PATIENT SATISFACTION AND ASSOCIATED FACTORS BETWEEN PUBLIC AND PRIVATE WINGS AMONG PATIENTS ADMITTED TO JIMMA UNIVERSITY MEDICAL CENTER, SOUTHWEST ETHIOPIA: COMPARATIVE CROSS SECTIONAL STUDY



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A THESIS REPORT TO BE SUBMITTED TO JIMMA UNIVERSITY INSTITUTE OF HEALTH SCHOOL OF GRADUATE STUDIES DEPARTMENT OF EPIDEMIOLOGY AS THE PARTIAL FULFILLMENT OF THEDEGREE REQUIREMENTS OF MASTER OF PUBLIC HEALTH IN EPIDEMIOLOGY PATIENT SATISFACTION AND ASSOCIATED FACTORS BETWEEN PUBLIC AND PRIVATE WINGS AMONG PATIENTS ADMITTED TOJIMMA UNIVERSITY MEDICAL CENTER, SOUTHWEST ETHIOPIA: COMPARATIVE CROSS SECTIONAL STUDY

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#### Abstract

**Background**: In 2009 EMOH launched private wing service at federal hospital for retaining of doctors, the services has been provided beyond the regular working hours for those who can afford. Measuring the quality of health care is a necessary step in the process of improving health care quality and it tells us how the health system is performing and leads to improved care. Patient satisfaction has been considered as one of the most reliable quality measures and it is affected by both internal and external factors. There was no published literature in Ethiopia that assessed and compared patient satisfaction between public and private wings.

**Objective:** This study aimed to compare overall patient satisfaction score and associated factors between public and private wing among patient admitted to JUMC, Southwest Ethiopia, March, 20 17.

**Methods**: A hospital based comparative cross sectional study was conducted from March 7, to April 6, 2017. The total sample was 252(189 for public and 63 for private). Based on inclusion criteria, selected patients admitted to public and private wings of surgical, gynecological and maternity ward during study periods was included consecutively. Data was collected through observation and interviewer administered questionnaires. Data was cleaned and edited using Epi-data ver.3.1 and exported to SPSS ver.21 and descriptive statistics was done. Independent t-test and ANOVA were done to compare variables. Principal component analysis was done. Bivariate and multivariate linear regressions was done to identify determinants of patients' satisfaction at both admissions.

**Result**: A total of 230(172 public wards and 58 private wing), respondents were participated with 91% response rate, with female domination 58% and 67% at public and private wing respectively. There is a significant difference between public and private wing on patient satisfaction score (F=13.639, p<0,001) and also on perceived waiting time, technical competence, availability and perceived empathy. History of admission, waiting time to be admitted and to take lab results were significant determinants of satisfaction score. Those who waited <1hr. increased satisfaction score by .131 unit than who waited  $\geq$  1days to be admitted (95% CI; .111 - .151) at public wards.

**Conclusion:** Patients at private wings were more satisfied than pubic wards. The hospital administrative should consider increasing number of beds to maximize the access and reduce waiting time. Also the health service manager of the hospital should provide an in-service training for health personnel to bring a better demonstration of the interpersonal relation for a better satisfaction which in turn reduces duration of hospital stay as a satisfied patient more likely adhere to treatment plan.

Key words: patient satisfaction score, private wing, public ward, Jimma University Medical Cente

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# **Abbreviation and Acronyms**

- BFHRH Bahirdar Felege Hiwot Referral Hospital
- BPR: Business Process Re-engineering
- EMOH: Ethiopian Ministry of Health
- JUMC: Jimma University Medical Center
- JUIHRERC: Jimma University Institute of Health Research Ethics Review Committee
- JUSH- Jimma University Specialized Hospital
- HCFR: Health Care Financing Reform
- HSDP: Health Sector Development Program
- MLR: Multiple Linear Regression
- PCA: Principal Component Analysis
- SPSS: Statistical Package for Social Science
- WHO: World Health Organization

#### **CHAPTER ONE: Introduction**

#### 1.1 Background

In 2009, the Ministry of Health of Ethiopia established private wing in federal hospitals as a way to motivate and retain doctors. In this wing, doctors practice beyond the regular working hours of the hospital (after 5:30 PM - 8:00 AM, Saturdays, Sundays and Public Holidays) and charge fees for their service(1, 2).

The private wing service is expected to be provided with a higher level of amenities and customer centered service, more comfortable and cleaner environment, more convenient opportunity times and personal choice of doctors. The law, however, cautions that private wing health care services may not prejudice the regular medical and diagnostic services provided by the federal hospital (1),

Quality has been considered as a strategic advantage for sustainability and success of the organizations. Defining and measuring of service quality is the biggest challenge faced by health care organizations. Products are tangible in nature and quality of the products can be easily measured. However, due to intangible and tangible in nature, it is difficult to measure the quality of any services as it is highly dependent on customer perceptions and expectations(3).

Measurement of patients' satisfaction has become an integral part of hospital management strategies worldwide. A reliable base for performance management is customers' satisfaction. Customers satisfaction is a perception of an individual not only based on the healthcare facility factors that he/she gained from the institution but also socio-demographic and economic factors, experience, patient characteristics (prior information, type and duration of illness), and attitudes of patients (perceptions, feelings and readiness)(4).

Perceived service quality is a precursor of satisfaction and has association with patient satisfaction. Some empirical studies in health care quality support this causal link between patient perceptions of health care quality and satisfaction(5).

'Quality of Health Care' is a measure of the degree to which health services for individuals and populations increase the likelihood of the desired health outcomes consistent with current professional knowledge. The delivery of quality health services is central to improving the health

1

status of the population. In addition, satisfying patients and clients is the primary goal of the Government's reform Program, including the Health Care Financing Reforms (6).

#### **1.2 Statements of the problem**

The public health sector in low- and middle-income countries are not always sufficiently wellequipped and financed to provide high quality health care that is accessible to all citizens. The consequence of this public sector failure has been a proliferation in private providers of healthcare services in most of the countries(7).

According to Health Governance Watch report the key challenges of healthcare service are shortage of medicine, interruption of laboratory and imaging services, delay in elective surgeries, inadequate patient engagement, staff turnover and dissatisfaction, weak grievance handling mechanism, sub optimal functionality of health development army, weak referral linkage, gap in use of evidence for planning and resource allocation and inadequate synergy between the University and health science collages(8).

The quality of health service in Ethiopia has been compromised by inadequate and poorly maintained infrastructure and equipment, scarcity of trained health personnel, and mainly associated with inadequate financing which was caused by poor budget allocation and utilization(6).

The Healthcare institutions, like every organization offering a product or service, must meet the requirements of its customer "Patient" by being sensitive to his/her needs and his/her requests(9).

Studies in different countries on service quality assessment in different designs pointed determinants of patients' satisfaction towards quality of services were; approaches of doctors, comforting factors, dignity, privacy, security, waiting time and cost of treatment, degree of independence, decision making autonomy and attention to personal preferences, visiting of doctors after registration, competence of health personnel, inadequate physical examination by providers, re-visiting of the doctor for evaluation with laboratory results, medical care and information, patient provider relationship (courtesy, listening, consultations, etc.), were the frequently faced problems affecting client satisfaction (2, 10).

We could find no published literature in the country that described and compared patients' satisfaction between public and private wings. Therefore, this study assessed and compared patients' satisfaction between public and private wing wards of JUMC.

3

### **Chapter Two: Literature review**

Service quality may be defined as customer perception of how well a service meets or exceeds their expectations. Prior information and experience also determine perceptions. The evaluation of service quality leads to customer satisfaction (4).

There is no consensus between the literatures on how to define the concept of patient satisfaction in healthcare. In Donabedian quality measurement model, patient satisfaction is defined as patientreported outcome measure while the structures and processes of care can be measured by patientreported experiences. Different literature pointed out that patient satisfaction mostly appears to represent attitudes towards care or aspects of care(11).

According to Lavelle and his colleague, patient satisfaction is predominantly affective judgment formed by the patient alone (again influenced by both internal & external factors). The only input for patient experience is patient perception. Patient perception is the view of patient determines subsequent evaluation of an experience (12).

Most studies have defined patient satisfaction as the gap between the expected service and the experience of the service, from the client's point of view. Previous study (13)defined; satisfaction would be the degree to which desired goals have been achieved. It is a perception and an attitude that a consumer can have or view towards a total experience of health care. Satisfaction is the psychological state that results from confirmation or disconfirmation of expectations with reality. It comprises both cognitive and emotional facets and is influenced by previous experience, expectations and social networks. More importantly patient-reported experiences and fulfillment of expectations were the most important predictors of overall patient satisfaction (10, 13-15)

Several challenges exist to the measurement of patient experience, in part, because it is a complex, ambiguous concept that lacks a common or ubiquitous definition, to date, and also because there are multiple cross-cutting terms in health care that make conceptual distinction (and therefore measurement) difficult. However, there are many measurement and evaluation approaches that can be used to obtain meaningful, actionable findings(12).

Patient experience means everything towards assessments of service quality (3). A patient's experience cannot be viewed in isolation of broader concerns about quality and cost of health care. Healthcare services should be patient centered, this needs to be accomplished with the patient

experience at the forefront. This requires inclusion of patients' perspectives to better understand how treatment and care impacts the fullness of a patient's life(3, 12).

Strengthening health service delivery requires special attention to the experiences of patients as it is a key indicator of whether improvements in health care delivery have been made and where to focus for future improvement efforts(15).

On the other literature Patients view services in terms of their whole experience; it includes the hospital environment, successful surgery, cleanliness in rooms and wards, special attentions and clear information provided by physicians, nurses, supportive staff, and outstanding follow-up care could be related the interpersonal as well as many other aspects of care, ranging from the clarity and accessibility of information that doctors provide, to whether doctors tell patients about test results, to how quickly patients are able to get appointments for urgently needed care (3, 16).

Patients' expectations on different literatures mentioned mainly with the interpersonal and clinical skills of healthcare providers. However, the general nature of patient expectation were related with the ability of healthcare provider to show interest; listening to patients concern. On the other hand the most common expectations were health care providers' understanding, showing interest, and discussing problems or doubt(15).

Measuring the quality of health care is a necessary step in the process of improving health care quality and it tells us how the health system is performing and leads to improved care(16).

Evaluation of clients satisfaction can address the reliability of services, or the assurance that services are provided in a consistent and dependable manner; the responsiveness of services or the willingness of providers to meet clients need; the courtesy of providers; and the security of services and records to keep the best level of confidentiality. In addition have a significant role in developing and delivering high quality health care in the hospital with the involvement of patients in the management of their problem and treatment, and helping consumers "patient" make informed choices about their care(13, 16).

Measurement of patient experience is important because it provides an opportunity to improve care, enhance strategic decision making, meet patients' expectations, effectively manage and monitor health care performance, and document benchmarks for health care organizations (11, 12).

Different literature have shown that positive patient experience or a satisfied patient have a welldocumented and significant correlation to clinical quality and have strong impact on the outcome. A satisfied patients from a better care are often more engaged in their care, more committed to treatment plans and more receptive to medical advice which might resulted with enhanced disease healing process, healthier and happier clients, whom contributing to the development of the country (2, 11, 13, 16).

Patient satisfaction varies over time, place and many other factors. In Ethiopia patient satisfaction at different places (health facilities) with different design and different study populations within this 6years, showed that 57.8%, 61.9% & 77% at BFHRH and JUSH (2, 10, 13).

