Knowledge, Attitude and Practice of Health Professionals working at Maternal Health Units on Caring, Respectful and Compassionate health service, Oromia Special Zone Surrounding Finfinne, Oromia Region, Ethiopia.

A research Paper submitted to Jimma University, Institute of Health, Department of health Economics, Management and Policy; in the Partial Fulfillment for the Requirement of Masters of Science Degree in Human Resource for Health.

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Jimma, Ethiopia

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Abstract

Background: - Compassion, Respectful and Caring (CRC) behaviour is serving patients being ethical, living the professional oath, and being a model for young professionals and medical students. Currently in Ethiopia there is a movement that requires champions who identify with their profession and take pride by helping people. Maternal health (MH) is the health of women during pregnancy, childbirth and the postpartum period and maternal health care services (MHCS) are antenatal care (ANC), delivery care and postnatal care (PNC) services. MH has been becoming a global concern because the lives of millions of women in reproductive age can be saved through MHCS.

Objective:- To assess knowledge, attitude and practice of CRC among Health Professionals working at Maternal Health Units of public health facilities, Oromia Special Zone Surrounding Finfinne.

Methods: -This study was conducted from August 13 up to September 2/2018, among health professionals working at maternal health service units of public health facilities, Oromia Special Zone Surrounding Finfinne. Facility based Cross-sectional study design was employed by using structured self-administered questionnaire with yes or no question to assess the knowledge, attitude and practice of health professionals toward Compassion, Respectful and Caring. A total health professional in maternal health service units is 138. Data was entered to EpiData version 3.1 and exported to SPSS version 23 software for analysis. Appropriate descriptive statistics (frequency, mean, percentage and standard deviation) was used to determine and present the results.

Result: - 138 health professionals participated in this study. The mean ±SD score of health professionals knowledge was 1.49±.19, attitude 3.88±.39, and practice was 1.28±.07.69.49% of health professionals had a good knowledge about CRC; 55.80% of health professionals had unfavorable attitude toward CRC and 76.09% of health professionals showed a poor practice in this regard.

Conclusion and Recommendation: In this study about two third of health professionals had good knowledge about CRC. Over half of health professionals had unfavorable attitude toward CRC and more than three fourth of health professionals had poor practice on CRC. Therefor; these should be addressed in training programs, by assigning a responsible body (CRC focal person, CRC committee, or CRC ambassador) in each health facility for close and continuous supportive supervision.

Keywords: - Knowledge, attitude and practice, Compassion, Respectful and Caring, health professionals, public health facility, maternal health service.

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Acronyms and Abbreviations

ANC	Ante Natal Care
BSc	Bachelor of science
CRC	Compassionate, Respectful and Caring
BEmONC	Basic Emergency Obstetrics' and New borne Care
FGD	Focus Group Discussion
FIGO	International Federation of Gynecology and Obstetrics'
FP	Family Planning
FMOH	Federal Ministry of Health
GTPII	Growth and Transformation Plan Two
HSTP	Health Sector Transformation Plan
IRB	Institutional Review Board
MSc	Master of Science
MCHIP	Maternal and Child Health Integrated Program
PHCU	Primary Health Care Unit
PRR	Patients Right and Responsibilities
PNC	Post Natal Care
PSU	Primary Sampling Unit
RMC	Respectful Maternal Care
SSU	Secondary Sampling Unit

SPSS	Statistical Package for Social Science
USAID	United State Agency for International Development
WHO	World Health Organization

CHAPTER ONE

Introduction

1.1 Background

Historically the word compassion came from Compatin which is a Latin word meaning to 'suffer with', and as a word it has been with us a long time. The term compassion has long association with most religions and philosophies and taught to include a number of virtues, such as empathy, sympathy, kindness, respect, and actually taking some kind of 'action'(1).

Compassion, respectful and caring (CRC) means serving patients, being ethical, living the professional oath, and being a model for young professionals and students. It's a movement that requires champions who identify with their profession and take pride by helping people(2).

Compassion is considered a vital component of quality healthcare. Compassion is a virtuous and intentional response to know a person, to discern their needs and ameliorate their suffering through relational understanding and action. Compassion includes: relating to the patient as an individual; reacting to suffering; presence; giving time and listening; understanding patients' feelings; confronting; caring; a moral virtue; intelligent kindness; empathy; assisting patients to make their own decisions; and acting in patients' best interests and the combination of underpinning emotions (such as sympathy and empathy), with altruistic values (particularly a desire to help others), which together motivated an individual to take action that would ultimately be experienced as 'care by the recipient'. Compassion has been considered a standard of care, an admission requirement for healthcare education and a practice competency. As a result, educators, HCPs and trainees are encouraged, expected and increasingly held accountable for their competency in providing compassion—but as yet without the benefit of a rubric defining and delineating the key attitudes, knowledge, skills and behaviors that are to be taught and learnt." *A definition of compassion: behaving in a very good and moral way and intentional response to know a person, recognize or to understand their needs and making better their suffering through relational understanding and action.*(3)

Maternal health is the health of women during pregnancy, childbirth and the postpartum period and maternal health care services are antenatal care (ANC), delivery care and postnatal care (PNC) services(4).

A growing body of evidence has demonstrated that compassionate care has been associated with improved health outcomes, increased patient satisfaction, better adherence to treatment recommendations, fewer malpractice claims and reduced healthcare expenditure. According to study done on respectful maternal care advancing respectful, dignified care is critical to increasing facility birth and insuring effective implication of women's rights in maternal health service(5).

CRC is about patients being respected, being communicated with and having their care coordinated in such a way that they can get the best possible clinical outcome for whatever their circumstances are. The common thread to these definitions is that each one encompasses an aspect of caring. A fundamental component of nursing caring is defined as "the work or practice of looking after those that cannot do it for them. Behaviors associated with compassionate, respectful and caring also serve the role of linking health professional's interactions to the patient experience. As international journal of gynecology and obstetrics, the global epidemic of abuse and disrespect during childbirth study indicates in the past few years, the relationship between lacks of quality of CRC and adverse maternal outcomes is being highlighted globally(6).

