The time of interview was flexible. The verbatim of IDI participant were written by principal investigator and assisted with tape recorder after consent was obtained to do so. The note and the audio recorded verbatim were transcribed and translated at daily base during data collection time.

4.7. Data analysis

Quantitative data:

The data was checked for consistency and completeness throughout data collection. Data coded and entered in to EPI-DATA version 3.1 to minimize data entry error and then explored to SPSS version 20.00 for analysis. The data was checked for missed value and outliers and cleaned. Descriptive statistics such as frequencies and percentages for categorical data and mean and standard deviation for continuous data were calculated. Before performing linear regression the satisfaction scores were checked for assumption through p-p plot and histogram. Independent T-test for dichotomous variable and one-way ANOVA for variable with more than two categories with satisfaction score were quantified to see satisfaction mean difference between different categories of participants' characteristics. Bivariate Correlation between continuous variable and mean satisfaction score was computed for checking presence of correlation and significance.

Categorical Variable which had significant association with outcome variable were converted in to dummy variable by taking category which had higher response rate as reference. Bivariate

regression was computed for each independent variable with dependent variable. Finally the variables found to be significant at P-value 0.25 in bivariate analysis were computed to multiple linear regressions to control confounders with variance inflation factor for multicolimarity and those variables had a P-value $\leq$ 0.05 were considered statistically significant independent predictor of the mean satisfaction of score of the participants.

Qualitative data analysis:

The transcribed and translated interviews were read, reread and checked against the tape for accuracy of verbatim and transcripts. Each data item given equal attention in coding process and was coded and, themed thoroughly. And then the similar themes were extracted from each data source and recoded. Data source triangulation across service provider and service users were performed. Finally the data mach each other were extracted and methodological triangulation with quantitative finding were made and sorted in the main domain. All the analysis process was performed manually and concurrently with the data collection.

4.8. Data Quality assurance

The possible maximum sample size with non response rate was calculated. Standard and carefully designed questionnaires were used and translated to local language. Pre-test was done among 5% of the participants on inpatient caregiver of mentally ill as the study included only outpatient caregivers before the actual data collection time to check for the understandability and reliability and clarity of the questionnaire. Two days training on the objective of the study, questionnaires and ethical issues was given using training guide for the supervisor and data collectors.

The data were collected without wearing gaon outside OPD under the tree and at waiting area to prevent reluctance to give reliable information. Supervisors and principal investigator checked data completeness and quality by reviewing collected data and the incomplete questionnaire were excluded and feedback was given at daily base. The IDI guide was checked for understandability and clarity by health education experts. The interview will be carried out in a place and times chosen by the informant.

4.11 Ethical considerations

Prior to data collection Ethical clearance was obtained from Institutional Review Board (IRB) institute of health, Jimma University [IHRPGe-760/2017]. Permission to conduct the research

was obtained from the clinical director of the hospital and the head of the Psychiatric Clinic. Written consent form prepared with an outline of the purpose of the study and discussed with each participant who agreed to participate in the study. The participants were assured that they had the right to withdraw from the interview at any time they wish. And they were ascertained that if they wish to refuse to participate, their care or dignity had not been compromised in any way since there is no relationship between participation and health service they received. Participants were informed that there is no expectation of additional treatment or any associated benefits and risks for them participating in the study.

4.12. Dissemination of results

The result of this study will be presented and submitted to JUSH department of psychiatry. The detail document and feedback will be given for JUSH administrators and psychiatry clinic. Furthermore, the result will be disseminated to Jimma Zone Health Bureau, and other stakeholders both Non-governmental and Governmental. Effort also will be made to publish the research in scientific journals and to present it in different scientific conference

4.10. Operational Definition

Caregiver: anyone who may be family member, relative, friend or co-worker, neighbors who give non-paid care and support for patients with mental illness.

Caregiver satisfaction: all measuring items in the scale to measure satisfaction together yield a maximum score and minimum score. Satisfaction was measures by the responses for each item was summed and transformed to give an individual satisfaction score from 0 to100 percentage for each items used as percentage mean score.

Percentage means score: (actual score - potential minimum score)/ (potential maximum - potential minimum) ×100 %=(P1%+P2%+ ....+P423%). Where, P-represents participants

Type of psychiatric disorder: Diagnostic Statistical Manual of Mental Disorders fourth/five Text Revision (DSM IV-TR/5) was identified by patient chart review that includes major depressive disorder, bipolar disorder, schizophrenia, anxiety disorders and others psychotic disorder.

Life time substance use: patients' exposure to any type of substance in their life time

Frequency of substance use: number of days the patient use any type of substance per month throughout the year.

CHAPTER FIVE: RESULT

Socio-demographic characteristics of participants

A total of 423 participants were agreed to participate in the study with response rate of 100%. The mean age of the participant was 40.33 (SD ± 11.99) years and ranged 19 to 70 years. Majority 65.7% (n=278) of participants were male and married 65.70% (n=279). Out of the total participant 66% (n=279) of them were Islam religion follower.

Nearly three-fourth 71.40% (n=303) of the participant were Oromo followed by Amahara 11.6% (n=49). Nearly one third 30% (n=127) of the participant had no formal education and more than one third were farmer 40 %(n=169). More than half 51.30% (n=217) of the participant were living urban with median distance of 44km, mean 63.75(± 65.31) km from the clinic and ranged 1km to 460km. More than one-third 40.2% (n=170) of the participants were parent to the patient. The median income of the participant was $41.67, mean 59.46 (±42.88) and ranged $4.17 to $221.00 (**See table 1**).

Difficulties faced by participant during caregiving

The mean duration of care giving for the patient was 4.6(±2.97) with median value 4 years and ranged 3 month to 16 years. The mean length of stay with the patient per twenty four hours was 6.1(±3.54) with median value was 6 hrs. The mean score of caregiving burden of the participant was 21.36(±10.97). The mean score of social support for caregiver in their care giving process was 11.78(± 2.97). The majority 83.68% (n=354) of participant had no chronic medical disorders And nearly all of the participants had no mental illness 99.1% (419).

Table 1: Socio-demographic characteristics of caregiver of mentally ill patient at Jimma University Specialized Hospital psychiatry clinic, South-West Ethiopia 2017 (n=423)

Background characteristics		**Frequency**	**Percentage**
Gender	Male	278	65.7
	Female	145	34.3
Marital status	Married	286	67.6
	Single/Divorced	125	29.5
	Widowed	12	2.8
Religion	Muslim	279	66
	Orthodox	95	22.5
	Protestant	40	9.45
	Others@	9	2.15
Ethnicity	Oromo	302	71.4
	Amahara	49	11.6
	Tigre	13	3.1
	Daworo	31	7.3
	Silte	14	3.3
	Gurage	14	3.3
Educational status	No formal education	127	30
	Primary	119	28.1
	Secondary	88	20.8
	tertiary	89	21.0
Occupational status	Farmer	184	45.68
	Merchant	52	12.3
	House wife	58	11.3
	Civil/Private servant	99	23.4
	Student	25	5.9
	Daily laborer/waiter	5	1.42
Resident	Urban	217	51.3
	Rural	206	48.7
Relationship with patient	Parent	170	40.2
	Sibling	132	31.2
	Child	52	12.3
	Spouse	46	10.9
	Other@@	23	5.4

Note @ aunt/ankle, cousin, religious friend @@ Catholic Christian follower, Jehovah

Socio-demographic characteristics of the patient

The median age of the patient was 28 years with mean value was 31.12(±11.42) and ranged 15 to 69 years. Nearly two-third 61.9% (n=276) of patients were male. One-fourth 25% (n=107) of the participant was farmer. Nearly one-third 32.9% (n=139) of the patient had primary education. More than half 57.2% (n=242) of patients stopped their job due to the illness (**See table 2**).

Clinical characteristics of patient

Majority 51.8% (n= 219) of the patients were diagnosed as schizophrenia followed by depression 19.86 %(n= 84) with more than one-third 36.9% (n=156) of them moderately ill at present time. The median duration of the illness was 4years with mean value of 4.95 (±3.91) years and ranged 3month to 16 years.

Out of the total patients 46.3% (n=196), 33.3% (n=141) and 20.2% (n=86) of them had 1-2 episode, 3 to 4 episode and 5 or more episode respectively. Nearly one-third 32.15% (n=136) of the patient had at least one admission in their illness time. Of them majority 71.32% (n=97) had 1 to 2 admission.

More than one-third 38.8% (164) of the patient had at least one exposure to any type substance use in their life time. Of those who had exposure to substance use more than two-third 73.8 % (n=121) of them uses substance in the last one year with majority of them uses substance at daily bases throughout a year 53.7% (n= 65) **(See table 2)**.

Table 2: Socio-demographic and clinical characteristics of patient with mental illness at Jimma University Specialized Hospital psychiatry clinic, South-West Ethiopia 2017 (n=423)

Categories	Socio-demographic & clinical factors	Frequency	(%)
Patient age	15-23	94	22.2
	24-28	115	27.2
	29-39	109	25.8
	38- 69	105	24.8
Gender	Male	262	61.9
	Female	161	38.1
Educational status	No formal education	119	28.13
	Primary	139	32.9
	Secondary	100	23.6
	tertiary	65	15.4
Occupational status	Farmer	157	37.12
	House wife	65	15.4
	Civil/Private servant	75	17.7
	Student	126	29.78
Employment statues	Stop working	242	57.2
	Working part time	104	24.6
	Unemployed/Retied	42	9.9
	working full time	35	8.3
Recent diagnosis of patient	Schizophrenia	169	39.52
	Other psychotic disorder	69	16.32
	Bipolar disorder	51	12.1
	Major depressive disorder	84	19.86
	anxiety	50	11.83
Duration of illness	3month to2 years	141	33.3
	3year to 4 years	95	22.5
	5years to 8years	104	24.6
	9year to16 year	82	19.4
life time substance use	Yes	164	38.77
	No	259	61.23
Last one year substance use	Yes	121	73.78
	No	43	26.22
Frequency of substance use	1-4 days/month throughout the 1year	19	15.7
	>-4days/month throughout the 1year	37	30.6
	On daily base throughout the 1year	65	53.7

Caregiver satisfaction on outpatient psychiatry service

The percentages mean satisfaction score of caregiver of mentally ill patients on psychiatry service at Jimma University Specialized Hospital psychiatry clinic was71.03% (95% CI: 69.9 to 72.25). The top three areas of the service measuring items for which the majority of the participant found very dissatisfying were privacy issue, the opportunity to have followed up with the same health worker and waiting area comfort. Out of the total participants almost half 49.4 % (n=209) of them exhibited lower satisfaction by reporting strongly disagree/disagree with their privacy was respected in the psychiatry clinic, 9.5 %(n=40) of them feel neutral with their privacy was respected in the psychiatry clinic and 41.1% (n=174) of them reported strongly agree/agree with their privacy was respected in the psychiatry clinic.

Nearly half 47.3% (n=200) of the participant showed lower satisfaction by reported strongly disagree/disagree with the opportunity to have follow up with same health worker, 11.8% (n=50) of them reported as they feel neutral with the opportunity to have follow up with same health worker and 41.6 %(n=176) of them reported strongly agree/agree with the opportunity to have follow up with same health worker. Similarly, almost one-third 32.7% (n=138) of the participants showed low satisfaction by reporting strongly disagree/disagree with waiting area comfort, 19.6 % (n=83) of them reported as they feel neutral with waiting comfort and 47.7% (n=201) of them reported strongly agree/agree with the waiting area comfort.

The first three areas of the service for which the majority of participant found satisfying were the way health worker listened, and shown courtesy to them and the way information explained to them. Out of the total participant 97.2 %(n=411) of them showed higher satisfaction by reporting strongly agree/ agree with the health workers working in psychiatry clinic were listen to them carefully, 1.9 % (n=7) of them reported as they feel neutral with the health workers working in psychiatry clinic were listen to them carefully and 0.9%(n=5) of them reported strongly disagree/disagree with the health workers working in psychiatry clinic were listen to them carefully.

Also 96.2% (n= 407) of them reported strongly agree/agree with the health workers working in psychiatry clinic were treating them with courtesy, 2.1 %(n=9) of them reported as they feel neutral with the health workers working in psychiatry clinic were treating them with courtesy

and 1.7% (n=7) of them reported strongly disagree/disagree with the health workers working in psychiatry clinic treated them with courtesy. Similarly, 93.6% (n=396) of participants reported strongly agree/agree with the health workers working in psychiatry clinic were giving information to them in a way they can understood, 2.8% (n=12) of them reported as they feel neutral with the health workers working in psychiatry clinic were giving information to them in a way they can understood and 3.6%(n=15) of them reported strongly disagree/disagree with the health workers working in psychiatry clinic were giving information to them in a way they can understood (**See figure 2**).