In Ethiopia, repeatedly mentioned factors for the disparity of quality of care as well as level of satisfaction were: not always sufficiently well-equipped and poorly maintained infrastructure, scarcity of trained personnel and unavailability of drugs and pharmaceutical supplies. Despite having high expenditure and adequate facilities, patients were often not satisfied with the health care they received (5, 6)

According to Donabedian, perceived quality means; the technical and interpersonal performance is going to be judged by customer. The goodness of technical performance is judged in comparison with the best in practice. The interpersonal relation superiorly determine patient experience and satisfaction(17).

On different literature patient satisfaction were associated with individual or personal behavior of health personnel; the good manner and polite relationship of the personnel with patient determine the level of patients' satisfaction. Providing comforting situation and treating them with courtesy and respect, could ends up a positive patient experience. Therefore, provision of patient centered service is a crucial ways to patient perception of quality (4, 5, 17, 18).

Study in Southwest Ethiopia, patients' satisfaction and associated factors among private wing patients at Bahirdar Felege Hiwot Referral Hospital, findings showed that the overall patient satisfaction were 57.8% at CI 95% (52.8% - 63.1%). According to the study patients satisfaction were affected by Healthcare facility factors: Communication& relationships (Courtesy & respect, Privacy, Information), Diagnosis & Medication- (Waiting time, BP/Thermometer/Waiting scale,

Drugs), Physical environment- (Sign & direction indicators, Toilets/ bathroom, Drinking water), Convenience- (Services, Cost, time) (2).

Study in 2011 at JUSH perceived patient satisfaction with in-patient services of public wards showed that overall level of patient satisfaction was 61.9%. According to this study about 60.3% were satisfied on the knowledge, courtesy and respect of physician (13). Whereas study at BFHRH of private wings 87.2% were satisfied with the respect and courtesy of physicians(2).

Better quality of health service is said to be achieved when all the three aspects of quality were ensured which are, structural, process and outcome aspects. Major indicator of this are availability of necessary medical supplies and materials , waiting time, cleanliness of facilities and equipment, courtesy and competence of service providers and the effectiveness of the services provided and cost (9, 18).

Patients were also satisfied with the admission service, waiting time, physician skill, whereas dissatisfaction level was significantly higher for information service of the hospital, nursing service, illness education/communication, privacy and confidentiality, completeness of the information given, crowded rooms, dietary services, visiting hours, and services to pharmacy and laboratory(13).

High proportion of patients were dissatisfied with patient satisfaction measuring items, such as, availability of sign and direction indicators to ease the way in the hospital, availability of drinking water, description of side effects of drugs, and information regarding to symptoms look out after leaving the hospital (2).

In addition to the healthcare facility factors, socio-demographic characteristics also affects the level of perception and expectations of patients. In spite of this, some studies contradict, showing non-significant effects on perception as well as satisfaction. Studies at JUSH showed that there were no significance correlation, whereas BFHRH study mentioned as age inversely related with level of satisfaction, being aged within 37- 47 years (AOR 0.466 (95% CI (0.221-0.981)), and 48+ years (AOR 0.395 (95% CI (0.178-0.877)) have decreased satisfaction by 53% and 60% respectively as compared with ages within 18 - 27 years (2, 11, 13).

Study in Kenya, Factors Affecting Provision of Service Quality in the Public Health Sector: A Case of Kenyatta National Hospital explore the factors affecting provision of service quality in the public health sector in Kenya, stated that client's quality perceptions influenced by communication, medical staff skills, technology, employee capability, and financial resources could shape patients' experience and determine the level of satisfaction as an outcome of quality of services (19).

#### **Elements of Quality**

According to Donabedian, quality comprises three elements: structure, process and outcome.



FIGURE 1: DONABEDIANMODEL FROM INTERNATIONAL JOURNAL FOR QUALITY RESEARCH(9)

Structure refers to the nature of the settings (the adequacy of the facility's staffing, equipment or tools, safety devices, and overall organization). Process is all the activities during service provision. Mainly focused on the way in which care is delivered through the technical and interpersonal aspects. Outcomes include patient satisfaction or patient responsiveness to the health care system. In addition, it can be measured in terms of health status, deaths, or disability-adjusted life years—a measure that encompasses the morbidity and mortality of patients or groups of patients. (9).

# **Conceptual frame work**



Figure 2: Conceptual framework showing the relationships among the factors associated with patient satisfaction. Source adapted from literature (17).

### 2.1 Significance of the study.

The findings of this study are of practical importance to both admissions by initiating and enabling health managers to look into the major areas of concern, which could result in substantial improvements in the provision of patient centered services and for a better patients satisfaction.

The findings will also help the managers to compare the situation in their facility with those of others of the same wards and patient departments. Furthermore it could initiate further research in this area.

# **Chapter Three: Objectives**

# 3.1 General objective

• To compare the overall patient satisfaction score and associated factors between public and private wings of Jimma University Medical Center, 2017.

# **3.2 Specific objectives**

- To assess the overall patient satisfaction score between public and private wings of JUMC.
- To identify determinants of overall patient satisfaction score between public & private wings of JUMC.

#### **Chapter Four: Methods and Materials**

#### 4.1 Study Area and Period

The study was conducted in Jimma university specialized hospital, currently named as Jimma University Medical Center (JUMC). The hospital is one of the oldest public hospitals in the country located in Jimma town of Oromia Regional State, Southwest Ethiopia. The town is Located 357 km from Addis Ababa and JUSH/JUMC is the only specialized teaching and referral hospital in the South Western region of Ethiopia. The hospital has a predominantly rural catchment population of 15 million people for tertiary level care. According to 2006 fiscal year annual report, the hospital provided services for about 15,000 inpatient, 160,000 outpatients, and 11,000 emergency cases and around 5000 deliveries takes placed with average hospital stay of 12 days. The hospital has about 21 units and 546 beds (surgical-128, medical-90, gynecology & maternity-73, pediatrics-86, psychiatry-20, ophthalmology-40)(20).

Private wing at JUSH/JUMC was launched in 2011 and provides diagnostic (pathological) and medical services for outpatients and inpatients only at thee departments; Surgical, Gynecological and Maternity wards. The services were not provided in a well-organized situation until February, 2016, in which official office was established. Currently, 18 (27%) of specialists (1-Internist, 2-Anesthetics, 6-Gynecologist, 8-Surgins and 1-Pathologist) had been providing the services out of 66 specialists of JUMC. There are 12-beds only at surgical wards, and the rest Gynecological and Maternity wards share the public wards bed. Within 9months of last year, 613 outpatient, which was 10.6% of total admission and 511 inpatients, 17.9% of total admission had the services. The wing performed 441 surgical cases within the above mentioned three departments, which was 66.2% of overall surgical performance of the hospital. According to the office, patient satisfaction was 82.9 % with average hospital stay of 6.7 days(21).

# 4.1.1 Study period

The study was conducted from March 7 to April 6 /2017.

# 4.2 study Design

A hospital based comparative cross sectional study was employed.

# 4.3 source population

# 4.3.1 Source population for private wings

• All patients who were admitted and got service at private wings of surgical, gynecological and maternity wards JUMC

# 4.3.2 Source population for public

• All patients who were admitted and got service at public wards of surgical, gynecological and maternity wards JUMC

## 4.4 study population

### 4.4.1 Study population for private wings

• Selected patient who were admitted and stayed at least a day to private wings of surgical, gynecological and maternity wards of JUMC

# 4.4.2 Study population for public ward

• Selected patients who were admitted and stayed at least a day to public wards of surgical, gynecological and maternity of JUMC

# 4.5Sample size determination and sampling technique

### 4.5.1 Sample size

For comparative analysis and in the absence of the availability of similar studies in Ethiopia, particularly in Jimma, the sample size was calculated assuming the difference in percentage of patient satisfaction in public and private wing service in a hospital as 15%. Using the EPI Info software, with prevalence of patient satisfaction in one of the hospitals as 50%, with a difference

of 15% on either side, for 95% confidence interval and 80% power, and 10% non- response, the calculated sample size become 189 in each ward. However, the average admitted patient per-9 months at private wings were 511, whereas those of public ward were 2854, furthermore, the average admission of patients per-month at both admissions of surgical, gynecological and maternity wards were 293 and 64 at public and private wings respectively. Due to this the ratio of public to private wings, r = 1:3and the sample for private wings was 63. The total sample size was 252. The number of respondents whom assigned from both ward were determined by the proportion of patients admitted to surgical (60%), gynecological(24%) and maternity(18%) ward during one month prior to the beginning of the study(21).

### 4.5.2 Sampling techniques

All patients admitted to public and private wings of surgical, gynecological and maternity wards during study periods were included consecutively based on the eligibility criteria until the sample allocated for each were achieved.

### 4.6Eligibility criteria

### 4.6.1 Inclusion criteria

- The study included all patients who were 18years and above, and stayed at least a day and
- Admitted to surgical, gynecological and maternity wards of both public and private wings.

### 4.7.2Exclusion criteria

• Patients who were seriously ill or in shock and unable to communicate

### 4.8 Study Variables

### 4.8.1 Dependent variables

• Overall patient satisfaction score

### 4.8.2 Independent variables

### Socio-economic & demographic variables:

- sex,
- age,
- residence,

- marital status
- educational level,
- monthly income

#### Patient characteristics and clinical information

- history of admission,
- acute or chronic problem,
- duration of hospital stay
- waiting time to be seen
- waiting time to be admitted
- Laboratory prescribed

- waiting time to give sample
- waiting time to take lab results
- admission type
- diagnosis
- patient department
- total cost of services

#### 4.9Data collection tools and procedures

### 4.9.1Tools

Structured interviewer guided questionnaire prepared both in local languages(Afan Oromo and Amharic)was used to collect data on the socio-demographic characteristics, patient characteristics and clinical information, perceived general health services and general patients satisfaction.

Part one of the questionnaire was about the socio-economic and demographic characteristics of the patients which was consisted of nine questions, second part of the questionnaire was about the patient characteristics and clinical information which consist fifteen questions. The third parts of the questionnaire had a 31 questions of perceived general health service with six domains which include perceived cleanliness of the hospital measured by five items , perceived technical

competence of personnel (measured by six items), perceived waiting time of the system (measured by four items), perceived availability/appropriateness of the services( measured by six items), perceived communication/interpersonal relation (measured by five items) and perceived empathy of the service providers (measured by five items). The final part was about the general satisfaction of patients on the service they had and consisted four (4) questions. Part three and four of the questionnaire were measured using 5-point Likert scale, ranging from (1 = strongly disagree) to (5 = strongly agree) and assessed the patients perceptions of service quality(5, 13) (22). The 5-point Likert scales of the perceived general health service and general patient's satisfactions were described by their mean score. The level of patient's satisfaction was determined by their responses on the four questions of general satisfaction domain through their agreement and disagreement. Patients' response of strongly agree was considered as very satisfied, agree as satisfied, strongly disagree as very dissatisfied, disagree as dissatisfied, and neutral as it is (neither satisfied nor dissatisfied).

#### 4.9.2 Data collection technique

Four professionals who had diploma and above in health related fields who were bilingual (Amharic and Afan Oromo), who had previous experience of data collections from surrounding health centers were recruited for data collection and one health officer with previous experience of data collection and supervision was recruited to oversee the data collection process. All the required information was gathered through observation and then, each patient was interviewed through a pre tested structured questionnaire. Prior to discharge day all relevant information on chart was recorded on data collection format through observation and document review followed by clients exit interview, and the information recorded on standard questionnaire.