The study in East and Southern Africa on respectful maternal care indicated poor quality of care at health facilities is a barrier to pregnant women and their families accessing skilled care. Increasing evidence from low resource countries suggests care women receive during labor and childbirth is sometimes rude, disrespectful, abusive, and not responsive to their needs. However, little is known about how frequently women experience these behaviors(7).

Compassion is an intentional way of becoming and belonging together with another person where both are mutually engaged and where the caregiver compassionately is able to acknowledge both self and other's vulnerability and dignity(8).

Very many mothers spontaneously linked **respect** to communication and connected notions of respect with the quality of care they received(9).

1.2. Statement the problem

Following the growing evidence on women's experience of mistreatment of women during pregnancy and childbirth across the globe, the World Health Organization (WHO) released a statement on prevention and elimination of disrespect and abuse) during facility based childbirth . The statement advocates for governments and development partners to initiate, support and sustain programs designed to address quality of Maternal and Newborn Health (MNH) services with a strong emphasis on the provision of respectful maternity care as an essential component of quality of care(10).

The baseline survey in Kenya revealed several facts that emphasize that disrespect and abuse is a pressing problem in Kenyan facilities, including: Postpartum women leaving the postnatal ward reported feeling humiliated in health facilities. The poorest women were more likely to be abandoned. Women under 19 years of age were more likely to experience non-confidential care. Women of higher parity (with one to three children) were more likely to be detained for nonpayment. Married clients were more likely to be neglected. These facts all reveal an unacceptably high degree of D&A occurring in a variety of ways in Kenyan facilities(11).

When there is CRC in the health facility patients are less anxious, adhere to medical advice and treatment plan and decreased physical symptoms of pain in patients. Health professionals with their relationships with patients can protect against professional stress, burnout, substance abuse and even suicide attempts, it is a major predictor of patient's loyalty(12).

However there is a major challenge in helping health professionals to become compassionate and respectful practitioners for the health care. Significant proportion of health professionals see patients as just 'cases' and do not show compassion, lack of respect to patient and their families was the common compliant among the community at large and patients in particular, the patients satisfaction will decrease, quality of health care will decrease, staffs will be less loyal to their health facilities, patient adherence to treatment will decrease, resources cannot be conserved and there will be great employee dissatisfaction and increased employee turnover(1).

1.3. Significance of the study

There is an agenda for developing CRC health professionals which is on the health sector transformation plan ends at 2020EC, but still it is not known and health facilities are not ready for the implementation for CRC.

The finding obtained from this study was provide information on KAP of compassionate, respectful and caring service among health professionals working in maternal health service. The expected results from this study are determining KAP of health professionals toward CRC working in maternal health unit. The result will also add to the existing knowledge by examining barriers to KAP of health professionals towards compassionate, respectful and caring in maternal health service.

The findings from this study will be used as an input for policy makers and for regional and zonal health planners and decision makers by showing the most important local context factors that hinder health professionals from exercising CRC in maternal health service. Future program managers and planners who want to design programs and projects on CRC in the study area will also be benefited a lot from the findings of this study since this study will clearly show where is the gap and what should be done.

Health professionals who are working in maternal health service will also be potentially benefited from the findings of this study in the way that when barriers which prevent them from knowing, having positive attitude and of CRC toward mothers are clearly identified and that information is made available to health managers, then evidence based decisions will be made and the right interventions will be designed and their problems will get solved properly. When evidences are available there is also high chance of NGOs and donor agencies to be attracted and bring projects to the area that will benefit health professionals working in maternal health service. Since similar previous studies are lacking in Ethiopia and especially in Special Zone Surrounding Finfinne context, findings from this study will be used as a baseline data for future researchers.

CHAPTED TWO

2. Literature Review

CRC has been considered a standard of care, an admission requirement for healthcare education and a practice competency(3).

According to the study done in Netherland, many patients were disappointed in the reactions of the professional in response to their complaint and they did not achieve what they had expected.(13).

CRC is fundamental to patient care and the need for assessing health professionals KAP is as strong as it has ever been. Nurses, midwives and care staff are in a powerful and influential position to improve the quality of care and health outcomes across the range of health and care sectors(14).

According to the study done on the prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania, 15 % of women reported experiencing at least one instance of disrespect and abuse. This number was dramatically higher during community follow-up interviews, in which 70 % of women reported any experience of D&A. During postpartum interviews, the most common forms of D&A reported were abandonment (8 %), non-dignified care (6 %), and physical abuse (5 %), while reporting for all categories of D&A, excluding detention and non-consented care, was above 50 % during community follow-up interviews. Evidence from direct observations of client-provider interactions during labor and delivery confirmed high rates of some disrespectful and abusive behaviors(15).

The evidence supporting the train trainer model is not conclusive but would appear to be the most appropriate model when aiming to raise awareness across the wider workforce in a variety of clinical settings. The development of the toolkit is essential to this process. The CC Teams notion of the ‘toolkit’ on the move’ has been designed to enable training by peer-educators to take place in the clinical setting as well as in bespoke workshops(6).

According to American Journal critical care, when patients and family members are asked directly about their experience, valuable insight is gained into what they perceive as caring and what contributes to recovery as perceived by those in crisis and in high-intensity medical settings(16).

The study in East and Southern Africa done on respectful maternal care is one of the first to report prevalence of respectful maternity care and disrespectful and abusive behavior at

facilities in multiple low resource countries insufficient communication and information sharing by providers as well as delays in care and abandonment of laboring women as deficiencies in respectful care. Failure to adopt a patient-centered approach and a lack of health system resources are contributing structural factors(17).

A significant proportion of health professionals see patients as just ‘cases’ and do not show compassion. Lack of respect to patients and their families is also a common complaint. Lack of role models in many health facilities and measuring the worth of a profession by how much it pays is leading the health system into a trap of low productivity and higher cost with lower patient satisfaction rates(1).

The baseline study in Kenya is aimed to develop an empirically derived, clinically informed, model of compassionate care. It intends to outline key dimensions of compassionate care in the context of healthcare and also to characterize the nature of compassion from the perspective of interdisciplinary HCPs who are charged and challenged to provide it. Disrespect and abuse that women sometimes experience at health facilities is an additional barrier to their seeking care. Compassionate care is attributed to different factors that include favorable condition in health system, healthcare providers and service receiver’s altogether(2).