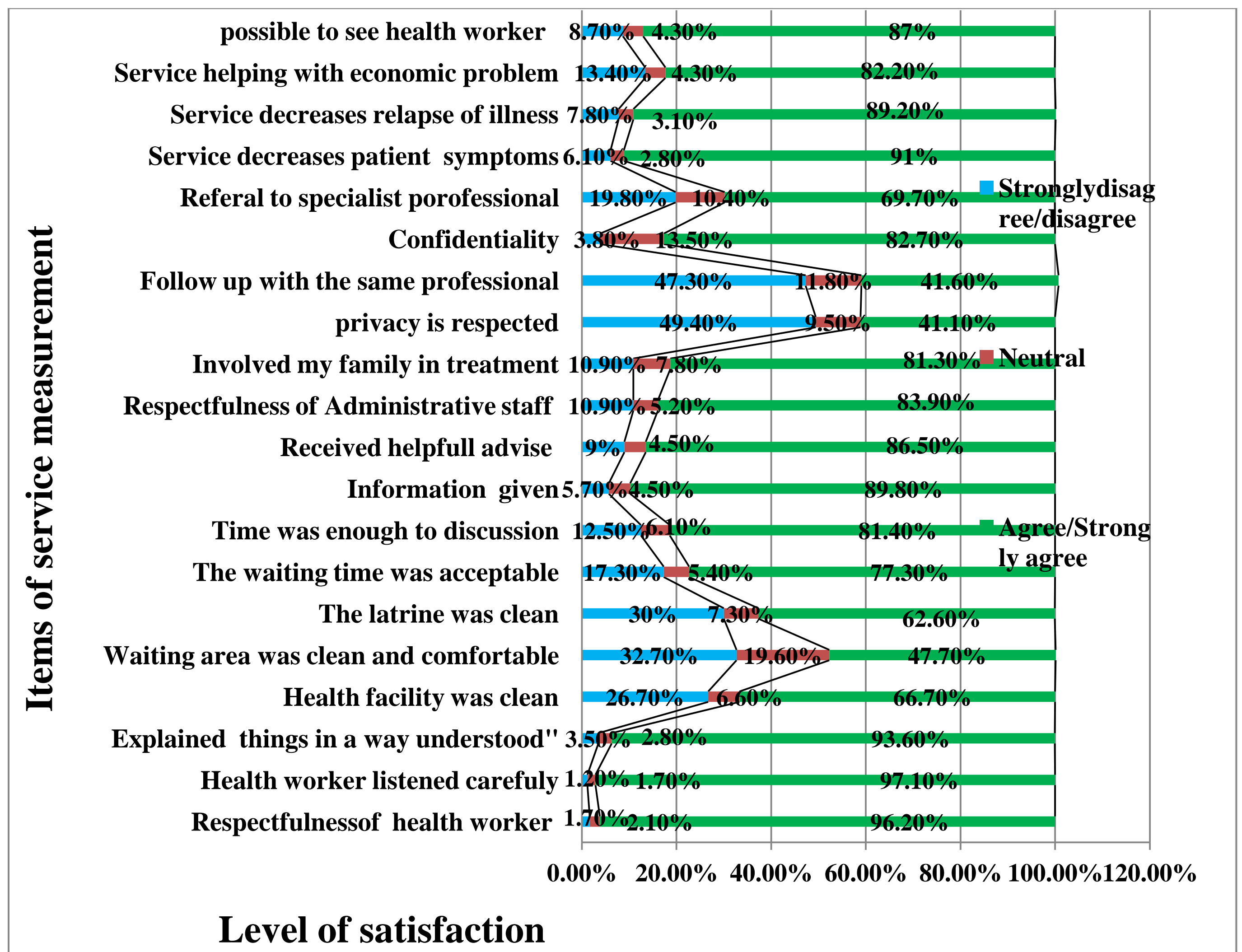

Figure 2: The caregiver's satisfaction level with each psychiatry services measuring item, Jimma university specialized hospital psychiatry clinic, south west Ethiopia. 2017 (n=423)

Predictors and Caregiver satisfaction in bivariate linear regression

The bivariate association between caregiver and patient characteristics and mean satisfaction score of caregiver was computed: caregiver gender, marital status, ethnicity, religion and history of mental illness had no significant association with caregiver satisfaction score. Whereas caregiver age, occupation, education, relation to patient, resident, average monthly income , caregiving burden, length of stay with patient, presence of social support in caregiving process and having history known medical illness and patient factors like age, current diagnosis, duration of illness, history of substance use in the life time and in the last year and frequency of substance use and distance from clinic were appeared to be statistically associated with caregiver satisfaction mean score at p-value ≤ 0.25 (see table 1&2) in the annex one

Predictors of caregiver satisfaction

After adjusting for potential confounders using multiple linear regressions, caregiver of other relationship to patient such as (cousin, aunt/ankle and religious friends), decrease in duration of caregiving and length of stay with the patient, higher caregiving burden and lower social support, current diagnosis of patient and patient history of substance use at daily bases throughout the year and farther distance from the clinic were independently predicted mean satisfaction score of caregiver with psychiatry service

When compare to parent relationship to patient, caregivers of other relationship to patient had a 5.49 lower satisfaction score (β = -5.49, $P < 0.05$). Duration of caregiving in year and length of staying with patient per 24hrs were statistically predicted mean satisfaction score of caregiver indicating a unit increase in duration of care giving and length of staying with the patient increase a .52 and a .47 mean satisfaction score of caregiver (β=.52, $P<0.001$) and (β=.47, $P<0.001$) respectively.

Care giving burden significantly predicted the mean satisfaction score of caregiver, indicate that a unit increase in burden a .123 decrease in mean satisfaction score (β= -.123, $P<.01$). Caregiver social support at home significantly predict mean satisfaction score of caregiver by which a unit increase in social support a .357 increase in satisfaction score (β= .357, $P<0.05$).

Caregivers of patient with diagnosis of other psychotic disorder had 2.73 higher mean satisfaction score when compare to caregivers of patient with schizophrenia (β= 2.73, $P<0.05$).

Caregivers whose beloved one uses substance at daily base throughout the year had a 2.8 lower mean satisfactions score with Psychiatry service when compare to caregivers whose beloved one uses substance 1 to 4 days per month throughout the year (β = -2.8, P <0.05). Distance from the clinic independently predicted caregiver satisfaction score: a unit increases of distance in kilometer from the clinic a 4.1 decrease in mean satisfaction score (β=-4.1, P<.001).

Table 3:- Multivariate linear regression analysis showing significant predictor of caregiver mean satisfaction score at JU specialized hospital psychiatry clinic, south west Ethiopia, May –June 2017 (n=423)

Caregiver, patient & service factors		β	**P-value**	**95%CI**	
Caregiver Age	-	.142	.052	-.220	1.065
Caregiver occupation.	Farmer	0			
	Merchant	-4.600	57	-8.141	1.058
Relationship to the patient	Parent	0			
	Other caregiver	-5.16	.023*	-9.63	-.71
Resident	Urban	0			
	Rural	2.28	.069	.370	4.195
Average monthly income		.02	091	-.001	1.002
Duration of care giving		.518	.000***	.265	.77
Length stay with pt/12hr		.47	.000***	.212	.728
Caregiving burden		-.123	.004**	-.207	-.039
Social support		.357	.019	.06	.653
Patient age		-6.676	.071	-13.01	3.348
Diagnosis of pt	Schizophrenia	0			
	Others disorders	2.73	.031 *	1.33	6.37
Number of episode	1-2 episode	0			
	3-4episode	-4.9	.100	-6.96	2.92
	5 and above	-5.6	.059	-9.39	1.86
Life time Sub. Use	Yes	-2.889	.082	-6.151	1.372
Frequency of sub. Use	Once per month use	Ref			
	at daily base	-2.8	.028*	-5.31	-.302
Distance from clinic		-4.11	.000***	-6.3	-1.92

Note: *P-value < 0.05, **P-value < 0.01, ***P-value < 0.001, α- reference group

CHAPTER SIX DISCUSSION

The mean satisfaction score of caregiver of mental ill patient with the psychiatry service was 71.03%. This finding is higher and contradicts the finding of qualitative study.

> "*…over all, the service is not satisfactory rather it is better than nothing!"(Service provider IDI-all & service user, IDI-two-third).*

The reason for this difference may be because the service provider had more awareness of dearth of service and they distinguish actually available service and expected extent of the service in a teaching hospital while caregiver who brought their mentally ill beloved one to psychiatry clinic as last choose and when the problem behavior is alleviated with treatment they may consider it as blameless service. Service users were selected purposively to have rich information and their higher involvement in the service leads them to discriminating the service gap than their caregiver. The other possible reason may be caregivers were interview simple structured questionnaires with list of options which not let them to express their inner world whereas service users and service provider were interviewed indepth semi-structured guide.

This study finding is higher than study done at Outpatient psychiatry service in Dessie Referral Hospital among mental ill patient (61.2%)[51] the difference may be due to the difference in study participant. On the other hand the finding of this study is lower than the finding done in the same hospital (JUSH) with general health service satisfaction among patient (77%)[50]. The reason for this difference because of the difference in study participants and service setting it focus on general health service satisfaction among service users whereas this study focus on psychiatry service satisfaction among caregivers of mentally ill patients. And the finding of study is lower and contradict study done in Nigeria among caregiver of stork patients 98% [38] and the study done in England among caregiver of cognitive impairment patients 87%[35] The reason for this difference may be dimension of service measured were different and they focused on caregivers of cognitive impairment patient service and stork patient service. The other possible difference also may be the accessibility and set up of service different from the accessibility and setup of the service in this study.

This study found that the majority of participants are satisfied with the way health workers listen to participants (97.2%), the way health workers shown courtesy to them (96.2%) and health workers explained things in a way they can understood (93.6%). This is in line with qualitative finding. Almost all service provider and service user participants of IDI stated that the provider skill and approach were not bothering rather the number is below the expected standard in teaching hospital. Specifically,

> Key personnel *"...I thought that the patients are luck of being treated in a teaching hospital. We serve our patient properly with the available limited resource in a great sacrifice ..." (service provider, IDI-1)*
>
> University student 26 years *"...health workers respect, listen, and understand us better than our family..." (Service user IDI-2)*

this finding similar with study done in Butajira[48] and Nigeria[37]. In contrast the finding of this study is different from European study[52]. The difference is may be because of the study participants were from 22 European countries and data was collected using self administered questionnaires by email and online by assigning contact person but the data of this study was collected using interview. The other possible reason may be respectful reception of service user and their caregiver due to cultural obligation.

This study found that more than half of the participants dissatisfied with privacy issues (49.4 %) of them reported strongly disagree/disagree and (9.5 %) of them feel neutral. This finding is inline with the finding of qualitative study

> *"...psychiatry patient need to be served in a private room with only patient and therapist but in our set up 3 or more patient seen in one OPD. This hinder patient to feel free and give their information."(Service provider, IDI-all)*

This study found that more than half of the participants dissatisfied with opportunity to have follow up with the same health worker (47.3%) of the participant reported strongly disagree/disagree 11.8% of them feel neutral. Similarly, more than half of the participants dissatisfied with waiting area comfort (32.7%) of the participants reported strongly and (19.6 %) of them reported feel neutral. This finding supported by qualitative finding Almost all service

provider and service users participants of qualitative study stated that the waiting area is not comfortable by which just near to the clinic (at the waiting area) there is morgue and incinerator. Bad smell and smoke arises from incinerator when the filth burnt and mourning of many people through loss of their beloved one cause disturbance to the patient. Specifically,

> *"...Imagine; how mentally ill patient become more disturbed and his/her illness get more worsen when there is a hot Sorrowfulness of many people through loss of their beloved one at the waiting area of psychiatry clinic. Such scenario is happen sometime two or more times per week. ....For me; this is not perceived but clear and practical stigma towards the mentally ill patient. These give me a meaning of mentally ill patient considered as "less than burned and greater than died connotation*!!"(Service provider, IDI-1)

> High school teacher 45year*"... Some of us came from farther distance. There had no enough chairs to have a sit and get rest till our time comes. The waiting area is not protective against rain, sun and cool weather. Why the government considers mentally*

Parent caregivers were more satisfied than other caregiver (aunt/ankle, cousin and religious friend) with psychiatry service. This is may be because of other caregiver may not stay longer time with the patient and engage in the treatment process as parent and greater expectation.

Caregivers who stay longer time with the patient per 24hr and give care for longer duration had higher satisfaction than who stay few time and shorter duration. This is may be since the caregiver stays with patient for longer time supervises medication, which improve the outcome treatment and having frequent service contact in their longer duration of caregiving may help them to realize the outcome service will increase their satisfaction. Study done Taiwan(30) among caregivers of mentally ill patient support this finding even if it is home base psychiatry service.

Caregivers had social support at home in their care giving process had higher satisfaction with the service. This is may be due to task sharing will lead to decrease burden of care giving. This finding is similar with study in Taiwan[30]. This study showed that those who had greater

burden had lower satisfaction with service. The finding of this study is similar with study conducted in Canada[35]

Caregivers of schizophrenic patient had lower satisfaction when compare to caregivers of patient with other psychotic disorder. This difference is supported by scientific view of point[50]. It is obvious that treatment outcome of schizophrenia is poorer than other psychotic disorders. So this may lead caregiver of schizophrenic patient to have lower satisfaction. Caregiver whose beloved one uses substance at daily base through the your had lowed satisfaction with Psychiatry service when compare to caregivers whose beloved one uses substance one to four time per month throughout the year. The possible reason for this difference may be due to scientific view of comorbid substance use among mentally ill patient [50]. This is the fact that comorbid substance uses worsen mental illness by facilitating illness process and decrease the efficacy of treatment which leads to poor prognosis. So this may decrease caregiver's satisfaction with psychiatry service.

This finding is also supported by qualitative inquires. Most of the service provider participant stated that the effectiveness treatment is around 60 to 70% in patients with schizophrenia. However it is compromised by comorbid substance use and medication non adherence. Specifically,

> *"…I know one-third of patient with severe form of mental illness like schizophrenia get full recovery, one-third get recovered but may not return to premorbid state and the last one-third have the problem behavior controlled but not get better…."*

Caregiver who came from farther distance had lower satisfaction. This finding is in line with the finding of indepth interview. Most of the service provider participant said that those who came from longer distance had low adherences to follow up service.