#### 4.10 Data quality management

To insure the quality of data, the English version questionnaire that was prepared by reviewing different literature, was modified for use and translated into Amharic and Afan Oromo by two Jimma University public relation experts and back-translated by other fluent speaker of the above languages who were health professionals to check for its consistency. The questionnaire was pre tested on 5% of sample only at Shenen Gibe Hospital (to avoid information contamination) by the actual data collectors, which was not included in study and analysis. During pre-test participants were contacted to give their general feelings, comments and problems encountered while

responding the questions. Finally, relevant modifications were made before the start of the actual data collection. Two days training (on questionnaire, data collection format and record reviewing) was provided for data collectors (4 diploma& above holder) and supervisor (one Health officer) to ensure that they thoroughly understood the study, the research tool and how to collect data from participants. Every day, all the collected data were reviewed and checked for completeness and consistency by the supervisors and principal investigator regularly.

#### 4.11 Data processing and analysis

The collected data were checked for completeness, edited and cleaned. Then the data were entered and documented in EpiData program version 3.1 and after that the template were created and exported to SPSS version 21.0 statistical packages for analysis. After data were cleaned for inconsistencies and missing values, descriptive statistics such as mean, median, frequency and percentage were calculated and presented using charts and tables.

Principal component analysis were conducted for both general services domains and general patient satisfaction dimension item correlation, Cronbach's alpha (>0.6) and exploratory factor analysis (principal components analysis with varimax rotation) were used to test the validity of the instruments at public and private ward level. In addition, during factor analysis, each satisfaction score with all of their Likert scales were analyzed to extract factors that represents each of the scales and the factor scores enhanced the considerations of the variables as a continuous variable for further analysis.

Basic assumptions underlying factor analysis such as factorability of the data, Pearson's correlation coefficient of 0.3 or greater, the level of significance of the Bartlett's test of sphericity, the value of the Kaiser-Meyer-Olkin measure of sampling adequacy all >0.5 were checked. In all items and components with Eigen value greater than one and factor loadings greater than 0.4 were considered for further analysis.

Comparisons between continuous variables were done using independent t-tests, for binary variables and analysis of variance (ANOVA) for categorical variables with more than two group were used to compare the responses of public and private wings.

Bivariate regression used to see the relationship between the dimensions of socio-demographic characteristics, patient characteristics and clinical information, general service characteristics scores and overall patient satisfaction scores which were extracted by principal component analysis and only those variables with p-value less than 0.25 were selected as candidate for multiple linear regression. Multiple linear regression analysis with backward stepwise method was conducted to determine a mathematical model for the description relationship between the independent variables such as socio-demographic characteristics, patient characteristics and clinical information, general health service and the dependent variable overall patient satisfaction score both at public wards and private wings.

#### Factor analysis

All factor analysis followed principal component extraction procedure for each of the perceived general health service and general patients' satisfaction dimensions and factors with Eigen value greater than one were retained and used for further analysis.

Five questions were used to assess perceived hospital structures/ cleanliness entered to PCA with varimax rotation and one component was extracted with total variance explained of 50.5 % for public ward and 43.2 % for private wings .The items retained in the scale were, rooms accommodation is fair and ventilated, wards are clean and with healthy atmosphere, beds are clean and comfortable, There are clear sign and direction indicators, and easy to understand and toilets are clean and with hand washing facilities the extracted variables had adequate internal consistency with Cronbach's alpha value of .746 and .658 for public and private wards respectively and this emerged component were named as *"perceived cleanliness score"*.

Five questions were used to assess patients perceived general health services with health professional technical competence were treated by PCA and only one component were extracted with total variance explained of 60.6 % for public ward and 66.6 % for private ward, the retained items include personnel are competent and skilled, doctors fully understand the causes of my health conditions, doctors examined me thoroughly, doctors able to instil confidence in patients and doctors gave me a sound advice on how to avoid illness and stay healthy, the items had Cronbach's alpha of .829 , .866 for public ward private wards respectively . This scale was named as *"perceived competence score"*.

To assess patients perceived general health services on the communications skills or interpersonal relation, six questions were employed. Principal component extraction of this items resulted in one component with six items which explained 63.7 % and 62.4 % of variability in public ward and private wings respectively. The retained items includes; doctors/nurse explained me the effectiveness/side effects of my medicate, doctors/nurse explains everything before an action, doctors listen carefully to what I have to say and motivate me to talk, making a plan of action with you, involving you in decisions, doctors maintain well coming approach and doctors explained about my illness in a way that I could understand. The items had Cronbach's alpha of. 886 and .877 respectively and this component was named as *"perceived commination score"*.

To assess patient's perceived general health services with Perceived availability and appropriateness six questions were employed principal component extraction of this items resulted in one component with four items which explained 63.5% and 68.1% of variability in public ward and private wards receptively. The retained items includes; I can have medical care whenever I need, it is easy for me to contact a specialist in person or telephone for further discussion, I had all the prescribed laboratory and medications from the hospital and level of coast is consistent with what I required and can afford. The items had Cronbach's alpha of.738 and .826 respectively and this component was named as *"perceived availability score"*.

Four questions were used to assess patients perceived general health services with waiting time to have services, were treated by PCA and only one component were extracted with total variance explained of 51.75 % for public ward and 59.2% for private ward the retained items include They Performs service right the first time, The admission service is quite convenient and without delay, They provide me service as they promised and I usually kept waiting for long time to be seen by a doctor , the items had Cronbach's alpha of .751and .861 for public ward and private wings respectively. This scale was named as *"perceived waiting time score"*.

To assess patient's perceived general health services with Perceived Empathy and Courtesy, five questions were used. Principal component extraction of this questions resulted in one component with five items which explained 63.7 % and 68.7 % of variability in public ward and private wing wards receptively. All five items were retained and they include Personnel shows sincere interest in solving my problems, Maintain my privacy appropriately (letting others to go out, using curtain,), Doctors were fully understanding of my concern , Nurses treat me with respect and in

friendly manner and Doctors treat me with respect and courteous manner. The items had Cronbach's alpha of.873 and .884 respectively and this component was named as *"perceived empathy score"*.

Finally, to assess the level of patients' satisfaction with general patients' satisfaction scale, four questions were used PCA with varimax rotation and one component was extracted with four questions, which explained 63.28% at public ward and 62.68% at private wings. All of the four questions were retained; I am very satisfied with the services I had received, the services I had received was just about perfect, I would like to come to this hospital whenever I need medical care and I will recommend this hospital to someone else. The items had a Cronbach's alpha value of 0.954 and 0.951 at public and private wings respectively and this component was named as *"overall patients' satisfaction score"*.

#### 4.14 Operational definitions

**Perceived Quality service**: the opinions or perceptions of patients towards the quality of service provided to and it was measured by their satisfaction score

**Private wing**: an extension (annex) within a federal public hospital, where health care service were provided to patients at full coast by their personal choices of doctors.

**Patient satisfaction**: perception of the overall services provided and the extent it meets patients' expectation and their needs from the services and determined by 4-questions of general satisfaction measurement scale.

**Perceived General health services**: measurers of characteristics of the services with 6-domains, which helps respondents to their perceptions on the tangibles of the hospital structures and the manner, responsiveness as well as empathy of service providers.

**Patient satisfaction score :** defined as the opinions of respondents towards the overall services they had received from the hospital; determined by the overall mean score of 5-perceived general patient satisfaction measuring questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5), and acknowledged as an outcome indicator of the quality of services.

**Level of satisfaction:** patients' reported opinion of satisfaction level with services they received in the hospital; assessed by count responses of a general satisfaction question on five-point likert scale ranging from strongly disagree (1) to strongly agree (5), patients' response of strongly agree was considered as very satisfied, agree as satisfied, strongly disagree as very dissatisfied, disagree as dissatisfied, and neutral as it is (neither satisfied nor dissatisfied).

**Hospital stay**: The number of days of stay at the hospital's ward since admission. **Patient characteristics**: patients' current and past situations like history and frequency of admissions, durations of hospital stay, payment status either free or paying of services etc.

**Clinical information**: patients' information revealed by reviewing patients' charts/records such as diagnosis and procedures.

**Perceived cleanliness/Hospital structure**: perception/opinions of respondents about ward environment including, infrastructures, information and cleanliness of rooms, beds & toilets; determined by mean value of 5-perceived cleanliness measurement questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

**Perceived technical competency**: perceptions/opinions of respondents towards the technical abilities/abilities of health care staff/service providers and determined by mean value of 6-technical competence measurement questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

**Perceived communication/interpersonal relation**: opinions of respondents towards the communication/interpersonal relation skills of service providers and determined by the mean value of 6-communication/interpersonal measurement questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

**Perceived Availability/Appropriateness**: refers to the opinions or patient's perspective of timeliness, accurateness, availability and access of healthcare service provided including diagnosis, treatment, durations of consultation and cost of services and determined by mean value of 6-availability measurement questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

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**Perceived waiting time**: perceptions of respondents towards the waiting time for the services, such as: registration, consultation, diagnosis, admission, procedure and medication, and determined by mean value of 4-perceived waiting time measurement questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

**Perceived empathy/courtesy:** the perceptions/opinions of respondents of the service providers on their caring, respect and privacy as well individualized and personalized attention provided to patients, determined by the mean value of questions on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

#### 4.12. Ethical considerations

Ethical clearance was obtained from Jimma University Institute of Health Research Ethics Review Committee. A formal letter from Jimma University Institute of Health, School of Graduate Studies, was submitted to Jimma University Specialized Hospital. All patient who fulfilled the inclusion criteria were presented with the objectives and rationale of the study and informed of their right to stop the interview at any time if they wished, without giving any reason. The interviewer discussed the issue of confidentiality and obtained verbal consent before the actual interview was launched. For this purpose, a one-page consent form was attached as cover page to each questionnaire. In addition, the name of the participant was not written in the questionnaire to address the issue of confidentiality.

#### 4.13 Dissemination plan

The finding of this study will be disseminated through: presentation of the findings to Jimma University Institute of Health department of Epidemiology. The finding of the study will be communicated to JUMC and other stake holders. All attempts will be made to publish the result of the study on national or international peer reviewed journal

### **Chapter five: Results**

#### 5.1 Socio-demographic & socio-economic characteristics of respondents

A total of 230 patients from both wards (public n=172, private wing n=58) were included in the study with a response rate of 91.27%. At the public wards, the mean age of the respondent was 33.96 years ( $\pm$  13.82) with 95% CI (31.82-35.9) whereas private wings was 41.6 years ( $\pm$  15.09) with 95% CI (33.00-41.1). Forty seven (27.3%) were age group between18-24, eighteen (31%) were between age group 30-35 years at public wards and private wings respectively.

In both types of admission most of the respondents were female, which accounts 100(58.1%) - public and 39(67.2%) - private wing. Nearly one – thirds 31.4% were high school completed at public wards and 19% were degree and above holder at private wings (table 1). Ninety two (53.4%) of respondents at public wards family monthly income were between 500-1000 birr, with mean value of 1432birr ( $\pm$  703.339). Whereas 22 (37.9%) at private wings were between 1600-2000 birr with mean value of 2213 birr ( $\pm$  987.19).