Stress compromises clinicians’ clear thinking and clinical decision-making, thus increasing the risk of errors and threatening patient safety. We are reminded about the cost of incivility in work environments and that disruptive and intimidating behaviors can have negative and lasting effects for individuals, teams and organizations’ and results in staff turnover, toxic relationships and poor productivity. Socio-demographic characteristics, awareness and facility based variables are factors for the practice caring behavior of health workers in the public health facility(18).

The study done in the nurse’s caring behavior area, giving direct information and explaining what was being done for the patient, providing reassurance means offering encouragement that things were going as expected, explanations about what was happening, and reassurance that things were under control. Demonstrating proficiency; providing care with confidence. Being physically present and responding to calls in a timely manner .Giving guidance, providing information about what to do and expect; Voice tone using a soothing and pleasant tone of voice(19).

According to the Basic Emergency Obstetrics and Newborn care participant handbook, updated Learning Resource Packages provide updates needed to teach service providers the most current evidence-based care and best practices in BEmONC. These packages will enable clinicians to improve their communication with women, make appropriate clinical decisions, and develop competency in managing the most common complications of pregnancy and childbirth(6).

Studies done on maternal health care seeking behavior shows a range of context-specific influences including cost, distance, maternal education, cultural beliefs, and lack of autonomy of women. But it is striking that most studies also mention poor attitudes and behavior of MHCPs and perceptions of this as significant barriers. This was most evident in studies from sub-Saharan African countries, but was also mentioned in studies of health care seeking behavior from other parts of the world. In Manus Island, Papua New Guinea, a questionnaire survey of MHCPs found that 68% of those interviewed admitted that their attitudes discouraged mothers from attending family planning services. And in Iran, FGDs exploring women's perceptions of the quality of family planning care found some women, especially in low-income groups, did not return as a result of being verbally mistreated and humiliated(4).

According to the study done in the school of health care and social welfare, this study has its roots in a clinical application project, focusing on the development of a teaching–learning model enabling participants to understand compassion. This study aimed at exploring participants' understanding of self-compassion as a source to compassionate care. It was carried out as a phenomenological and hermeneutic interpretation of participants' written and oral reflections on the topic. Five themes were identified: Being there, with self and others; respect for human vulnerability; being nonjudgmental; giving voice to things needed to be said and heard; and being able to accept the gift of compassion from others(20).

According to reproductive health study indicates companionship in labor was found to be a positive factor for receipt of RMC related to information and consent; Providers may feel more accountable for providing better information and counseling when someone in addition to the client is present; a companion may also help increase the client's understanding of information(21).

The study done in USA on compassion care enhancement benefits and outcomes shows, in the absence of compassion, patients are dissatisfied and professionals lament a loss of meaning and gratification in their work. Healthcare systems that gain reputations for

inhumane care are unable to compete and lose revenue(20). According to respectful maternal care study done by jhpigo women's are mistreated when delivering in the health facility and unable to make choice. Health systems are underequipped, shortage of supplies and health workers are aggressive due to inadequate pay, lack of infrastructures, shortage of staff. Staffs do not receive guidelines and no supportive supervisions. The efforts to increase the use of facility based maternity care service in low-resource countries are unlikely to achieve desired gains without improved quality of care and focus on women's experience of care(22).

According to the study done in Afghanistan human resource shortages also constitute a major challenge for improving health outcomes, where these shortages are particularly acute. Organizational barrier such as unmanageable workload staff shortage low team morale indifferent management inadequate training and limited resources continue to hinder compassionate care and foster staff stress While considerable health gains have been achieved in the provision of our healthcare system, there is growing concern about the perceived lack of compassion in its delivery. Addressing the gaps in the provision of compassionate care is a top priority in the Health Sector Transformation Plan II (HSTP II), narrowing its focus a number of initiatives of compassionate care, or dignity in care. This has led to a renewed focus on how to improve the health workforce performance including responsiveness, timeliness and patient centeredness of healthcare services(23).

According to the study done in Tanzania their findings demonstrate that patient and provider factors differentially influence three dimensions of CRC in maternal care(24).

According to a literature on compassion prepared for the cultivating compassion project, in order to empathies with those they care for in constructive way so as to alleviate suffering as well as to suffer with them, compassion requires emotional labor. Compassion needs to be embedded within the organization as a whole and be visible in leadership behaviors. Develop a sustainable program of compassion awareness training that enhances patient safety and experience and promotes ethical healthcare practice; Engage effectively with healthcare staff building on existing values-based initiatives and encouraging creative compassion promotion projects; and facilitate the development of organizations and teams that respect and compassion was to become one of the values of the Health Service and this is now clearly embedded in the NHS Constitution: "We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need(25).

Progress toward achieving HSTP has been slow because improvements require overcoming financial and geographical barriers to accessing skilled care, as well as the poor quality of care in maternity units. A little understood component of the poor quality of care experienced by women during facility-based childbirth is the disrespectful and abusive (D&A) behavior of health care providers and other facility staff. Acknowledgment of these behaviors by policymakers, program staff, civil society groups, and community members indicates the problem is widespread(1).

According to the study done on promoting respectful maternity care active listening is equal to respect given to someone. We cannot measure respect but from communication perspectie if we listening to someone then we are respecting him/her and if are not listening to someone while interacting then we not respect her/him(7).

As a research ascertained that compassion training does increase altruistic caring behavior. Their participants were divided into two groups: those who received compassion training and those who received re-appraisal training(18).

As international journal of gynecology and obstetrics study indicates, midwives, nurses, and doctors in low-resource countries began relating improved outcomes, including fewer cesareans, enhanced bonding, improved breastfeeding, decreased reports of stress after birth, and reduced need for operative deliveries, when women had companions during labor and birth, were treated as equals in the birth process, and were allowed to hold and breastfeed their babies immediately after birth. Midwifery education and practice emphasized the concept of respect and compassionate care in childbirth(19).

The solution for these all problems can be a multi-pronged approach from reforming the recruitment of students for health science programs, to improving the curriculum of the various disciplines, and effective management of the health professionals that are already practicing. It requires ownership and engagement of the leadership at different levels of the system that aims to create enabling environment for health professionals to exercise. National, regional and facility level ambassadors for CRC will be designated and be supported to promote CRC. An advocacy campaign through mass media will also be launched to project positive images of health professionals. In addition to the above, putting in place a favorable legislative framework to reinforce CRC which would include regulation on patients' rights and responsibilities (PRR) is crucial(26).

