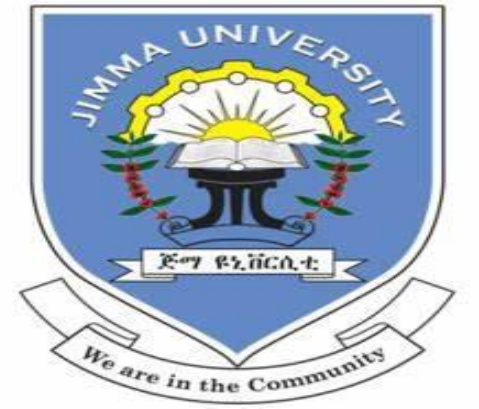

PERCEIVED PATIENT SATISFACTION AND ASSOCIATED FACTORS AMONG PSYCHIATRIC PATIENTS WHO ATTEND THEIR TREATEMENT AT OUT PATIENT PSYCHIATRY CLINIC, JIMMA UNIVERSITY MEDICAL CENTER, SOUTH WEST, ETHIOPIA, JIMMA, 2019

By: CHALACHEW KASSAW (BSC)

A RESEARCH THESIS SUBMITTED TO INSTITUTE OF HEALTH SCIENCES, FACULTY OF MEDICAL SCIENCE, DEPARTMENT OF PSYCHIATRY FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE IN INTEGRATED CLINICAL AND COMMUNITY MENTAL HEALTH

SEPTEMBER, 2019

JIMMA, ETHIOPIA

PERCEIVED PATIENT SATISFACTION AND ASSOCIATED FACTORS AMONG PSYCHIATRIC PATIENTS WHO ATTEND THEIR TREATEMENT AT OUT PATIENT PSYCHIATRY CLINIC, JIMMA UNIVERSITY MEDICAL CENTER, SOUTH WEST ETHIOPIA, JIMMA, 2019

By

CHALACHEW KASSAW (BSc)

ADVISORS:

1. Dr. ELIAS TESFAYE (MD, PSYCHIATRIST , ASSISTANT PROFESSOR)
2. Mr. SHIMELES GIRMA (BSC, MSC,MPH)
3. Mr. LIYEW AGENAGNEW (BSC, MSC)

SEPTEMBER, 2019

JIMMA, ETHIOPIA

Abstract

Background: *In health care patient satisfaction was attitudinal response, which was very subjective, cognitively based and emotionally affected. There was a reluctance to measure patient satisfaction among mentally ill patients. Satisfied patients become more compliant, cooperative and actively involved in their treatment. No published study done in this study area about psychiatry patient satisfaction.*

Objectives*: To determine perceived patient satisfaction and associated factors among psychiatric patients attending at outpatient psychiatry clinic, Jimma university medical center South west Ethiopia, Jimma, 2019.*

Methods*: Institutional based cross sectional study design was conducted and consecutive sampling was used to select 414 participants from April 12 to May 12, 2019. The 24 item Mental Health service Satisfaction Scale (validated tool in Ethiopia) was used to assess patient satisfaction. Data was edited, coded and entered using Epi-data 3.1 and exported to Statistical package for social science 22.0 for analysis. Results were presented in tables and graphs. Simple linear (p=0.25) and Multiple linear regression analysis (P <0.05) was used to identify significant association between the outcome and predictor variable.*

Result: *422 respondents were participated in the study with response rate of 98%. The mean patient satisfaction score was 71/92 (95 % CI 70.8-71.1) with over all percentage of 50.3 % (95 % CI 48.4 % – 51.2 %). Variables such as Being male [β = -.651 , 95 % CI (-.969, -.332), P= 0.001] , Having secondary and above educational status [β = -1.250), 95% CI -1.765-.735), P=.000] , Living in rural area [β = -1.358, 95 % CI (-1.687,-1.030) p= 0.00] , Having diagnosis of BPD [β= 1.719 , 95 % CI (1.332, 2.106) , P= 0.00] and MDD [β = 1.203 95% CI (.890 , 1.516) P= 000) , Having low medication adherence score (β = -2.26 , 95% CI (- 2.661 ,- 1.875) , P= .000] , Increasing in distance from the hospital [β= - 3.25 , 95 % CI (- 4.662, - 2.450)] , Having history of current substance use [β= -.719 , 95 % CI (-1.015 , -.423) ,P= 0.000] , Increasing in waiting time [β= -3.85 , 95 % CI (-4.701, -2.20), P= .000] and Good social support [β= 0.5 , 95 % CI (.231, .859), p= 0.01] was significantly associated with patient satisfaction.*

Conclusion and recommendation *: This study found that half percentage score of patient satisfaction and identified modifiable factors like increasing in distance of home from the hospital , low medication adherence score , current substance user , increasing waiting time and low social support so working with stake holders will be important to increase accessibility of service , decreasing the waiting time , strengthening social support , provide regular psycho education about medication adherence and substance for the improvement of patient satisfaction.*

Key words*: Patient satisfaction, out- patient mental service, Jimma University Medical* Center.

Acknowledgment

My special thanks and appreciation goes to the Jimma university medical center department of psychiatry for giving to me a chance of conducting this research and sponsoring the whole research.

I would like to thank my advisors Dr. Elias Tesfaye (MD, Psychiatrist, and assistant professor), Mr. Shimelis Girma (Bsc, MPH, MSc) and Mr. Liyew Agenagnew (Bsc, MSC) for their invaluable support, guidance and constructive suggestions & comments from the beginning to the end my paper.

I also would like to thank Jimma University medical center psychiatry outpatient clinical staffs, administrative officers, study participants, data collectors and supervisors for their patience, hospitality, timely and positive response, participation and collaboration which facilitates my research.

Table of Contents

List of table

List of figures

List of abbreviations

CDIS-P - Clinical Decision Making Involvement and Satisfaction –Service User

CGIS - Clinical global impression scale

ETB - Ethiopian birr

ICCMH - Integrated Clinical and Community Mental Health

IRB - Ethical review board

JUMC - Jimma University medical center

LMICs - Low and middle income countries

MARS – Medication adherence rating scale

MHSSS - Mental health service satisfaction scale

OPD - Out-patient Department

OSSS - Oslo social support scale.

P-value - Probability value

PWMI - People with mental illness

SPSS - Statistical package for social science

SWLS - Satisfaction with life scale

WHO - World Health Organization

Chapter one: Introduction

1.1. Background

Satisfaction is something that fulfills expectation, desire and giving what is required and dissatisfaction failure to satisfy(1). In health care satisfaction is multidimensional which is not tightly defined and in addition it is attitudinal response which is very subjective , cognitively based and emotionally affected (2).

Donabedian (1980) theory of quality of health care plays a base for research to be done in the area of quality assurance and client satisfaction in health-care which stipulates that interpersonal aspect of care plays very important role in determining the satisfaction patients derive from health care and for patient to be satisfied with health care delivery he /she should have a positive judgment towards every aspect of the quality of care delivered especially as it concerns interpersonal side of health care (3).

Over the past few decades patients opinions about their treatment getting attention and consider as the measure of quality health indicator which is associated with compliance and health outcome. Quantitative surveys are fairly cheap and effective and there are limited studies regarding psychiatry unit contribution for patient's perception of quality [4, 5].

Across the United States of America and Europe, patient satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery more generally. However, consumer satisfaction studies are challenged by the lack of a universally accepted definition or measure (6).Many patient satisfaction surveys in low/middle-income countries frame statements positively and invite patients to agree or disagree, so that positive responses may reflect either true satisfaction or bias induced by the positive framing (7).

There was a reluctance to measure the level of patient satisfaction among mentally ill patients about their treatment through time because of a debate whether they can give valid comment on their treatment or not but through time the development of questionnaires that claim to 'reliably measure' the views of patients have coincided with a greater acceptance for study on patient satisfaction (8).

Patients who were visiting outpatient mental health service were few in number in Africa as compare to Europe and in Ethiopia in 53 outpatient mental health services which half of the out patients facilities' have at least one psychotropic medicines of each medication group and about 114.79 per 100000 population were visiting outpatient mental health service. [9, (10)].

Since time to time the prevalence and impact of mental illness is increasing working in the area of mental health is very important especially client centered intervention is important for tackling the impact of mental illness primarily in patients with mental illness.

1.2. Statement of the problem

In health care satisfaction is multidimensional which is not tightly defined and in addition, it is attitudinal response, which very subjective cognitively based and emotionally affected (11).

Since health is human right WHO advocates health institutions to give more emphasis on clients centered service to become more responsive to users need and timely response to improve the quality of care (12).

The global patient satisfactions in all type of illness was 66% which ranges from 72 % in developed countries to 60 % in developing countries (13) and outpatient mental health service in Europe was from 90% (14) to 45%(15) , in Africa from 72% (16) to 45 % (15) and in Ethiopia from 77 % (17) to 57 % (18).

Factors which were affecting patient satisfaction in mental health service were socio-demographic related factors like age ,sex, marital status , clinical related factors like clinical diagnosis, treatment response, medication adherence, medication side effects, psycho-education about treatment, and service related factors like the physical setting of services , helpfulness of support staff , time spent with counselor , waiting times for service components , information resources , competence of counselors , cost , relevance to their needs , accessibility of services ,frequency of appointments ,'humanness' of services , the effectiveness of services in ameliorating their problems, patient involvement and social factors such as social support of the patient[19, 20] .

Patient satisfaction in mental health service is related with decision-making style of the care provider which is mostly passive type decision making style and in this type of decision making styles patient satisfaction was decreased and affects patient improvement significantly(21).

Health institutions used patient satisfaction a base for service quality assurance purposes and those institutions which were done periodically patient satisfaction study showed high quality assurance and their patients were time more compliant, cooperative, interested to actively involved in their treatment regime, and increases efficiency of care by decreasing referrals. On the other hand, health institutions who were not monitoring patient satisfaction periodically shows difficulty in achieving quality of service and their patients were not showing any change in their compliance and treatment response [22-24].

Patient treatment response was strongly affected by patient satisfaction for example those who are satisfied about service are associated with fewer re-admissions, promptness of follow-up, continuity of outpatient care and reducing the suicidal attempts of patient (25).

In addition client satisfaction in health service institution address the reliability of services, the assurance that services are provided in a consistent and dependable manner and decrease burnout of the health care providers [26,27].

In European countries various measures were taken to increase the patient satisfaction among that the most common were giving training for physicians about participatory decision-making styles, experiential relationship-centered physician communication skills, psycho education about treatment , improved community services, staff training, and implementation of standard policies and guidelines[28]

In low and middle level countries there was in-sufficient evidence that quality researches were done regarding mental health service satisfaction(29)

In Ethiopia most of health institutions were using posting a record of cleaning activity in toilets and in patient wards, distributing leaflets in the local language with each prescription, and sharing ideas about patient experience across the hospital to increase patient satisfaction(30).

Since there was reluctance to measure mentally ill patients service satisfaction before and few researches done in our country and no study was done in this study area. So studying patient satisfaction on outpatient mental health services will address to implement the things which are not tried before in our country like provide training for clinicians about participatory decision-making styles and experiential relationship-centered physician communication skills, regularly administration of psycho education about treatment, improving community services, staff training, implementation of standard policies and guidelines andadministering leaflets prepared by their local language about service and treatment. In-addition this study include variables like substance use, medication adherence, social support and current clinical severity scale of the patient which were recommended by previous study.

1.3. Significance of the study

Patient satisfaction is reliable predictor of quality health care but initially there was reluctance to measure mentally health service satisfactionby the patients. So this study will be important at first to break the reluctance history of measuring mental health service satisfaction by the patient. Next the result from this study will address in determining the current magnitude and associated factors of patient satisfaction which will be vital for intervention purpose. This study result will be important for patients to increase their level of confidence to decide and involve on their treatment. This study result will be important for staffs in identifying and working on those identified factors which hinderpatient's satisfaction which helps alsoto decrease burn-out rate of staffs. This study result will be crucial for policy makers, Hospital administrators, and Non-governmental organizationto design locally relevant and sustainable interventional policy which helps to increase patient satisfaction and finally to achieve quality of mental health care.

Moreover, since patients need and attitude towards service changes time to time this study result will be important for researchers to use as baseline information for future assessment for this study area and also for other study areas working on patient's satisfaction.

Chapter two: literature review

2.1 Magnitude of patient satisfaction at outpatient service

The magnitude of patient satisfaction on the studies done on 162 patients by using CSQ (Client Satisfaction Questionnaire-8) were 90 % in Ireland (14), 44.8 % in Canada (31) , 39.3 % in London (32)and on 890 patients by using six-item likert scale was 63.2% in Rome (33).

Another studies done among Asian countries on 502 patients by using five section patient satisfaction assessment questioner were 19% in china (34) and on 60 patients by using Patient Satisfaction Questionnaire–18 (PSQ-18)57% in Indian (35) . On the contrary, Other studies done on 519 patients were 87.28%in India (36) and on 123 patients by using Client Satisfaction Questionnaire-8(CSQ-8) 92.7% in Pakistan (37).

In African studies magnitude of patient satisfaction on a study done on 556 patients by using Client Satisfaction Questionnaire-8(CSQ-8) were 72.9% in South Africa (16) and on 300 participants by using Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS) - a 15-item measurement) and 45% in Nigeria (15).

In Ethiopian studies magnitude of patient satisfaction on 454 by using Charleston Psychiatric Outpatient Satisfaction Scale (CPOSS) were 61.2% in Dessie (38), on 287 patients (selected from health center) 57% in Adds-Ababa (18), on 415 outpatients (selected from health center) by using client satisfaction questionnaire (CSQ-8) 72%in mekelle , on 250 respondents with 27 items likert scale 77.4% in Gondar (17)and on 385 patients attending for other treatments in OPD (except psychiatry service) 57.1% in Jimma (39).