Specifically

> *"…for those came from longer distance appointment for follow up was 2-3 month and it was challenging for monitoring. The effectiveness of the service for them is somewhat questionable (service provider, ID-3)"*

"…sometime I miss appointment because of lack of transport cost. However my fortune is bad when I came on the appointment the medication is not avail in the clinic…" (Service user, IDI-5)

The strength of the study is satisfaction is assessed with locally validated tool and supported by qualitative inqueries.This study can be considered as the first attempt to determine caregiver satisfaction among caregivers of mentally ill patient in Ethiopia particularly in the study area. Shortage of literature could be due to difficulty to get free access or due to true limitation of literature. Because of these the study considered as baseline study with a significant limitation of comparison with different finding.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1. Conclusion

This study found that majority caregiver was dissatisfaction with privacy issue, waiting area comfort, professional access to have followup with same health worker. Relationship to patient (other), increased burden being caregiver of patient uses substance at daily base throughout the year, and increased distance from clinic were inversely correlated with satisfaction score of caregiver. And having high social support, being caregiver of other psychotic disorder, longer duration of caregiving and longer time staying with patient per 24 hours were positively correlated with caregiver satisfaction

7.2 Recommendation

Psychiatry clinic

There is a need to work with higher JUSH management so that the problem is understood by everybody and measures should be taken to alleviate the problem. Need to develop strategy to give special emphasis for burdensome caregivers by giving psycho education on how to generate social support and alleviate their burden and on how to make things easy for those farther distance service caregivers.

Jimma University Specialized Hospital

Need to improve the waiting area comfort through cost benefit analysis of removing morgue and incinerator from the waiting area of psychiatry clinic or let it not be functional until the new well organized psychiatry service center will constructed which accommodate those who come for service and for teaching purpose. And also need to improve service access by increase number of rooms and professional which ultimately fulfill the desire of service users and caregivers to consult the professional as they wish in a private room

Ministry of health

Need to give emphasis to accomplish strategies of Ethiopian health sector development program 2012/13-2015/16 and WHO mental health gap action program that focus on expanding psychiatry service access and rehabilitation centers which ultimately contribute to the right of mental ill patient to get service at shorter distance and to alleviate the burden of caregiver.

Researchers: Need to have regular assessment of mental health service satisfaction and awareness creation among JUSH community about the magnitude, frequency of occurrence and consequence of mental health disorders.

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ANNEX TWO: QUESTIONNAIRES AND IN-DEPTH INTERVIEW GUIDE

ENGLISH VERSION QUESTIONNAIRE CODE____________

CONSENT AND INFORMATION SHEET

My name is ________________ I am here on behalf of Jimma University College of Health Sciences, Department of psychiatry. We are doing this study for the partial fulfillment of the requirements for a Master's of Science in Integrated Clinical and Community Mental Health. The objective of this study is to assess satisfaction and associated factors among caregivers of mentally ill patients with treated at Jimma University Specialized Teaching Hospital, South West Ethiopia, in 2017 G.C.

Your cooperation and honest participation in the study will provide me valid result and show me real status and help to make intervention improvement; hence I request to participate honestly. Your participation in the interview and every aspect of the study is completely voluntarily. Your name will not be written in this form and all information that you give me will be kept confidential. You may skip any question that you prefer not to answer, and you can withdraw from the interview at any time, but we would appreciate your cooperation. You may also ask me to clarify questions if you don't understand. Your responses to our questions are identified only by number, never by name.

Do you agree to participate in this study?

1. Yes 2. No

Thank you in advance for your cooperation!!!

PART-1 Socio-Demographic and Clinical Characteristics of the Caregiver

S. No.	Socio-demographic characters of the patient		
Q.101	Age	________	
Q.102	Sex	1- Male	2- Female
Q.103	Marital status	1- Single 2- Divorced	3- Married 4- Widowed
Q.104	Religion	1- Muslim 2- Orthodox	3- Protestant 4- Catholic 5- Others specify_______
Q.105	Ethnicity	1- Amhara 2- Oromo	3- Tigre 4- Others, specify______
Q.106	Educational status	1- Not able to read and write 2- Only able to read and write	3- 1-8th grade 4- 9-12th grade 5- college and above
Q.107	Occupation	1- Farmer 2- Housewife 3- Merchant 4- Gov't employee	5- Private/NGO employee 6- Student 7- Daily laborer 8- Unemployed 9- Others, specify_____
Q.108	Average monthly income	______________ETB	
Q.109	Place of residence	1. Rural	2- Urban
Q.110	Relation to the patient	1- Father 2- Mother 3- Child 3- Sister/brother 5- Aunt/uncle 6- Other	
Q.111	For how many years/ months did you take care of your relative/patient?	________ years.	
Q.112	For how long do you stay with the patient within 24 hours?	_________ Hours.	

Q.113	Do you have any physical/medical illness diagnosed by physician like DM, HTN, CA, HIV/AIDS, etc?	1- Yes 2- No 3- If yes, specify? __________________
Q.114	Do you have any previously known/diagnosed mental illness?	1- Yes 2- No 3- If yes, specify?__________________
Q.115	Distance of the hospital in KM	--------------------

PART-2 Socio-Demographic and Clinical Characteristics of the Patient (the information taken from the care giver about the patient)

S. No.	Socio-demographic and clinical characters of the patient		
Q.201	Age	_________	
Q.202	Sex	1- Male 2- Female	
Q.203	Educational status	1- Can't read and write 2- Only able to read and write 3- Primary education/1-8th grade/ 4- Secondary education/9-12th grade/ 5- College and above	
Q.204	Occupation	1- Farmer 2- Housewife 3- Merchant 4- Gov't employee	5- Private employee 6- Student 7- Daily laborer 8- Unemployed 9- Others________
Q.205	Impact of illness in Employment status	1- Unemployed from the beginning due to illness 2- Still Working full time 3- Working part-time due to illness 4- Retired due to illness 5- Stop working due to illness	

Q.206	Current working Diagnosis of mental illness	1- Schizophrenia 2- Other psychotic disorders specify________ 3- Bipolar affective disorder 4- Major depressive disorder 5- Anxiety disorders 6- Others specify ________
Q207	Age at first onset of illness	___________________
Q208	Number of episodes	1- Continues 3- 2-4 episodes 2- Single episode 4- 5 and above
Q.209	Duration of illness	_________ years.
Q.210	Number of previous admissions	__________
Q.211	Does the patient ever used any type of substance ?	1- Yes 2- No
Q.212	If yes for Q.211, does the patient used any type of substance in the last 1 yr?	1- Yes 2- No
Q.213	if yes for Q.212, how frequent is it?	1- 1-4 days/month with in tweelve month period 2- >4/month with in tweelve month period 3- Daily bases through out the year

Part- 3: Severity of the patients' illness

Q.301	Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?	1 = Normal, not at all ill 2 = Borderline mentally ill 3 = mildly ill 4 = moderately ill 5 = markedly ill 6 = severely ill 7 = among the most extremely ill patients

Part-4: Questionnaires Caregiver version of Mental Health service Satisfaction Scale

S. No	Items	Response to items				
		Strongly disagree	Disagree	neutral	Agree	Strongly agree
Q.401	The health worker treated me with courtesy	1	2	3	4	5
Q.402	The health worker listened to me carefully	1	2	3	4	5
Q.403	The health worker explained me things in a way I understood	1	2	3	4	5
Q.404	The health facility was clean	1	2	3	4	5
Q.405	The waiting room was clean	1	2	3	4	5
Q.406	The latrine was clean	1	2	3	4	5
Q.407	The waiting time was acceptable	1	2	3	4	5
Q.408	I have enough time to discuss with health worker	1	2	3	4	5
Q.409	I was give information in a way I understood	1	2	3	4	5
Q.410	I received helpful advice	1	2	3	4	5
Q.411	Administrative staff treated me with courtesy and respect	1	2	3	4	5
Q.412	The health worker involved my family helpfully	1	2	3	4	5
Q.413	My privacy is respected	1	2	3	4	5
Q.414	I have the opportunity for follow up with the same health worker	1	2	3	4	5
Q.415	My personal information is kept confidential	1	2	3	4	5
Q.416	Referral to specialist is possible	1	2	3	4	5
Q.417	The service is effective at decreasing symptoms	1	2	3	4	5
Q.418	The service is effective at decreasing relapses	1	2	3	4	5
Q.419	The service is effective at helping with economic problems	1	2	3	4	5
Q420	It is possible to see the health worker when needed	1	2	3	4	5

PART-5 Family Burden Interview Schedule(FBIS)

	A. Financial burden overall	**No burden**	**Moderate Burden**	**Severe Burden**
Q.501	Loss of patient's income: (Has he lost his job? Stopped doing the work which he was doing before? To what extent does it affect the family income?)	***0***	***1***	***2***
Q.502	Loss of income of any other member of the family due to patient's illness: (Has anybody stopped working in order to stay at home, lost pay, lost a job? To what extent are the family finances affected?)	***0***	***1***	***2***
Q.503	Expenditure incurred due to patient's illness and treatment: (Has he spent or lost money irrationally due to his illness? How much has this affected the family finances? How much has been spent on treatment, medicines, transport, and accommodation away from home and so on? How much has been spent on other treatments such as temples and native healers? How has this affected family finances?)	***0***	***1***	***2***
Q.504	Expenditure incurred due to extra arrangements: (For instance, any other relative coming to stay with the patient; appointing a nurse or servant; boarding out children. How have these affected the family finances?)	***0***	***1***	***2***
Q.505	Loans taken or savings spent: (How large a loan? How do they plan to pay it back? How much does it affect the family? Did they spend from savings? Were these used up? How much is the family affected?)	***0***	***1***	***2***

Q.506	Any other planned activity put off because of the financial pressure of the patient's illness: (For instance, postponing a marriage, a journey or a religious rite. How far is the family affected?)	*0*	*1*	*2*
B. Disruption of routine/family activities overall				
Q.507	Patient not going to work, school, college, etc: How inconvenient is this for the family?	*0*	*1*	*2*
Q.508	Patient not helping in the household work: How much does this affect the family?	*0*	*1*	*2*
Q.509	Disruption of activities of other members of the family: (Has someone to spend time looking after the patient, thus abandoning another routine activity? How inconvenient is this?)	*0*	*1*	*2*
Q.510	Patient's behavior disrupting activities: (Patient insisting on someone being with him, not allowing that person to go out, etc? Patient becoming violent, breaking things, not sleeping and not allowing others to sleep? How much does it affect the family?)	*0*	*1*	*2*
Q.511	Neglect of the rest of the family due to patient's illness: (Is any other member missing school, meals, etc? How serious is this?)	*0*	*1*	*2*
C. Disruption of family leisure overall				
Q.512	Stopping of normal recreational activities: (Completely, partially, and not at all? How do the family members react?)	*0*	*1*	*2*
Q.513	Patient's illness using up another person's holiday and leisure time: (How is this person affected by it?)	*0*	*1*	*2*
Q.514	Patient's lack of attention to other members of the family, such as children, and its effect on them.	*0*	*1*	*2*
Q.515	Has any other leisure activity had to be abandoned	*0*	*1*	*2*

	owing to the patient's illness or incapacity e.g. a pleasure trip or family gathering? How do the family members feel about it?			
D. Disruption of family interaction overall				
Q.516	Any ill effect on the general atmosphere in the house: (Has it become dull, quiet? Are there a lot of misunderstandings, etc? How do the family members view this?)	*0*	*1*	*2*
Q.517	Do other members get into arguments over this (for instance over how the patient should be treated, who should do the work, who is to blame, etc)? How are they affected?	*0*	*1*	*2*
Q.518	Have relatives and neighbors stopped visiting the family or reduced the frequency of their visits because of the patient's behavior or the stigma attached to his illness? How does the family feel about this?	*0*	*1*	*2*
Q.519	Has the family become secluded? Does it avoid mixing with others because of shame or fear of being misunderstood? How do the members feel about this?	*0*	*1*	*2*
Q.520	Has the patient's illness had any other effect on relationships within the family or between the family and neighbors or relatives e.g. separation of spouses, quarrels between two families, property feuds, police intervention, embarrassment for family members, etc? How does the family feel about it?	*0*	*1*	*2*
E. Effect on physical health of others overall				
Q.521	Have any other members of the family suffered physical ill health, injuries, etc due to the patient's	*0*	*1*	*2*

	behavior? How has this affected them?			
Q.522	Has there been any other adverse effect on health (e.g. someone losing weight or an existing illness being exacerbated)? How severe is it?	*0*	*1*	*2*
F. Effect on mental health of others overall				
Q.523	Has any other family member sought help for psychological illness brought on by the patient's behavior (for instance by the patient's suicide bid, or his disobedience, or worry about his future)? How severe is this?	*0*	*1*	*2*
Q.524	Has any other member of the family lost sleep, become depressed or Weepy, expressed suicidal wishes, become excessively irritable, etc? How severely?	*0*	*1*	*2*

PART-4 Caregiver Social Support Part (Oslo Social Support Scale)

S.No	Item	1	2	3	4	5
Q.601	How many people are so close to you that you can count on them if you have serious problem?(select only one)	None	One or two	3-5	Above 5	__
Q.602	How much concern do people show in what you are doing?(select only one)	None	Little	Uncertain	Some	A lot
Q.603	How easy can you get help from neighbors if you should need it?(select only one)	Very difficult	Difficult	Possible	Easy	Very easy

Thanks for your cooperation!