2.2. Conceptual Frame Work

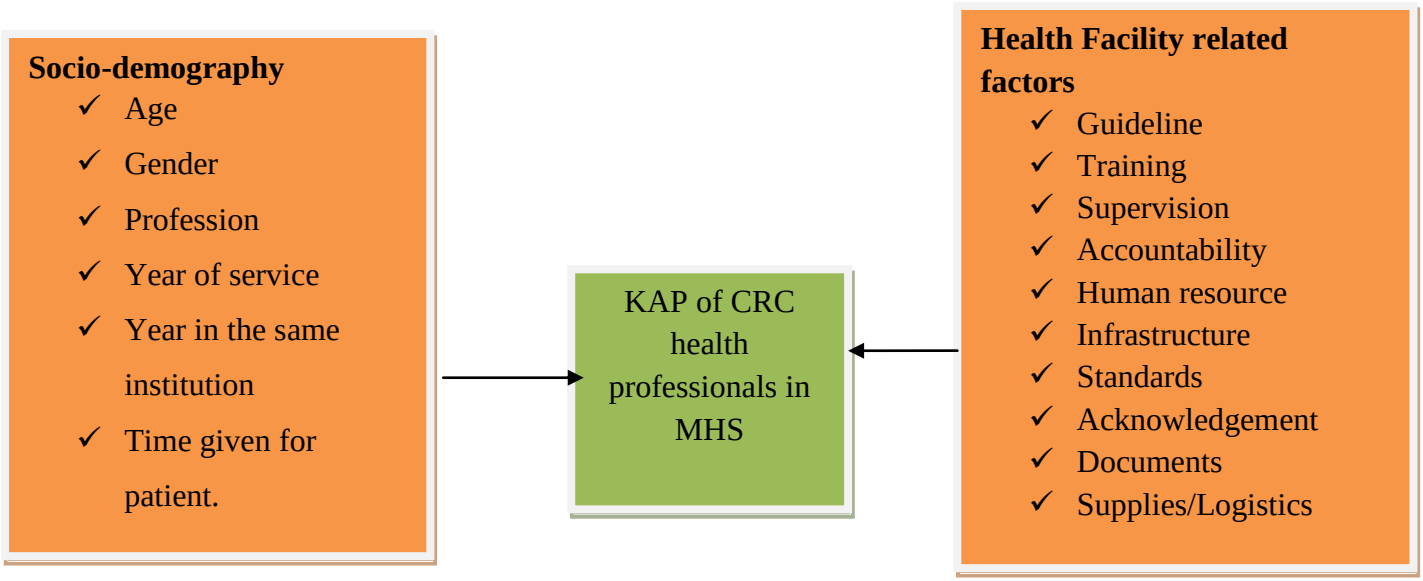

Fig 1:- The conceptual framework for KAP and associated factors of health professionals toward CRC after reviewing different literature, 2018(5, 19, 25, 28, 29).

CHAPTER THREE

3. Objectives

3.1 General objective

To assess knowledge, attitude and practice of CRC among Health Professionals in Special Zone Surrounding Finfinne: A case of Maternal Health Services.

3.2 Specific Objectives

- ✓ To assess knowledge of health professionals toward CRC on Maternal Health Services in the study area.
- ✓ To assess attitude of health professionals toward CRC on Maternal Health Services in the study area.
- ✓ To assess practice (caring behavior) of health professionals toward CRC on Maternal Health Services in the study area.

CHAPTER FOUR

4. Methods and Materials

4.1. Study area & period

The study was conducted in Oromia Special Zone Surrounding Finfinne . The location of study site is surrounding Addis Ababa which is also called Finfinne. It is one of the 22 zones in Oromia Regional State, established in 2000EC. (Sululta Woreda 38km,Sabeta Awas Woreda 25km, Welmera Woreda 40km, Berek Woreda 40km, Mulo Woreda 73km, Aqaqi Woreda 40km and Sandafa town 40km) from capital city Addis Ababa Ethiopia which is also called Finfinne. The border of the study site is on the North Sendafa town, on the South Sabata Woreda, on the West Aqaqi Woreda and on the East Sululta Woreda. Oromia Special Zone Surrounding Finfinne has a catchment population of about 632,786 people. Male 49% =310,065, female 51% =139,592, Women in bearing age 139, 593, F/P=117,888 and ANC= 21,705. There is one town health administration, six Woreda health office and 147 kebeles in the. There is one hospital, 27 health centers and 130 health posts under public health facilities and under private health facilities there are18 medium clinics, 40 small clinics and 19 drug stores respectively. Total numbers of health professionals working in maternal health service are 138. The study was carried out from August 13 to September 02, 2018.

4.2. Study design

Facility based cross-sectional study design using quantitative data collection methods was employed.

4.3. Population

4.3.1. Source population

All health professionals working in maternal health service unit.

4.3.2. Study population

All health professionals working in maternal health service unit.

4.3.3. Study Unit

Health professional working in the maternal health service unit.

4.3.4. Inclusion criteria

All health professionals working in maternal health unit in the study period.

4.4. Sample size and Sampling technique

All health professionals working in maternal health service which is Census.

4.5.Data collection tools and data collectors

Primary data obtained from health professionals working in maternal health units of public health facilities. Based on the developed questionnaire (13,35-37), structured self-administered questionnaire was used to collect quantitative data with closed-ended questions(yes or no for the knowledge and observing practice and Likert scales for attitude) to assess the knowledge, attitude, practice and factors affecting the KAP of health professionals toward CRC in maternal health care service. The questionnaire was reviewed by senior researchers and comments were incorporated. In addition the questionnaire was pre-tested on 5% of the sample size, and on health professionals working in Sululta town health center which is out of the study area, proceeding the actual data collection period.

We used pretested questionnaires for data collection. The instrument has 51 items. Section I was for the socio-demography of health professionals working in maternal health unit. Section II was structured self-administered questionnaire to assess the knowledge of CRC among health professionals working in maternal health unit with yes or no question. Section III was structured self-administered questionnaire to assess the attitude of CRC among health professionals working in maternal health service unit with likert scale. Section IV was to assess the health facility related factors with yes or no question.