2.2. Associated factors related patient satisfaction

Literature showed that Social-demographic variable age, sex, marital status, educational status and residence, clinical related factors such as current psychiatry diagnosis, Current substance use, Having co-morbid illness, Medication adherence, Total duration illness and service related factors waiting time , consultation time and decision making style clinician were associated with patient satisfaction.

2.2.1. Social-demographic characteristics

The study done on New York , Pakistan and Qatar showed that being advanced age is associated with dissatisfaction as compared to young ones[40, 44].

About the association on gender difference the study done in Qatar and Addis Ababa showed that being male is associated with high satisfaction [45, 43] . On the contrary, The studies done in Dessie and Ghana showed that being female is associated with high satisfaction[41,18].

Another factor which influence patient satisfaction was living area (urban vs. rural) and the study done in Dessie showed that living in urban is associated low satisfaction(38).On the contrary, the study done in Addis Ababa showed that living in rural associated with low satisfaction(18).

Regarding educational status of the patient the study done in New work and Ghana showed that low educational status is associated with low satisfaction [18,46] . on the contrary , The studies done in mekelle and Addis Ababa showed that having higher education status which means college and above was associated with low satisfaction level [47,18] .

The study done on five European countries (Epsilon study in London , Copenhagen ,Amsterdam, Santander and Verona), Nigeria and Ethiopia showed that being married associated with higher satisfaction of service[35, 15,41] . The last factor was social support which a studies done in Ghana, Egypt and Addis Ababa showed that patient who had high social support score was associated with higher level of patient satisfaction[43, 48, 49] .

2.2.2. Clinical related factors

Patients with somatoform, eating, bipolar, personality disorders and schizophrenia were associated with less satisfaction than patients with affective, anxiety, and adjustment disorders according to the study done in Canada , India , Dessie and Addis Ababa Respectively[34,50,41,49].

All Studies done in five European countries (Epsilon study in London , Copenhagen , Amsterdam, Santander and Verona), Nottingham , France , Nigeria and Addis Ababa showed that Patients with good adherent medication score , less than 3 years duration of illness & co-morbid medical illness were associated with high patient satisfaction[49, 51,15,48].

2.2.3. Service related factors

The study done in New York and Mekelle showed that the longer waiting time was associated with low satisfaction score [52 ,15].

According to the studies done on five European countries (Epsilon study in London , Copenhagen ,Amsterdam, Santander and Verona) , Israel and Egypt showed that respondents who didn’t receive adequate information about their treatment showed lower satisfaction level [49, 53,54].

In Patients whom their relativeswere involved in their treatment process showed higher satisfaction based on the studies done on five European countries, Romeand Kuwait[49,56, 57]

The study done in Australia showed that involving patients in decision making about the treatment especially an active type of decision making style was associated with higher satisfaction (55).

The study done in Malaysia showed that patients with within average of 20 minute and above consultation time was associated good satisfaction which offer more advice on lifestyle and other health-promoting activities(46).

The study done in Bangladesh showed that having less than 30 minutes of waiting time was associated with high satisfaction score (56). The study done in mekelle showed that having less than 2 hours of waiting associated with patient satisfaction(44). The study done in Wolayta sodo showed that having waiting time less than 30 minutes associated with patient satisfaction(57).

2.4. Conceptual frame work

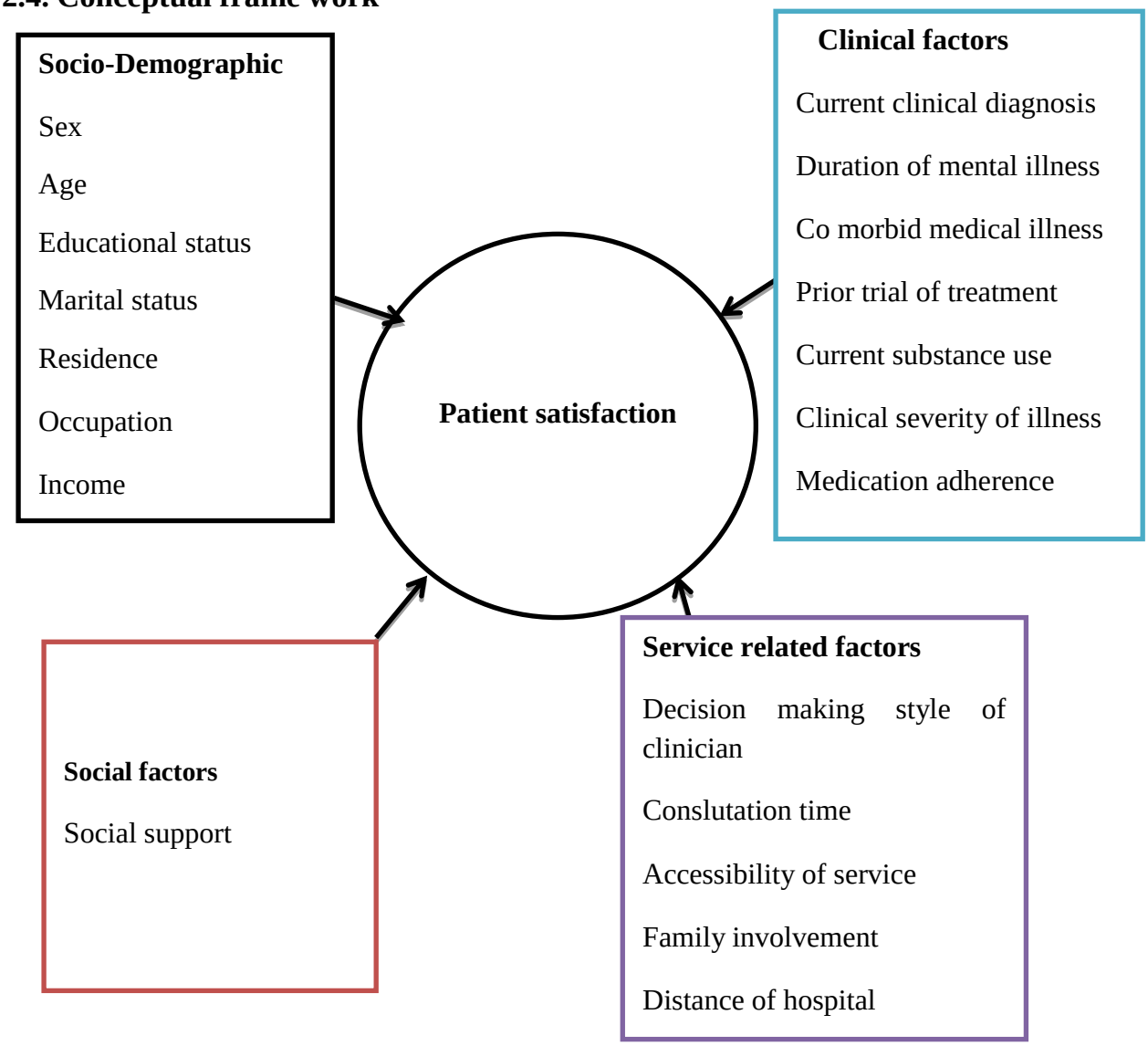

Figure 1. The conceptual frame work of perceived patient satisfaction and associated factor among psychiatric patients who were attending on psychiatry out- patient follow services at Jimma university medical center, south west Ethiopia, Jimma from April 12 to May 12, 2019.

Chapter three: objective

3.1 General Objective

- ✓ To asses perceived satisfaction and associated factor among psychiatric patients who were on psychiatry out- patient follow services at Jimma university medical center, south west Ethiopia, Jimma from April 12 to May 12, 2019.

3.2. Specific Objectives

- ✓ To determine perceived patient satisfaction among psychiatric patients who were on psychiatry out- patient follow services at Jimma university medical center, south west Ethiopia, Jimma.
- ✓ To identify factors associated with patient satisfaction among psychiatric patients who were on psychiatry out- patient follow services at Jimma university medical center, south west Ethiopia, Jimma.

Chapter four: Methods and Materials

4.1. Study area and period

This study was conducted at Jimma university medical center (JUMC) psychiatric outpatient clinic from April 12 to May 12, 2019 which was located in south west Ethiopia and 352 km far from Addis Ababa.

JUMC is teaching university medical center in the south western part of the country and providing services for approximately 15,000 inpatient, 160,000 outpatient,11,000 emergency cases and 4,500 deliveries in a year coming to the medical center from the catchment population of about 15 million people.

Currently 16,000 patients per year was estimated as they were on follow up at out psychiatric clinic and the hospital has an average of 1,333 psychiatric patients has follow up visit at the psychiatric clinic every month, but not all patients who has follow regular follow up are always coming but sometimes their families or caregivers were coming for follow up treatment.

The psychiatry department has 3 psychiatrists, 2 PhD, 10 MSc mental health specialists, 10 MSc mental health specialist students, 2 clinical psychologists and 12 psychiatry nurses.

The department delivers 24 hrs.' Emergency services, outpatient regular service, and inpatient/admission (with 35 beds) service to the community(58).

4.2. Study Design

An institutional based cross-sectional study design was employed.

4.3. Population

4.3.1. Source population

All mentally ill patients attending at Psychiatry outpatient clinic of Jimma university medical center for follow up treatment.

4.3.2 Study Population

All adult age (18+) mentally ill patients on follow up in psychiatry clinic during the study period and fulfilled the inclusion criteria.

4.3.3. Sample population

Selected adult age (18+) patients on follow up in psychiatry clinic during the study period.

4.3.4. Study unit

Individual patient

4.4. Eligibility criteria

4.4.1. Inclusion Criteria

- ✓ All mentally ill patients age is 18 and above

4.4.2. Exclusion Criteria

- ✓ Patients with new visit and less than 6 month duration of follow up.

4.5. Sample Size calculation

It was calculated by using single proportion formula but since the outcome variable was continuous to calculate sample size standard deviation was used.

Where, n = required sample size

$$\mathbf{n= (Z\alpha/2)^2\ \sigma 2/\ d^2}$$

= (1.96) (1.96) (0.5) (0.5) / (0.05) (0.05)

= 384

- ❖ **σ**= for unknown variance =0.5
- ❖ Where z is reliability coefficient at 95% confidence interval (1.96)
- ❖ W (margin of error) =0.05
- ❖ N non-response rate 10%.
- ❖ The total sample size was, 384+ 38.4= 422

4.6. Sampling procedure

Consecutive sampling technique was used.

4.7. Data collection instrument and procedure

4.7.1. Data collection instrument

The instruments that used for the data collection were the following validated assessment tools.

Mental health satisfaction scale - (MHSSS) which was written both in English and a translated and validated "Amharic" version (Cronbach's α = 0.92) with sensitivity 81% and specificity 87 %(59).

Medication adherence assessment tool: **Morisky medication adherence scale -8 (MMAS-8)**. It is used to asses medication adherence It Consists of eight items with a scoring scheme of "Yes" = 1 and "No" = 0 for the first seven items and a 5-point Likert response for the last item. The item was summed to give a range of scores. Sensitivity and specificity of the 8-item scale were 83% and 93% respectively, and Cronbach's alpha value is 0.83, which has been particularly useful in chronic conditions (60).

Oslo social support scale (OSSS) – it is a three item scale with cronbach alpha of (0.75) and It has a range value of 3-14, which further categorized as: "poor support" 3–8, "moderate support" 9–11 and "strong support" 12–(61).

Clinical Decision Making Involvement assessment tool. It is tool which is used to assess the decision making style of a physician and patient on patient treatment with cronbach alpha of 0.79 which have three parts.

Active decision: I made the final decision and I made the final decision after seriously considering my clinicians opinion.

Shared type: My clinician and I shared responsibility for making the best decision for me.

Passive type of decision making: My clinician made the final decision, but seriously considered my opinion and my clinician made the final decision(55).

Clinical Global Impressions-Severity (CGI-S)– it is a 7 item scale with cronbach alpha of 0.78 which is used to assess the level of clinical severity psychiatric disorders based on clinicians experience on in judging the level of illness like 0 = **Not assessed**1 = **Normal, not at all ill** 2 = **Borderline mentally ill** , 3 = **Mildly ill**, 4 = **Moderately ill**, 5 = **Markedly ill** 6 = **Severely ill** and 7= **Extremely ill**(62).

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-3.0) were adopted to assess the current alcohol, cigarettes and khat and cannabis use status of the participants. It developed by WHO to detect psychoactive substance use and related problems in primary care patients with cronbach alpha (.73) (63).

4.7.2. Data collection procedures

Face to face interview and document review was used to collect the data for this study. Four Bsc nurse and two psychiatry MSc supervisors were recruited and 2 day training was given about the objective of study. Then during the actual data collection first the interviewer greet and introduce himself then ask permission then after permission was obtained from respondents the interviewer explain about objective of study and expectation from the respondents then the questionnaires which were designed to be conducted by interview was administered and took approximately 30 to 45 minutes to complete and each data collector was review the card and record the card number of respondents who had completed questionnaire each day and copy daily each of respondents card number and share to all data collectors to avoid redundancy of questionnaire . The principal investigator and the supervisors checked completeness and quality of collected data each day and the in- complete question was excluded and feedback was given at daily base.

4.8. Study Variables

4.8.1. Dependent Variable

Patient satisfaction

4.8.2 Independent variables

- **Socio demographic related factors**
  - Age
  - Gender
  - Educational status
  - Marital status
  - Place of residency
  - Income
- **Psycho-Social factors**
  - Social support
- **Patient clinical characteristics**
  - Current substance use
  - Current diagnosis of mental illness
  - Duration of illness
  - Co morbid medical illness
  - Medication adherence
  - Clinical severity scale
- **Service related factors**
  - Decision making style of clinician
  - Waiting time
  - Consultation time
  - Family involvement in treatment
  - Accessibility of service
  - Distance from the hospital
  - Facility condition

4.9. Operational Definitions

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

Outpatient department: is the place where regular patients were seen in follow up services except emergency department.