TABLE 1: SOCIO-DEMOGRAPHIC DESCRIPTIONS OF RESPONDENTS BY TYPE OF ADMISSION ATJUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA 2017 (N=230)

		Public ward		Private wing		Total
Variables		(n=172)		(n=58)		
		frequency	%	frequency	%	
	Male	72	41.9	19	32.8	91
Sex	Female	100	58.1	39	67.2	139
	Total	172	100.0	58	100.0	230
	18-24	47	27.3	4	6.9	51
	25-29	26	15.1	5	8.6	31
Age in year	30-35	38	22.1	18	31.0	56
	36-40	27	15.7	9	15.5	36
	>41	34	19.8	22	37.9	56
	Total	172	100.0	58	100.0	230
	Urban	77	44.8	28	48.3	105

Residence	Rural	95	55.2	30	51.7	125
	Total	172	100.0	58	100.0	230
	Married	117	68.0	49	84.5	166
	Single	52	30.2	4	6.9	56
Marital status	Widowed	3	1.7	2	3.4	5
	Divorced	0	0	3	5.2	3
	Total	172	100.0	58	100.0	230
	Illiterate	27	15.7	10	17.2	37
	primary school	62	36.0	22	37.9	84
Educational	high school	54	31.4	8	13.8	62
status	certificate/diploma	15	8.7	7	12.1	22
	degree & above	14	8.1	11	19.0	25
	Total	172	100.0	58	100.0	230
Occupation	Unemployed	7	4.1	0	0	7
	Gov. Employee	36	20.9	16	27.6	52
	house wife	49	28.5	21	36.2	70
	Farmer	26	15.1	7	12.1	33
	Merchant	31	18.0	11	19.0	42
	Other*	23	13.4	3	5.2	26
	Total	172	100.0	58	100.0	230
	500-1000	92	53.5	10	17.2	102
	1100-1500	32	18.6	6	10.3	38
Family	1600-2000	31	18.0	22	37.9	53
monthly	2100-2500	4	2.3	1	1.7	5
income	2600-3000	11	6.4	11	19.0	22
	3100-3500	1	.6	8	13.8	9
	3600-4000	1	.6	0	0	1
	Total	172	100.0	58	100.0	230
Patient	Surgical	101	58.7	33	56.9	134
department	Gynecological	40	23.2	14	24.1	54

Maternity	31	18.1	11	19.0	42
Total	172	100.0	58	100.0	230

\*other- student, maid & pension

#### 5.2 Patient characteristics and clinical information

Respondents were asked the reason for visiting the hospital, and 73 (42.4%) with 95% CI (35.5-49.4) at public ward were due to illness, while at private wings only 7 (12.1%) with 95% CI ;( 5.2-21.1). On the other way referral cases were only 4(2.3%), with 95% CI ;( .0- 5.2) at public wards and 49 (84.5%) with 95% CI (74.1 – 93.1) were at private wings (Table 2). Regarding the types of illness, majority of public wards 76(44.2%) were acute cases, while private wings were 7(12.1%). Chronic cases were dominated 40(69%) at private wings, and that of public wards were about 58(33.7%).

From fifty seven respondents at both admission types 51(29.7%) at public and 6(10.3%) at private wings had history of admission; 35(20.3%) and 3(5.2%) were previously admitted for the second time within these 12months at public and private wings respectively. Nearly all of respondents 56(96.6%) at private wings waited less than 30 minutes to be seen by a physician, likewise 125(72.7%) with 95% CI (65.7 – 78.6) at public ward. One hundred nine (63.4%) and 6(10.3%) respondents at public ward and private wings were admitted (had bed) between 1-3 days with mean waiting time to be admitted of  $1.79 \pm 1.41$  days and  $0.339 \pm 0.67$  days at public and private wings respectively. Majority of respondents 153(89%) at public wards had a request of laboratory investigation including x-ray and ultrasound, likewise private wings had a request only 10(17.5%). Regarding the waiting time to give specimen to laboratory technician/radiologist; most 54(35.3%) at public wards gave between 16-20 minutes with mean time of 20.62  $\pm$ 8.17 minutes, while at private wings were only 2(20%) with mean time of  $12 \pm 4.21$  minutes. Based on categorized diagnosis of respondents, out of 70(45.3%) of surgical emergency cases at both admissions, 66(38.4%) were from public wards, whereas private wings were only 4(6.9%). However, elective cases of both surgical and gynecological cases were dominant 31(53.4%) – surgical elective and 6(10%) – gynecological elective at private wings, and that of public wards were 47(27.3%) – surgical elective and 4(2.3%) –gynecological elective cases.

Majority of respondents 35(60.3%) at private wings duration of hospital stay were between 1-5days with mean hospital stay of 6.57  $\pm$ 4.98 days, while at public wards were 78(45.3%) with mean value of 7.87  $\pm$ 7.17days.

Two-thirds 66.9% of respondents total costs of overall services at public wards were <1000 birr, with mean total cost of 827.03  $\pm$  329 birr, on the contrary there were no total cost <100birr at private wings. However, 43(74.1%) of private wings total cost were >5001birr, with total mean cost of 5509.57  $\pm$  906.61 birr.

TABLE 2: PATIENT CHARACTERISTICS AND CLINICAL INFORMATION OF RESPONDENTS BYADMISSION AT JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017 (N=230)

						Total
Variables		Public ward		Private wings		
		frequency	%	frequency	%	-
	referral	4	2.3	49	84.5	53
	illness	73	42.4	7	12.1	80
	appointment	62	36.0	1	1.7	63
	injury	25	14.5	1	1.7	26
Reason for visit	labor	8	4.7	0	0	8
	Total	172	100.0	58	100.0	230
	acute	76	44.2	7	12.1	83
	chronic	58	33.7	40	69.0	98
Types of illness	pregnancy	38	22.1	11	19.0	49
	&pregnancy					
	related					
	Total	172	100.0	58	100.0	230
History of	Yes	52	29.7	6	10.3	58
admission within	No	120	70.3	52	89.7	172
12 months	Total	172	100.0	58	100.0	230
	Missing*	120	69.8	52	89.7	120
	first time	16	9.3	3	5.2	19
Frequency of	second time	35	20.3	3	5.2	38
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admission	>second time	1	.6	0	0	1
	Total	172	100.0	58	100.0	230
	$\leq$ 30 minutes	125	72.7	56	96.6	181
Waiting time to	> 30 minutes	47	27.3	2	3.4	49
be seen by a	Total	172	100.0	58	100.0	230
physician						
Waiting time to	<1 day	34	19.8	51	87.9	85
be admitted in	1-3 days	109	63.4	6	10.3	115
days	>3 days	29	16.9	1	1.7	30
	Total	172	100.0	58	100.0	230
Lab procedure	Yes	153	89.0	10	17.5	163
ordered?	No	19	11.0	48	82.5	67
	Total	172	100.0	58	100.0	230
Blood	Yes	120	78.4	2	20.0	122
	No	33	21.6	8	80.0	41
	Total	153	100.0	10	100.0	163
Urine	Yes	40	26.1	2	20.0	42
	No	113	73.9	8	80.0	121
	Total	153	100.0	10	100.0	163
Stool	Yes	16	10.5	0	0	16
	No	137	89.5	10	100	147
	Total	153	100.0	10	100	163
FNA	Yes	3	2.0	5	50.0	8
	No	150	98.0	5	50.0	155
	Total	153	100.0	10	100.0	163
X-ray	Yes	55	35.9	1	10.0	56
	No	98	64.1	9	90.0	107
	Total	153	100.0	10	100.0	163
Ultrasound	Yes	86	56.2	3	30.0	89

	No	67	43.8	7	70.0	74
	Total	153	100.0	10	100.0	163
Waiting time to	5-10 minutes	43	28.1	8	80.0	51
give sample	11-15 minutes	1	.7			1
	16-20 minutes	54	35.3	2	20.0	56
	21-25 minutes	10	6.5			10
	26-30 minutes	41	26.8			41
	31-35 minutes	1	.7			1
	36-40	3	2.0			3
	Total	153	100.0	10	100.0	163
Waiting time to	<1.1 hour	16	10.5	1	10.0	17
take result/report	1.2-3 hour	91	59.5			91
in hour	>3 hour	46	30.1	9	90.0	55
	Total	153	100.0	10	100.0	163
	all of them	150	98.0	10	100.0	160
Lab. Done in the	most of them	2	1.3			2
hospital	some of them	1	.7			1
	Total	153	100.0			163
	surgical	66	38.4	4	6.9	70
	emergency					
Diagnosis	surgical elective	47	27.3	31	53.4	78
	gynecological	30	17.4	8	13.8	38
	emergency					
	gynecological	4	2.3	6	10.3	10
	elective					
	maternity	25	14.5	9	15.5	34
	emergency					
	Total	172	100.0	58	100.0	230
Duration of	1-5 days	78	45.3	35	60.3	113
hospital stay	6-10 days	64	37.2	14	24.1	78

	11-15 days	12	7.0	5	8.6	17
	16-20 days	9	5.2	1	1.7	10
	>21 days	9	5.2	3	5.2	12
	Total	172	100.0	58	100.0	230
	<1000	115	66.9			115
	1001-2000	29	16.9			29
	Total	144	83.7			144
	Missing	28	16.3			28
	System**					
	Total	172	100.0			172
	1001-2000			1	1.7	1
Total cost of	4001-5000			14	24.1	14
service	>5001			43	74.1	43
	Total			58	100.0	58

\*missing- those who don't had history of admission, \*\*missing –maternity ward is free of charge

#### 5.3 overall mean value of perceived general health services

The mean satisfaction score at public ward was  $11.87 \pm 2.508$ , with 95% CI; (11.47 - 12.28), while at private wing was  $13.28 \pm 2.491$  with 95% CI; (12.63 - 13.97) .From patients perspectives the highest mean value of perceived general health service scale was registered at private wings of perceived communication with mean value of  $20.89 \pm 5.12$  at 95% CI;(19.57 - 22.34) and a range of 12-29, whereas that of public ward was  $19.58 \pm 5.56$  at 95% CI;(18.62-20.44) and a range of 8-29. On the contrary the list mean value were registered nearly the same at both admission through perceived cleanliness of hospital structure with mean value of  $9.81\pm 2.54$  at 95% CI;(9.38 - 10.23)and a range of 5 -16 at public wards, likewise  $9.39 \pm 2.48$  at 95% CI;(8.7 - 10.0) and a range of 5 -18(table-3).

## TABLE 3:MEAN SCORE OF PATIENTS' GENERAL SATISFACTION AND GENERAL HEALTH SERVICES DOMAINS AT BOTH PUBLIC AND PRIVATE WINGS OF JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017 (N=230)

Domain	Admission	Freq.	Mean	Standard	Min.	Max.	95%	Confidence
	Туре			deviation			interval f	or mean
							lower	upper
Patients satisfaction	Public	172	11.87	2.508	7	16	11.47	12.28
score	private	58	13.28	2.49	9	17	12.63	13.97
Perceived cleanliness of	Public	172	9.8140	2.54095	5.00	16.00	9.3883	10.2304
ward	Private	58	9.3966	2.48462	5.00	18.00	8.7069	10.0010
Perceived technical	Public	172	17.22	3.755	9	25	16.60	17.73
Competence.	Private	58	18.47	3.676	13	25	17.47	19.28
Perceived	Public	172	19.5872	5.56077	8.00	29.00	18.6263	20.4468
communication	Private	58	20.8966	5.12198	12.00	29.00	19.5789	22.3485
Perceived availability/	Public	172	17.71	3.975	9	28	17.17	18.27
Appropriateness.	Private	58	21.21	4.734	13	28	20.12	22.51
Perceived waiting time.	Public	172	10.19	2.191	6	17	9.92	10.55
	Private	58	14.34	2.417	10	19	13.64	14.96
Perceived empathy.	Public	172	17.5465	4.44369	9.00	25.00	16.8372	18.1843
	Private	58	19.0690	4.36840	11.00	25.00	18.0507	20.3521

As table 4 showed below overall satisfaction level of patients admitted to public wards 1 (0.6%) was very satisfied and 98 (57.0%) were just satisfied. Likewise 5 (8.6%) were very satisfied and 32(55.2%) were just satisfied among patients admitted to private wings. (Table 4).