Section V was an observation tool to assess the practice of CRC among health professionals working in maternal health unit, with yes or no question. All participants were observed on working time so; the number of observation is equivalent to the number of participants. The observation is conducted by senior midwifes who have training on respectful maternal care in all health facilities. Informed consent was used for health professionals. The questionnaires are prepared in English.

Four data collectors' 2BSc nurses for self-administered questionnaire, 2 senior BSc midwives for observation and two supervisors (HO) was assigned to ensure quality of data collection. The data collectors and supervisors were trained for two day on the concepts of the study, how to administer the tools and how to observe. Training was done by the investigator.

4.6. Variables for the study

4.6.1 Dependent variable

- Knowledge on CRC among health professionals, working in MHS of Oromia Special Zone Surrounding Finfinne.
- Attitude on CRC among health professionals, working in MHS of Oromia Special Zone Surrounding Finfinne.
- Practice on CRC among health professionals, working in MHS of Oromia Special Zone Surrounding Finfinne.

4.6.2 Independent variables

Socio-demographic variables

- Age
- Gender
- Profession
- Year of service
- Year in the same institution
- Marital status
- Satisfaction/motivation
- Income

Health Facility related factors

- ✓ Guideline
- ✓ Training
- ✓ Standards
- ✓ Supervision
- ✓ CRC focal person/Accountable body
- ✓ Human Resource
- ✓ Infrastructure(electricity, Water supply, availability of main road)
- ✓ Acknowledgements
- ✓ Supplies/Logistic
- ✓ Time given for a patient
- ✓ Work over load

4.7. Operational definition

Good Knowledge:-For those health professionals work in maternal health service unit, who has more information, understanding and skill on CRC and scored greater than the mean score 1.49.

Poor Knowledge:- For those health professionals work in maternal health service unit, who has more information, understanding and skill on CRC and scored less than the mean score.

Favorable Attitude: - For those health professionals work in maternal health service unit, who has positive thinking, feeling and opinion toward compassionate, respectful and caring and scored greater than the mean score 3.88.

Unfavorable Attitude: - For those health professionals work in maternal health service unit, who has positive thinking, feeling and opinion toward compassionate, respectful and caring and scored less than the mean score.

Good Practice: - For those health professionals work in maternal health service unit, who exercise compassionate, respectful and caring and scored greater than the mean score 1.28.

Poor Practice:- :- For those health professionals work in maternal health service unit, who exercise compassionate, respectful and caring and scored less than the mean score.

Maternal health care services**: -** refers to a service given to the mother before pregnancy for family planning, during pregnancy, at delivery/ child birth/ and at the postpartum period.

Public health facilities: - are facilities that is owned by government and used by community who need medical care and advice.

4.8. Data processing and analysis

The variables was coded and entered into Epi Data version 3.1. After checking and correcting errors, the data was exported to Statistical Package for Social Science version 20 for analysis.

Appropriate descriptive statistics (frequency, mean, percentage and standard deviation) was used to determine and present the results.

4.9. Data quality management

The questionnaire was pre-tested on 5% of the sample size who was working in maternal health service unit, not included in the study proceeding the actual data collection period. And it was conducted in Sululta town health center which is out of study area. The data collectors had trained for two days on the concepts of the study. Training was done by the investigator. Close supervision was provided by supervisors on data collection for controlling the quality control of the data.

All the questionnaires were checked by the investigator for completeness and for any error

4.10. Ethical considerations

Ethical clearance was obtained from Institutional Review Board (IRB), Institute of Health, and Jimma University. Formal letter of cooperation was written to Special Zone Surrounding Finfinne and after obtaining official letter of permission, it was submitted to health facilities where data collection process takes place after a brief explanation of the research, verbal consent was obtained from each study client. The name of the patient was not entered into the questioners and all information obtained was kept confidential.

4.11. Dissemination plan

The finding will be present to the Jimma University scientific community in a defense and the result will submit to the Jimma University Institution of Health. The findings will also be communicated to Oromia Special Zone surrounding Finfinne to enable them to take and apply research recommendations during their planning process. In addition the result will be communicated to the Oromia Regional Health Bureau. Publications in peer-reviewed, national, or international journals will be done, to make the rest of the people accessible.

CHAPTER FIVE

5. RESULTS

5.1 Socio-demographic characteristics of the Health Professionals

A total of 138 health professionals were participated in the study. Of this, 77 (55.8%) were in the age group of 31-40 years and the mean age was 34.55 and standard deviation of 6.96. More than half of health professionals were female 74(53.6%). Regarding their profession, almost half of the respondents, 67(48.6%), were midwives. Seventy seven (55.8%) had greater than 6 years' service; the mean work experience of the respondents was 6.14 years. Out of the total respondent, 100 (72.5%) of health professionals spend time for clerking one patient is less than 30 minutes with mean of 37.9 minutes. (**Table 5.1**)

Table 5.1 Socio demographic characteristics of the health professionals in maternal health services of public health facilities in Oromia Special Zone surrounding Finfinne, 2018.

No.	Variables	Characteristics	Frequency	Percentage
1.	Age	21-30years	36	26.1
		31-40years	77	55.8
		41-50years	25	18.1
2.	Sex	Male	64	46.4
		Female	74	53.6
3.	Profession	Specialist	13	9.4
		Emergency surgery	16	11.6
		General Practitioner	6	4.3
		Midwives	67	48.6
		Nurse	36	26.1
4.	Experience	Less than 6	61	44.2
		Great than 6	77	55.8
5.	Year in the same institution	Less than 3	100	72.5
		Great than 3	38	27.5
6.	Time	Less than 30min.	38	27.5
		Great than 30min.	100	72.5

5.2. Knowledge of Health Professionals towards CRC

Three fourth, 91(65.9%) of the health professionals had adequate knowledge about CRC. Regarding to the importance of CRC almost all , 125(90.5%) of them have awareness on CRC. Greater than half (55.1%) of the respondents had attended training on CRC Majority, 81(58.7%), of respondents don't have any CRC document in their working area. From the study participants 110(79.7%) answered that orientation on CRC had not been given to newly recruited health workers in their own organization. And 118(82.3%) of the participants do not discuss on morning section about the issue of CRC. Mean of knowledge is 1.49 and SD is 0.19. (**Table** 5.2)

Table 5.2: Response of Health Professionals to knowledge questions about CRC, in maternal health services of public health facilities in Oromia Special Zone surrounding Finfinne, 2018.