Service: Any activity undertaken to meet the social needs (64).

Access to service : defined as the essential mental health services should available and affordable at private and public health facilities or medicine outlets within 1 hour of walk distance and 5km distance all the needed materials to use(65).

Outpatient waiting time: The total time from registration until consultation with a doctor this was measured by Recording the time of arrival to consultation by the data collector (66).

Consultation time: it is the time which a patient talks with a clinician about his treatment and recorded by the data collector from entry to exit of consultation office.

Consultation time : The time duration stay of patients with a clinician during follow up visit(67).

Co-morbid medical illness: if the patient had proven or diagnosed medical illness which was determined by reviewing patient chart.

Prior trial of treatment: The first trial of treatment when the patient becomes mentally ill either it could be traditional or modern.

Family involvement in treatment : Any individuals who are related to the patient through marriage, biology or adoption , friendship and involve in patients treatment process like encourage engagement with treatment plans, recognize and respond to early warning signs of relapse , assist in accessing services during period of crisis , giving medication , attending for follow up with patient , asking clinicians about the possible solutions of disorder and deciding about some issues regarding the treatment which was asses by yes or no question (38).

Current substance user : A respondent who use any of psychoactive substances (khat, cigarettes, alcohol , cannabis and mastish) within recent 3 months (63).

Social support – OSS -3 score of 3-8 = poor social support , 9-11 = moderate social support and 12-14 strong social support (61).

Medication adherence Scale –Morisky medication adherence scale (**MMAS-8)** score of 0-5 (low adherence), 6-7 (moderate adherence) and 8 (high adherence) (68).

Clinical decision style of health care provider – if patient decides to take medication (active clinical decision) , if both were agreed to take medication (shared clinical decision) and health care provider decides to take medication (passive clinical decision) (55)

Severity of the current psychiatric illness based of clinical experience the current condition of the patient score

0 = **(Not assessed)**

1 = (**Normal, not at all ill)**:- Symptoms are rarely present and occur only in contextually appropriate circumstances. The patient's reports functioning at or very close to their full capacity

2 = (**Borderline mentally ill)**:- Symptoms are few in number and only intermittently present, and usually no more than mild severity. There is little or no interference in role functioning.

3 = (**Mildly ill)**:- Symptoms are clearly present and cause distress, but there is only minimal or no reduction in functioning

4 = **(Moderately ill)**:- Symptoms are present every day or nearly every day but may diminish at times. Substantial distress is present but bearable. Functioning in important roles is somewhat reduced, or maintained only through high levels of perceived effort. Suicidal thoughts may be present, but there is usually a desire to live.

5 = (**Markedly ill)**:- Symptoms are highly distressing and the patient struggles greatly to function in important life roles. Active suicidal ideation may be present

6 = (**Severely ill**):- Symptoms are nearly constant and highly distressing, and the patient is unable to function in important life roles. Active suicidal ideation may be present

7= (**Extremely ill)**:- Symptoms are continuously present at a very severe level. The person is unable to maintain basic functioning. Active suicidal thoughts are usually present. Hospitalization is usually required (62).

4.10. Data analysis

The coded data were entered in to EPI-DATA version 3.1 to minimize data entry error and then exported to SPSS version 22. 00 for analysis. Descriptive statistics such as texts, percentage, graphs and tables for categorical data and calculated mean and standard deviation for continuous data was used to describe the data. The data was checked for missed value and outlier and it was cleaned timely. Before performing linear regression analysis all assumption of linear were met such as Normality was checked by using normal histogram curve and Kolmogorov-Smirnov Test, Linearity was checked by using (Qunatile– Qunatile) QQ plot and histogram, No-outlier was checked by using outlier test, Multicolinearity was checked by using VIF and all variables were VIF < 2, Homoscedasticity was checked by using levene's test which all variables were p > 0.05 which indicate no heteroskscacidty, Independent observation was checked by Durbin Watson value and the value of this finding was 1.95 . Simple regression was used to identify variables candidate for multiple linear regression at P< 0.25 and then to adjust the con founder variables multiple linear regression analysis were used and variables P< 0.05 were assigned at final model analysis which determine the dependent variable independently.

4.11. Data Quality assurance

The possible maximum sample size with non-response rate was calculated. Standard and carefully designed questionnaires were used and translated to local language Affan Oromo and Amharic by two different persons back translate to English. Pretest was done among 5% of the participants on shenen gibe hospital who attend their treatment at outpatient service to check for the understand-ability, Reliability and clarity of the questionnaire. After training both data collectors and supervisor assigned to pretest questionnaires before the actual data collection. The questionnaire was administered and tested by 5% of patients who attend at shenen gibe hospital psychiatry outpatient clinic. The internal consistency of service satisfaction measurement items in pretest was (Cronbach's Alpha=.814). Two days training on the objective of the study, questionnaires and ethical issues was given by using training guide for the supervisor and data collectors.

The data were collected without wearing Gown outside OPD at waiting area to prevent reluctance to give reliable information. Supervisors and principal investigator checked data completeness and quality by reviewing collected data and the incomplete questionnaire were excluded and feedback was given on the daily basis.

4.12. Ethical considerations

Prior to data collection ethical clearance was obtained from Institutional Review Board (IRB) institute of health, Jimma University. Permission to conduct the research was obtained from the clinical director of the hospital and the head of the Psychiatric Clinic. Written consent form prepared with an outline of the purpose of the study and discussed with each participant who agreed to participate in the study. The participants were assured that they had the right to withdraw from the interview at any time they wish. And they were ascertained that if they wish to refuse to participate, their care or dignity had not been compromised in any way since there is no relationship between participation and health service they received. Participants were informed that there is no expectation of additional treatment or any associated benefits and risks for them participating in the study. Finally the questionaries' was locked after data entry was completed.

Chapter five: Result

5.1. Socio demographic characteristic of respondents

From 422 respondents data were collected from participants with 98 % response rate. Among the total respondents 286 (69.1%) were males and the Mean ± SD age of respondents were 33±9 which range from 18 to 67 years and majority of the participants 254 (61.4%) were Muslims. More than half of the respondents 214(51.4%) were single followed by married 163(39.4%). Nearly one third of the respondents 137(33.1%) were attended up to primary school (1-8) and one fourth of the respondents 88 (21.3%). were government workers. The median income of the respondents was 1000 with inter quartile range 500 ETB. Majority of the respondents 316 (76.3%) were came from urban and median distance of respondents from the hospital was 35 (Min=1, Max = 300) km, Majority of the respondents 401(96.9%) were free insurance users

Table 1. Socio-demographic characteristics result of respondents who attend at Jimma university medical center psychiatry out-patient psychiatry clinic south west, Ethiopia, Jimma 2019 (n=414).

VARIABLE	CATEGORY	FREQUENCY(N=414)	PERCENTAGE (%)
Sex	Male	286	69.1
	Female	128	30.9
Religion	Muslim	254	61.3
	Orthodox	107	25.8
	Protestant	50	12.1
	Others *	3	0.71
Marital status	Single	214	51.7
	Married	163	39.4
	Divorced	31	7.5
	Others **	6	1.4
Educational status	No education	33	7.9
	Primary	137	33.1
	Secondary	126	30.4
	More than secondary	118	28.5
Occupation	Student	29	7.0
	house wife	39	9.4
	Merchant	56	13.5
	government employee	88	21.3
	farmer	74	17.9
	private work	87	21.0
	jobless	36	8.7
	Others ***	5	1.2
Residency	Urban	316	76.3
	Rural	98	23.7
Health insurance	Yes	401	96.9
	No	13	3.1

Others, * (Jehovah, catholic), ** (Widowed) and *** (Pension)

5.2. Clinical related factor of respondents

The mean ± SD of age onsets of the illness of the respondents was 27(±7) years which range from 15 - 61 years and total duration was 5 (SD ±4) which ranges from 1-25 years. The mean ± SD of waiting time of respondents was 56 (± 25) minute ranges from 10 to 120 minute and consultation time was 14 (±5) minute ranges from 5 to 40 minute. Nearly half of the respondents had history of admission 216 (52.2 %). Most of the respondents 269 (65 %) respond as they were attending for modern treatment at the first time and from the respondents who said they were attending for traditional treatment at first time 130 (89.6 %) used religious treatment (holly water and praying). 20 (.5%) of respondents respond as they had co-morbid medical illness and 242 (60%) of respondents respond as they had no history of current substance use.

Table 2.Distribution of *clinical and service related factors of respondents in jimma university medical center psychiatry outpatient clinic, south west Ethiopia, jimma 2019, (N=414).*

Variable	Category	Frequency	Percentage
Having co morbid mental illness	Yes	19	4.6
	No	395	95.4
Severity of the illness	Normal, not at all	49	11.8
	Borderline mentally ill	316	76.3
	Mildly ill	49	11.8
Medication adherence score	Low adherence (0-5)	290	70.0
	Medium adherence (6-7)	57	13.8
	High adherence (8)	67	16.2
Social support scale	Poor	240	58.0
	Moderate	149	36.0
	Strong	25	6.0
Substance use history	Yes	172	41.5
	No	242	58.2
Clinical decision style of respondents	Passive decision	402	97.1
	Others *	12	2.9
History of admission	Yes	216	52.2
	No	198	47.8
First trail treatment	Modern	269	65.0
	Traditional	145	35.0

Others * (active and shared decision)

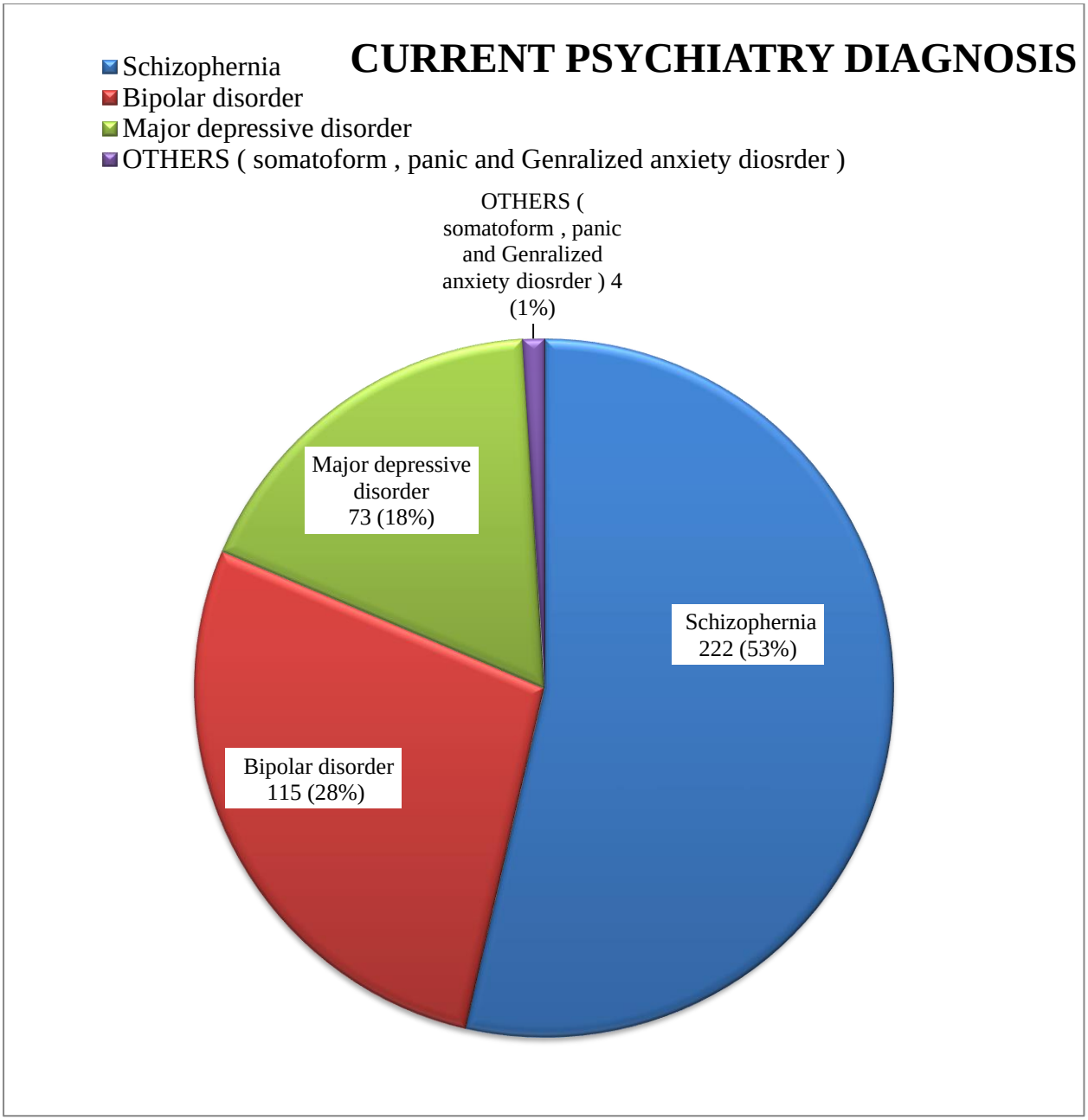

Figure 2.The type of current psychiatry diagnosis of respondents who attend their treatment at jimma medical center, psychiatry out patient clinic, south west Ethiopia, 2019, (N=414).