በጅማ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ

የአእምሮ ህክምና ትምህርት ክፍል

መጠይቅ ለመሳተፍ የፈቃደኝነት ቃል መቀበያ ቅጽ ና መጠይቆች **(Amharic version)**

ኮድ----------------------

እኔ---እባላለሁ፡፡

ውድ የቃለ መጠይቁ ተሳታፊ፤ ይህ ጥናት በጅማ ዩኒቨርሰቲ ሆስፒታል በእዕምሮ ህክምና ክትትል ላይ ያሉ የአእምሮ ህሙማን አስታማሚዎች የአእምሮ ህክምና አገልግሎት እርካታ እና ተዛማጅ ምክንያቶቹን የሚዳስስ ነው ፡፡ ለዚህም ጥናት የእርስዎ ቀና ተሳትፎ በእጅጉ ጠቀሜታ አለው፡፡ እርስዎ በዚህ መጠይቅ ላይ የሚሰጡት መረጃ ለምርምር እና ለጥናት ከመሆኑም አልፎ በችግሩ ዙሪያ ለሚሰሩ መንግስታዊ እና መንግስታዊ ላልሆኑ ድርጅቶች እንደ አንድ ግብአት ከማገልገሉ እና የህክምና አገልግሎቱን ከማጠናከር ዉጭ በእርስዎ ላይ ምንም አይነት ተጽዕኖ አይኖረውም ፡፡

ሚስጥርን ከመጠበቅ አንጻር በቃለ መጠይቁ ላይ ስም አይጻፍም ፡፡ ስለሆነም እርስዎ በዚህ ጥናት ውስጥ ለሚጠየቁ መጠይቆች መልስ እንዲሰጡን በትህትና እንጠይቃለን፡፡ በመጠይቁ ላይ ላሉ ጥያቄዎችን ያለመመለስ ሙሉ መብት ሲኖርዎት መጠይቁንም በፈለጉበት ሰዓት ማቆም ወይም ማቋረጥ ይችላሉ፡፡ ነገር ግን የእርስዎ ቀና ትብብር ከላይ ያስቀመጥነውን ግብ እንድንመታ ስለሚረዳን እባክዎ ጥያቄዎችን በመመለስ ይተባበሩን ፡፡ እናመሰግናለን፡፡

በመጨረሻም በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ነዎት?

አዎ ☐   አይደለሁም ☐

የመረጃ ሰብሳቢው ስም...ፊርማ ....ቀን ....

ተቆጣጣሪ ....ፊርማ................ቀን.........................

የጥንቱ ባለቤት ....ፊርማ.......................ቀን.........................

ክፍል- 1 የጥናቱ ተሳታፊዎች የስነ-ህዝብ፤ ማህበራዊ እና ኢኮኖሚያዊ ጉዳዮች መጠይቅ

ተ.ቁ	የተሳታፊው ሁኔታ	
Q.101	ዕድሜ	______
Q.102	ፆታ	1- ወንድ 2- ሴት
Q.103	የጋብቻ ሁኔታ	1- ያላገባ/ች 3- የተፋታ/ች 2- ያገባ/ች 4- የሞተበት/ባት
Q.104	ሀይማኖት	1- ሙስሊም 3- ፕሮቴስታንት 2- ኦርቶዶክስ 4- ሌሎች፡ ይጥቀሱ----------
Q.105	ብሄር	1- ኦሮሞ 3- ትግሬ 2- አማራ 4- ሌሎች፡ ይጥቀሱ----------
Q.106	የትምህርተ ደረጃ	1- ማንበብ መፃፍ የማይችል 3- 9-12ኛ ክፍል 2- ማንበብና መፃፍ የሚችል 4- 1-8ኛ ክፍል 5- ኮሌጅና ከዛ በላይ
Q.107	ስራ	1- ግብርና 5- የግል መ/ቤት ሰራተኛ 2- የቤት እመቤት 6- ተማሪ 3- ነጋዴ 7- የቀን ሰራተኛ 4- የመንግስት ሰራተኛ 8-ያልተቀጠረ 9- ሌሎች፡ይጥቀሱ----------
Q.108	ወርሀዊ ገቢ በአማካይ	--------
Q.109	የሚኖሩበት አከባቢ	1- ከተማ 2- ገጠር
Q.110	ለታካሚው ምንድን ኖት?	1- አባት 4- አጎት/ክስት 2- እናት 5- እህት/ወንድም 3- ባል/ሚስት 6- ሌሎች፡ይጥቀሱ----------
Q.111	ታካሚውን ለምን ያህል ግዜ ረድተውታል/ ተንከባክበውታል;(በአመት)	_________አመት
Q.112	ታካሚውን በመርዳት/በመንከባከብ በ24 ሰዓት ውስጥ ለምን ያክል ሰዓት ያሳልፋሉ?	_________ሰዓት
Q.113	የታወቀ/በሀኪም የተነገረዎት አካላዊ ህመም አሎት? ለምሳሌ ስኳር፣ ግፊት፣ካንሰር፤ ወዘተ	1- አዎ 2-የለም 3-መልሶ አዎ ከሆነ_______
Q.114	የታወቀ/በሀኪም የተነገረዎት የአዕምሮ ህመም አሎት?	1- አዎ 2- የለም 3-መልሶ አዎ ከሆነ_______
Q.115	የሆስፒታሉ እርቀት በኪ/ሜትር	--------------------

ክፍል-2 የታካሚው ማህበራዊ፣ ኢኮኖሚያዊ ጉዳዮችና የህክምና ሁኔታ የሚዳስስ መጠይቅ

ተ.ቁ	የታካሚው ሁኔታ	
Q.201	ዕድሜ	______
Q.202	ፆታ	1- ወንድ 2- ሴት
Q.203	የትምህርተ ደረጃ	1- ማንበብ መፃፍ የማይችል 3- 1-8ኛ ክፍል 2- ማንበብና መፃፍ የሚችል 4- 9-12ኛ ክፍል 5- ኮሌጅና ከዛ በላይ
Q.204	ስራ	1- ግብርና 5- የግል መ/ቤት ሰራተኛ 2- የቤት እመቤት 6- ተማሪ 3- ነጋዴ 7- የቀን ሰራተኛ 4- የመንግስት ሰራተኛ 8- ያልተቀጠረ 9- ሌሎች፡ይጥቀሱ---------
Q.205	በህመሙ ምክንያት በታካሚው ስራ/ቅጥር ሁኔታ ላይ የተፈጠረ ለውጥ	1- በህመም ምክንት ያልተቀጠረ 4- ጡረታ የወጣ 2- ሙሉ ሰዓት የሚሰራ 5- በህመም ምክንያት ስራ ያቆመ 3- መደበኛ ሰዓት ብቻ የሚሰራ
Q.206	አሁን ላይ ያለው የታካሚው ህመም	1- Schizophrenia 4- Major depressive disorder 2- Other psychotic disorders________ 5- Anxiety disorders 3- Bipolar affective disorder 6- Other-__________
Q.207	ህመሙ ሲጀምረው የታካሚው ዕድሜ ስንት ነበር?	__________
Q.208	የታከሚው ህመም ምን ያህል ጊዜ በተደጋጋሚ ተከስቶ ያውቃል?	__________
Q.209	የህመሙ አጠቃላይ ጊዜ (በአመት)	______አመት
Q.210	ካሁን በፊት ሆስፒታል ተኝቶ/ታ ያውቃል?	1- አዎ 2- አያውቅም 3- አዎ ከሆነ፡ ምን ያክል ጊዜ-------
Q.211	ታካሚው በህይወት ዘመኑ ማንኛውንም አይነት ሱስ አምጭ ነገሮች ተጠቅሞ ያውቃልን?	1- አዎ 2- አያውቅም
Q.212	ለጥያቄ Q.211 መልሱ አዎ ከሆነ፤ ታካሚው ባለፈው አንድ አመት ውስጥ ማንኛውንም አይነት ሱስ አምጭ ነገሮች ተጠቅሞ ያውቃልን?	1- አዎ 2- አያውቅም
Q.213	ለጥያቄ Q.212 መልሱ አዎ ከሆነ፤ ለምን ያክል ጊዜ ይጠቀማል?	1- በወር 1 ጊዜ ለ12 ወር 2- በወር 2 ጊዜ ለ12 ወር 3- በወር 3-4 ጊዜ ለ12 ወር 4- በየቀኑ አመቱን ሙሉ

ክፍል 3-የታካሚው የህመም/ጉዳት ደረጃ (Severity of the paatient's Illness)

Q.301	እስካሁን ያለዎትን የህክምና ልምድ/ ተሞክሮ መሰረት በማድረግ ይህ ታካሚ ባሁኑ ሰዓት/ጊዜ ያለበት የአእምሮ ህመም ሁኔታ እንዴት ይገልፁታል?	0 = ምርመራ አልተደረገለትም/ምንም ማለት አልችልም 1 = ጤናማ ነው/ምንም አልታመመም 2 = ምልክቶች እየጀመሩት ያለ/በህመምና በጤንነት መካከል ያለ 3 = በትንሹ የታመመ 4 = መካከለኛ ደረጃ የታመመ 5 = ሙሉ በሙሉ የታመመ 6 = በጣም የታመመ 7 = እጅግ በጣም የታመመ

ክፍል-4፡ የአእምሮ ጤና ህክምና አገልግሎት እርካታ መመዘኛ መጠይቅ

ተ. ቁ.	መጠይቆቹ	ምላሰሽ				
		በፍጹም አልስማማም	አልስማማም	ከሚስማሙም ከማይስማሙም አይደለሁም	በጣም እስማማለሁ	በጣም እስማማለሁ
Q.401	የጤና ባለሞያዎቹ ሁሌም በትህትናና በአክብሮት ያስተናግዱኛል፡፡	1	2	3	4	5
Q.302	የጤና ባለሞያዎቹ ስለህመምተኛው ሁኔታ ስነግራቸዉ በጥንቃቄ የዳምጡኛል፡፡	1	2	3	4	5
Q.403	የጤና ባለሞያዎቹ ህክምናዉን በተመለከተ ማወቅ የሚገባኝን ነገሮች በሚገባኝ መንገድ አብራርተዉልኛል፡፡	1	2	3	4	5
Q.404	የአእምሮ ሕክምና የሚሰጥባቸው ክፍሎች ሁሌም ንጹህ ናቸው፡፡	1	2	3	4	5
Q.405	ታካሚዎቹ ተራቸው እስኪደርስ ድረስ አረፍ ብለው ሚጠብቁበት ቦታ ምቹ ነው፡፡	1	2	3	4	5
Q.406	የአእምሮ ህክምና ክሊኒኩ የተመላላሽ ታካሚዎች መጸዳጃ ቤቶቹ ንጹህ ናቸው፡፡	1	2	3	4	5
Q.407	የህክምና አገልግሎት እስከምናገኝ ድረስ በማረፊያ ቦታ ሆኜ የጠበቅሁት ጊዜ መጠነኛ ነው፡፡	1	2	3	4	5
Q.408	ከጤና ባለሞያዉ ጋር ስለ ታካሚዉ ሁኔታ በተመለከተ በቂ የመወያያ ጊዜ ነበረኝ፡፡	1	2	3	4	5
Q.409	የጤና ባለሞያዎቹ ስለ ታካሚዉ ጤንነት ሁኔታ በተመለከተ ማወቅ የሚገባኝን መረጃ ልረዳ በምችለዉ ተሰጥቶኛል፡፡	1	2	3	4	5
Q.410	ስለ ታካሚዉ ጠቃሚ የሆኑ የምክር አገልግሎት ተሰጥቶኛል፡፡	1	2	3	4	5

Q.411	የመድሃኒት ቤት፣የካርድ ክፍል፣ የትበቃ፣ ወዘተ ሰራተኞች በትህትናና በአክብሮት ነበር፡፡	1	2	3	4	5
Q.412	የጤና ባለሞያዎቹ እኔም ታካሚውን በሚጠቅመዉ መንገድ በህክምና ላይ አሳትፈዉኛል፡፡	1	2	3	4	5
Q.413	ለሀኪሙ ለብቻዬ ሀሳቤን/ሚስጥሬ ለመግለጽ በሚመች ክፍል ተስተናግጄያለሁ፡፡	1	2	3	4	5
Q.414	በክትትል ወቅት ሁሌም በቀጠሮ ቀን በአንድ ወይም በማወቀዉ የጤና ባለሙያ የምረዳው ታካሚ የመረዳት እድል አግኝቶዋል፡፡	1	2	3	4	5
Q.415	የጤና ባለሙያዎቹ የግል መረጃዬ በሚሰጥር ተጠብቆልኛል፡፡	1	2	3	4	5
Q.416	አስፈላጊ ሲሆን ወደ ኢስፐቴሻል ሃኪም የመላክ እድል አግኝቼያለሁ፡፡	1	2	3	4	5
Q.417	ለምረዳዉ ታካሚ ከዚህ ሆሰፒታል የተሰጠዉ ህክምና የህመም ምልክቶችን በደንብ አስታግሶለታል ፡፡	1	2	3	4	5
Q.418	ለምረዳዉ ታካሚ ከዚህ ሆስፒታለ የተሰጠዉ ህክምና ህመሙን እንዳያገርሽ እየረዳዉ ነዉ፡፡	1	2	3	4	5
Q.419	ለምረዳዉ ታካሚ የተሰጠዉ የህክምና አገልግሎት ወጪዬን በመቆጠብ ረድቶኛል፡፡	1	2	3	4	5
Q.420	አስፈለጊ ሆኖ በሚገኝበት ጊዜ ሁሉ በዚህ ሆሰፒታል የህኪም የአእምሮ ህክምና እርዳታ በምፈልግበታ ጊዜ ሁሉ ማግኘት እችላለሁ፡፡	1	2	3	4	5

ክፍል-5 የአዕምሮ ህመም በታካሚዉ ቤተሰብ ላይ ስለሚያስድረዉ ጫና/ተፅዕኖ የሚዳስስ ቅጽ(CAREGIVERBURDEN)