# TABLE 4: OVERALL SATISFACTION LEVEL OF RESPONDENTS AT BOTH PUBLIC AND PRIVATEWINGS OF JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017 (N=230)

Type of admission	Level of satisfaction	frequency	%	95% Confidence Interval	
				Lower	Upper
	Very satisfied	1	.6	.0	1.7
Public ward	Satisfied	98	57.0	48.7	64.0
	Dissatisfied	73	42.4	34.9	50.7
	Total	172	100.0	100.0	100.0
	Very satisfied	5	8.6	3.1	17.2
Private wing	Satisfied	32	55.2	42.7	67.2
	Dissatisfied	21	36.2	24.1	48.3
	Total	58	100.0	100.0	100.0

# 5.4 Comparison of mean overall patient satisfaction and general health service characteristics

Table 5 showed that there is a significant difference on the overall patient satisfaction score between the public and private wings, (F=13.639, P=0.0000). In addition there are also significant differences in overall mean score of: perceived service availability/appropriateness (F=30.404. P=.000), perceived providers technical competency (F= 4.860, P= .028), perceived waiting time for services (F=147.829, P=.000) and perceived Empathy of service providers (f=5.134, P=.024) between public and private wings of JUMC (Table 5).

# TABLE 5:MEAN SCORE OF PATIENT SATISFACTION AND OVERALL MEAN VALUE OF GENERAL HEALTH SERVICE CHARACTERISTICS BETWEEN PUBLIC AND PRIVATE WINGS OF JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017(N=230)

		Sum of	df	Mean	F	Sig.
		Squares		Square		
Overall patient	Between Groups	85.471	1	85.471	13.639	.000*
satisfaction score	Within Groups	1428.772	228	6.267		
	Total	1514.243	229			
Perceived cleanliness	Between Groups	7.557	1	7.557	1.183	.278
	Within Groups	1455.926	228	6.386		
	Total	1463.483	229			
Perceived providers	Between Groups	67.815	1	67.815	4.860	.028*
technical competency	Within Groups	3181.472	228	13.954		
	Total	3249.287	229			
Perceived providers	Between Groups	74.359	1	74.359	2.499	.115
communication/inter	Within Groups	6783.071	228	29.750		
personal relation	Total	6857.430	229			
Perceived service	Between Groups	530.600	1	530.600	30.404	.000@
availability/appropria	Within Groups	3978.982	228	17.452		
teness	Total	4509.583	229			
Perceived waiting	Between Groups	748.076	1	748.076	147.82	.000@
time for services	Within Groups	1153.772	228	5.060		
	Total	1901.848	229			
Perceived Empathy	Between Groups	100.535	1	100.535	5.134	.024*
	Within Groups	4464.352	228	19.580		
	Total	4564.887	229			

(@=significant (p<0.001, \*= significant at (p<0.05)

#### 5.6 Socio-demographic predictors of patient satisfaction at public wards

Bivariate regression was conducted between socio-demographic variables (sex, residence, marital status, occupation, educational status, family monthly income and patient department) and overall patient satisfaction score and it showed that occupation (p=.073) and educational status (p=.000), family income (p=.003) and patient department (p=.168) were candidates for multiple linear regression (MLR) at p-value less than 0.25 at public wards (Table-6).

TABLE 6: SOCIO-DEMOGRAPHIC PREDICTORS OF PATIENT SATISFACTION AT PUBLIC WARDS OFJUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017(N=172)

Variables	Un standardized		Standardized		
	Coefficients		Coefficients	t	Sig.
	B Std.		Beta	-	
		Error			
sex of respondents	013	.097	010	131	.896
Age of respondents in year	004	.003	092	-1.206	.292
Residence of respondents	.472	.089	.378	5.321	.000@
Marital status of respondents	.027	.094	.022	.289	.773
Occupation of respondents	.059	.033	.137	1.804	.073*
Educational status of respondents	116	.025	341	-4.73	.000@
Family monthly income in birr	.000	.000	222	-2.97	.003*
patient department	.088	.064	.106	1.386	.168*

(@=significant (p<0.001, \*= significant at (p<0.05)

#### 5.6.1 Socio-demographic characteristics as predictors of satisfaction at private wing

At private wings among socio-demographic variables all of them except patient department (P=.262) and age of the respondents (.778), were found to have significant association with overall satisfaction of patients; those variables were significant to be a candidate for multiple linear regression analysis at (p<0.25) (table 7).

TABLE 7:SOCIO-DEMOGRAPHIC PREDICTORS OF PATIENT SATISFACTION AT PRIVATE WINGS OFJUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017(N=58)

Variables	Un standardized		Standardized		
	Coefficients		Coefficients		
	В	Std. Error	Beta	t	Sig.
sex of respondents	.223	.177	.166	1.256	.214*
Age of respondents in year	002	.006	038	283	.778
Residence of respondents	.832	.127	.659	6.549	.000@
Marital status of respondents	327	.101	396	-3.229	.002*
Occupation of respondents	.132	.067	.255	1.972	.054*
Educational status of respondents	202	.030	670	-6.757	.000@
Family monthly income in birr	.000	.000	472	-4.004	.000@
patient department	.121	.106	.150	1.134	.262

(@=significant (p<0.001, \*= significant at (p<0.05)

#### 5.7 Patient characteristics & clinical information predictors of satisfaction at public ward

In public wards all of the patient characteristics & clinical information related variables found to have significant association with over all patients satisfaction score and were significant to be a candidate for multiple linear regression analysis (p<0.25).(table 8)

TABLE 8: PATIENT CHARACTERISTICS & CLINICAL INFORMATION AS A PREDICTOR OFOVERALL PATIENT SATISFACTION AT PUBLIC WARDS OF JUMC, JIMMA TOWN, SOUTHWESTETHIOPIA, 2017 (N=172)

Variables	Un standardized S		Standardized	t	Sig.
	Coefficients C		Coefficients		
	В	Std. Error	Beta	•	
Reason for visit	088	.053	126	-1.652	.100*
History of admission with in these	.704	.087	.528	8.109	.000@
12month					
Waiting time to be admitted in hours	008	.001	413	-5.916	.000@

Blood for lab.	.257	.120	.171	2.139	.034*
Stool for lab.	269	.163	133	-1.652	.101*
x-ray	.145	.104	.113	1.398	.164*
Ultrasound	317	.098	255	-3.239	.001*
diagnosis of the patient	008	.003	209	-2.782	.006*
Duration of hospital stay in days	040	.006	463	-6.809	.000@
total cost of service	001	.000	403	-5.242	.000@

(@=significant (p<0.001, \*= significant at (p<0.05)

#### 5.7.1 Patient characteristics & clinical information predictors of satisfaction in private wings

In private wings all of the patient characteristics & clinical information variables found to have significant association with over all patients satisfaction score and were significant to be a candidate for multiple linear regression analysis (p<0.25) (table 9).

TABLE 9: PATIENT CHARACTERISTICS & CLINICAL INFORMATION AS A PREDICTOR OF PATIENTSATISFACTION AT PRIVATE WINGS OF JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017(N=58)

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta	_	
Reason for visit	.244	.127	.249	1.923	.060*
history of admission	.847	.253	.409	3.350	.001*
Waiting to be seen by a doctor	039	.010	475	-4.044	.000@
Waiting time to be admitted	006	.005	154	-1.164	.249*
Lab procedure ordered	.261	.222	.156	1.175	.245*
waiting to give sample	081	.048	513	-1.692	.129*
waiting to take results in hours	034	.024	448	-1.419	.194*
diagnosis of the patient	013	.006	280	-2.180	.034*
Duration of hospital stay in days	040	.006	463	-5.354	.000@
total cost of service	.000	.000	243	-1.858	.069*

(@=significant (p<0.001, \*= significant at (p<0.05)

#### 5.9 Independent predictors of patient satisfaction at public wards

From the variables entered to multiple linear regression in the final model, patients' characteristics and clinical information such as; history of admission (B=-.026, p=.014), waiting time to be admitted (B=.131, p=0.0000), Stool examined (B=-.036,p=.028), x-rayed (B=-.023, p=.034) were significant (p<0.05) predictors of patient satissfaction score at public wards. Accordingly, except waiting time to be admitted, they have negative association with overall patients' satisfaction score; those who had history of admission, stool examined and x-rayed had .026 (95%CI;-(046to .005), .028 (95%CI; –(.067 to .004), and .023 (95%CI; –(.043 to .002), unit lower satisfaction score respectively as compared with those who were not admitted within 12 months, not stool examined and not x-rayed. Also those who waited <1 day had .131 unit increased overall satisfaction score than who waited  $\geq$  1days to be admitted (95% CI; .111 - .151) at public wards (table 10).

TABLE 10: INDEPENDENT PREDICTORS OF PATIENT SATISFACTION AT PUBLIC WARDS OFJUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017 (N=172)

Variables		Un s	tandardized	Standardized		95% 0	Confidence
		Coefficients		Coefficient	Sig.	Interval	for B
		В	Std. Error	Beta	-	Lower	Upper
(Constant)		3.064	.032		.000*	3.001	3.127
History of admis	ssion Yes=(52)						
	No*=(120)	026	.010	019	.014*	046	005
Stool examined Yes (16)							
N	No*(137)	036	.016	017	.028*	067	004
x-rayed	Yes (1)						
	No* (9)	021	.011	016	.014*	043	002
Waiting time to	be admitted in						
days	<1 day (34)						
	$\geq$ 1days* (148)	.131	.001	.213	.000@	.111	.151

(@=significant (p<0.001, \*= significant at (p<0.05) R= 99.7 %, R-square= 99.4%, VIF< 5)

#### 5.9.1 Independent predictors of patient satisfaction at private wings

At private wing among the variables selected for multiple linear regression in the final model sex of the respondents (B=.056), Residence (B=.048), Reason for visit(B=.039), history of admission (B=-.196), Lab procedure ordered(B=-.046), Waiting time to give sample (B=.014), Waiting time to take results in hours (B=.005) were significant predictors of patient satisfaction (p<0.05 and (P<0.001)) at private wings.(table 11).

TABLE 11: INDEPENDENT PREDICTORS OF PATIENT SATISFACTION SCORE AT PRIVATE WINGSOF JUMC, JIMMA TOWN, SOUTHWEST ETHIOPIA, 2017 (N=58)

Variables	Un star	ndardized	Standardized		95% Con	fidence
	Coefficients		Coefficients	Sig.	Interval for B	
	В	Std. Er.	Beta	-	Lower	Upper
(Constant)	3.001	.032		.000	3.009	3.136
sex of respondents female* (39)						
male (19)	.056	.016	.041	.001*	.023	.088
<b>Residence of respondents</b> rural* (30)						
urban (28)	.048	.021	.038	.029*	.005	.091
<b>Reason for visit</b> referral*(49)						
Illness (7)	038	.012	030	.002*	063	014
Lab procedure orderedYes= (10)						
No*= (48)	046	.022	028	.047*	092	001
Waiting time to take lab results						
<1hour=(1)	.014	.005	.036	.007*	.004	.023
$\geq$ 1hour*(9)						

(\* significant at p<0.05+/<0.001 R=99.8%. R-square=99.6%, VIF= <5)

This study showed that male patients had .056 unit increased overall patient satisfactions score compared to women patients (95%CI .023-.088, p=.001) while keeping other variables constant. Those patients who lived in the urban had 0.048 unit more overall patient satisfactions score compared to those who came from rural areas (95%CI .005-.091, p=0.029) keeping all other variables constant. In addition, patients whose reasons were illness had .039 unit more overall

patient satisfactions score compared to those whose reasons were referral (95% CI . .011-.067, p=.008) and also those patients with previous history of admission had .196 unit lowered overall patient satisfactions score compared to those who were not previously admitted (95% CI -.268-.067, p=.000) while keeping other variables constant at private wings.

The study showed that those patients for whom Lab procedure ordered had .046 unit lower overall patient satisfactions score compared to those who were not lab procedures ordered (95%CI -.092-.001, p=.047) keeping other variables constant at private wing.