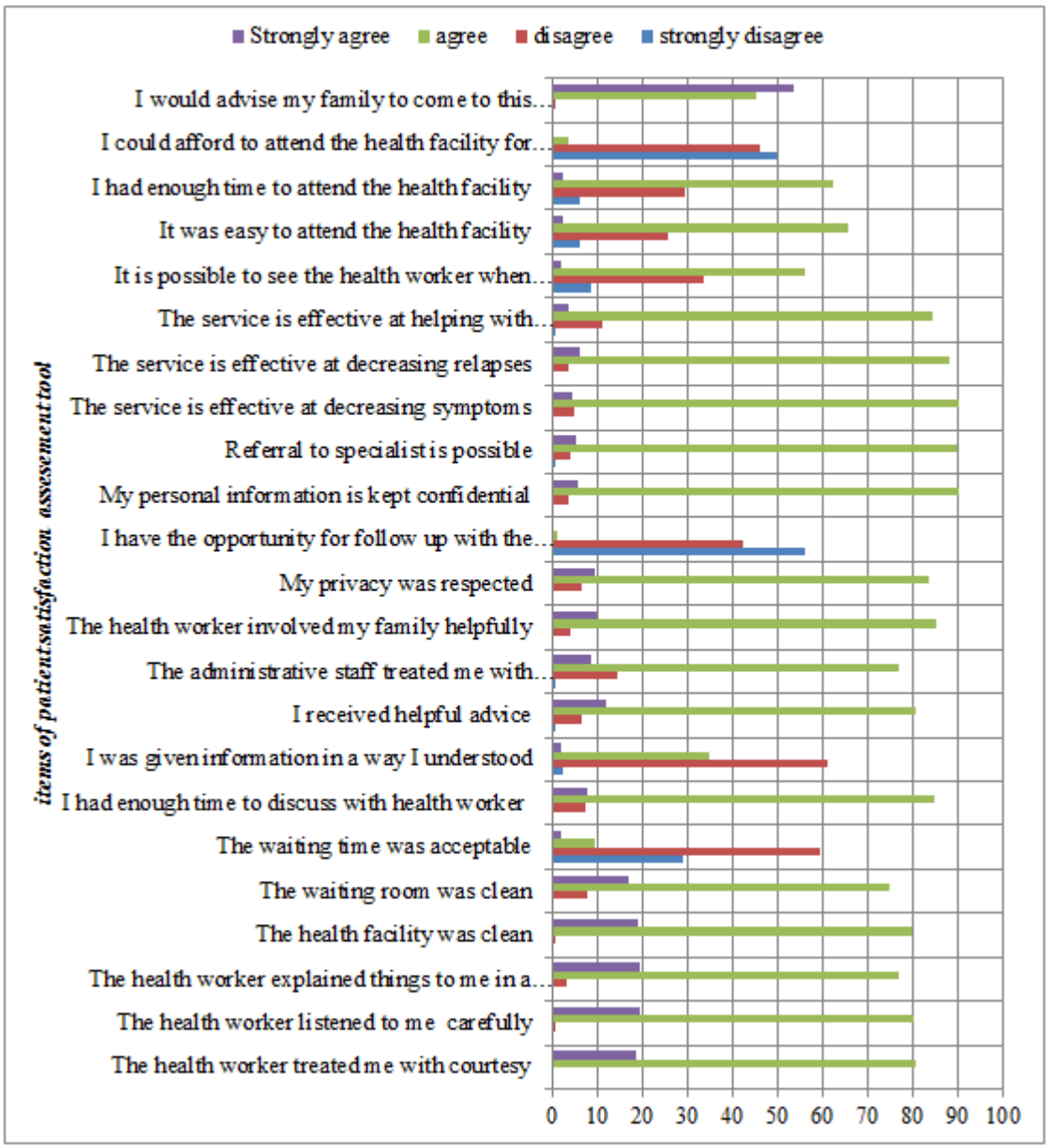

Figure 3. Patient response for each mental health service satisfaction assessment items of psychiatry out patient clinic at Jimma university medical center , south west Ethiopia , 2019, (n=414).

As the above figure showed that from 23 item most respondents (88.6%), (98.3%) and (96.1%) respond disagree and strongly disagree for item of the waiting time was unacceptable, lacks the opportunity for follow up by the same health worker and I could not afford to attend the health facility for treatment respectively and 60% of them respond as they weren't getting information in which they understand about their illness but for rest of the other items they were responding agree and strongly agree.

5.3. Magnitude of patient satisfaction

The mean score of patient satisfaction among respondents who attend their treatment at jimma university medical center, psychiatry outpatient clinic was 71 / 92 [95 % CI (70.8-71.1] which 53% of them score above the mean patient satisfaction score when it is transformed into percentage score (actual – minimum /maximum –minimum) *100=50.3%.

From all items used to measure patient satisfaction most respondents 366 (88.6%), 406 (98.3%) and 397 (96.1%) were responding disagree and strongly disagree for item of the waiting time was unacceptable, lacks the opportunity for follow up by the same health worker and could not afford to attend the health facility for treatment respectively but for rest of the other items they were responding agree and strongly agree.

Before running linear regression assumptions were tested for and met such as Normality was checked by using normal histogram curve and Kolmogorov-Smirnov Test, Linearity was checked by using Quantile-Quantile (Q-Q) plot , No outlier checked by using outlier test and cook distance , Multicolinearity was checked by using VIF <10 and all variables were VIF < 2 , Homoscedasticity was checked by using levene's test which all variables were $p > 0.05$ which indicate no heteroskscacidty, Independent observation which Durbin Watson value must be between 1.5-2.5 and the value of this finding was 1.95, Model fitness was checked by using R square and it was 53.3%.

5.4. Simple variable linear regression analysis result

To identify variables which were candidate for multi linear regression each independent variable tested with the dependent variable for significant association consequently one by one and those variables which has $p< 0.25$ will be exported for multiple linear regression model and the variables were Sex, Marital status, occupational status , Total duration of mental illness , Having previous admission ,

Current substance use ,Waiting time , Medication adherence , Social support score , Having history medical illness , History of admission , current psychiatry diagnosis, distance from the hospital and age at first onset of illness were significant and ready to be exported to multi-linear regression (**see the summary table 3)**

Table 3.Distribution of simple variable linear regression analysis result of respondents who were attending at JUMC, psychiatry outpatient clinic, southwest Ethiopia, jimma, 2019 (n=414).

Model			95.0% Confidence Interval for B	
	B	P value	Lower Bound	Upper -Bound
Sex	.626	.000*	.307	.945
Age	.005	.529	-.011	.022
Religion	.126	.286	-.106	.357
Marital status	-.241	.028*	-.456	-.026
Education	-.332	.000*	-.483	-.182
Occupation	-.120	.006*	-.206	-.034
Income	-.001	.983	-.137	.134
Residence	-1.358	.000*	-1.687	-1.030
Distance in km from home	-3.687	.000*	-4.350	- 2.024
Free insurance	-.037	.932	-.897	.822
Age at first onset	-.014	.170	-.033	.006
Total duration of illness	-1.093	.000*	-1.359	-.627
History of admission	.492	.001*	.196	.788
First trial treatment at first time	-.098	.539	-.412	.216
History of medical illness	1.800	.008*	1.212	2.388
Current substance history	2.449	.000*	1.463	2.753
Waiting time in minute	- 3.311	.000*	-4.716	-2.705
Consultation time	.001	.908	-.024	.027
Medication adherence	2.672	.000*	1.484	2.859
Social support	.370	.003*	.127	.614
psychiatry diagnosis	2.497	.000*	1.380	2.615
Clinical decision	-.319	.292	-.913	.275
Severity of diagnosis	-.153	.329	-.461	.155

5.5. Multi variable linear regression result

For final model of analysis all significant variables ($p<0.25$) during simple linear regression were exported to multi linear regression analysis by adjusting the confounders and variables Sex , Educational status , Residence, Current psychiatry diagnosis, Medication adherence, Distance from the home, Substance use, Waiting time, Social support were significantly predict the dependent variable ($p<0.05$)

5.6. Multi variable linear regression final model result description for significant variables

After adjusting potential confounders by using multiple linear regression (step wise method of analysis) Sex , Educational status , Residence, Current psychiatry diagnosis, Medication adherence, Distance from the home, Substance use, Waiting time and Social support were independently predict patient satisfaction score of the patient. Being male [β = -.651 , 95 % CI (-.969, -.332), P= .001] , Having secondary and above educational status [β = -1.250), 95% CI -1.765 -.735), P=.000] , Living in rural area [β = -1.358, 95 % CI (-1.687,-1.030) p= .000] , Having diagnosis of BPD [β= 1.719 , 95 % CI (1.332, 2.106) , P= .000] and MDD [β = 1.203 95% CI (.890 , 1.516) P= .000), Having low medication adherence score (β = -2.26 , 95% CI (-2.661 ,- 1.875) , P= .000] , Increasing in distance from the hospital [β= - 3.25 , 95 % CI (-4.662, - 2.450)] , Having history of current substance use [β= -.719 , 95 % CI (-1.015 , -.423) ,P= .000] , Increasing in waiting time [β= -3.85 , 95 % CI (-4.701, -2.20), P= .000] and Good social support [β= 0.5 , 95 % CI (.231, .859), p= .001]. (**Seetable 4)**.

Table 4. Multiple linear regression analysis of respondents who attend their treatment at jimma medical center outpatient psychiatry clinic, south west Ethiopia, jimma 2019, (n=414).

Model				95.0% Confidence Interval for B	
		B	P value	Lower Bound	Upper Bound
Variables	α	68.859	.000	67.384	70.334
Medication adherence score	Low (0-5)	-2.268	.000***	-2.661	-1.875
	Medium (6-7)	-1.564	.034*	-1.786	-1.042
	High (8)	1			
Current psychiatry diagnosis	BPD	1.719	.000***	1.332	2.106
	MDD	1.203	.000***	.890	1.516
	SCH	1			
Current Substance use history	Yes	-1.719	.000***	-2.015	-1.423
	No	1			
Distance from the hospital		- 3.256	.000***	- 4.662	- 2.450
Waiting time		-3.853	.001*	-4.701	-2.205
Educational status	No-education	1			
	Primary	-.682	.007**	-1.172	-.192
	Secondary	-.629	.013*	-1.125	-.132
	Above secondary	-1.250	.000***	-1.765	-.735
Residence	Urban	1			
	Rural	-1.358	.000***	-1.687	-1.030
Sex	Male	-.651	.000***	-.969	-.332
	Female	1			
Social support	Strong	.316	.327	-.317	.949
	Good	.545	.001**	.231	.859
	Low	1			

(SCH- SCHIOPHERNIA, MDD- MAJOR DEPRESSIVE DISORDER, BPD-BIPOLAR DISORDER) (1= Reff, ***P< 0.001, ** P<0.01, * p<0.05 α = constant, step wise analysis, Adjusted R2=0.668%.

Chapter six – Discussion

This study found that the overall percentage of patient satisfaction was 50.3 % [95 % CI (48.4 % – 51.2 %)] with mean patient satisfaction score of 71/92 (CI = 70.8-71.17).

This study finding showed that over all percentage score of patient satisfaction were 50. 3 % [95 % CI (48.4 % – 51.2 %)] and this was the same with the study done in Nigeria (45%) 95% CI(0.34-0.56) (15) and Addis Ababa (57%) 95% CI(0.46-0.68) (18) , But lower than the studies done in Ireland (90.7%) 95 % CI (0.81-0.99) (69), Pakistan (92.7%) 95 % CI (0.86-0.98) (37) , India (87.28%) 95% CI (0.82-0.92) (36), and South Africa (72.9%) 95% CI (0.56-0.88) (16) and this difference might be due the difference in the number of sample size, type of measurement tool used, nature of study participant, difference in mental health literacy, mental health service and availability of alternative mental health service with in the country, characteristic difference with in the study population and study setting. In addition, This study finding was lower than that of the studies done in Ethiopia for example Mekelle (72%) 95% CI (0.64-0.80) (70) and Dessie (61.2%) 95% CI: (56.72–65.68) (38) this difference might be due the difference in sample size and assessment tool which they used CSQ and CPOSS respectively and also lower than the studies done in Gondar (77%) 95 % CI (0.70 -0.84) (17) which might be explained by due difference in sample size and study participants which in this study most of respondents were males which associated with lower patient satisfaction score as evidenced by this study result and other studies.

This study showed that 90 % of respondents respond agree and strongly agree to the item of received helpful advice from professionals and this result was similar with the study done Gondar (17) which 92.6 % of respondents said good, very good and excellent to the item and this similar result might be explained by clinicians similar responsibility to advice to their patients in the clinic.

This study found that 93 % of respondents respond strongly disagree and disagree to the item of being followed by same health professional during follow up visit and this finding was two times higher than that the study done in Gondar (17) which 40 % of respondents said poor, fair to the same item of questions this difference might be due the variation in sample size, working setting and staff profile and explained by multiple variation of health care provider during various visits can confuse a patient knowing who to contact during need for help moreover, the majority of the patients is also unwilling to closely approach and tell details about their life for the changing health care provider. This might also be very important to ensure appropriate diagnosis and follow-up.

This study found that 405 (98 %) of respondents said agree and strongly agree to the item of cleanliness of waiting area which was similar with the study done in Gondar (17) showed that majority (92%) of participants were satisfied regarding the location and cleanness of the outpatient care.

This study found that being male decreases the patient satisfaction score by 0.65 unit [β = -.651 , 95 % CI (-.969, -.332), P= .001] which was a similar result with the study done in Dessie(38) and Nigeria (15)(adjusted odds ratio [AOR] = 0.51, 95% CI: 0.37 , 0.96) and this might be explained by being males show poor adherence to treatment and higher use of psychoactive substance than females that make them less responsive to psychiatric treatment which was evidenced by the study done in Zurich (31).