ተ.ቁ	*መለኪያ*	*ምንም ጫና አይፈጥርም*	*መካከለኛ ጫና ፈጥሯል*	*ከፍተኛ ጫና ፈጥሯል*
	ኢኮኖሚያዊ ጫና			
Q.501	ታካሚው የገቢ ምንጩን አጥቷልን? (ለምሳሌ በህመሙ ምክንያት ስራዉን አጥቷል? ስራ መሥራትስ አቁሞዋል?... ይህ በቤተሰቡ ገቢ ምንጭ ላይ ምን ያህል ተፅዕኖ/ጫና ፈጠረ?)	*0*	*1*	*2*
Q.502	በታካሚው ህመም ምክንያት ሌላ የቤተሰብ አባል የገቢ ምንጩን (ለምሳሌ ከታካሚዉ ጋር ቤት ለመሆን ስራ ማቆም/ማቋረጥ፣ ክፍያ ማጣት፣ ስራ ማጣት.....በዚህ ምክንያት የቤተሰቡ ገቢ/ኢኮኖሚ ምን ያክል ጫና ተፈጠረበት?)	*0*	*1*	*2*
Q.503	ለታካሚው ህመምና ከህክምና ጋር ተያይዞ የወጣ ወጪ(ለምሳሌ ታማሚው/ዋ በህመሙ ምክንያት ገንዘብ ያባክናል? ለህክምና፣ ለመድሀኒት፣	*0*	*1*	*2*

	ለትራንስፖርት እንድሁም ከቤት ውጭ ለሚደረጉ ታካሚውን የሚመለከቱ ወጪዎች እና ለባህል/ሀይማኖታዊ ህክምና ምን ያክል አወጡ? በዚህ ምክንያት የቤተሰቡ ገቢ/ኢኮኖሚ ምን ያክል ጫና ተፈጠረበት?)			
Q.504	በታካሚው ምክንያት ለተጨማሪ ወጭዎች መጋለጥ፤ (ለምሳሌ ሌላ ቤተሰብ/ዘመድ ለማስታመም/ለመርዳት መጥቶ መቆየት፣ ነርስ/ሞግዚት መቅጠር፣....እነዚህ በቤተሰቡ ፍይናንስ/ገቢ ላይ ምን ያክል ተፅዕኖ ፈጠሩ?)	*0*	*1*	*2*
Q.505	ከታካሚው ህመም ጋር በተያያዘ ምን ያክል ብድር ወስደዋል? ብድሩ እንዴት እንደሚከፍሉስ ያቀዱት ነገር አለ? በታካሚው ምክንያት ገንዘብ መቆጠብ አቁመዋል? እነኚህ ችግሮች ምን ያክል ቤተሰቡ ላይ ተፅዕኖ ፈጠሩ?	*0*	*1*	*2*
Q.506	በታካሚው ህመም ምክንያት በተፈጠረ የገንዘብ እጥረት የታቀዱ ነገሮች በሰዓቱ ሳይከናወኑ የቀሩ አሉ? ለምሳሌ የጋብቻ ጊዜ መዘግየት፣ መንፈሳዊ /ሀይማኖታዊ ፕሮግራሞች መስተጓጎል/መሰረዝ? በነዚህ ምክንያት ቤተሰቡ ላይ ምን ያክል ጫና ተፈጠረ?	*0*	*1*	*2*
ለ	**በቤተሰብ ጊዜና አጠቃላይ የዕለት እንቅስቃሴ/ስራ ላይ የሚፈጠር ጫና**			
Q.507	ታካሚው ከስራ፣ ከት/ቤት፣ ከኮሌጅ ወዘተ መቅረት! ይህ ቤተሰቡ ላይ ምን ያክል ችግር ፈጠረ?	*0*	*1*	*2*
Q.508	ታካሚው በቤት ውስጥ ሥራ አያግዝም? ይህ በቤተሰቡ ላይ ምን ያክል ተፅዕኖ ፈጠረ?	*0*	*1*	*2*
Q.509	በታካሚው ምክንያት የሌሎች ቤተሰብ አባላት የእለት እንቅስቃሴ መስተጓጎል፤ (ለምሳሌ ታካሚውን ለመጠበቅ ሌሎች መደበኛ ስራዎችን መተዉ? ቤተሰቡ በዚህ ምክንያት ያክል ተቸገረ?)	*0*	*1*	*2*
Q.510	የታካሚው ባህሪ አስቸጋሪ መሆን ፤(ለምሳሌ ታካሚው ሌላ ሰው ከእርሱ ጋር እንድሆን አጥብቆ መፈለግ ወይም ትቶት እንዳይሄድ መከልከል ወዘተ፣ ታካሚዉ ለሌሎች አደገኛ መሆን ለምሳሌ፡ መሳደብ፣ መማታት፣ እቃ መስበር፣ ሌሎች እንዳይተኙ ማድረግ ወዘተ እነዚህ ችግሮች በቤተሰቡ ላይ ምን ያክል ችግር/ ጫና ፈጠሩ)	*0*	*1*	*2*
Q.511	በታካሚው ህመም ምክንያት ለሌላ የቤተሰብ አባል ተኩረት አለመስጠት፤(ለምሳሌ፡ ሌላ የቤተሰብ አባል ከስራ ወይም ትምህርት ቤት መቅረት፣ ምግብ መብላትን መርሳት ወዘተ ይህ ችግር ክብደቱ ምን ያክል ነው?)	*0*	*1*	*2*
ሐ	**አጠቃላይ የቤተሰብ ትርፍ ሰዓት ላይ የሚፈጠር ጫና**			
Q.512	ከዚህ በፊት ይደረጉ የነበሩ መዝናናት ሙሉ በሙሉ፣ በከፊልና ወይም በጭራሽ ማቆም የቤተሰቡ አባላት ለዚህ ሁኔታ ምን ምላሽ ሰጡ?	*0*	*1*	*2*

Q.513	ታካሚው የሌላ ሰዉ የበዓላት ጊዜና ትርፍ ሰዓት እየተጠቀመ / እየተሻማ ነዉ፤ በዚህ ምክንያት ያ ሰዉ ምን ያክል ይጎዳል?	*0*	*1*	*2*
Q.514	ታካሚው ለቤተሰቡ አባላት ለምሳሌ ለልጆች ትኩረት መስጠት አለመቻሉ ቤተሰቡን ምን ያክል ተፅዕኖ ፈጠረበት?	*0*	*1*	*2*
Q.515	በታካሚው ህመም ምክንያት በትርፍ ጊዜ ታቅደው የነበሩ ፕሮግራሞች ለምሳሌ የመዝናኛ ጉዞ፣ ከቤተሰብ ጋር መሰባሰብ መስተጓጎል/መቅረት? በዚህ ጉዳይየቤተሰቡ አባላት ምን ይሰማቸዋል?	*0*	*1*	*2*
መ	**አጠቃላይ የቤተሰብ መስተጋብር/ግንኙነት ላይ የሚፈጠር ጫና**			
Q.516	በቤት ውስጥ የተፈጠረ አላስፈለጊ መጥፎ ነገር አለ? ለምሳሌ ቤቱ አሰልቺ ሆነ ወይም ፀጥ አለ? ወይም ቤት ውስጥ አለመግባባቶች አሉን? የቤተሰብ አባላቱ ይህንን ተፅዕኖ እንዴት ያዩታል?	*0*	*1*	*2*
Q.517	ሌሎች የቤተሰቡ አባላት ጭቅጭቅ ውስጥ ገብተዉ ያዉቃሉ? (ለምሳሌ ታካሚው እንዴት መታከም እንዳለበት፤ ማን ማሳከም እንዳለበት፤ ለህመሙ ማን ነዉ ተጠያቂው? ወዘተ) እነዚህ ቤተሰቡ ላይ ምን ያክል ተፅዕኖ ፈጠሩ?	*0*	*1*	*2*
Q.518	ዘመዶች እና ጎረቤቶች በታካሚው ህመም ምክንያት ወይም ከህመሙ ጋር የተያያዘ ማግለል ቤተሰቡን መጠየቅ አቁመዋል ወይም ቀንሰዋል? በዚህ ላይ ቤተሰቡ ምን ይሰመዋል?	*0*	*1*	*2*
Q.519	ቤተሰቡ ከሌሎች ሰዎች ተገለዋል? በሀፍረት ወይም ሎሎች በትክክል አይረዱንም በሚል ፍራቻ ራሳቸውን ከሌሎች ጋር መሆን አቁመዋል? በዚህ ላይ የቤተሰቡ አባላት ምን ይሰማቸዋል?	*0*	*1*	*2*
Q.520	የታካሚው ህመም በቤተሰቡ መካከል ወይም በቤተሰቡና በጎረቤት/ወዳጅ ዘመድ መካከል የግንኙነት መሻከር እንድፈጠር ምክንያት ሆኗልን? ለምሳሌ ትዳር መላያየት፣ የቤተሰብ ጠብ፣ ንብረት መካፈል.... ቤተሰቡ ምን ይሰማዋል?	*0*	*1*	*2*
ሠ	**በአካላዊ ጤና ላይ የሚፈጠር ጫና**			
Q.521	ከቤተሰብ አባላት ውስጥ በታካሚው ህመም የባህሪ ችግር ምክንያት አካላዊ የጤና መታወክ ያጋጠመው አለ? ለምሳሌ አደጋ መድረስ ወዘተ ይህ ለቤተሰቡ ምን ያህል ችግር ሆኗል?	*0*	*1*	*2*
Q.522	ለተጨማሪ የጤና መታወክ የተጋለጠ ቤተሰብ አባል አለን? ለምሳሌ ክብዴት መቀነስ፣ በፊት የነበረ ህመም መባባስ ወዘተ የችግሩ መጠን ምን ያክል ነው?	*0*	*1*	*2*
ረ	**በአዕምሮ ጤና ላይ የሚፈጠር ጫና**			
Q.523	ከቤተሰብ አባላት ውስጥ የስነ ልቦና ቀውስ አጋጥሞት እርዳታ ያስፈለገው ሰው አለ? ለምሳሌ ህመምተኛዉ ራሱን የማጥፋት እቅድ፤ አለመታዘዝ ወይም ስለ ህመምተኛዉ መፃኢ መጨነቅ? ይህን ችግር ክብደቱ ምን ያክል ነው?	*0*	*1*	*2*

Q.524	የቤተሰቡ አባል የሆነ ሰው ለእንቅልፍ ማጣት፣ ድብርት፣ ራስን የማጥፋት ፍላጎት፣ በተደጋጋሚ መነጫነጭ ወዘተ ችግር የተጋለጠ አለ? አዎ ከሆነ የችግሩ መጠን ምን ያክል ነው?	*0*	*1*	*2*

ክፍል 6- የታካሚው ቤተሰብ ከሌሎች ሰዎች የሚያገኙትን ማህበራዊ ድጋፍ የሚዳስስ ቅጽ(Social support)

ተ. ቁ.		
Q.601	ችግር ቢገጥምዎት ምን ያህል ሰው በቅርብ የችግርዎ ተካፋይ ሊሆንልዎት ይችላል ?	1- ምንም 3- 3-5 2- 1-2 4- ከ 5 በላይ
Q.602	ምን ያህል ሰው ስለ እርስዎ ግድ ይለዋል(ያስባል/ይጨነቃል...ብለው ያስባሉ)?	1- ምንም 4- ጥቂት 2- በጣም ትንሽ 5- ብዙ 3- እርግጠኛ አይደለሁም
Q.603	ከ ቅርብ ጓዴኛዎ ከሆኑ ሰዎች ተጨባጭ እርዳታ የማግኘት እድልዎ ምን ያህል ነው ?	5- በጣም ቀላል 3- መጠነኛ 4- ቀላል 2- ከባድ 1-በጣም ከባድ

ስለ ትብብረዎት በጣም አመሰግናለሁ!!!

ANNEX IV: AFAN OROMO VERSION OF THE QUESTIONNAIRE

Guca waliigaltee fi waaraqaa odeeffanno

Maqaan koo **________________** Univesity Jimma instityuutii saayinsii fayyaatti muummee fayyaa sammuurraan dhufee jira. Qo'annoo kana kanan hojjedhu gartokkee digrii lammaffaa walitti dhufeenya yaalaa fi fayyaa sammuu hawaasaa ittiin guuttachuuf. Kaayyoon qo'annichaa dadhabina gargaarsa kennituu yaalamaa dhukkuba sammuu Hospiitaala Ispeeshaalayizdii University Jimmaa kibba dhiha Itiyoophiyaatti bara 2017 yaalamaa jiranii beekuufyaalamaa jiruu beekuuf.

Fedhii qabaachuu fi haqqummaan hirmaachuun keessan qo'annoo kana keessatti firii bu'a qabeessa fi furmaata sirrii akkan barreesuuf na gargaara. As keessatti haqqummaan akka hirmaattan sin gaafadha. Himaannaan keessan haala kamiinuu fedhii keessan irratti hundaa'a maqaan keessan as irratti hi barreeffamu akkasumas odeeffannoon isin naaf kennitan misxiraan eegama. Gaaffii deebisuu hin feene irra darbuu ni dandeessu haata'u malee, fedhummaa keessaniif isin galatoomfanna. Akkasumas waan ifa isinii hin taane gaafachuu dandeessu. deebiin keessan kan adda baafamu koodii qofaan malee maqaan miti.

Qoranno kana irratti hirmaachuf eyyamamo dha?