No.	Knowledge Item	Yes	No
1.	Do you know about CRC?	91(65.9%)	47(34.1%)
2.	Did you get awareness on CRC?	125(90.5%)	13(9.5%)
3.	Have you ever attend any training on CRC?	76(55.1%)	62(44.9%)
4.	Do you have any CRC document (hard or soft copy) in your current working area?	57(41.3%)	81(58.7%)
5.	Is orientation on CRC given to newly recruited health workers in your organization?	28(20.7%)	110(79.7%)
6.	Do you discuss on morning section? /Health education?	20(17.7%)	118(82.3)

5.3. Attitude of the health professionals towards CRC

It can be seen from table 5.3 that almost half of health professionals 64(46.4%) strongly agreed that training of CRC was important for changing health professional attitude. While less than half 60(43.5%) of the health professionals strongly agreed implementation of CRC in working area is important. Also, more than three fourth 110(79.7%) of the respondents representing the majority strongly agreed that health professional should be concerned about CRC and 100(72.5%) of the participants were disagreed that CRC implementation is only the mandate of health workers. On the other hand, 84(60.9%) of health professionals strongly

agreed that the CRC implementations by health workers is fair and objective. 74(53.6%) of health professionals were strongly agreed on handled of complaints regarding CRC should be in confidence. Majority of health professionals 104 (75.4%) strongly agree on the reviews of performance which is intended to give employees clear feedback on the CRC and 88(63.8%) strongly agree on coaching which helps employee on addressing concerns and issues related to CRC. Mean of attitude is 3.88 and SD is 0.39. In general almost all health professionals strongly agree on the items given regarding attitude in table 5.3.

Table 5.3: Response of Health Professionals to Attitude questions about CRC, in maternal health services of public health facilities in Oromia Special Zone surrounding Finfinne, 2018.

No.	Attitude item	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I believe that training on CRC was important for changing health professional attitude.	13(9.4%)	8(5.8%)	40(29%)	13(9.4%)	64(46.4%)
2.	I believe implementation of CRC in working area is important	13(9.4%)	10(7.2%)	32(23.2%)	60(43.5%)	23(16.7%)
3.	I think that health professional should be concerned/give attention to CRC	5(3.6%)	3(2.2%)	14(10.1%)	6(4.3%)	110(79.7%)
4.	I believe that CRC implementation is only the mandate of health workers	38(27.5%)	100(72.5%)	-	-	-
5.	I think the CRC implementations by health workers is fair and objective	7(5.1%)	3(2.2%)	21(15.2%)	23(16.7%)	84(60.9%)
6.	Complaints regarding CRC should be handled in	10(7.2%)	7(5.1%)	30(21.7%)	17(12.3%)	74(53.6%)

	confidence					
7.	Performance reviews on the CRC are intended to give employees clear feedback.	2(1.4%)	1(0.7%)	4(2.9%)	27(19.6%)	104(75.4%)
8.	Coaching helps employee address concerns and issues related to CRC	6(4.3%)	5(3.6%)	15(10.9%)	24(17.4%)	88(63.8%)

5.4. Practice of health professionals towards CRC.

Majority of health professionals, 115(83.3 %) didn't gave appropriate greetings to the client respectfully and 113(81.5%) didn't introduces themselves to the client. 127(92%) of health professionals had not considered the client's social status and age, and 117(84.8%) of them had not listened to patients. Majority of the health professionals 123(89.1%) had not allocated adequate time to the client to discuss issues and 120(86.9%) of healthcare provider were not respectful to patient's view on treatment and care. 124(89.9%) health professionals don't abuse patients verbally and 114(82.6%) health professionals don't abandon patient without care. Mean of practice is 1.28 and SD is 0.17. In general this result shows majority of health professionals didn't practice most of the items given in table 5.4.

Table 5.4: Response of Health Professionals to practice questions about CRC, in maternal health services of public health facilities in Oromia Special Zone surrounding Finfinne, 2018.

No.	**Practice item**	**Yes**	**No**
1	The healthcare provider greets the client respectfully	23(16.7%)	115(83.3%)
2	The healthcare provider introduces himself or herself to the client	25(18.5%)	113(81.5%)
3	The healthcare provider properly considers patient's social status and age	11(8%)	127(92%)
4	The healthcare provider actively listen to patients	21(15.2%)	117(84.8%)

5	The healthcare provider allocates adequate time to the client to discuss issues	15(10.9%)	123(89.1%)
6	The healthcare provider respects patient's view on treatment and care	18(13.1)	120(86.9%)
7	The healthcare provider ensures confidentiality of patient information	24(17.4%)	114(82.6%)
8	The healthcare provider maintains privacy in providing clinical care	38(27.5%)	100(72.5%)
9	The healthcare providers have good communication and collaboration within the team	26(18.8%)	112(81.2%)
10	The healthcare providers receive patient's family with respect	16(11.6%)	122(88.4%)
11	The healthcare providers treat patient's family with respect	23(16.5%)	115(83.3%)
12	The healthcare provider treat patients equally without discrimination	110(79.7%)	28(20.3%)
14	The healthcare provider responds promptly and professionally when patients ask for help	75(54.3%)	63(45.7%)
15	The healthcare provider gives adequate information regarding patient treatment	76(55.1%)	62(44.9%)
16	The healthcare provider physically abuses clients (e.g. slapping, pinching, inappropriate restraint and the like)	53(38.4%)	85(61.6%)
17	The healthcare provider verbally abuse patients	14(10.1%)	124(89.9)
18	The healthcare provider abandons the patient without care for a long time	24(17.4%)	114(82.6%)

5.5. Health facility related factors.

Majority of 99(71.7%) the respondent said that there was no CRC guideline and all respondents says 138(100%) there is no supervision done regarding CRC. Regarding to human resource out of 138 respondents 127(92%) of them said that there was no enough human resource/shortage of human power. In general, majority of health professionals do not have enough supplies/logistics, enough infrastructure, enough human resources, no CRC committee, no accountability, and no acknowledgement as shown in (table 5.5).