This study found that living in rural area decreases the patient satisfaction score by 1.35 unit as compare to urban (β = -1.358, 95 % CI (-1.687,-1.030) p= .000) which was similar with study done in Addis Ababa(18) and this might be explained by in those respondents who came from rural area were mostly from far distant and problem in transportation issues , accessibility of medication , chance to be visited with health professionals was less likely as compared to those from urban area residence.

This study found that having secondary and above level education decreases patient satisfaction score by 1.25 unit [β = -1.250), 95% CI (-.346, -4.775), P=.000] which was similar result with the study done in Nigeria(71) and mekelle (44) and this similar result might be due in those respondents who had higher education was associated with high expectation of service.

This study found that having diagnosis of bipolar disorder increases patient satisfaction by 1.719 unit 95 % CI (1.332, 2.106) , P= .000] and major depressive disorder by 1.203 [β = 1.203 , 95% CI (.890, 1.516) P= .000] as compared to schizophrenia which was supported by the studies done Canada(31) , India(47) , Dessie (38) , Mekelle(44) and Gondar (17) this similar result might be explained by debilitating nature of illness as compared to other types of mental illness.

This study found that having high medication adherence score increases patient satisfaction score by 2.26 unit [β = 2.26 , 95% CI (2.661 ,1.875) , P= .000]which was similar result with the study done in Nigeria (72) which might be explained by good medication adherence lead to good outcome , good physician – patient relationship and good attitude towards service.

This study found that having current substance use history decreases the patient satisfaction score by 0.71 unit as compare with those who doesn't currently use any of substance [β= -.719 , 95 % CI (-1.015 , -.423) , P= .000] which was supported by the two different studies done in USA (73) and Los angles (74) which might be explained by substance use effect on the normal therapeutic effect of medication then leads to poor adherence, poor out come and which the whole affects the satisfaction score of patient.

This study found that as the waiting time increase the patient satisfaction score decreases by 3.85 units [β= -3.85 , 95 % CI (-4.701, -2.20), P= .000] which was similar result finding with the studies done in Bangladesh(56), Wolayta Sodo(59) and Mekelle (AOR = 0.01; 95% CI 0.002, 0.07) (44) and this similar result might be explained by a need to be interviewed timely as soon as they arrive to hospital and return back to home especially in those who came far distant and rural area .

This study found that having moderate social support score increases patient satisfaction score by 0.5 unit (β= 0.5 , 95 % CI (.231, .859), p= .001) which was similar result with the study done in Egypt and Ghana (42)(45) and this similar result might be explained by good social support help patient in accessing service through different means for example, in accompanying patient to come to the hospital, buying medication when it is not available, Remembering patient to take their medication on time and also support emotionally at home which facilitates their treatment outcome .

This study found that as the distance of home from the hospital increase the patient satisfaction score decreases by 3.25 units [β= - 3.25 , 95 % CI (- 4.662, - 2.450), p= .000)] which was a similar result with the study done in Dessie (38) and Addis Ababa (AOR=3.21 95% CI: (2.0-7.52) (18) which might be explained by living far distance affects timely accessibility of service.

Study strength and limitation

Strengths

This study was used recent standardized and validated tool in Ethiopia (MHSSS)

Limitation

Recall bias regarding response to the time duration of illness.

Social desirability bias since the data was collected face to face respondents may respond in the favor of interviewer either over or under report.

Chapter seven: conclusion and recommendation

7.1. Conclusion

This study found that only half respondents were score above the mean of patient satisfaction score and most of respondents were responding strongly disagree to the item of acceptability of waiting time, opportunity to be followed by same professional and affordability to attend the health facility for treatment. Being male, Living in rural area, having secondary and above level of educational status, having schizophrenia diagnosis, increasing in distance of home from the hospital, increasing in waiting time, low medication adherence score, current substance use history and having low social support score were inversely correlated with patient satisfaction score. So working on the identified modifiable factors with respected stake holders which hinders patient satisfaction at out-patient psychiatry service will be the solution to increase satisfaction of patients, improve the outcome of patient and achieve quality of service.

7.2 Recommendation

Federal Ministry of Health

- ✓ It will be better if there is special emphasis on expanding mental health services in different part of country.
- ✓ It will be good if there is continuous supervision and feedback for health institutions for sustainable accessibility of psychotropic medications in federal mental health service providing institutions
- ✓ There should be a plan to work with stake holders to accomplish strategies of Ethiopian health sector development program 2012/13-2015/16 and WHO mental health gap action program expanding and giving patient centered service.

Oromia Regional Health Office

- ✓ It is good to have a plan to decentralize mental health service at different health institution in collaboration with FMOH.
- ✓ It will be crucial if there is plan to increase the sustainability of accessible psychotropic drugs at different mental health service providing health institutions.

Jimma university medical center

- ✓ It will be good if psychiatry clinic have a separated patient card office near by the outpatient clinic to decrease the waiting time.
- ✓ It is better to have timely report and supervision of drug supply agencies for continuous availability of psychotropic medications.

- ✓ It will be good if mental health professionals provide prepared leaflet by different language (Amharic and Affan Oromo) to patients about mental health service, common mental illness and treatment options.

Psychiatry outpatient department coordinator office

- ✓ There should be a continuous report and communication with Drug supply agency of JUMC for sustainable availability of psychotropic medications.
- ✓ It will be better if there is monthly schedule of professionals to increasing the chance of getting same health professionals during monthly appointment.

For psychiatry outpatient clinical staffs

- ✓ It will be better if there is regular psycho education for patients about the merit of good medication adherence and demerit of current substance use to their treatment out come and relationship with clinician and attitude of service.

Researchers

- ✓ Since time to time patient expectation and need changes so it will better if there is periodic evaluation of patient's satisfaction level by using timely based assessment tool to measure current patient's satisfaction level which is used for timely and appropriate intervention for the problems identified at last to provide quality of mental health service to the patient.

Reference

1. Harcourt. HM. Dictionary. In: Webster's New World College Dictionary,. 4'th. 2010.

2. Thompson AGH, Suñol R. Expectations as determinants of patient satisfaction: concepts, theory and evidence. Int J Qual Health Care [Internet]. 1995;7(2):127–41. Available from: http://www.ncbi.nlm.nih.gov/pubmed/7655809

3. Ruggeri M. Patients ' and relatives ' satisfaction with psychiatric services : the state of the art of its measurement. 1994;212–3.

4. Li J-S. Theta lifting for unitary representations with nonzero cohomology. Duke Math J. 1990;61(3):913–37.

5. Ruggeri M. Satisfaction with Psychiatric Services. Ment Heal Outcome Meas. 2010;99–115.

6. Crow R, Gage H, Hampson S, Hart J, Kimber A, Storey L, et al. The measurement of satisfaction with healthcare: Implications for practice from a systematic review of the literature. Health Technol Assess (Rockv). 2002;6(32).

7. Dunsch F, Evans DK, Macis M, Wang Q. Bias in patient satisfaction surveys: a threat to measuring healthcare quality. BMJ Glob Heal. 2018;3(2):e000694.

8. Crawford MJ1 KA. Not listening to patients--the use and misuse of patient satisfaction studies. Int J Soc Psychiatry. 1999;45(1):1–6.

9. Sankoh O, Sevalie S, Weston M. Mental health in Africa. Lancet Glob Heal [Internet]. The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license; 2018;6(9):e954–5. Available from: http://dx.doi.org/10.1016/S2214-109X(18)30303-6

10. Information G, Health M, Delivery C. General information. Eur J Cancer Suppl. 2004;2(8):xvii–xx.

11. Coyle J. Exploring the Meaning of 'Dissatisfaction' with Health Care: The Importance of 'Personal Identity Threat.' Sociol Health Illn [Internet]. 2008;21(1):95–123. Available from: http://doi.wiley.com/10.1111/1467-9566.t01-1-00144.

12. Valentine n, silva a de. World health organization (who): strategy on measuring responsiveness world health organization (who) : strategy on measuring responsiveness charles darby nicole valentine christopher jl murray gpe discussion paper series : no . 23 eip / gpe / far wor. 2015;(may).

13. Gamble M. Patient Satisfaction Around the World: 30 Statistics. united states; 2012.

14. Lally J, Byrne F, McGuire E, McDonald C. Patient satisfaction with psychiatric outpatient care in a university hospital setting. Ir J Psychol Med. 2013;30(4):271–7.

15. Influence of Sociodemographic and Clinical Factors on Consumers' Satisfaction with Outpatient Mental Health Services in a Nigerian Multidisciplinary Treatment Centre. 2018;11:869–76.

16. Phil dl. Consumer satisfaction with community mental health care in durban renée almeida oluyinka adejumo. J interdiscip heal sci [internet]. 2004;9(1):3–9. Available from: https://hsag.co.za/index.php/hsag/index

17. Woldekidan NA, Gebresillassie BM, Alem RH, Gezu BF, Abdela OA, Asrie AB. Patient Satisfaction with Psychiatric Outpatient Care at University of Gondar Specialized Hospital : A Cross-Sectional Survey. 2019;2019.

18. Zienawi G, Birhanu A. Patient ' s Satisfaction and Associated Factors towards Outreach Mental Health Services at Health Centers Addis. 2019;6(1):1–7.

19. Parker R. Celtic Connections 2017 comes to triumphant end after welcoming over 100,000 revellers - Glasgow Live. :1–38. Available from: http://www.glasgowlive.co.uk/whats-on/whats-on-news/celtic-connections-2017-comes-triumphant-12560631

20. Blenkiron P, Hammill CA. What determines patients' satisfaction with their mental health care and quality of life? Postgrad Med J. 2003;79(932):337–40.

21. Slade M, Rössler W, Puschner B, Nagy M, Kawohl W, Fiorillo A, et al. Effects of Clinical Decision Topic on Patients' Involvement in and Satisfaction With Decisions and Their Subsequent Implementation. Psychiatr Serv. 2016;67(6):658–63.

22. Ke K-W, Lea C-T. On cost-based routing in connection-oriented broadband networks. Glob Telecommun Conf 1999 GLOBECOM '99. 1999;2:1522–6 vol.2.

23. Fortin M, Bamvita J-M, Fleury M-J. Patient satisfaction with mental health services based on Andersen's Behavioral Model. Can J Psychiatry [Internet]. 2018;63(2):103–14. Available from: http://journals.sagepub.com/doi/10.1177/0706743717737030

24. Samuelsson M, Wiklander M, Åsberg M, Saveman BI. Psychiatric care as seen by the attempted suicide patient. J Adv Nurs. 2000;32(3):635–43.

25. Dr. Mary Jansen MLMM. Client Satisfaction Evaluations. WHO(World Health Organization); 2000.

26. Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-analysis. JAMA Intern Med. 2018;178(10):1317–30.

27. aplan SH, Greenfield S, Gandek B RW. Characteristics of Physicians with Participatory Decision-Making Styles. Ann Intern Med. Boston, Chicago, and Los Angeles.: Ann Intern Med.; 1996;10(124):497–504.

28. Kapur N, Ibrahim S WD. Mental health service changes, organisational factors, and patient suicide in England in 1997–2012: a before-and-after study. Lancet Psychiatry. England: Lancet Psychiatry; 2016. p. 526–34.

29. Semrau M, Lempp H, Keynejad R, Evans-lacko S, Mugisha J, Raja S, et al. Service user and caregiver involvement in mental health system strengthening in low- and middle-income countries : systematic review. BMC Health Serv Res [Internet]. BMC Health Services Research; 2016; Available from: http://dx.doi.org/10.1186/s12913-016-1323-8

30. Bradley EH, Tatek D, Abebe Y, Sipsma H, McNatt Z, Linnander E, et al. Use of a national collaborative to improve hospital quality in a low-income setting. Int Health. 2016;8(2):148–53.

31. Hasler G, Moergeli H, Bachmann R, Lambreva E, Buddeberg C, Schnyder U. Patient Satisfaction With Outpatient Psychiatric Treatment: The Role of Diagnosis, Pharmacotherapy, and Perceived Therapeutic Change. 2004;49(5).

32. Ruggeri M, Lasalvia A, Bisoffi Q, Thomicroft Q, Luis J, Barquerot V, et al. Satisfaction With Mental Health Services Among People With Schizophrenia in Five European Sites :

Results From the EPSILON Study. 1999;229–46.

33. A. G, A. P, E. C, A. B, P. M. Patients' and relatives' satisfaction with psychiatric services in a large catchment area in Rome. Eur Psychiatry [Internet]. 2002;17(3):139–47. Available from: http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed5&NEWS=N&AN=2002265457

34. Lv Y, Xue C, Ge Y, Ye F, Liu X, Liu Y, et al. Analysis of Factors Influencing Inpatient and Outpatient Satisfaction with the Chinese Military Health Service. 2016;1–13.

35. Holikatti P, Kar N, Mishra A, Shukla R, Swain S, Kar S. A study on patient satisfaction with psychiatric services. Indian J Psychiatry [Internet]. 2012;54(4):327. Available from: http://www.indianjpsychiatry.org/text.asp?2012/54/4/327/104817

36. Jena S, Gupta M. A survey of patient satisfaction of patients attending a psychiatry outpatient clinic at a tertiary care centre. Int J Community Med Public Heal. 2018;5(5):2026.

37. Gani N, Saeed K, Minhas FA, Anjuman N, Waleed M, Fatima G. Assessment of patient satisfaction with mental health services in a tertiary care setting. J Ayub Med Coll Abbottabad. 2011;23(1):43–6.

38. Yimer S, Yohannis Z, Getinet W, Mekonen T, Fekadu W, Belete H, et al. Satisfaction and associated factors of outpatient psychiatric service consumers in Ethiopia. Vol. 10, Patient Preference and Adherence. 2016.