1. Eeyyeen 2.Lakki

Hirmaannaa keessaniif guddaa isin galatooffanna

KUTAA 1^FFAA^. GAAFFILE DHIMMA HAWAASUMMAA FI ENYUMMAA NAMA DHUKKUBSATAA GARGAARUU

Lakk	Waa'ee hawaasumma fi dinagde nama dhukkubsataa gargaaruu	Deebii
Q.101	Umurii	__________________
Q.102	Saala	1. Dhiira 2. Dhalaa
Q.103	Haala maati/Sadarkaa fuudhaa fi heerumaa	1. Kan hin fuune/heerumne 2. Kan Fuudhe/Heerumte 3. Kan Walgadhise/te 4. Kan abbaan ykn haati manaa jalaa du'e/te
Q.104	Amantii	1. Muslima 2. Ortodoksii 3. Protestaantii 4. Kaatolikii 5. Kan biraa________
Q.105	Sabummaa	1. Oromoo 3. Tigiree 2. Amhara 4. Kan biraa________
Q.106	Sadarkaa barnootaa	1. dubbisuu fi barreessuu kan hin dandeenye 2. sadarkaa 1^sffa^ (kutaa 1-8) 3. sadarkaa 2^ffaa^ (kutaa 9-12) 4. 12^ffaa+^
Q.107	Hojii	1. Qonnaan bulaa 2. Haadha manaa 3. Daldalaa 4. Hojjetaa mootummaa 5. Hojjetaa dhunfaa/NGO 6. Barataa 7. Hojjetaa guyyaa ykn dafqaan bulaa 8. Kan biraa yoo ta'e barreessaa________
Q.108	Giddugaleessaan galiin keessan kan ji'aa qarshii meeqa ta'a?	___________
Q.109	Bakka jireenyaa	1. Baadiyyaa 2. Magaalaa
Q.110	**hariiroo dhukkubsataa waliin qabdan**	1. Abbaa 2. Haadha 3. Mucaa 4. Obboleettii/obboleessa 5. Adaadaa/eessuma/wasiilaa 6. Kan biraa yoo ta'e barreessaa__________
Q.111	Waliigalatti yeroo hammamiif dhukkubsataaf gargaarsa gootan?	________(waggaan)

Q.112	Sa'aatii 24 keessatti hammam dhukkubsataa waliin turtuu?	___________sa'aatiii
Q.113	Dhukkuba qaamaa kan akka sukkaaraa, dhiibbaa dhiigaa, kaansarii, HIV/ADS ni qabduu?	1. Eeyyee 2. Lakkii 3. Eeyyee yoo jettan ibsaa_______
Q.114	Kanan dura dhukkuba sammuu dhkkubsattanii beektuu?	1. Eeyyee 2. Lakkii 3. Eeyyee yoo jettan ibsaa__________

KUTAA 2FFAA. GAAFFILE DHIMMA HAWAASUMMAA FI ENYUMMAA DHUKKUBSATAA

Lakk	Enyummaa fi hawaasumma dhukkubsataa	Deebii
Q.201	Umrii	__________________________
Q.202	Saala	1. Dhiira 2. Dhalaa
Q.203	Sadarkaa barnootaa	1. dubbisuu fi barreessuu kan hin dandeenye 2. dubbisuu fi barreessuu qofa kan danda,u 3. sadarkaa 1sffa (kutaa 1-8) 4. sadarkaa 2ffaa (kutaa 9-12) 5. kolleejjii fi isaa oli
Q.204	Ga'ee hojiii	1. Qonnaan bulaa 2. Haadha manaa 3. Daldalaa 4. Hojjetaa mootummaa 5. Hojjetaa dhunfaa/NGO 6. Baratаа 7. Hojjetaa guyyaa ykn dafqaan bulaa 8. Kan hin qacaramne 9. Kan biraa yoo ta'e barreessaa________
Q.205	Miidhaa dhukkubni isin irran ga,e	1. Utuu hin qacaramin hafuu 2. Hanga yoonatti sa'aatii guutuun hojjadha 3. Yerroo boqonnaan dalaga sababa dhukkubaatiif 4. Sababa dhukkubaaf dadhabeera 5. Sababa dhukkubaaf hojii dhaabeera
Q.206	Gosa dhibee sammuu	a. Dhukkuba sammuu cimaa kan waa nama hir'aanfachiisu b. Dhukkuba sammuu cimaa kan waa nama hir'aanfachiisu kan biraa yoo ta'e barreessaa___________ c. Dhukkuba sammuu kan akka nama gammadee nama godhu d. Dhukkuba sammuu kan nama gaddisiisu e. Dhukkuba sammuu kan nama sossodaachisu f. Kan biraa yoo jiraate barreessaa_____________

Q.207	Umurii keessan yeroo jalqaba dhukkubni sin mudatu	____________________
Q.208	Yeroo meeqa isin dhukkube?	1. Walitti fufuun 2. Yeroo tokko 3. Yeroo 2-4 4. 5 fi isaa oli
Q.209	Dheerina yeroo dhukkubichaa	____________________________
Q.210	Kanaan dura yeroo meeqa chiistan?	______________________
Q.211	Wantoota araada nama qabsiisan ni fayyadamuu?	1. Eeyyee 2. lakkii
Q.212	Deebiin keessan kan gaaffii Q.211 eeyyee yoo ta'e, waggaa tokko keessatti fayyadamtanii beektuu?	1. Eeyyee 2. Lakkii
Q.213	Deebiin keessan kan gaaffii Q.211 eeyyee yoo ta'e, yeroo meeqa fayyadamtuu?	1. Waggaa keessatti ji'atti yeroo tokko 2. Waggaa keessatti ji'atti lama 3. Waggaatti ji'atti3-4 4. Waggaa keessatti ji'atti yeroo hunda

kutaa- III: cimina dhukkubaa

Q.301	Muuxannoo fi ogummaa kee irratti hundaa'uun, yeroo kanatti haalli dhukkubsataa akkamii?	0 = hin wallanne 1 = haamma tokko dhukkuba hin qabu 2 = giddugaleessa 3 = dhkkuba xiqqoo 4 = dhukkuba giddugaleessa 5 = sirritti dhukkuba 6 = baayyee dhukkuba 7 = waarra heedduu dhukkubsatan keesssaa tokkko

Kutaa-6 gaaffile itti toliinsa wallaansa dhibee sammuu gaafachuu

lakk	Gaaffii	Gonk uma hin deegg aru (1)	Hin deegg aru (2)	Garla maan uu miti (3)	Nan deegg ara (4)	Baayy een deegg ara (5)
Q.401	Ogeessonni dhibee sammuu yeroo hond haala gaariin na keessummeessu					
402	Oggeessoonni haala gaariin na dhaggeeffatu					
403	Ogeessonni waanan barbaade haala gaariin na hubatu					
404	Kutaan wallaansa qulqulluu dha					
405	Bakki tartiiba eeggannaa qulquulluu dha					
406	Manni ficaanii qulqulluu dha					
407	Yeroon tartiiba eegganna giddu galeessa					
408	Ogeessonni yeroo ga'aa nuuf kennu					
409	Ogeessonni odeeffannooo ga'aa nuuf kennu					
410	Waa'ee dhukkubsataa irratti gorsa ga,aa nuuf kennu					
411	Manni qorichaa, manni kaardii, eegumsi, fi kkf, gargaarsa gaarii na kennu					
412	Ana fi dhukkubsataa haala gaariin nu keessummeessu					
413	Qofaa koo iccitii kiyya eeganii na keessummeessu					
414	Yeroo hedduu carraa ogeessa tokkoon yaalamuu nan argadha					
415	Ogeessonni iccitii kiyya naaf eegu					

416	Barbachisaa yoo ta’e ispeeshaalistiin nan yaalama					
417	Yaaliin dhukkubsataan argate fayyadeera					
418	Yaaliin kun akka dhukkubni itti hin deebine ni gargaara					
419	Baasiin ani baasu giddugaleessa					
420	Ogeessota yeroo barbaachisutti haala salphaan argadha					

DADHABINA YOOKIIN BA’AA MAATII DHUKKUBSATAA GAAFACHUU

	A. Ba’aa qarshii waliigalaan	Ba’aa hin qabu	Ba’aa giddugaleessa	Ba’aa cimaa
Q.501	Dhukkubsataan galii dhabuu: (hojii isaa/isii dhabeeraa/dhabdeettii? Hojii kan duraa dhaabuu? Haala kamiin galii maatii miidhe?)	0	1	2
Q.502	Sababa dhukkuba dhukkubsataatiif maatii keessaa namni galii isaa dhabe: (namni hojjechuu dhaabe sabaa mana turuutiif, kaffaltii dhabuun, hojii dhabuun? Galiin maatii hammam hubamee?)	0	1	2
Q.503	Baasii sababa dhukkuba dhukkubsataatii fi yaalsisuuf ba’e: sababa dhukkuba isaatiif baassiin ykn qarshiin osoo itti hin yaadiin ba’e? Haammam galii maatii hube? Qorichaaf, geejjibaaf,bultiif fi kkf? Baasii kan biraa kan yaalumsa karaa amantaatiinii fi aadaatiin godhamu irratti ba’e? Kun akkamiin galiiqabeenya maatii miidhe/hube?)	0	1	2
Q.504	Baasii wantoota dabalataatiif ba’e: (fknf, fira dhukkubsataa bira dhufeef; nama kunuunsu qacaruufii: ijoollee irra adda baasuuf dallaa ijaaruu. Kun akkamiin galii maatii hubee?)	0	1	2
Q.505	Liqii liqeeffatame ykn qarshii qusannoo irraa ba’e: (akkamiin deebisuuf karoorfattan? Hammam maatii huba? Qusannoo irraa wanti baaftan jiraa? Kan qusattan ni fixxanii? Miidhaa hammamiitu maatii irra ga’e?)	0	1	2
Q.506	Sababa baasii dhukkuba dhukkubsataatiif wanti karoorfattanii dhiistan: (fkn, gaa’ila achi dheeressuu, imala ykn ayyaana ayyaneffachuu dhiisuu? Maatiin hammam hubame?)	0	1	2

B. Waliigala hojii idilee maatii miidhame				
Q.507	Dhukkubsataan gara hojii, mana barumsaa kolleejjii fi kkf deemuu dhiiseera: kun hagam maatiitti ulfaata?	0	1	2
Q.507	Dhukkubsataan mana keessatti maatii hojii hin gargaaru: kun ammam maatii miidha?	0	1	2
Q.509	Miidhaa hojii maatii kan biraa irra ga'e: (namni biraa dhukkubsataaeeguuf jecha yeroo isaa ni gubaa, hojii idilee isaa dhiisee? Hammam maatiitti ulfaata?	0	1	2
Q.510	Amala ykn sochii dhukkubsataan qabu kan dalagaa hube: (dhukkubsatan aakka namni tokkochi bira turu fedhuu, namni sun akka bira deemuu eyyemuu diduu, kkf? Achiin dhukkubsataan jeeqamuu, wantoota cabsuu, hirriba dhabuufi namoota biraa rafuu dhorkuu? Kun hammam maatii hube?)	0	1	2
Q.511	Sababa dhukkuba dhukkubsataaf maatiin biraa dagatamuu: (namni biraa kan barumsa dhiise, nyaataa fi kkfa/ kun hammam ulfaata?)	0	1	2
C. Waliigala boqonnan maatii jeeqamuu				
Q.512	Boqochuuf ykn bashannanuuf yeroo dhabuu: guutummaati, walakkaan, hamma murtaa'e? Kana maatiin akkamiin ilaala?)	0	1	2
Q.513	Dhukkubni dhukkubsataa guyyaa ayyaanaa fi sa'aatii boqonnaa nama biraa fudhachuu: (namni kun akkamiin kanaan miidhame?)	0	1	2
Q.514	Dhukkubsataan maatii isaa kan biraaf xiyyeeffannoo dhabuu, akka daa'immaniif, fi miidhh inni jara irratti qabu.	0	1	2
Q.515	Sababa dhukkuba/dadhabina dhukkubsataaf sa'aatiin boqonnaa ykn bashannanaa gubachuu/utuu itti hin fayyadamiin hafuu fknf fedhii daawwannaa ykn walitti dhufeenya maatii? Kana ilaalchisee maatitti maaltu dhaga'ama?)	0	1	2
D. Waliigala walitti dhufeenyi maatii jeeqamuu				
Q.516	Waliigalatti miidhaa mana keessatti mudate: (cimaadhaa, yartuu dhaa? Waan baay'ee kan namaa hin galle, kkf? Miseensi maatii akkamitti ilaala?)	0	1	2
Q.517	Miseensi maatii kan biraa kana irratti walfalmaa(fkf akka itti dhibamaan yaalamu, eenyu kan hojjetu, eenyu kan komatamu, kkf? Akkamiin miidhaman?	0	1	2
Q.518	Sababa amala dhukkubsataaf ykn qooddii dhukkuba waliin walqabateenfirri ykn ollaan maatii dhkkubsataa dubbisuu dhiisuu ykn hir'isuu? Maatiin akkamiin yaade kana?	0	1	2
Q.519	Maatiin qofaatti baafameera? Sababa hubannoo dhabuun ykn sodaachuutiin maatiin qofaatti baafameera? Miseensi maatii akkamitti ilaala?	0	1	2
Q.520	Dhibeen dhukkubsataa miidhaa kan biraa walitti dhufeenya maatii gidduutti ykn maatii fi olla ykn fira gidduutti fkn walii hiikuu,	0	1	2

	maatii gidduutti waldhabuu, qabeenya irratti waldhabuu, poolisiin gidduu seenuu, maallaqni gidduu maatiiti baduu, kkf? (maatiin akkamiin ilaala?)			
	E. Waliigala Miidhaa qaamaa			
Q.521	Sababa dhibee dhukkubsataatiif Maatii keessaa namni miidhaan qaamaa irra ga'e ni jiraa? Kun akkamitti jara miidhe?	0	1	2
Q.522	Miidhaan qaamaa kan biraa mudateeraa(fkf, ulfaatinni hir'achuu, dhukkubni kanaan dura ture namatti ka'uu? Kun hagam cimaa dha?	0	1	2
	F. Waliigala fayyaa sammuu nama kan biraa	0	1	2
Q.523	Miseensa maatii keessaa namni gaargarsa ogeessa xiinsammuu barbaade jiraa sababa rakkoo dhibee dhukkubsataaf isaan irra ga'een (fkn, dhukkubsataan of ajjeesuu yaaluu, gorsa fudhachuu diduu, waan gara fuulduraa sodaachuu) kun hagam ulfaata?	0	1	2
Q.524	Miseensaa maatii keessa kan hir'aba dhabe, kan of jibbe, kan of ajjeesuu yaade, kan waan xiqqootti baay'ee haaruu, kkf? Hammam ulfaata?	0	1	2