Table 5.5: Response of Health Professionals to Health facility related questions about CRC in maternal health services of public health facilities in Oromia Special Zone Surrounding Finfinne, 2018.

No.	**Health facility related**	Yes	No
1.	Is there CRC guideline? /CRC protocol?	39(28.3%)	99(71.7%)
2.	Is there supervision done regarding CRC?	0%	138(100%)
3.	Is there enough human resource?	11(8.0%)	127(92%)
4.	Is your house inside the compound?	28(20.3%)	110(79.7%)
5.	Is the logistics/supplies enough?	14(10.1%)	124(89.9%)
6.	Is the infrastructure fulfilled?	56(40.6%)	82(59.74)
7.	Is your facility well equipped?	51(37%)	87(63%)
8.	Does the facility have CRC committee?	48(34%)	90(65.2%)
9.	Is there stake holders' involvement in CRC committee?	47(34.1%)	91(65.9%)
10	Does the facility have CRC focal person?	28(20.3%)	110(79.7%)
11	Is there acknowledgement for CRC?	14(10.1%)	124(89.9%)

CHAPTER SIX

6. Discussion

This study was undertaken to generate information that was to improve the Knowledge, Attitude and Practice of Health Professionals working at Maternal Health Units on Caring, Respectful and Compassionate health service, Oromia Special Zone Surrounding Finfinne,

The knowledge level of health professionals on compassionate, respectful and caring is lower when compared to previous studies like a research conducted in Nigeria tertiary hospital, and in Addis Ababa city (19, 22). This is might be due to difference in period of conduction and training opportunity. Regarding to the awareness most of them have heard about CRC. Half of the respondents had attended training on CRC but most of the participants do not discuss on morning section about the issue of CRC. Which is similar with study done in Iran on KAP of health workers regarding health education due to shortage of time and shortage of human power(27).

This study showed that near to half respondents strongly agreed that training of CRC was important for changing health professional attitude, which is almost the same the findings from study conducted in Mulago Hospital in Uganda (20). The study show that greater than three fourth of the respondents strongly agreed that health professional should concern CRC and similarly most of the participants were disagreed that CRC implementation is only the mandate of health workers. But, study conducted in Mekelle University College of Health Sciences, half of respondents strongly agreed that health professional should concern CRC (23). The difference might be because of study design and training opportunity. A study conducted among HCWs in Gondar University Hospital showed that greater than one third of the respondents had less knowledge (23). The respondents with poor knowledge are similar to a study done in Gondar University Hospital. However, this level of poor knowledge cannot be considered low. This study showed that less than half of the respondents had favorable attitude towards CRC when compared to the study conducted among health care workers in Gondar, North West Ethiopia, in which half of them had good attitude toward the CRC (23) which indicated that it is similar study. This similarity might be because of training and awareness given on it. While there were some reports of kind and friendly staff, there were also many reports of poor attitudes and behaviors, from both patients and from HPs themselves. These included lack of sympathy and empathy, reports of neglect, rude and verbally abusive behavior, physical abuse, lack of respect, humiliating behavior and lack of

control, judgmental and punishing behavior, and lack of attention to privacy and confidentiality(28)..Teaching Hospital, Benin City, Nigeria, among Dental Surgeons revealed that majority of the participants was agreed on the importance of CRC (24). This is might be due to difference study area and design.

In this study also majority of the participants agreed on the importance of CRC, it was similar to the study done in Nigeria. This study showed that two third of health professionals strongly agreed on CRC implementations by health workers is fair and objective.

This study showed that almost two third of health professionals strongly agreed on coaching which helps health workers address concerns and issues related to CRC. In this study almost all health professionals strongly agree on the items which is regarding attitude which is not similar with study done in Addis Ababa on service provider experience on respectful maternal care practices with a result of service providers poor attitudes towards respectful maternal care have been reported as a reason for non-adherence to recommended respectful maternal care practices(29).

The study found that majority of health professionals, were not give greeting for the client respectfully this finding is higher when compared with study done East and Southern Africa particularly in Ethiopia, which is (22).

And majority didn't introduce himself or herself to the client, this finding is lower than a study done in Gondar University Hospital (18). This is may be because of difference in period of conduction, study design, study area and sample size.

Majority of the health professionals had not allocated adequate time to the client to discuss issues and most of health care providers were not respectful to patient's view on treatment and care. The study showed that majority of health professionals do not ensure confidentiality of patients information, which is similar with a study done in the Tanzania; while lack of information was passive (e.g. the provider may neglect to mention information due to time constraints) and one fifth of women had their confidentiality violated during history taking(22)(15).

The study found that majority of health professionals, do not maintain privacy in providing clinical care which is approximately similar with study done in the East and Southern Africa, especially in Ethiopia which is half(22) .

In this study less than one third & almost half of health professionals abuse patients verbally and physically respectively, and also less than one third health professionals do abandon patient without care, which is lesser when compared to study done in Tanzania which is a bit greater than half respectively(22)(15).

Regarding their profession, majority of the respondents were midwives, similarly majority of observed births were conducted by nurses and midwives who were female (22). This study shows that profession and level of attitude were found to be significant association with sex. Age of health professionals was significantly associated to good knowledge. Health professionals who have six or more than six years working experience in the study area are 3.265 times more likely practice all the activities as comparing to those who had less than six years' experience. Accordingly, greater than half of the study participants had unfavorable attitude toward CRC these is the same with study done in Kenya on RMC Perceived or real negative provider attitude(11). The similarity might be due to the fact that training given on maternal health service area.

6.1.Limitation of the study

Since the study has observation on practice part that needed following each movement of the health professionals this could have changed their behaviors that bring hawthorn effect

CHAPTER SEVEN

7. Conclusion and Recommendation

7.1 Conclusion

This study has shown that

- ✦ Majority of the health professionals got awareness on CRC. But most of the health care providers do not discuss on morning section or on health education and also over three fourth of respondents said no orientation given to a newly recruited workers about the issue of CRC. On the top of awareness that a health professionals have on CRC, giving orientation on the issue to new staff and discussion about CRC on morning section and health education will strengthen the skill of health professionals toward CRC.