39. Oljira L, Gebre-selassie S. Satisfaction with outpatient health services at Jimma. 2020;(October 2015).

40. Ghuloum S, Bener A, Burgut FT. Ethnic Differences in Satisfaction with Mental Health Services Among Psychiatry Patients. 2010;19–24.

41. Bener A, Ghuloum S. Gender difference on patients ' satisfaction and expectation towards mental health care. 2013;16(3):1–7.

42. Yakubu BYD, Thesis T, Fulfilment P. Assessing Clients ' Satisfaction with Mental HealthCare Services in Accra , Ghana . BY This Thesis is Submitted to The University of Ghana , Legon in. 2014;(10083981).

43. Pauselli, L., Galletti, C., Verdolini N. Predictors of Client Satisfaction with Outpatient Mental Health Clinic Services [Internet]. Vol. 54, Community Ment Health. new york and italy; 2018. p. 562–70. Available from: https://doi.org/10.1007/s10597-017-0196-6

44. Desta H, Berhe T, Hintsa S. Assessment of patients ' satisfaction and associated factors among outpatients received mental health services at public hospitals of Mekelle Town , northern Ethiopia. Int J Ment Health Syst [Internet]. BioMed Central; 2018;1–7. Available from: https://doi.org/10.1186/s13033-018-0217-z

45. Mahmoud AS, Elsayed Berma A, Saleh Gabal SAA. Relationship Between Social Support and the Quality of Life among Psychiatric Patients. J Psychiatry Psychiatr Disord. 2017;01(02):57–75.

46. YITBAREK.H. Psychiatric out patients' health service satisfaction at psychiatric outpatient department in Amanuel Hospital, A.A, Ethiopia. ADISABEBA UNIVERSITY; 2017.

47. Holikatti P, Kar N, Mishra A, Shukla R, Swain S, Kar S. A study on patient satisfaction with psychiatric services. Indian J Psychiatry. 2012;54(4):327.

48. Boyer L, Zendjidjian XY, Baumstarck K, Auquier P, Loundou A, Lancon C, et al. Satisfaction of hospitalized psychiatry patients: why should clinicians care? Patient Prefer Adherence [Internet]. 2014;8:575. Available from: http://www.dovepress.com/satisfaction-of-hospitalized-psychiatry-patients-why-should-clinicians-peer-reviewed-article-PPA

49. Clifford Bleustein, MD M, David B. Rothschild B, Andrew Valen M, Eduardas Valaitis P, Laura Schweitzer M, and Raleigh Jones M. Wait Times, Patient Satisfaction Scores, and the Perception of Care - See more at: http://www.ajmc.com/journals/issue/2014/2014-vol20-n5/wait-times-patient-satisfaction-scores-and-the-perception-of-care/P-1#sthash.qOCJ0Emg.dpuf. Am J Manag Care [Internet]. 2014;20(May 2014 5):393–400. Available from: http://www.ajmc.com/journals/issue/2014/2014-vol20-n5/wait-times-patient-satisfaction-scores-and-the-perception-of-care/P-1

50. Barak Y, Szor H, Kimhi R, Kam E, Mester R, Elizur A. Survey of patient satisfaction in adult psychiatric outpatient clinics. 2001;131–3.

51. Winblad B. evaluating the effect of psych education and information to patients satisfaction in mental health service. Inst Clin Neurosci. 1998;112(2).

52. Thornicroft G, Knapp M, Ruggeri M, Vazquez-Barquero JL, Knudsen HC, Becker T, et al. Satisfaction With Mental Health Services Among People With Schizophrenia in Five European Sites: Results From the EPSILON Study. Schizophr Bull. 2012;29(2):229–45.

53. Fortin M, Bamvita J-M, Fleury M-J. Patient satisfaction with mental health services based on Andersen's Behavioral Model. Can J Psychiatry. 2018;63(2):103–14.

54. Zahid MA, Ohaeri JU, Al-zayed AA. Factors associated with hospital service satisfaction in a sample of Arab subjects with schizophrenia. BioMed Central Ltd; 2010;1–11.

55. Slade M, Jordan H, Clarke E, Williams P, Kaliniecka H, Arnold K, et al. The development and evaluation of a five-language multi-perspective standardised measure: Clinical decision-making involvement and satisfaction (CDIS). BMC Health Serv Res. 2014;14(1):1–15.

56. Aldana JM, Piechulek H, Al-Sabir A. Client satisfaction and quality of health care in rural Bangladesh. Bull World Health Organ. 2001;79(6):512–7.

57. Gamo Sagaro G. Patients' Satisfaction and Associated Factors Among Outpatient Department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia: A Cross Sectional Study. Sci J Clin Med [Internet]. 2015;4(5):109. Available from: http://www.sciencepublishinggroup.com/journal/paperinfo?journalid=159&doi=10.11648/j.sjcm.20150405.16

58. Jimma university. 33 [internet]. 2016. Available from: https://www.ju.edu.et/cphms/node/129

59. Mayston R, Habtamu K, Medhin G, Alem A, Fekadu A, Habtamu A, et al. Developing a measure of mental health service satisfaction for use in low income countries : a mixed methods study. BMC Health Services Research; 2017;1–13.

60. Moon SJ, Lee W, Hwang JS, Hong YP, Morisky DE. Correction: Accuracy of a screening tool for medication adherence: A systematic review and meta-analysis of the Morisky Medication Adherence Scale-8 (PLoS ONE (2017) 12:11 (e0187139) DOI: 10.1371/journal.pone.0187139). PLoS One. 2018;13(4):196138.

61. Abiola T, Udofia O, Zakari M. Psychometric Properties of the 3-Item Oslo Social Support Scale among Clinical Students of Bayero University Kano, Nigeria. Malaysian J Psychiatry. 2013;22:32–41.

62. Guy W editor. Clinical Global Impression (CGI). . ECDEU Assess Man Psychopharmacol. 1976;1:125–6.

63. Group WAW. The Alcohol , Smoking and Substance Involvement Screening Test (ASSIST): development , reliability and feasibility,. 2002;97:1183–94.

64. Assefa f, mosse a, michael yh. Assessment of clients ' satisfaction with health service deliveries at jimma university specialized hospital. (1):101–9.

65. El-saharty S, Kebede S, Dubusho PO, Siadat B. Ethiopia: Improving Health Service Delivery. International Bank for Reconstruction and Development , The World Bank. 2009. 1-72 p.

66. Belayneh M, Woldie M, Berhanu N, Tamiru M. The determinants of patient waiting time in the general outpatient department of Debre Markos and Felege Hiwot hospitals in Amhara. Glob J Med Public Heal. 2017;6(5):1–17.

67. Ahmad BA, Khairatul K, Farnaza A. An assessment of patient waiting and consultation time in a primary healthcare clinic. Malaysian Fam physician Off J Acad Fam Physicians Malaysia [Internet]. 2017;12(1):14–21. Available from: http://www.ncbi.nlm.nih.gov/pubmed/28503269%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC5420318

68. Morisky DE, Ang A, Krousel-wood M. Predictive Validity of A Medication Adherence Measure in an Outpatient Setting. J Clin Hypertens. 2008;10(5):348–54.

69. Lally J. Patient satisfaction with psychiatric outpatient care in a university hospital setting Terms of use : Click here Patient satisfaction with psychiatric outpatient care in a university. 2013;2001(December).

70. Desta H, Berhe T, Hintsa S. Assessment of patients' satisfaction and associated factors among outpatients received mental health services at public hospitals of Mekelle Town, northern Ethiopia. Int J Ment Health Syst [Internet]. BioMed Central; 2018;12(1):1–7.

Available from: https://doi.org/10.1186/s13033-018-0217-z

71. Obayi NOK, Igwe M, Nnadozie U, Urom-oti C. Patient Satisfaction with Psychiatric Services : A Survey at a Nigerian Federal Teaching Hospital. 2018;168–81.

72. Fadare JO, Lawal MA, Elegbede AO, Joseph DO, Ampitan BA. Medication Adherence and Patients Satisfaction among Psychiatric Outpatients in a Rural Nigerian Tertiary Healthcare Facility. 2014;17(4).

73. Velligan DI, Sajatovic M, Hatch A, Kramata P, Docherty JP. Why do psychiatric patients stop antipsychotic medication? A systematic review of reasons for nonadherence to medication in patients with serious mental illness. Patient Prefer Adherence. 2017;11:449–68.

74. Lang AJ, Diego S, Golinelli D, Sullivan G. Quality of and Patient Satisfaction with Primary Health Care for Anxiety Disorders Murray. J Clin Psychiatry. 2011;72(7)(February):970–976.

75. Gamo Sagaro G. Patients' Satisfaction and Associated Factors Among Outpatient Department at Wolaita Sodo University Teaching Hospital, Southern Ethiopia: A Cross Sectional Study. Sci J Clin Med. 2015;4(5):109.

Appendices

Annex I: Information sheet

Title of the research project: - perceived patient satisfaction and associated factors on outpatient psychiatric clinic at Jimma university medical center Jimma, southwest Ethiopia, 2019

Name of the principal investigator: - Chalachew kassaw

Name of the organization: - Jimma University

Name of the sponsor: - Jimma University

Introduction: patient satisfaction can be defined as something which fulfills expectation, desire and giving what is required. In health care Satisfaction is a multi-dimensional concept that is not yet tightly defined. The health outcomes of satisfied patients are more positive about their situation; they have been shown to be more compliant and cooperative, and more likely to participate actively in their treatment regimens on the other hand, frustrated or stressed patients whose basic expectations are not being met may not respond fully to therapeutic interventions

Purpose of the research project: The purpose of this to determine perceived of patient satisfaction and associated factors among psychiatric patients who attend their mental health service at Jimma university medical center outpatient psychiatry clinic, 2019.

Procedure: warmly invite to participate in this project. If you are willing to participate in this project, you need to understand the purpose and sign the agreement form to continue. You were interviewed by the data collectors if you agree. You were not expected to mention your name or to give your phone number to the data collector and all information obtained from you was kept confidentially by using coding system whereby no one will have access to your information.

Risk/Discomfort: -Participating in this research project has no health or other risk but you may feel discomfort especially on wasting your valuable time (about 40 minutes). Understanding these all, we hope you will participate in the study for the sake of the benefit of the research result.

Benefits: - *P*articipating in this research project might not have direct benefit to you; but your participation is likely would help us to meet the research objective. Eventually, this would help us to improve quality of services provided to patients with mental illness in this country. ***Incentives****:* You wouldn't be provided any incentives or payment to participate in this project.

Confidentiality: - All information collected for this research project was kept confidential andinformation that you prove us also was stored in a file, without your name, with a

codednumber that will not be revealed to anyone except the principal investigator and it was kept locked.

Right to refuse or withdraw: -Your full right to refuse participating in this study and withdraw whenever you like is kept. You have also the right to respond to some questions and refuse to some if you did not want.

Contact person: - This research project was reviewed and approved by the ethical committee of Jimma University. If you have any question you can contact the following individual and you can ask any thing doubt about this study.

Phone number: +251937096759

E-mail: 1234berekassa@gmail.com

Annex II:Informed consent form

Data collection tools, structured English questions

Jimma university institute of health

Hello dear, my name is- ---------- I come here as data collector to assess the magnitude of perceived of patient satisfaction and associated factors among psychiatric patients who attend their mental health service at Jimma university medical center outpatient psychiatry clinic, 2019. On this questionnaire your name will not be written and I am going to ask some questions related to socio demographic, clinical and service related questions. You may end this interview any time you want. However, it is hoped that your honest answer to these questions will help physicians and policy-makers understand what is important for managing things which affect patient satisfaction .We would greatly appreciate your truthful and active participation in responding to this questionnaire. Do you agree to participate in the study?