Kutaa -II kutaa gargaarsa hawaasummaa dhukkusachiisaa (Oslo Social Support Scale)

	Gaaffilee walqunnamtii hawaasummaa	**1**	**2**	**3**	**4**	**5**
Q.601	Namoota meeqatu yeroo rakkoon isiin qunnamu na qaqqaba jettanii yaadduu?(**filannoo tokko qofa filadhaa**)	Humtuu	1 ykn 2	3-5	**5 oli**	
Q.602	Namoota meeqatu wanta isin dalagdaniif dhimmama ykn yaaddawa? (**Filanno tokko qofa filadhaa**)	Humtuu	Baay'ee xinnoo	Hin baree	Muraasa	Hedduu
Q.603	Maatii keessan keessaa ykn naoota waliin mana tokko keessa raftan irraa gargaarsa qabatamaa qabu carraan argachuu keessan hammami?	Baay'ee rakkisaa	Rakkisaa	Giddugaleessa	Salphaa	Baay'ee salphaa

Kutaa -II kutaa gargaarsa hawaasummaa dhukkusachiisaa (Oslo Social Support Scale)

	Gaaffilee walqunnamtii hawaasummaa	**1**	**2**	**3**	**4**	**5**
Q.501	Namoota meeqatu yeroo rakkoon isiin qunnamu na qaqqaba jettanii yaadduu?**(filannoo tokko qofa filadhaa)**	Humtuu	1 ykn 2	3-5	**5 oli**	
Q.502	Namoota meeqatu wanta isin dalagdaniif dhimmama ykn yaaddawa? (**Filanno tokko qofa filadhaa**)	Humtuu	Baay'ee xinnoo	Hin baree	Muraasa	Hedduu
Q.503	Maatii keessan keessaa ykn naoota waliin mana tokko keessa raftan irraa gargaarsa qabatamaa qabu carraan argachuu keessan hammami?	Baay'ee rakkisaa	Rakkisaa	Giddugaleessa	Salphaa	Baay'ee salphaa

Maqaa nama raga funaanuu................ ....Mallatoo…………….Guyyaa…………

Maqaa to'ataa………………………………………Mallatoo…………….Guyyaa…………

Maqaa Dursaa Qorannichaa……………………………Mallatoo…………….Guyyaa…………..

IN-DEPTH INTERVIEW GUIDELINES QUALITATIVE INQUIRIES CONSENT AND INFORMATION SHEET FOR SERVICE PROVIDERS AND SERVICE USERS

My name is ____________________this is a checklist with question containing areas/issues and specific probing questions concerning psychiatry service for the service providers of the psychiatric clinic at JUTH and service users to collect their suggestions. This is needed to support the quantitative study finding of caregiver satisfaction with psychiatry service given to their mentally ill beloved ones at JUSH psychiatry clinic. We invite you to participate in this study. Your participation and genuine answer will help to improve the quality and sustainability of the service; otherwise it has not direct incentive or risk/discomfort on your body and/or in your continue use of service related to your participation in this study. You have right to refuse participation or some of IDI questions or withdraw at time in the interview.

If you have any question welcome:

If you are willing to participate confirm with your signature__________

Thank you for your cooperation!!!

1st In depth interview guide prepared for the most key persons/heads of the clinic

1. How do the mental health workers work? Are there standards/ guideline for the mental health workers to provide the mental health services to the patients at the OPD? (See the documents)

- For example, Treatment guideline in Interview room (OPD), Time to wait in interview room, the type of health Professional/worker (technical competence) in that room, medical equipment in each room(e.g. vital sign measurement) and etc).

2. What do you think about accessibility of the services?

- Number of staffs of the clinic (Is it enough or not?)
- Number of OPDS and examination equipments in the room (Is it enough or not?)
- Accessibility of medication
- Accessibility Laboratory service

3. What do you think about time, comfort and cleanness of the facility?

- Time patients and/or caregiver wait time until they get treatment

- Comfort within mental health clinic or hospital
- Over all cleanness of clinic environment
- Comfort and over all cleanness of waiting area,
- Over all cleanness and comfort in interview room, and toilet,

4. What do you think <u>about provider aspect or characteristics</u> of the service?
   - The professional skill of the psychiatry service providers (are they technically competent)?
   - Punctuality and team work sprit
   - Respect/courtesy they show to the patient and their caregivers
   - The way they listen, understand and the patient and their caregivers
   - The way they encourage the care givers to participate/involve in the management plan
   - The way they give information and communicate
   - The way they keep patients and/caregiver privacy and confidentiality

5. What do you think about <u>effectiveness of the treatment g</u>iven to the service users?
   - In reducing symptoms
   - Reducing relapse
   - Reducing caregiver burden

6. Are you satisfied with the service given to mental ill patient in this clinic? If yes

6.1. Which aspect of the service do you think considered most satisfactory? Please discribe

6.2. If no which aspects of the service do you think considered most dissatisfactory for you? Please describe

7. What are the major problems that you think contribute to the dissatisfaction of mentally ill patients and/or caregivers? Please mention some them

8. What do you think should be done to accommodate patients and caregivers dissatisfactions?

9. Have you seen any measure taken to make changes in the provision of the psychiatry service delivery in the OPD of psychiatric clinic at JUTH from the times you first started being a service provider/chair man in this clinic? If yes, then, and what changes, please describe?
   - Number of rooms and professionals
   - Availability of basic drugs and supplies always,
   - waiting time,
   - Privacy and confidentiality

- courtesy
- Provision of adequate information about the services like (about illness, treatment, caution to be taken, follow up…)

10. What do you think are the key attributes of caregiver satisfaction in mental health care?

11. In your opinion what do you think should be done to improve the mental health service delivery in the psychiatry clinic in particular in the OPD?

---. Thank you very much for your kind cooperation

2nd In depth Interview guide for psychiatry professional (key persons who have direct contact with the patient and caregivers) in the clinic (OPD)

1. How do you give service to the patients? Is there standards/guideline to provide the mental health services to the patients at the OPD? (See the documents)
    - For example, Treatment guideline in Interview room (OPD), Time to wait in interview room, medical (vital sign) equipment in each room.
2. What do you think about accessibility of the services?
    - Number of staffs of the clinic (Is it enough or not?)
    - Number of OPDS and examination equipments in the room (Is it enough or not?)
    - Accessibility of medication
    - Accessibility Laboratory service
3. What do you think about time, comfort and cleanness of the facility?
    - Time patients and/or caregiver wait until they get treatment
    - Comfort within mental health clinic or hospital
    - Over cleanness of clinic environment
    - Over leanness of waiting area, interview room, and toilet,
4. What do you think about efficiency of treatment given to the service users?
    - In reducing symptoms
    - Reducing relapse
    - Reducing caregiver burden
5. Are you satisfied with the service given to mental ill patient in this clinic? If yes

5.1. Which aspect of the service do you think considered most satisfactory?

- Availability/accessibility of service
- Cleanness and comfort of the clinic
- Efficiency of service

5.2. If no which aspects of the service do you think considered most dissatisfactory for you? Please describe

6. What are the major problems that you think contribute to the dissatisfaction of mentally ill patients and/or caregivers? Please mention some them

7. What do you think should be done to accommodate patients and caregivers dissatisfactions?

8. Have you seen any measure taken to make changes in the provision of the psychiatry service delivery in the OPD of psychiatric clinic at JUTH from the times you first started being a service provider/key person in this clinic? If yes, then, and what changes, please describe?

- waiting time,
- Privacy
- Number of rooms and professionals
- Availability of basic drugs and supplies always,
- Comfort and cleanness

9. What do you think are the key attributes of caregiver satisfaction in mental health care?

10. In your opinion what do you think should be done to improve the mental health service delivery in the psychiatry clinic in particular in the OPD?

---. Thank you very much for your kind cooperation

3rd In depth Interview guide prepared for patients

1. What do you think about the name given to mental health service clinic (psychiatry clinic)? (Good /not good) if no how it is not good?

2. What do you think about time, comfort and cleanness of the facility?

- Time you and your and your caregiver wait until you get service
- the queuing style/system of JUTH psychiatry clinic(is it trouble free or trouble full)how

- Comfort within mental health clinic
- Cleanness of clinic environment
- Cleanness of waiting area, interview room, and toilet,

3. What do you think about accessibility of the services?

- Number of staffs of the clinic (Is it enough or not?)
- Accessibility of medication and laboratory service

4. What do you think about characteristics service providers?

- The way the psychiatry service providers introduce themselves, their profession
- The way they show respect to you and your caregiver
- The way they listen, and understand you and your caregiver
- The way they give information and communicate with you
- The way they keep your privacy and confidentiality

5. What do you think about effectiveness of the treatment given to you in your daily life when you compare with before treatment?

- In reducing symptoms
- In Reducing relapse
- In increasing functionality
- In increasing your relationship with others

6. Are you satisfied with the service received from this clinic?

6.1. If yes which aspect of the service do you think considered most satisfactory for you

- Availability/accessibility
- Waiting Time
- Cleanness and comfort of the clinic
- Respect/courtesy given to you
- Privacy and confidentiality
- Communication
- effectiveness of treatment

6.2. If no which aspects of the service do you think considered most dissatisfactory for you? Please describe

7. Have you seen any changes made in the provision of the psychiatry service to you from the time you first started receiving treatment in this clinic? If yes, then, and what changes, please describe?

- Availability of medication and laboratory service
- Provision of adequate information about the services like (about illness, treatment, caution to be taken, follow up ….)
- Waiting time,
- Privacy
- Confidentiality
- Respect/courtesy
- Cleanness and comfort of the clinic

8. In your opinion what do you think should be done to improve the psychiatry service in this clinic in particular in the OPD?

--. Thank you very much for your kind cooperation

የስነ-አእምሮ ህክምና አገልግሎት ሰጪዎችና እና የታካሚዎች የህክምና አገልግሎቱ እርካታ ሰጪነት በተመለከተ በግል በጥልቀት የማወያያ ማንዋል እና የተሳታፊዎችን የመሳተፍ ፈቃደኝነት መጠየቂያ ቅጽ

የተመራማሪ ስም---የህ ማኑዋል በጂማ ዩንቨርሲቲ ስነ-አእምሮ ክሊኒኩ በሚሰጠው የህክምና አገልግሎት፣ የተጠቃሚ ቤተሰቦች/አ-ስታማሚዎች እርካታ ምን ያህል እንደሆነ ለማወቅ በሚደረገው ጥናት ዉስጥ አገልግሎት ከሚሰጡ ቁልፍ/ወሳኝ ሰዎችንና የአገልግሎት ተጠቃሚዎች/ታካሚዎች ሀሳባቸውን እንዲሰጡበት የተዘጋጀና የአእምሮ ህክምና አገልግሎትን በተመለከተ ጠቅለል ያሉ ሃሳቦችና የማብራሪያ ነጠቦችን የያዘ መጠይቅ ነው፡፡ ይህም ከታካሚ ቤተሰቦች/አስታማሚዎች የሚገኘው የጥናት ውጤት ለማጠናከረ ከፍተኛ ሚና የለው ሲሆን የጥናቱ አላማ ደግሞ የተከታታይ የስነ-አእምሮ ህክምና አገልግሎት ጥራትና ቀጣይነት ለማሻሻል ነው፡፡ ለዚም በዚህ ጥናት ላይ እንዲሳተፉ እንጋብዞታለን፡፡ ፈቃደኛ ሆነው የሚሳተፉ ከሆን በመሳተፎ የሚያጋጥሞት የምቾት መጋደል ሆነ በቀጣይነት አገልግሎት መጠቀሞ ላይ የሚያስከትለው ምንም ጉዳት ከለመኖሩም ባሻገር የሚሰጡት አዎንታዊ ምላሽ የአገልግሎቱ ጥራተና ቀጣይነት ለማሻሻል የጠቅማል፡፡ በውይይት ወቅትም ሆነ በጥናቱ ውስጥ ስሞ ስለማይጠቀስና የጥናቱ ባለቤት እኔ ስለሆንኩ ሚስጠሩ የተጠበቀ ነው፡፡ በተጨማሪም ደግሞ በጥናቱ ላይ ያለመሳተፍ፣ የማየፈልጉትን መጠይቅ ይለፈኝ ማለትና በግማሽም አቐርጠው የመውጣት ሙብቶ ሙሉ በሙሉ የተጠበቀ ነው ፡፡

ጥያቄ/ግልጽ ያልሆነ ነገር ካለዎት የጠይቁኝ ?

ጥያቄ ከሌሎትና ለመሳተፍ ፈቃደኛ ከሆኑ ልንቀጥል በፊርማዎ ያረጋግጡልኝ------------------------------------

የመረጃ ሰብሳቢ --ስምና ፊርማ---------------------

የተቆጣጣሪ ስምና --ፊረማ----------------------------

1ኛ ክሊኒኩ በዋና ሃላፊነት ቦታ ላሉ የተዘጋጀ በጥልቀት የማወያያ ማንዋል

1. በአጠቃላይ የአእምሮ ሕክምና ባለሙያዎቹ አገልግሎት የሚሰጡጥ እንዴት ነው? የአሰጣጥ መመሪያ የያዘ ማንዋል አላቸው? አገልግሎት ተጠቃሚው ምን ያህል ጊዜ እንደሚጠብቁ፣ በክፈሉ(OPD) ውስጥ የሚስሩ ባለሙያዎች አይነት፣ በክፍሉ ውስጥ አስፈላጊ የሆኑ የህክምና ቁሳቁሶች መኖራቸዉንና ህክምና በሚሰጥበት ክፈሉ(OPD) ተቀምጦዋል? ያረጋግጡ?