The study also showed that those who waited <1 hour to take lab results were .014 unit increased overall patient satisfaction score than those who waited  $\geq$ 1 hour (95%CI .004-.023 P=0.007) among patients of private wings while keeping other variables constant.

#### **Chapter Six: Discussions**

This study assessed and compared patient's satisfaction between public wards and private wings among patients admitted to JUMC of surgical, gynecological and maternity wards.

The study revealed that there is a significant difference on the overall mean satisfaction score between public and private wings of JUMC (F=13.639, P=0.0000). In addition, there are a significant difference on the overall mean score of perceived general health services characteristics of perceived waiting time (F=147.82, P<0.001), perceived service availability/appropriateness (F=30.404. P=.000), perceived providers technical competency (F=4.860, P=.028), and perceived empathy (f=5.134, P=.024) between public and private wing. This goes in line with study done in Addis Ababa, in which there was a significant difference on the overall satisfaction score as well as on the mean perceived technical competence score & mean perceived empathy score(5).

In this study it was found that, the overall level of patients satisfaction at public wards were 0.6% very satisfied and 57.0%, just satisfied, while the corresponding values of private wings were 8.6% and 55.2%, very satisfied and just satisfied respectively. In contrast to this, the Ethiopian Hospital Reform Implementation Guideline reports on the HSDP-IV, revealed that the country's average patient satisfaction reached 77%(6). The difference for this could be due to the high expectations of patients as JUMC is a specialized and teaching hospital and private wing patients average cost of service is 5509  $\pm$ 906 birr. In addition the consensus growing of client's awareness as time varies.

The level of satisfactions at both public and private wing wards are much less than studies done at JUSH on different times (10, 13). For instance the level of satisfaction of the public ward is less than study done in 2015 at public wards of JUSH and showed that overall patient satisfaction of 61.9%. Though the source population for both study was the same, the variation could be due to difference in study population; the inclusion of the whole patient department including pediatrics and ophthalmology departments. Though the result of private wing goes in line with the above study with a little difference (13). The possible reason for these variation could be due to the influence of personal choices of doctors and the intentional and practical commitments of doctors on the interpersonal relations to address the perception and expectations of clients at the private wing as 85% of the service charge belongs to the physicians(1).

The level of satisfaction of private wing is relatively better than study done at BFHRH of private wings which was 57.8% were satisfied. The possible reason for the variation could be due to adequate number of healthcare staffs and diagnostic facilities as JUMC is a specialized teaching hospital. However, the level of satisfaction at public ward goes in line with BFHRH(2).

This study also examined determinants of patient satisfaction by bivariate and multivariate linear regressions at both admissions and regarding the socio- demographic variables, only sex of the respondents (B=.056) and residence (B=.048), were significant determinants of patient satisfaction (P<0.05) and they have a positive association, with overall patients satisfactions score at private wings. Those patients who were male and urban dwellers were more satisfied than patients who were women and rural dwellers. Similarly some of the socio-demographic determinants at private wings goes in line with studies done at BFHRH and JUSH (2, 10). However, none of these were significant determinants of patient satisfaction at public wards and it goes in line with study done in JUSH (13).

From fifteen patient characteristics and clinical information variables, only five of them: history of admission, waiting time to be admitted, stool examined and x-rayed were significant determinants of patient satisfaction at public wards. Accordingly, except waiting time to be admitted, they have negative association with overall patients' satisfaction score; those who had history of admission, stool examined and x-rayed had .026 (95%CI;-(046 to .005), .028 (95%CI; – (.067 to .004), and .023 (95%CI; –(.043 to .002), unit lower satisfaction score respectively as compared with those who were not; admitted within 12 months, stool examined and x-rayed. Also those who waited <1 day had .131 unit increased overall satisfaction score than who waited  $\geq$  1days to be admitted (95% CI; .111 - .151) at public wards at public wards (p<0.05).

On the other way, reason for visit (B=.039), lab procedure ordered (B=-.046), waiting time to take results in hours (B=.014), history of admission (B=-.196), were determinants of patients satisfaction at private wings. Patients who were lab procedure ordered and with history of admission 0.46 and 0.196 units lower overall patients' satisfaction score than who were not lab procedure ordered and without history of admission respectively at private wings. Similarly study done in Addis Ababa reason for visit and history of admission were significant determinants of overall patient satisfaction score. However, repeated visit had a positive association which contradict with this study (5).

#### **Chapter seven: Conclusion and Recommendation**

#### 7.1 Conclusion

Based on the findings of comparative cross-sectional study there was a significant difference on the overall patient satisfaction score between public and private wings of Jimma University Medical Center. Also there were a significant difference on the perceived waiting time, perceived availability or appropriateness of the service, perceived technical competence of service providers and perceived empathy or courtesy of service providers between public and private wings of JUMC.

Pertaining the overall level of patients satisfaction were 0.6% very satisfied and 57.0%, just satisfied at public wards, while the corresponding values of private wings were 8.6% and 55.2%, very satisfied and just satisfied respectively. The level of satisfaction was relatively better at private wings than public wards.

In a nut, the level of satisfactions is lower as compared with recent studies done in the country. The overall patients' satisfaction score at public wards was significantly affected by; history of admission, stool and x-ray examination. On the other hand; sex, residence, reason for visit, history of admission, laboratory prescribed and waiting time to give specimen were affected overall patient satisfaction score at private wings.

#### 7.2 Limitations of the study

This study had some limitations; the design of this study was one of the limitation as a descriptive cross-sectional design cannot establish trends and causality between potential predictors and patient satisfaction score. Social desirability bias is also likely in this study as the respondents were interviewed in the compound of the hospital. In spite of the nature of frequency of patient admission, the sample of private wing was inadequate to be compared with public wards sample.

#### 7.3Recommendation

Since Jimma University Specialized Hospital has been the only referral hospital at the Southwest Ethiopia with a fifteen millions of rural catchment, I recommend that Government and Stakeholders should consider increasing the number of beds to maximize the access of beds and minimizing the waiting time for admission.

The hospitals health managers should provide an in service training for physicians and nurses for a better demonstration of interpersonal relation as the technical ability of service providers was measured by the goodness and effectiveness of the interpersonal relationship. The better interpersonal relation ends up in a more satisfaction and a satisfied patient is more likely to adhere to treatment plan as well health education provided. This enhance the healing process and could reduce duration of hospital stay. In addition effort should be made to reduce the waiting time to give sample for laboratory in order to win the interest and expectations of clients for a high proportions of satisfaction.

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#### ANNEX

#### INFORMED CONSENT DOCUMENT

Study information sheet

Good morning /after noon

Data collectors name, my name is.....

First of all, I would like to thank you for your time.

I am working as data collector with the research team of Jimma University Institute of Health Sciences post graduate students, whom conducting research on perceived quality of service between public and private wing, among patients admitted to JUMC, February 2017.

The aim of this study is to assess and compare patients' satisfaction between public and private wing wards. The study will not cause any harm to you.

There will be no special benefits to you. However, the information obtained from this study by your participation according to your views will provide evidence for policy makers, stakeholders engaged in improving quality of hospital services by indicating targeted areas of intervention.

You have been selected consecutively for this interview, so I would like to ask you some questions related to the subject. Privacy during interviewing and confidentiality of information are guaranteed. You will be interviewed separately from other clients. In case you know one of the researchers, you can be interviewed by someone else or withdraw from the study. You are not required to give your name so information cannot be traced back to you. The collected information will only be accessible to the research team for the purpose of this study.

You have the right to refuse participation, to respond any question `you don't want to respond, and you can end the interview at any time without penalty. The interview will take approximately 30 min. If you have any questions now please feel free to ask me. In case you have any later on, you can contact the principal investigator, Eyasu Getachew, on the telephone number – 0927 81 04 61

E-mail – getacheweyasu21@gmail.com

I have read or it has been read to me in the language I understand about the above stated conditions.

Are you willing to be involved in this study?

Yes NO

1 – If yes, continue to the next page2 – If No, skip to the other participant

Table 3.1 patients level of satisfaction on each domain of general health service characteristics at both public and private wings of JUMC, Southwest Ethiopia, 2017 (N=230)

Admission	Variables	satisfaction	Freq.	%	95% CI	
Public ward					lower	upper
	Perceived cleanliness	Dissatisfied	94	54.7	47.0	63.4
		Satisfied	78	45.3	36.6	53.0
		Total	172	100.0	100.0	100.0
		Dissatisfied	79	45.9	38.2	54.1
	Perceived technical	Satisfied	93	54.1	45.9	61.8
	competence	Total	172	100.0	100.0	100.0
	Perceived communication	Dissatisfied	73	42.4	34.3	51.2
	/interpersonal relation	Satisfied	99	57.6	48.8	65.7
		Total	172	100.0	100.0	100.0
	Perceived availability/	Dissatisfied	91	52.9	46.4	59.9
	appropriateness	Satisfied	81	47.1	40.1	53.6
		Total	172	100.0	100.0	100.0
	Perceived waiting time	Dissatisfied	130	75.6	68.6	81.5
		Satisfied	42	24.4	18.5	31.4
		Total	172	100.0	100.0	100.0
	Perceived empathy/	Dissatisfied	77	44.8	38.8	52.9
	Courtesy	Satisfied	95	55.2	47.1	61.2
		Total	172	100.0	100.0	100.0

Private	Perceived cleanliness	Dissatisfied	28	48.3	34.1	60.3
Wings		Satisfied	30	51.7	39.7	65.9
		Total	58	100.0	100.0	100.0
		Dissatisfied	23	39.7	27.6	53.4
	Perceived technical	Satisfied	35	60.3	46.6	72.4
	competence	Total	58	100.0	100.0	100.0
	Perceived communication	Dissatisfied	21	36.2	23.8	48.3
	/interpersonal relation	Satisfied	37	63.8	51.7	76.2
		Total	58	100.0	100.0	100.0
	Perceived availability/	Dissatisfied	20	34.5	22.4	46.6
	appropriateness	Satisfied	38	65.5	53.4	77.6
		Total	58	100.0	100.0	100.0
	Perceived waiting time	Dissatisfied	9	15.5	6.9	27.6
		Satisfied	49	84.5	72.4	93.1
		Total	58	100.0	100.0	100.0
	Perceived empathy/	Dissatisfied	21	36.2	22.4	48.3
	Courtesy	Satisfied	37	63.8	51.7	77.6
		Total	58	100.0	100.0	100.0

### ANNEX-I CHECKLIST FOR DATA COLLECTION

#### JIMMA UNIVERSITY

#### COLLEGE OF HEALTH SCIENCES

#### SCHOOL OF GRADUATE STUDIES

#### DEPARTMENT OF EPIDEMIOLOGY

Interviewer's Name:		Signature:
Supervisor's Name:		Signature:
Date:	_	
Respondent ID. No		
Type of admission: 1. Put	blic ward	2. PrivateWing
Departments of wards; 1	. Surgical	_ 2. Gynecological3. Maternity
Start Time	End Time	
Date		(DD/MM/YY)
Result of interview		
1. Completed	2. Refuse	3. Partially completed
Name of interviewer		Signature
Name of supervisor		Signature

#### Part One – General Information

#### NSTRUCTIONS

Not all the questions have pre-coded response. It is therefore very important to follow the following instructions while you are interviewing respondents and recoding their answers.