- ✦ Majority of health professionals strongly agreed on the question for concern about CRC/give attention to CRC while three fourth of the participants strongly agreed the importance of CRC performance reviews which is intended to give employees clear feedback. And about three fourth of health professionals disagree on implementation of CRC is only the mandate of health workers. Giving continuous in service training will also increase the favorable attitude health professionals have which can sustain the implementation of CRC.

- ✦ Majority of healthcare provider do not properly considers patient's social status and age. Most all health professionals do not give greeting for the client respectfully and many healthcare providers do not allocates adequate time to the client to discuss issues. This poor practice could attribute to luck of good governance, customer dissatisfaction and staff demotivation.

7.2. Recommendation

- ✓ Regional health Bureau should revise policy and guideline for implementing CRC.
- ✓ Zonal health department should work together with Woreda and town health administration to fill the gaps on CRC as soon as possible and should start giving training on CRC for the existing health professionals providing the service.
- ✓ Health institutions should give continuous in service training for all health professions. They should have CRC focal person and committee.
- ✓ Researchers should investigate further on implementation of CRC since it is a new reform in our country to achieve plans and goals in HSTP.

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ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Faculty of Public Health in effect at the time of grant is forwarded as the result of this application.

Name of the student:- _____

Date._____ Signature _____

APPROVAL OF THE INTERNAL EXAMINER

Name of the internal examiner: - _____

Date._____ Signature _____

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor:_____

Date._____ Signature _____

APPROVAL OF THE SECOND ADVISOR

Name of the second advisor:_____

Date._____ Signature _____

ANNEX 1: CONSENT FORM

INFORMED CONSENT

I am pleased to inform you that am a graduate student at Jimma University pursuing a Master Degree in Human Resource for Health (HRH). As partial fulfillment of the course, I am conducting a research on the assessment of KAP of CRC among Health Professionals in Maternal Health Services, Oromia Special Zone Surrounding Finfinne, 2018.

The study will help in providing a base line data for policy makers and other researchers on issues regarding the practice CRC of health professionals toward CRC .You are selected to participate in this study because you are eligible for this study. Your participation is purely based on your willingness. You have full right either to participate or decline to be a participant in this study. If you choose to take part in the study you may respond to all the questions or you may not answer questions you don't want to, and have the right to stop the interview at any time. You also have the right to choose not to take part in this study. Participating in this study will not have any risk or harm. If you agree to participate in the study, you will be asked to answer some questions about CRC, the interview lasts with you will take about 20-30 minutes. The data will not be used for purposes other than the study. Your willingness and active participation is very important for the success of this study. This is an academic research and confidentiality is strictly emphasized

Explanation:

Name of principal investigator: Jalane Hika Barkessa

Cell phone No - 0973054527

E-mail: jalenehika@gmail.com

Interviewer: Name _____ Signature _____

Questionnaire ID number _____

Date of interview _____ Time started _____

Annex 2: Data collection tools

Part1. Self-administered Questioners

Section I. Socio -demographic Variables

1. Age _____
2. Gender :- Male ☐ Female ☐
3. Profession:- Specialist ☐ Emergency surgery ☐
   General practitioner ☐ Health Officer ☐
   Midwives ☐ Nurses ☐
4. Year of service _____
5. Year in the same institution _____
6. Time given for patient_____

Section II. Questionnaires on the Knowledge of health professionals on CRC

No.	Questions	Yes	No
1	Do you know about CRC?		
2	Did you have awareness on CRC?		
3	Do you have any CRC document in your current working area?		
4	Have you ever attend any training on CRC?		
5	Is orientation on CRC given to newly recruited health workers in your organization?		
6	Do you discuss on morning section?		

Section III. Questionnaires on the Attitude of health professionals on CRC

No.	Tasks or activities	Agreement score 1=Strongly Disagree (SD), 2=Disagree (D), 3=Neither (N), 4=Agree(A), 5=Strongly Agree(SA)				
		1	2	3	4	5
1	I believe that training of CRC was important for changing health professional attitude.					
2	I believe implementation of CRC in working area is important					
3	I think that health professional should be concerned about CRC					
4	I believe that CRC implementation is only the mandate of health workers					
5	I think CRC implementations on clients is fair and objective					
6	I believe CRC performance reviews are intended to give employees clear feedback					
7	I believe Coaching helps employee address concerns and issues related to CRC					
8	I believe Complaints regarding CRC are to be handled in confidence					

Section IV. Questionnaires on health facility of health professionals on CRC

No.	Activities	Yes	No
1.	Is there CRC guideline?		
2.	Is there supervision done regarding CRC?		
3.	Is there enough human resource?		
4.	Is your house inside the compound of health facility?		
5.	Is the logistics /supplies/ enough?		
6.	Is the infrastructure fulfilled?		
7.	Is your facility well equipped?		
8.	Is there good CRC committee and stake holders' involvement?		
9.	Do you feel accountable if no CRC?		
10.	Is there acknowledgement for CRC?		

Part2. Practice observation checklist.

Questionnaires on the practice part of health professionals on CRC.

No.	Questions/Does	Yes	No
1	The healthcare provider greets the client respectfully		
2	The healthcare provider introduces himself or herself to the client		
3	The healthcare provider properly considers patient's social status and age		
4	The healthcare provider actively listen to patients		
5	The healthcare provider allocates adequate time to the client to discuss issues		
6	The healthcare provider respects patient's view on treatment and care		
7	The healthcare provider obtains consent before examination and procedures		
8	The healthcare provider ensures confidentiality of patient information		
9	The healthcare provider maintains privacy in providing clinical care		
10	The healthcare provider verbally abuse patients		
11	The healthcare provider treat patients equally without discrimination		
12	The healthcare provider responds promptly and professionally when patients ask for help		
13	The healthcare provider gives adequate information regarding patient treatment and care		
14	The healthcare provider physically abuses clients (e.g. slapping, pinching, inappropriate restraint and the like)		
15	The healthcare provider abandons the patient without care for a long time		
16	The healthcare providers have good communication and collaboration within the team		
17	The guards receive patient and families with respect		
18	The record officers treat patient and families with respect		
19	The record officers facilitate patient registration in a timely manner		
20	The facility detains patients without their will		
21	The facility ensures safe and clean care environment for patients		