2. የአእምሮ ሕክምና አገልግሎት አቅርቦቱን በተመለከተ ምን ይላሉ/ያስባሉ?

- ስለባለሞያዎቹ ብዛት (በቂነው ብለው ያስባሉ)
- የመድሀኒት፣ የላበራቶሪና የምረመራ መሳሪያ አቅርቦት
- የአእምሮ ክሊኒኩ(OPD) ብዛት (በቂ ነው ብለው ያስባሉ)

3. ስለ አእምሮ ክሊኒኩ ምቾት ሰጪነት፣ ንጽህናና የስራ ሰአቱ በተመለከተ ምን ያስባሉ?

- ታካሚዎችና አስታማሚዎች አገልግሎት እስኪ ያገኙ ድረስ የሚጠብቁት ጊዜ
- ስለአእምሮ ክሊኒኩ ንጽህናና አመቺነት
- የምረመራ ክፍሉ፣ የማረፍያ ቦታነና የመጸዳጃ ክፍሉ ንጽህና

4. የባለሞያዎቹ ሁኔታና አቀራረብ በተመለከተ ምን ያስባሉ?

- የጤና ባለሙየዎቹ ሙያዊ ብቃት

- ሰአት አክባሪነታቸዎ
- ትህትናቸውና ደምበኛ አክባሪነታጨው
- ታካሚዎችን እና/ወይም አስታማሚዎችን ትኩረት ሰጥቶ የናዳመጥ፣ መረዳትና ሁኔታቸው
- አስታማሚዎችን/የታካሚ ቤተሰቦች ለታካሚው በሚሰጠዉ ህክምና ላይ የማሳተፍ ሂደታቸው
- ጠቃሚ መረጃዎችና የምክር አገልገሎት አሰጣጣቸው
- ሚስጥረ ጠባኪነታቸው

5. ከዚህ የአእምሮ ክሊኒክ የሚሰጠው የህክምና አገልግሎት ውጤታማነቱ በተመለከተ ምን ይላሉ/ያስባሉ?

- የህመም ምልክቶችን ከመቀነስ አንጻር
- ግርሸት ከመቀነስ አንጻር
- ህመሙ በቤተሰብ/በአስታማሚዎች ላይ የምያስከትለውን ጫና ከመቀነስ አንጻር

6. ከዚህ የአእምሮ ክሊኒክ ለታሚዎች የሚሰጠው የህክምና አገልግሎት በእርሶ እይታ አርኪ ነው ይላሉ?

6.1. አዎ አርኪ ነው ካሉ የትኛው አገልግሎት ክፍል/ዘርፍ ነው የበለጠ አርኪ ነው የሚሉተ? ይጥቀሱ

6.2. የትኛው የአገልግሎት ዘርፍ ነው አርኪ አይደለም? ይጥቀሱ

7. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የተጠቃሚዎቸም ሆነ የአስታማሚዎቻቸው እርካታ ይቀንሳሉ ብለው የሚያስቡዋቸው ነገርች እነማን ናቸው?

8. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የተጠቃሚዎቸም ሆነ የአስታማሚዎቻቸው አለመርካት እንዴት ልን ፈታ እንችላለን?

9. እርሶ እዚህ መስሪያ ቤት ተቀጥረው መስራት ከጀመሩበትግዜ አንስቶ እስካሁን ድረስ የአገልግሎት አሰጣጡን ለማሻሻ የተወሰዱ ርምጃዎች አሉ? ካሉ ምን ምን አይነት እርምጃዎች ተወስደዋል?

10. በአእምሮ ህክምና አገልግሎተ ውስጥ በአስታማሚዎችን መርካት ምክንያት ሊሆኑ ይቸወላሉ ብለዉ የሚያስቡዎቸው ዋና ዋና ነገርች ምንድናቸው? ይጥቀሱ

11. እንደ እርሶ አስተሳሰብ አእምሮ ህክምና አገልግሎት ጥራትና ቀጣይነት ለማሻሻል ምን ቢድረግ ጥሩ ነው ይላሉ?

---በድጋሚ ለተሳትፎዎ ከለብ አመሰግናለሁ!!!

2ኛ. በክሊኒኩ በቀጥታ ለተጠቃሚዎችና ለቤተሰቦቻቸው አገልግሎት ለሚሰጡ ባለሙያዎች የተዘጋጀ በጥልቀት የማወያያ ማንዋል

1. በአጠቃላይ የአአምሮ ሕክምና አገልግሎት እንዴት የምትሰጡት? የአሰጣጥ መመሪያ የያዘ ማንዋል አላችህ? አገልግሎት ተጠቃሚው ምን ያህል ጊዜ እንደሚጠብቁ፣ በክፈሉ(OPD) ውስጥ የሚስሩ ባለሙያዎች አይነት፣ በክፍሉ ውስጥ አስፈላጊ የሆኑ የህክምና ቁሳቁሶች መኖራቸዉንና ህክምና በሚሰጥበት ክፈሉ(OPD) ተቀምጦዋል? ያረጋግጡ?

2. የአአምሮ ሕክምና አገልግሎት አቅርቦቱን በተመለከተ ምን ይላሉ/ያስባሉ?

- ስለባለሞያዎቹ ብዛት (በቂነው ብለው ያስባሉ)
- የመድሀኒት፣ የላበራቶሪና የምረመራ መሳሪያ አቅርቦት
- የአአምሮ ክሊኒኩ(OPD) ብዛት (በቂ ነው ብለው ያስባሉ)

3. ስለ አእምሮ ክሊኒኩ ምቾት ሰጪነት፣ ንጽህናና የስራ ሰአቱ በተመለከተ ምን ያስባሉ?

- ታካሚዎችና አስታማሚዎች አገልግሎት እስኪ ያገኙ ድረስ የሚጠብቁት ጊዜ
- ስለአእምሮ ክሊኒኩ ንጽህናና አመቺነት
- የምረመራ ክፍሉ፣ የማረፍያ ቦታነና የመጸዳጃ ክፍሉ ንጽህና

4. ከዚህ የአእምሮ ክሊኒክ የሚሰጠው የህክምና አገልግሎት ውጤታማነቱ በተመለከተ ምን ይላሉ/ያስባሉ?

- የህመም ምልክቶችን ከመቀነስ አንጻር
- ግርሽት ከመቀነስ አንጻር
- ህመሙ በቤተሰብ/በአስታማሚዎች ላይ የምያሰከትለውን ጫና ከመቀነስ አንጻር

5. ከዚህ የአእምሮ ክሊኒክ ለታሚዎች የሚሰጠው የህክምና አገልግሎት በእርሶ እይታ አርኪ ነው ይላሉ?

5.1. አዎ አርኪ ነው ካሉ የትኛው አገልግሎት ክፍል/ዘርፍ ነው የበለጠ አርኪ ነው የሚሉተ? ይጥቀሱ

5.2 የትኛው የአገልግሎት ዘርፍ ነው አርኪ አይደለም? ይጥቀሱ

6. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የተጠቃሚዎቸም ሆነ የአስታማሚዎቻቸው እርካታ ይቀንሳሉ ብለው የሚያስቡዋቸው ነገሮች ምን ምን ናቸው?

7. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የተጠቃሚዎቸም ሆነ የአስታማሚዎቻቸው አለመርካት እንዴት ልን ፈታ እንችላለን?

8. እርሶ እዚህ መስሪያ ቤት ተቀጥረው መስራት ከጀመሩበት ጊዜ አንስቶ እስካሁን ድረስ የአገልግሎት አሰጣጡን ለማሻሻ የተወሰዱ ርምጃዎች አሉ? ካሉ መቼ፣ ምን ምን አይነት እርምጃዎች ተወስደዋል?

9. በአእምሮ ህክምና አገልግሎተ ውስጥ በአስታማሚዎችን መርካት ምክንያት ሊሆኑ ይቸወላሉ ብለዉ የሚያስቡዎቸው ዋና ዋና ነገሮች ምንድናቸው?ይጥቀሱ

10. እንደ እርሶ አስተሳሰብ አእምሮ ህክምና አገልግሎት ጥራትና ቀጣይነት ለማሻሻል ምን ቢድረግ ጥሩ ነው ይላሉ?

---በድጋሚ ለተሳትፎዎ ከለብ አመሰግናለሁ!!!

3ኛ. ለስነ አእምሮ ህክምነ አገልግሎት ተጠቃሚዎች/ለታካሚዎች/ የተዘጋጀ በጥልቀት የማወያያ ማንዋል

1. የስነ-አእምሮ ህክምና ክሊኒክ የሚለው የህክምና መስጫ ቦታው ስም ምን ይላሉ?(ጥሩ ነው ይላሉ ወይስ አይ ጥሩ አደለም)? ጥሩ አይደለም ካሉ በምን መልኩ ሊሉ እንደቻሉ ያብራሩሊኝ?

2. ስለ አእምሮ ክሊኒኩ ምቾት ሰጪነት፣ ንጽህናና የስራ ሰአቱ በተመለከተ ምን ያስባሉ?

- እርሶና አስታማሚዎ አገልግሎት እስክተገኙ ድረስ የምትቆዩበት ጊዜ
- ስለአእምሮ ክሊኒኩ ንጽህናና አመቺነት(ተራችሁ እስኪደርስ አረፍየምትሉበት ቦታ)
- የምርመራ ክፍሉና የመጸዳጃ ክፍሉ ንጽህና

3. የአእምሮ ሕክምና አገልግሎት አቅርቦቱን በተመለከተ ምን ይላሉ/ያስባሉ?(የሚፈልጉትን ነገር ለምሳሌ ምድሀኒተ ላብራቶሪ) በክሊኒኩ ውስጥ ያገኛሉ

- ስለባለሞያዎቹ ብዛት (በቂነው ብለው ያስባሉ)

- የመድሀኒት፣ የላበራቶሪና የምረመራ መሳሪያ አቅርቦት
- የአእምሮ ክሊኒኩ(OPD) ብዛት (በቂ ነው ብለው ያስባሉ)

4. የባለሞያዎቹ ሁኔታና አቀራረብ በተመለከተ ምን ያስባሉ?
   - የጤና ባለሙየዎቹ ሙያዊ ብቃት ብቁ ናቸው ይላሉ
   - ሰአት አከባሪነታቸዎ ናቸው?
   - ትህትናቸውና ደምበኛ አክባሪነታጨው
   - የእርሶና እና/ወይም አስታማሚዎን ትኩረት ሰጥቶ የናዳመጥ፣የ መረዳትና ሁኔታቸው
   - የእርሶና እና/ወይም አስታማሚዎን ለታካሚው በሚሰጠዉ ህክምና ላይ የማሳተፍ ሂደታቸው
   - ጠቃሚ መረጃዎችና የምክር አገልገሎት አሰጣጣቸው
   - ሚስጥረ ጠባኪነታቸው

5. ከዚህ የአእምሮ ክሊኒክ የሚሰጠው የህክምና አገልግሎት ውጤታማነቱ በተመለከተ ምን ይላሉ/ያስባሉ?
   - የህመም ምልክቶችን ከመቀነስ አንጻር
   - ግርሽት ከመቀነስ አንጻር
   - ህመሙ በቤተሰብ/በአስታማሚዎች ላይ የምያሰከትለውን ጫና ከመቀነስ አንጻር

6. ከዚህ የአእምሮ ክሊኒክ የሚሰጠዎት የህክምና አገልግሎት አርኪ ነው ይላሉ?

6.1. አዎ አርኪ ነው ካሉ የትኛው አገልግሎት ክፍል/ዘርፍ ነው የበለጠ አርኪ ነው የሚሉተ? ይጥቀሱ

6.2. የትኛው የአገልግሎት ዘርፍ ነው አርኪ አይደለም? ይጥቀሱ

7. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የእርሶ እና/ወይም አስታማሚዎን እርካታ ይቀንሳሉ ብለው የሚያስቡዋቸው ነገሮች ምን ምን ናቸው?

8. በአእምሮ ህክምና አገልግሎት አሰጣጥ ሂደት ውስጥ የእርስዎን ሆነ የአስታማሚዎን እርካታ ይጨምራሉ ብው የሚያስቡዋቸው ነገሮች ምን ምን ናቸው?

9. እርሶ በዚህ ህክምና ክሊኒክ መታከም ከጀመሩበት ጊዜ አንስቶ እስካሁን ድረስ የአገልግሎት አሰጣጡን ለማሻሻ የተደረጉ ለውጦች አሉ? ካሉ መቼ፣ ምን ምን አይነት ለውጦች ተወስደዎል?

10. እንደ እርሶ አስተሳሰብ አእምሮ ህክምና አገልግሎት ጥራትና ቀጣይነት ለማሻሻል ምን ቢድረግ ጥሩ ነው ይላሉ?

---በድጋሚ ለተሳትፎዎ ከለብ አመሰግናለሁ!!!

DECLARATION

The undersigned agrees to accept responsibility for the scientific, ethical and technical conduct of the research project declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name of investigator: ____

Signature: _____________________________

Name of the institution: Jimma University

Date of submission: ________________________

This proposal has been submitted for ethical and financial support with my approval as University advisor

Name and Signature of advisors

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