A. Yes B. No

(For data collectors: encircle the choice to show their willingness or unwillingness)

If yes continue the data collection process

Date of interview----------

Interviewer name----------

Signature ----------

Signature of participant_____ Date_____

Name and signature of data collector: _____Date_____

Name and signature of supervisor: _____ Date_____

Annex – III: Questioner

English version questioner

Part I: socio -economic and demographic characteristics

Code	Variables	Possible response	Skip
1	Sex	a. Male b. Female	
2	Age	_____ in year	
3	Religion	a. Orthodox b. Protestant c. Catholic d. Muslim e. Other	
4	Marital status	a. Single b. Married c. Widowed d. Separated	
5	Educational status/level	a. Unable to write and read b. Can write and read c. Primary school (grade 1-8) d. Secondary school (grade 9-12) e. Diploma/level f. Higher education and above	
6	Occupation	a. Student b. House wife c. Farmer d. Merchant e. Government employee f. Private employee g. NGO employee h. Private own work i. Daily laborer j. Other	
7	Monthly income	_____ in birr	
8	Residence	a. Urban b. Rural	

PART TWO – CLINICAL RELATED QUESTIONS

QUESTIONS	POSSIBLE RTESPONSE	SKIP
10. Current working Diagnosis(review the chart)	1-Schizophrenia 2.Major depressive disorder 3- Anxiety disorders 4- Bipolar affective disorder 5. - Others specify _____	
11.Age at first onset of illness	---------- -	
12. Duration of the illness	----------	
13. What is your first trial illness	1.MODERN 2. TRADTIONAL	
14. Does he/she has any diagnosed medical ill illness (review the chart)	1. Yes 2. No	
15. Time spent at waiting area in the hospital for turn in minute (recorded by data collector) ----	----------	
16. Time stay with clinician during consultation time in minute (recorded by data collector) ------	----------	
17. Do you use any substance for the last 3 month (ciggatre, alcohol, khat , cannabis, mastish ….	1. yes 2. no	

PART III- Mental health service satisfaction scale

Thinking back to the last appointment you had at a health facility for mental health care, please tell me how much you disagree or agree with the following statements:

S.NO	Question Items	Response items			
		Strongly disagree	Disagree	Agree	Strongly agree
Q.18	The health worker treated me with courtesy	1	2	3	4
Q.19	The health worker listened to me carefully	1	2	3	4
Q.20	The health worker explained things to me in a way I understood	1	2	3	4
Q.21	The health facility was clean	1	2	3	4
Q.22	The waiting room was clean	1	2	3	4
Q.23	The latrine was clean	1	2	3	4
Q.24	The waiting time was acceptable	1	2	3	
Q.25	I had enough time to discuss with health worker	1	2	3	4
Q.26	I was given information in a way I understood	1	2	3	4
Q.27	I received helpful advice	1	2	3	4
Q.28	The administrative staff treated me with courtesy and respect	1	2	3	4 4
Q.29	The health worker involved my family helpfully	1	2	3	
Q.30	My privacy was respected	1	2	3	4
Q.31	I have the opportunity for follow up with the same health worker	1	2	3	4
Q.32	My personal information is kept confidential	1	2	3	4

Q.33	Referral to specialist is possible	1	2	3	4
Q.34	The service is effective at decreasing symptoms	1	2	3	4
Q.35	The service is effective at decreasing relapses	1	2	3	4
Q.36	The service is effective at helping with economic problems	1	2	3	4
Q.37	It is possible to see the health worker when needed	1	2	3	4
Q.38	It was easy to attend the health facility	1	2	3	4
Q.39	I had enough time to attend the health facility	1	2	3	4
Q.40	I could afford to attend the health facility for treatment	1	2	3	4
Q.41	I would advise my family to come to this facility for treatment if they had the same problem	1	2	3	4

PART- IV- Medication Adherence Questionnaire (Morisky item-8)

S/N	During the past two week Questions	YES (1)	NO (0)
Q.42	Do you sometimes forget to take your medicine?		
Q.43	Were there any days when you did not take your medicine?		
Q.44	Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when You took it?		
Q.45.	When you travel or leave home, do you sometimes forget to bring along your medicine?		
Q.46.	Did you take all your medicines yesterday?		
Q.47.	When you feel like your symptoms are under control, do you Sometimes stop taking your medicine?		
Q.48	Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
Q.49	How often do you have difficulty remembering to take all your medicine	A. Never B. Once in a while C. . Sometimes D. Usually All the time	

Key: yes =1, no =0, for last question ( ) A = 0; B-E = 1 and sum get total score} Adherent (total score < 6), Non adherent (total score ≥ 6)

PART IV- Patient Social Support Part (Oslo Social Support Scale). Please tick the options below

Item	1	2	3	4	5
Q.50. How many people are so close to you that you can count on them if you have serious problem?(select only one)	None	One or two	3-5	Above 5	__
Q.51. How much concern do people show in what you are doing?(select only one)	None	Little	Uncertain	Some	A lot
Q.52. How easy can you get help from neighbors if you should need it?(select only one)	Very difficult	Difficult	Possible	Easy	Very easy

PLEASE TICK THE NUMBERS TO EACH CATEGORY

PART V - Clinical Global Impression (CGI) (SEVERITY) PLEASE TICK THE BOX

Q.53	Considering your total clinical experience with this particular population, how mentally ill is the Patient at this time?	1 = Normal, not at all ill ☐ 2 = Borderline mentally ill ☐ 3 = mildly ill ☐ 4 = moderately ill ☐ 5 = markedly ill ☐ 6 = severely ill ☐ 7 = among the most extremely ill patient ☐

PART VI- Clinical Decision Making Involvement and Satisfaction –Service User (CDIS-P)

Please indicate which statement is true for you FOR THIS DECISION by placing a tick in the appropriate box.

Tick ONE box only.

QUESTION ITEMS	RESPONSE (PLEASE TICK THE BOX
Q.54. I made the final decision.	☐
Q.55.I made the final decision after seriously considering my clinicians opinion.	☐
Q.56. My clinician and I shared responsibility for making the best decision for me.	☐
Q.57. My clinician made the final decision, but seriously considered my opinion.	☐
Q.58. My clinician made the final decision.	☐

Amharic version questioner

ጂማዩኒቨርሰቲየጤናሳይንስኮሌጅ

የአእምሮህክምናየትምህርተክፍል

መጠይቅለመሳተፍየፈቃደኝነትቃል- መቀበያቅጽናመጠይቆች (Amharic version)

ኮድ----------

እኔ----------እባላለሁ፡፡

ውድየቃለመጠይቁተሳታፊ፤ይህጥናትበጅማዩኒቨርሰቲሆስፒታልበእዕምሮህክምናክትትላይያሉየአእምሮ ህሙማንንየአእምሮህክምናአገልግሎትእርካታእናተዛማጅምክንያቶቹንየሚዳስስነው፡፡ለዚህምጥናት የእርስዎቀናተሳትፎበእጅጉጠቀሜታአለው፡፡እርስዎበዚህመጠይቅላይየሚሰጡትመረጃለምርምርእናለጥናት ከመሆኑምአልፎበችግሩሪያለሚስሩመንግስታዊእናመንግስታዊላልሆኑድርጅቶችእንደአንድግብአትከማገልገሉ እናየህክምናአገልግሎቱንከማጠናከርዉጭበእርስዎላይምንምአይነትተጽዕኖአይኖረውም፡፡ ሚስጥርንከመጠበቅአንጻርበቃለመጠይቁላይስምአይጻፍም፡፡ስለሆነምእርስዎበዚህጥናትውሰጥለሚጠየቁ መጠይቆችመልስእንዲሰጡንበትህትናእንጠይቃለን፡፡በመጠይቁላይላሉጥያቄዎችንያለመመለስሙሉመብት ሲኖርዎትመጠይቁንምበፈለጉበትሰዓትማቆምወይምማቋረጥይችላሉ፡፡ነገር-ግንየእርስዎቀናትብብርከላይ ያስቀመጥነውግብእንድንመታስለሚረዳንእባክዎጥያቄዎችንበመመለስይተባበሩን፡፡እናመሰግናለን፡፡

በመጨረሻምበጥናቱላይለመሳተፍፍቃደኛነዎት .

አዎ

የመረጃሰብሳቢውስም----------,ፊርማ---------- ቀን----------

የተቆጣጣሪስም---------- ፊርማ----------ቀን ----------

የጥናቱባለቤትስም ---------- ፊርማ----------ቀን----------:

ክፍል -1.የታካሚውማህበራዊ፣ ኢኮኖሚያዊጉዳዮችና የህክምና ሁኔታ የሚዳስስመጠይቅ

ተ.ቁ የታካሚውሁኔታ
ጥ.1.ዕድሜ_____
ጥ.2. ፆታ 1-ወንድ **2-**ሴት
ጥ.3. የጋብቻሁኔታ 1. ያገባ . 2. ያላገባ 3. የፈታ . 4. የሞተበት
ጥ.4. የትምህርተ ደረጃ 1- ማንበብመፃፍ የማይችል 3- 1-8ኛክፍል 2- ማንበብና መፃፍ የሚችል 4- 9-12ኛክፍል **5-**ኮሌጅ ና ከዛ በላይ
ጥ5 .ስራ 1- ግብርና 5-የግል መ/ቤት ሰራተኛ 2- የቤት እመቤት 6-ተማሪ 3- ነጋዴ 7-የቀን ሰራተኛ 4- የመንግስትሰራተኛ 8-ያልተቀጠረ 9-ሌሎች፡ ይጥቀሱ---------
ጥ.6. የሚኖሩበትአከባቢ 1. ከተማ 2-ገጠር
ጥ.7.የመኖሪያቦታዎከሆስፒታልምንያህልይርቃልበኪ.ሜ ----------
ጥ.8. **የነፃህክምናአገልግሎትመታወቂያአለዎት 1. አወ 2. የለም**
ጥ9. . አሁንላይያለው 1- Schizophrenia 4- Major depressive disorder የታካሚውህመም(2- Other psychotic disorders_____ 5- Anxiety disorders 3- Bipolar affective disorder 6- Other-_____
ጥ.10. ህመምዎሲጀምወትዕድሜስንትነበር_____
ጥ.11. የህመሙአጠቃላይጊዜ (በአመት) _____
ጥ.12. . ተራዎእስኪደርስ ድረስምንያህልጊዜሰዓትቆይተዉያዉቃሉ ----------

ጥ.13. ከሃኪምዎጋርምንያህልደቂቃበላማካይስለህክምናዎአዉርተዉያዉቃሉ ----------

ክፍል.2.ስለስነዓዕምሮየተመላላሽህክምናአገልግሎትየእርካታደረጃሁኔታየሚጠይቅ መጠይቅ

ከዚህ ቀጥሎ የምጠይቅዎ በባለፈው ቀጠሮዎ ለህክምና በመጡ ጊዜ ከሃኪምዎ ጋር ስለነበረዎት ግንኙነትና ባገኙት የአእምሮ ሕክምና አገልግሎት ስለተሰማዎት የእርካታ መጠን በተመለከተ ነው፡፡ስለዚህ እያንዳንዱንጥያቄእያነበብሁስጠይቅዎ ምን ያልእንደሚስማሙ ወይም እንደማይስማሙ እንዲነግሩኝ እጠይቅዎታለሁ፡፡

ተ.ቁ	ጥያቄ	በፍጹም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ
ጥ.14	ባለፈውለህክምናበመጣሁጊዜሐኪሙበ ትህትናናበአክብሮትአስተናግደውኛል፡፡				
ጥ.15	ባለፈውለህክምናበመጣሁጊዜሐኪሙበ ጥንቃቄአዳምጠውኛል፡፡				
ጥ.16	ባለፈውለህክምናበመጣሁጊዜሐኪሙእኔ ልረዳውበምችለውመንገድስለጤናየናሕ ክምናየሁኔታአብራርተውልኛል፡፡				
ጥ.17	ባለፈውለህክምናበመጣሁጊዜበአጠቃላ ይሆስፒታሉ/ጤናጣቢያውንጹህነበር፡፡				
ጥ.18	ባለፈውለህክምናበመጣሁጊዜየወረፋመ ጠበቂያውአካባቢምቹነበር፡፡				
ጥ.19	ባለፈውለህክምናበመጣሁጊዜሽንትቤቶ ቹንጹህነበሩ፡፡				
ጥ.20	ባለፈውለህክምናበመጣሁጊዜሐኪሙዘን ድከመቅረቤበፊትየጠበቅሁትለረዥምጊ ዜአልነበረም፡፡				
ጥ. 21	የሕክምና ባለሙያዉ ስለ ህመምዎ ለማወያየት በቂ ጊዘ ሰጥቶዎታል				

ጥ.22	ባለፈውለህክምናበመጣሁጊዜስለጤናዬ ሁኔታልረዳውበምችለውመንገድመረጃተ ሰጥቶኛል፡፡				
ጥ.23	ባለፈውለህክምናበመጣሁጊዜጠቃሚወ ይምገንቢምክርአግኝቻለሁ				
ጥ.24	ባለፈውለህክምናበመጣሁጊዜየመድሃኒ ትቤት፣የካርድክፍል፣የጥበቃወዘተ.ሰራተ ኞችበትህትናናበአክብሮትአስተናግደውኛ ል፡፡				
ጥ.25	ባለፈውለህክምናበመጣሁጊዜሐኪሙቤ ተሰቤንለኔጠቃሚበሆነመንገድእንዲሳተ ፉአድርገዋል፡፡				
ጥ.26	በዚህሆስፒታል/ጤናጣቢያከሐኪሙጋር በግሌ (ሌላሰው ሳይኖር) መነጋገርእችላለሁ፡፡				
ጥ.27	በዚህሆስፒታል/ጤናጣቢያየክትትልቀጠ ሮዬንከአንድሐኪምወይምከማውቀውባ ለሙያጋርብቻየመከታተልእድልአለኝ፡፡				

ተ.ቁ	ጥያቄ	በፍጹም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ
ጥ.28	በዚህ ሆስፒታል /ጤናጣቢያሐኪሙምሆኑሌሎችባለ ሙያዎችግላዊመረጃዬንበምስጢርይይ ዛሉ፡፡				
ጥ.29	ከዚህሆስፒታል/ጤናጣቢያአስፈላጊሲ ሆንወደእስፔሻሊስትመላክይቻላል፡፡				
ጥ.30	በዚህሆስፒታል/ጤናጣቢያየማገኘው ህክምናየአእምሮህመምምልክቶቼን በደንብያስታግስልኛል፡፡				
ጥ.31	በዚህ ሆስፒታል/ጤናጣቢያየሚሰጠውህክ ምናየአእምሮህመሜእንዳያገረሽእየረዳ ኝነው፡፡				
ጥ.32	በዚህ ሆስፒታል/ ጤናጣቢያየሚሰጠውህክምናሠርቼገ ቢዬእንዲሻሻልረድቶኛል፡፡				

ተ.ቁ	ጥያቄ	በፍጹም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ
ጥ.33	በዚህ ሆስፒታል/ጤናጣቢያየሐኪም እርዳታበምፈልግበትጊዜሁሉ ማግኘትእችላለሁ፡፡				
ጥ .34	ወደ ሆስፒታሉ/ ጤናጣቢያውለመምጣትቀላል ነበር:				
ጥ .35	በሆስፒታሉ/ ጤናጣቢያውተገኝቶለመታከ ምበቂጊዜነበረኝ፡፡				
ጥ .36.	ወደሆስፒታል/ጤናጣቢያመጥ ቶለመታከምበቂገንዘብነበረኝ፡፡				
ጥ .37.	ቤተሰቦቼወይምጓደኞቼተመሳ ሳይየጤናእንክብካቤ /እርዳታቢያስፈልጋቸውይህንን አገልግሎትእንዲጠቀሙእመክ ራለሁ፡፡				