- $\checkmark$  Ask each question exactly as it is written on the questionnaire.
- $\checkmark$  Circle the response in the response column that best matches the answer of the respondent.
- ✓ For the questions without pre-coded responses(102, 107,201,205, 206,209,2010, 2011, 2012, 2013, 2014, 302 & 303), write down the answer from patients chart or from patients response

No	Items		
Ι	Socio-demographic	Responses	Skip
101	Sex	1. Male 2. Female	
102	Age in year		
103	Residence	1. Urban 2. Rural	
104	Marital status	1. Married	
		2. Single	
		3. Widowed	
		4. Divorced	
105	Educational status	1. Unable to write & read	
		2. The basic(write &read)	
		3. 1 – 8	
		4. 9 – 10	
		5. 11 – 12	
		6. Certificate – diploma	

		7. Degree & above	
106	Occupation	1. Unemployed	
		2. Employed(Gov/NGO)	
		3. House wife	
		4. Farmer	
		5. Merchant	
		6. Other	
107	Family monthly income in birr		
108	Type of admission	1. Public ward	
		2. Private wings ward	
109	Department	1. Surgical	
		2. Gynecological	
		3. Maternity	
II	Patient characteristics& clinical		
	information		
201	Reason for visit		
202	Type of illness	1. Acute	
		2. Chronic	
		3. Pregnancy and	
		pregnancy related	
203	Do you have history of admission with in	1. Yes	204
	these 12month	2. No	
204	If 'Yes" to Q.203, how many times	1. My 1 <sup>st</sup>	
		2. My 2 <sup>nd</sup>	
		3. $> 2$ times	
205	How long you waited to be seen by a		
	doctor?		
206	How long you waited to be admitted (to		
	have bed)?		

207	Time of admission D/M/time		
208	Lab procedure ordered?	1. Yes	209to
		2. No	2012
209	If "yes" to 208, what types		
2010	If "yes" to 208, How many of them done in		
	the hospital		
2011	If "yes" to 208, How long you waited to		
	give sample		
2012	If "yes" to 208, How long you waited to	·	
	take results(report)		
2013	Diagnosis		
2014	Procedure		
2015	Duration of hospital stay in days		
2010			
2016	Type of payment	1. Free	2017
		2. Paying	
2017	If " <b>paying</b> " Cost of treatments in birr	1. Lab	
		2. Procedure	
		3. Drugs	
		4. Beds	
		5. Total	

#### NSTRUCTIONS

Part III and IV are going to be answered by the followings :

All questions have pre-coded response. It is therefore very important to follow the following instructions while you are interviewing respondents and recording their answers.

- $\checkmark$  Ask each question exactly as it is written on the questionnaire.
- ✓ Do not read the pre-coded response to respondents. Listen only to the response of respondents.
- $\checkmark$  Circle the response in the response column that best matches the answer of the respondent.

**DIRECTIONS:** The followings set of statements may relate to your perceptions about this health facility and the service that you acquired during your hospital stay.

For each statement please show the extent to which you believe this health facility may has the feature described by the statement. You may make a circle to any of the numbers in the middle that show how strong your feelings are based on your perception towards the quality of services that you acquired from the hospital.

Circling: 1-strongly disagree (SD), 2- Disagree (DA), 3-neutral (N), 4- Agree (A), 5strongly agree (SA). There is no right or wrong answer.

#		Responses				
	Items	Strongly	Disagree	Neutral	Agree	Strongly
		disagree(1)	(2)	(3)	(4)	agree(5)
III. perceived general health services						
During	g your hospital stay how much do you agree with th	ne followings				
	Perceived Hospital structures/ Cleanliness					
001	There are clear sign & direction indicators, and	1	2	3	4	5
	easy to understand					
002	wards are clean and with healthy atmosphere	1	2	3	4	5
003	Toilets are clean and with hand washing facilities	1	2	3	4	5
004	Beds are clean and comfortable	1	2	3	4	5
005	Rooms accommodation is fair and ventilated	1	2	3	4	5

	Described to the basis of the second second					
	Perceived technical competence	-	-		-	<u>.</u>
006	Doctors examined me thoroughly	1	2	3	4	5
007	Doctors fully understand the causes of my health	1	2	3	4	5
	conditions					
008	Doctors able to instil confidence in patients	1	2	3	4	5
009	Doctors gave me a sound advice on how to avoid	1	2	3	4	5
	illness and stay healthy					
0010	Personnel are competent and skilled (well	1	2	3	4	5
	educated)					
		I	1			I
	Perceived communication/ interpersonal relation					
0011	Doctors explained about my illness in a way that	1	2	3	4	5
	I could understand					
0012	Doctors/nurse explained me the	1	2	3	4	5
	effectiveness/side effects of my medication					
0013	Doctors maintain well coming approach (smile,	1	2	3	4	5
	nodding head to show he understands, etc.)					
0014	Doctors/nurse explains everything before an	1	2	3	4	5
	action (reason for medical test, IV-line, reason for					
	medication, etc.)					
0015	Doctors listen carefully to what I have to say and	1	2	3	4	5
	motivate me to talk about my conditions in my					
	own words without interruption					
0016	Making a plan of action with you, involving you	1	2	3	4	5
	in decisions? (Discussing what he/she going to					
	do; not ignoring your views)					
			•			
	Perceived availability/appropriateness					
P				•		

0017	I can have medical care whenever I need	1	2	3	4	5
0018	Sometimes it is hard for me to have medication in short notice	1	2	3	4	5
0019	It is easy for me to contact specialist in person or telephone for further discussion	1	2	3	4	5
0020	I have easy access to the medical specialist I need	1	2	3	4	5
0021	I have all the prescribed medications and laboratory services from the hospitals easily	1	2	3	4	5
0022	Level & cost of services are consistent with what I required and can afford	1	2	3	4	5
	Perceived waiting time					
0023	I usually kept waiting for long time to be seen by a doctor	1	2	3	4	5
0024	They Performs service right the first time	1	2	3	4	5
0025	The admission service is quite convenient and without delay(trouble)	1	2	3	4	5
0026	They provide me service as they promised	1	2	3	4	5
	Perceived Empathy/Courtesy					
0027	Doctors treat me with respect and courteous manner	1	2	3	4	5
0028	Nurses treat me with respect and in friendly manner	1	2	3	4	5
0029	Personnel shows sincere interest in solving my problems(Doctors and nurses care the patient)	1	2	3	4	5
0030	Maintain my privacy appropriately (letting others to go out, using curtained screen, etc.)	1	2	3	4	5

0031	Doctors were fully understanding of my	1	2	3	4	5
	concern(communicate that he/she had understood					
	your concern)					
IV. G	eneral patient satisfaction items					
1	I am very satisfied with the service I had	1	2	3	4	5
2	The medical care I received was just about	1	2	3	4	5
	perfect					
3	I would like come to this hospital whenever I	1	2	3	4	5
	need medical care					
4	I will recommend this hospital to someone else	1	2	3	4	5

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#### <u> የኢፒደሞሎጂ ትምህርት ክፍል</u>

በጅማ ሆስፒታል ውስጥ በህዝብ መታከሚያ ክፍል( public ward ) እና በማል መታከሚያ ክፍል (private wing) የሚታከሙ ታካሚዎች መካከል ስለሚሰጠው የአንልማሎት ጥራት በታካሚው አይታ ለማጥናት እና ለማወዳደር የተዘጋጀ መጠይቅ፤ 2009 ዓ.ም

#### ተሳታፊዎች በጥናቱ ለመሳተፍ ፈቃደኛ ስለመሆናቸው በቃል የሚጠየቁበት ፎርም

እንደምን ሰነበቱ? የኔ ስም -----ይባሳል::

በቅድሚያ ግዚዬዎትን ስለሰጡኝ አመሰግናለሁ!

በጅማ ዩኒቭርስቲ በሚደረገው ጥናት ውስጥ ተሳታፊ ነኝ። በዚህ ሆስፒታል ስላንኙት የጤና አንልግሎት በተመለከተ ጥያቄዎችን እጠይቅዎታለሁ።

የዚህ ጥናት አላማ በጅማ ሆስፒታል ውስጥ በህዝብ መታከሚያ ክፍል(public ward ) እና በማል መታከሚያ ክፍል (private wing) የሚታከሙ ታካሚዎች እርካታን በታካሚው እይታ ማጥናት እና ማውዳደር ሲሆን፤ በሆስፒታሉ ውስጥ የሚሰጡትን የጤና አገልማሎቶች ታካሚዎችን እንዲረኩ የሚያደርጉቸውን ሁኔታዎች ለይቶ በማወቅ ለባለድርሻ አካላት ክፍተት ያለበትን ቦታ በመጠቆም ለማሻሻል የሚደርገውን ጥረት ለማገዝ ነው። ስለሆነም ለዚህ ጥናት የርስዎን ቀና ትብብር እንሻለን። የእርስዎ ስምም ሆነ አድራሻ በዚህ መጠይቅ ውስጥ አይካተትም። እንዲሁም የእርስዎ ማንነትም ሆነ የሰጡት ምላሽ የእርስዎ ስለመሆኑ በምንም ሁኔታ አይገለጽም። በዚህ ጥናት ውስጥ መሳተፍ በእርስዎ ሙሉ ፈቃደኝነት ላይ የተመሰረተ ነው። ፈቃደኛ ካልሆኑ ከመጀመሪያውም ሆነ ቃለመጠይቁን ከጀመሩ በኃላ ማቋረጥ ይችላሉ።

ስመሳተፍ ፈቃደኛ ነዎት? 1. አዎ 2. አይደስሁም

መልሳቸው አዎ ከሆነ መጠይቁን ይቀጥሉ

▶ መልሳቸው አይደስሁም ከሆነ ወደሚቀጥሰው ተጠያቂ ይሽጋገሩ

ቃለመጠይቁን፤ይካሄደው ሰው በም ፌርማ
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የተካሄደበት ቀን\_\_\_\_\_ የተጀመረበት ሰዓት\_\_\_\_\_ ያለቀበት ሰዓት\_\_\_\_\_

የተቆጣጣሪው ስም \_\_\_\_\_

የተሳታፊው መ <b>ስ</b> ጶ	'	
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<u>አጠቃሳይ መመሪያ</u>

ፊርማ\_\_\_\_\_

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- 1) ሁሉንም ጥያቄዎች መጠይቁ ላይ በተፃፈው መሰረት ጠይቅ።
- 2) በመጠይቁ ላይ የተፃፈውን አማራጭ መልስ ስተጠያቂው ሳታነብ የሚመልሱትን መልስ አዳምጠህ/ሽ።
- 3) ተጠያቂው የሰጠውን መልስ የሚቀራረበውን አማራጭ መልስ በመጠይቁ ከተሰጠው መርጠህ ሙላ/ይ።
- 4) አማራጭ ላልተሰጣቸው ጥያቄዎች (102, 206, 2013,2014፣ 2015, 2017, 302 & 303), ተገቢውን ምሳሽ በባዶ ስፍራ ላይ ሙሳ/ይ

ተ.ቁ.	ዝርዘር/ጥያቄዎች		
Ι		ምሳሽ	ዝለል
የጥናቱ	፡ ተሳታፊ ማህበራዊ መረጃ		
101	8办	1. ወንድ 2. ሴት	
102	<i>እ</i> ድ <i>ሜ</i>		
103	የኮሮ ቦታ	1. ከተ <b>ማ</b>	
		2. <i>1</i> MC	

104	የትዳር ሁኔታ	1. <i>ይገ</i> ባ	
		2. ሳጤ	
		3. <i>ጋ</i> ስሞታ(የሞተበት)	
		4. ሌት	
105	የትመህርት ደረጃ	1. ማንበብና መጻፍ የማይትል	
		2. ማንበብና መጻፍ	
		3. ከ1-6 ክፍል	
		4. ከ7-9 ክፍል	
		5. <b>h</b> 10-12 <b>ክፍል</b>	
		6. ሰርተፊኬት- ዲፕሎማ	
		7. ≥ <i>R.</i> 96	
106	የስራ ሁኔታ	1. ስራ-አጥ	
		2. ሰራተኛ	
		3. የቤት እመቤት	
		4. <i>7</i> N&	
		5. <b>1,2%</b>	
		6. <b>ሴሳ</b>	
107	የቤተሰብ ወር <i>ሀዊ ገ</i> ቢ በብር		
108	ህክምና የሚከታተሉበት ቦታ	1. ፐብሊክ ዋርድ	
		2. ፕራይቬት ዋርድ	
109	የሀክምና ክፍል	1. ሰርጅካል(ቀዶ-ጥንና)	
		2. ,	
		3. ማተርነቲ(የእናቶችና ህጻናት)	
11	በታከመ በተተር በሀከመር ወቅት አልክበረ መ	175	
0.01			
201	ወደሆስፒታል የመጡበተ ምክንያተ		
202	የህመም ሁኔታ	1. ድንንተኛ	
		2. የቆየ	
203	በዚህ ሆስፒታል አል <i>ጋ</i> ይዘው ታከመው ያውቃሉ	1. <b>አዎ</b>	204
		2. አሳውቅም	

204	ጥያቄ 203 አዎ ከሆነ፤ በዚህ ሆስፒታል አልጋ	1. የመጀመሪያ	
	ይዘው ሲታከሙ	2. ሁ <b>ስ</b> ተኛ	
		3. ≥ሦስተኛ	
205	በሐኪም ለመታየት ምንያህል ጠበቁ(በግምት)		
206	አል <i>ጋ</i> ይዞ ስመታከም ምንያህል ጠበቁ		
207	አል <i>ጋ</i> ይዞ መታከም የጀመሩበት ቀን		
208	ሳቦራቶሪታዞ ነበር	1. <b>አዎ</b>	209-2011
		2. አልታዘዘም	
209	ጥያቄ 208 አዎ ከሆነ፤ምን አይነት		
2010	ጥያቄ 208 አዎ ከሆነ ምን ያህሉን በሆስፒታሉ		
	አገኙ		
2011	ጥይቄ 208 አዎ ከሆነ፤ ናሙና		
	ለመስጠት/ለመታየት ምን ይህል ጠበቁ		
2012	ጥያቄ 208 አዎ ከሆነ የምርመራ ውጤት		
	ለመቀበል ምን ይህል ጠበቁ		
2013	የምርመራ ውጤት		
2014	የተሰጠው ሕክምና አካሄድ(ፕሮሲጀር)		
2015	ምን ይህል ቀናት በሆስፒታሉ ቆዩ		
2016	የህክምና አገልግሎት ይገኙት	1. በክፍ <i>ያ</i>	
		2. <b>በነጻ</b>	
2017	<i>ጥያቄ</i> 2016 በክፍ <i>ያ</i>	1. <b>ሳ</b> ቦራቶሪ	
	ከሆነ የከፌሎት መጠን በብር	2. ፕሮሲጀር	
		3. አል.2	
		4. መድሀኒት	
		5. <b>ጠቅሳሳ</b>	
	1	1	I

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1.ሁሉንም ጥያቄዎች መጠይቁ ላይ በተፃፈው መስረት ጠይቅ/ቂ።

2.በመጠይቁ ላይ የተፃፈውን አማራጭ መልስ ለተጠያቂው ሳታነብ/ቢ የሚመልሱትን መልስ አዳምጥ/ጭ።

3.ተጠያቂው የሰጠውን መልስ የሚቀራረበውን አማራጭ መልስ በመጠይቁ ከተሰጠው መርጠህ/ሽ ሙላ/ይ።

መግለጫ- የሚከተሉት 0.ነገሮች እርሶ በሆስፒታል ቆይታዎ ወቅት ስላገኙት አጠቃላይ የህክምና አገልግሎት እና የሆስፒታሉ ሁኔታዎችን ሊገልጹ ስለሚችሉ፤ የእርሶን እይታ/ግንዛቤ (እርሶ የመስሎትንና ተገቢ ነው ያሉትን) ከ 0.ነገሩ ጋር በማመሳከር ምን ያህል እንደሚስማሙና እንደማይስማሙ በተሰጡት ቁጥሮች ይግለጹ። ቁጥሮቹ የሚገልጹት፡- 1-በጣም አልስማማም-፤2-አልስማማም-፤ 3-ገለልተኛ፤ 4-እስማማለሁ፤ 5- በጣም እስማማለሁ

		ምሳሽ					
ተ.ቁ.	የጥያቄ ዝርዝር በሆስፒታል ቆይታዎ፤በሚከተሉት ዐ.ነገሮች ምን ያህል ይስማማሉ	- 1-በጣም አልስማማም	2- አልስ <i>ጣጣ</i> ም	3- ገለልተኛ	4- እስማማለሁ፤	5- በጣም እስማማለው	
ክፍል II I							
የሆሰፒታሉ ንጽህና እና መዋቅር በታካሚ እይታ							
001	በሆስፒታሉ ያለው አቅጣጫ አመሳካች	1	2	3	4	5	
	ቀሳልና ፇልጽ ነው።						
002	መኝታ ክፍሉ ንጹህና ጸጥታ የሰፈነበት	1	2	3	4	5	
	ነው						
003	መጸዳጃ ቤቱ ንጹህና እጅ መታጠቢያ	1	2	3	4	5	
	አስው						
004	አል <i>ጋ</i> ው ምቹና <i>ን</i> ጹህ ነው	1	2	3	4	5	
005	መኝታ ክፍሉ ያልተጨናነቀና ነፋሻነው	1	2	3	4	5	

የሐኪሞች ክህሎት(ቴክኒካዊ)- በታካሚ አይታ									
006	ሐኪሙ በበቂ ሁኔታ መርምሮኛል	1	2	3	4	5			
007	ሐኪሙ የህመሜን መንስኬ/ችግሬን ሙሉ	1	2	3	4	5			
	በሙሉ ተረድቶታል								
800	ሐኪሙ እንድተማመንበት አድርጎኛል	1	2	3	4	5			
009	ሐኪሙ በሽታን እንዴት መከሳከልና	1	2	3	4	5			
	ማስውንድ እንዳለብኝ ጤናማ ሆኖ								
	ለመዝለቅ የሚያስችለኝን በቂ ምክር								
	ሰጥቶኛል								
0010	የጤና ባለም <i>ያዎ</i> ቹ ብቁና በደንብ የተማሩ	1	2	3	4	5			
	ናቸው								
የመረጃ	ልውውጥና ፇንኙነት በታካሚው እይታ	I	I		L				
0011	ሐኪሙ ስለህመሜ በሚገባኝ ሁኔታ	1	2	3	4	5			
	አስረድቶኛል								
0012	ሐክኪሞቹ ስስ ህክምናዬ/መድሀኒቴ	1	2	3	4	5			
	<b>ፌወ</b> ሽነት/የጎንዬሽ <i>ጉዳ</i> ት								
	አብብርተውሰወልኛል								
0013	ሐኪ.ምቹ በመልካም(በፌንግታ) አቀባበል	1	2	3	4	5			
	ነው የተቀበሎኝ								
0014	ሐኪሞቹ <i>እያንዳንዱን ነገ</i> ር ከማድረ <i>ጋ</i> ቸው	1	2	3	4	5			
	በፊት ማብራሪያ ይስጡኝ ነበር								
0015	ሐኪሞቹ የምነግራቸውን ሁሉ በጥሞና	1	2	3	4	5			
	አድምጠውኛል፤ስስ ሁኔታዬም የተሰማኝን								
	<i>እንዳ</i> ወራ አበረታተውኛል								
0016	ስህክመናዬ በሚያስፈልጉ ውሳኔዎች ሁሳ	1	2	3	4	5			
	አሳትፌውኛል፤ የኔን ሀሳብ ችሳ ሳይሉ								
	ሲያደርጉ ባቀዱት ሁሳ ተሳትፊያስሁ								
የአንልግሎት አቅርቦትና ተንቢነት በታካሚው እይታ									
0017	ባስፈላንኝ ሰዐት ሕክምና ማማኘት ችያለሁ	1	2	3	4	5			
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0018	አንዳነኤ በአጭር ማስታወቂያ ሕክምና	1	2	3	4	5			
	ማግኘት ደጋግተኝ ነበር								
0019	ለበለጠ ምክክር/መረጃ ስፔሻሊስት ሐኪም	1	2	3	4	5			
	በቀላሉ በአካል/በስልክ ማግኘተ								
	ች <i>ያ</i> ስሁ/እችል ነበር								
0020	የሚያስፌልንኝን የሕክምና ስፔሻሊስት	1	2	3	4	5			
	በቀላሉ ማግኘት ችያለሁ								
0021	የታዘዙልኝን መድሀኒቶችና የሳቦራቶሪ	1	2	3	4	5			
	አንልድሎት ሙሉበሙሉ ከሆስፒታሉ								
	በቀላሉ ማግኘት ችያስሁ								
0022	የአገልግሎት ደረጃውና ክሌያው	1	2	3	4	5			
	የተጣጣመና ይማከስ ነው								
	የአንልግሎት ወረፍ ጥበቃ በታካሚው እይታ								
0023	በሐኪም ለመታየት ብዙ እጠብቅ ነበር	1	2	3	4	5			
0024	ሐኪሞቹ ወዲያውኑ አገልግሎት ይሰጣሉ	1	2	3	4	5			
0025	አል <i>ጋ/</i> ክፍል ይዞ ለመታከም ያለው ሁኔታ	1	2	3	4	5			
	ምንም እንግልት የሌለበትና ተገቢ ነው								
0026	ቃል በተገባልኝ/በቀጠሮዬ መስረት	1	2	3	4	5			
	አንልማሎት ሰጥተውኛል								
-									
-	የባስምያው ታካሚ አቀባበልና መልካም እርዳታ በታካሚው እይታ								
0027	ሐኪሙ ክብርና ርህራሄ በተሞሳበት	1	2	3	4	5			
	ሁኔታ አክሞኛል								
0028	ነርሶቹ በአክብሮተና ወንድማዊ/እህታዊነት	1	2	3	4	5			
	በተሳበስ ሁኔታ አስተናግደውኛል								
0029	የጤና ባስምያዎቹ ለችግሬ እልባት	1	2	3	4	5			
	ለመስጠት ከልብ በመነጨ ፍሳጎትና								
	ተነሳሽነት <i>ታት</i> ረዋል( <i>ታማሚያ</i> ቸውን								
	በሚንባ ይንከባከባሉ)								

0030	ሐኪሙ ሲመረምረኝ/ሲያክመኝ ለብቸኝነት-	1	2	3	4	5		
	<ፕራይቬሲ› ጠብቆልኛል( <mark>ሴሎ</mark> ችን							
	በማስወጣት፣ መጋረጃ በመጋረድ፣							
	ወዘተ ማድረማ)							
0031	የሀኪሞቹ አቀራረብ ችግሬና <del>ጭን</del> ቀቴን	1	2	3	4	5		
	በተረዳ መልኩ ነበር							
ከፈል 4 አጠቃሳይ በተሰጠው አንልግሎት እርካታ								
0032	አጠቃላይ ባንኘሁት አንልማሎት በጣም	1	2	3	4	5		
	ረክቻስሁu							
0033	ያገኘሁት አገልግሎት ፍጹም ነው	1	2	3	4	5		
0034	ህክምና በሚያሻኝ ግዜ ወደዚህ ሆስፒታል	1	2	3	4	5		
	<sup>አ</sup> መጣስሁ							
0035	ሌሎች ይህን ሆስፒታል እንዲጠቀሙ	1	2	3	4	5		
	እመክራስሁ							

አመስማናስሁ!!