ክፍል.3. ስለ ህክምናዉሳኔየሚጠይቅመጠይቅ

ተ.ቁ	ጥያቄ	አወ	የለም
ጥ .38.	ስለህክምናዎሁኔታውሳኔውንየወሰኑትእርስዎነዎት።		
ጥ.39.	ስለህክምናዎሁኔታየህኪሙንአስተያየትበመስማትውሳኔውንየወሰኑትእርስዎነው።		
ጥ.40	ስለህክምናዎሁኔታእርስዎናህኪምዎነዎትውሳኔውንያስተላለፍት።		
ጥ.41	ስለህክምናዎሁኔታየእርስዎንአስተያየትበመስማትየእርስዎህኪምነውውሳኔውንያስተላለፍት።		
ጥ.42.	ስለእርስዎ የህክምናዎ ሁኔታ የእርስዎ ህኪሙ ነው ውሳኔያስተላለፍት።		

ክፍል .4.ስለመድሀኒትአወሳሰድየሚጠይቅጥያቄ (የጭረት ምልክት ያድርጉ)

	ጥያቄዎች	አዎ=1	የለም=0
ጥ.43.	አሌፎአሌፎመድሃኒቶንመዉሰድይረሳለ?		
ጥ.44.	ሰዎችበተሀየዩምክንያቶችከመርሳትዉጭመድሃኒታቸውንመዉሰድይዘነጋለእስኪ ያሰቡበትናሊሆፉትሁሆትሳምንታትመድሃኒቶንያሌወሰዱበትጊዜአሀ?		
ጥ.45.	ይብስቦትእየመሰልትመድሃኒቶንሆህኪሞትሳያማክሩያቐረጡበትጊዜአሀ?		
ጥ.46.	ጉዞ ሀይ/ከቤትበሚወጡበትጊዜአንዳንዴመድሃኒቶንየዘዉመዉጣትይረሳለ?		
ጥ.47.	ትሊንትና ሁለንም መድሃኒቶን ወስደዋሌ?		
ጥ.48.	አንዳንዴህመሞትየተሻሆዎትስመስሆዎትመድሃኒቶንመዉሰድያቆማለ?		
ጥ49.	በየቀኑመድሃኒትመዉሰድአሰሌቺነዉበእዉነቱአንቱመድሃኒቶንበትክክሌሳየቆርጡ ተጨንቀዉበትሆመዉሰድጥረትየደርጉነበር?		
ጥ.50.	ሆምንያክሌጊዜመድሃኒቶንመዉሰድይረሳለ? ሀ. በጭራሽ አሌረሳምሆከስንትጊዜአንዴ ሏ. አንድአነድጊዜመ.በብዛትሰ.ሁሌጊዜ	ሀ= 0; ከሆ-ሰ=1	

[ቁሌፍ: አዎ= 1፣አይደሆም= 0] ነጥብ :>6 =የማይከታተሌ 0= 1-2 3-8, < 5 = የሚከታተሌ

ክፍል 5.የታካሚውቤተሰብከሌሎችሰዎችየሚያገኙትንማህበራዊድጋፍየሚዳስስ

ተ.ቁ.	ጥያቄ	የምላሽ ምርጫዎች
ጥ.51.	ችግር ቢገጥምዎት ምን ያህል ሰው በቅርብ የችግርዎ ተካፋይ ሊሆን ልዎት ይችላል ?	1- ምንም 3- 3-5 2- 1-2 4- ከ 5 በላይ
ጥ.52.	ምን ያህል ሰው ስለእርስዎ ግድይ ለዋልያስባል/ ይጨነቃል፡ብለውያስባሉ)?	1. ምንም 4- ጥቂት 2- በጣምትንሽ 5- ብዙ 3- እርግጠኛአይደለሁም
ጥ.53.	ከቅርብጓዴኛዎከሆኑሰዎችተጨባጭእርዳታ የማግኘትእድልዎምንያህልነው	በጣም ከባድ 2- ከባድ 3- መጠነኛ 4- ቀላል 5- በጣም ቀላል

ክፍል .6.የታካሚውየህመም /ጉዳት ደረጃ (Severity of the patient's Illness)

ጥ.54. እስካሁን ያለዎትን የህክምና ልምድ /ተሞክሮመሰረትበማድረግ ይህ ታካሚባሁኑ ሰዓት/ ጊዜ ያለበት የአእምሮ ህመም ሁኔታ እንዴት ይገልፁታል?	0 = ምርመራአልተደረገለትም/ምንምማለትአልቸልም 1 = ጤናማነው/ምንምአልታመመም 2 = ምልክቶችእየጀመሩትያለ/በህመምናበጤንነትመካከልያለ 3 = በትንሹየታመመ 4 = መካከለኛደረጃየታመመ 5 = ሙሉበሙሉየታመመ 6 = በጣምየታመመ 7 = እጅግበጣምየታመመ

Affan Oromo version

KUTAA. 1^{FFAA}. GAAFFILE DHIMMA HAWAASUMMAA FI ENYUMMAA DHUKKUBSATAA

Lakk	Enyummaa fi hawaasumma Deebii	dhukkubsataa
Q.1	Umrii	_____
Q.2	Saala	1. Dhiira 2. Dhalaa
Q.3.	Sadarkaa barnootaa	1. dubbisuu fi barreessuu kan hin dandeenye 2. dubbisuu fi barreessuu qofa kan danda,u 3. sadarkaa 1^{sffa} (kutaa 1-8) 4. sadarkaa 2^{ffaa} (kutaa 9-12)
Q.4	Ga'ee hojiii	1. Qonnaan bulaa 2. Haadha manaa 3. Daldalaa 4. Hojjetaa mootummaa 5. Hojjetaa dhunfaa/NGO 6. Barataa 7. Hojjetaaguyyaa ykn dafqaan bulaa 8. Kan hin qacaramne 9. Kan biraa yoo ta'e barreessaa_____
Q.5	Miidhaa dhukkubni isin irran ga,e	1. Utuu hin qacaramin hafuu 2. Hanga yoonatti sa'aatii guutuun hojjadha 3. Yerroo boqonnaan dalaga sababa dhukkubaatiif 4. Sababa dhukkubaaf dadhabeera 5. Sababa dhukkubaaf hojii dhaabeera

Q.6	Gosa dhibee sammuu	a. Dhukkuba sammuu cimaa kan waa nama hir'aanfachiisu b. Dhukkuba sammuu cimaa kan waa nama hir'aanfachiisu kan biraa yoo ta'e barreessaa_____ c. Dhukkuba sammuu kan akka nama gammadee namgodhu d. Dhukkuba sammuu kan nama gaddisiisu e. Dhukkuba sammuu kan namasossodaachisu f. Kan biraa yoo jiraate barreessaa_____

Q.7	Umurii keessan yeroo jalqaba dhukkubni sin mudatu _____	
Q.8	Yeroo meeqa isin Dhukkube?	1. Walitti fufuun 2. Yeroo tokko 3. Yeroo 2-4
Q.9	Dheerina yeroo dhukkubichaa _____	
Q.10	Kanaan dura yeroo meeqa chiistan? _____	
Q.11	Wantoota araada nama qabsiisan ni Fayyadamuu?	1. Eeyyee 2. lakkii
Q.12	Deebiin keessan kan gaaffii Waggaa tokko keessatti fayyadamtanii beektuu?	Q.11 eeyyee yoo ta'e, 1. Eeyyee 2. Lakkii
Q.13	Deebiin keessan kan raffia Q.211 eeyyee yoo ta'e, yeroo Meeqa fayyadamtuu?	1. Waggaa keessatti ji'atti yeroo tokko 2. Waggaa keessatti ji'atti lama 3. Waggaatti ji'atti3-4 4. Waggaa keessatti ji'atti yeroo hunda
Q.14. ji'oota sadan darban keessa baalota sammuu namaa miidhan fayyadamtee beektaa? 1. eeyyen 2. lakki		

Kutaa-2FFAA.gaaffile itti toliinsa wallaansa dhibee sammuu gaafachuu

lakk	Gaaffii	Gonk uma hinDeeggaru (1)	Hin deeggaru	Garla maan uu miti	Nan deeggara	Baayyeen deeggara
Q.14.	Ogeessonni dhibee sammuu yeroo hond haala					
Q.15.	Oggeessoonni haala gaariin na dhaggeeffatu					
Q.16.	Ogeessonni waanan barbaade haala gaariin na					
Q.17.	Kutaan wallaansa qulqulluu dha					
Q.18.	Bakki tartiiba eeggannaa qulquulluu dha					
Q.19.	Manni ficaanii qulqulluu dha					
Q.20	Yeroon tartiiba eegganna giddu galeessa					
Q.21	Ogeessonni yeroo ga'aa nuuf kennu					
Q.22	Ogeessonni odeeffannooo ga'aa nuuf kennu					
Q.23	Waa'ee dhukkubsataa irratti gorsa ga,aa nuuf					
Q.24	Manni qorichaa, manni kaardii, eegumsi, fi kkf,					
Q.25	Ana fi dhukkubsataa haala gaariin nu					
Q.26	Qofaa koo iccitii kiyya eeganiina keessummeessu					
Q.27	Yeroo hedduu carraa ogeessa tokkoon yaalamuu					
Q.28	Ogeessonni iccitii kiyya naaf eegu					
Q.29.	Barbachisaa yoo ta'e ispeeshaalistiin nan					
Q.30	Yaaliin dhukkubsataan argate fayyadeera					
Q.31	Yaaliin kun akka dhukkubni itti hin deebine ni					

Q.32	Baasiin anibaasu giddugaleessa					
Q.33	Ogeessota yeroo barbaachisutti haala salphaan argadha					

Kutaa –III. kutaa gargaarsa hawaasummaa dhukkusachiisaa (Oslo Social Support Scale)

	Gaaffilee walqunnamtii hawaasummaa	1	2	3	4	5
Q.34	Namoota meeqatu yeroo rakkoon isiin qunnamu na qaqqaba jettanii yaadduu?(filannoo tokko qofa filadhaa)	Humtuu	1 ykn 2	3-5	5 oli	
Q.35	Namoota meeqatuwantaisin dalagdaniif dhimmama ykn Yaaddawa? (Filanno tokko qofa filadhaa)	Humtuu	Baay'ee xinnoo	Hin baree	Muraasa	Hedduu
Q.36	Maatii keessan keessaa ykn naoota waliin mana tokko keessa raftan irraa gargaarsa qabatamaa qabu carraan argachuukeessan hammami?	Baay'ee rakkisaa	Rakkisaa	Giddugaleessa	Salphaa	Baay'ee salphaa

Q.37.	Muuxannoo fi ogummaa kee irratti hundaa'uun, yeroo kanatti haalli Dhukkubsataa akkamii?	0 = hin wallanne 1 = haamma tokko dhukkuba hin qabu 2 = giddugaleessa 3 = dhkkuba xiqqoo 4 = dhukkuba giddugaleessa 5 = sirritti dhukkuba

Kutaa. V Hordoffii safara qoricha mooriski Waa'ee qoricha ogeessi fayyaasiifajajee yaadudhaan, maaloo Gaaffilee arcana gadii deebisi:

Q.38.	Torbaanlamaandarban keessa	Eeyyee=1	Lakkii=0
Q.39.	Yeroo tokko tokko qoricha fudhachu ni irraaffattaa?		
Q.40	Namoonni yeroo tokko tokko irraanfachuun ala sababa birootiin qoricha odoo hin fudhatin hafu.Torban lamaandarban keessa, guyyaan ati qoricha odoo hin fudhatiin hafte jiraa?		
Q.41	Qoricha fudhatte keessa keetitti wanti badaansittidhagahame odoo doktora ketitti hin himin yeroon qoricha dhaabdee jiraa?		
Q.42	Yeroo imala deemtuu yookin manaa baatuu, yeroon qoricha qabattee deemuu irraanfatte jiraa?		
Q.43	Kaleessa qoricha kee hunda fudhatte jirtaa?		
Q.44	Yeroo mallattoon dhukkubbi keetii to‟annoo jala oolesitti fakkaatuu, darbee darbee qoricha fudhachuu ni dhaabdaa		
Q.45	Guyyaa guyyaan qoricha fudhachuun namoota tokko ni nuffisisa.Qoricha kee irratti irkachuun si aarsee beekaa?		
Q.46	Yeroo hammamiif qoricha fudhachuu irraanfatte beekta	A.Goonkumaa B.Yeroo tokko C.Darbee darbee D.Yeroo heddu/Baay‟ee E.Yeroo hunda	

Kutaa VI Clinical decision making style oromiffa translation

		Eeyyee=1	Lakkii=0
Q. .47	Waa'ee yaala keessaniif kan murteessee isinii?		
Q.48	Waa'ee yaalamuukeessaniihhakimaawaliin mariyachuun kan murteekenne isinii?		
Q.49	Waa'ee yaala keessanii isiniif hakimni keessanwaliin mar'achuunii kan murtee kennitan?		
Q.50.	Waa'ee yaala keessaniif haakimni yaada keesan erga dhaggeeffatee booda murtoo kennee?		
Q. 51.	Waa'ee yaala keessanii haakima keessantu murtoo kennee?		

Declaration

I, undersigned, declare that this research paper was my original work, has not been presented for a degree in this or other university and that all sources of materials used for this have been acknowledged.

Name _____

Signature _____

Date of submission _____

Name of examiner _____

Signature_____

Name of advisor Signature

1._____ ----------

2._____ ----------

3._____ ----------