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Compassionate, Respectful And Care and Associated Factor Among Hospitalized Patients in Hospitals of Bahir Dar City Administration Northwest Ethiopia: A Comparative Cross-Sectional Study.

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COMPASSIONATE, RESPECTFUL AND CARE AND ASSOCIATED FACTOR AMONG HOSPITALIZED PATIENTS IN HOSPITALS OF BAHIR DAR CITY ADMINISTRATION NORTHWEST ETHIOPIA: A COMPARATIVE CROSS-SECTIONAL STUDY.

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Study area: in hospitals of Bahir Dar City administration

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Abbreviations/Acronyms

CRC----------Compassionate and Respectful Caring

FMOH-------Federal Ministry of Health

HIV----------Immunodeficiency Virus

HSTP----------Health Sector Transformation Plan

ICS----------Individual Care Scale

NHS----------National Health Service

PCC----------Patient Center Care

WHO----------World Health Organization

Abstract

Background: - compassionate, respectful and caring, means serving patients, being ethical, living the professional oath and being a model for young professionals and students although (CRC) is critical to build a sustainable, equitable and healthy future for all, evidence indicated that it is less practiced in most of the healthcare facilities.

Objective: The aim of this study is to assess the status of, compassionate, respectful and care and its associated factors among hospitalized patients in Bahir Dar City, North West Ethiopia

Methods: An institution-based comparative cross-sectional study design was conducted. Data were collected using structured interviewer administered questioner. The study was conducted from data collection for one month. Study participants were selected through systematic random sampling technique after allocating the sample size to each ward proportionally based on their hospitalized patient size. CRC was measured using a median of 16 item likert scale questions ranging from strongly disagree to strongly agree. Data were analyzed using the SPSS version 23. Descriptive statistics were used to describe major finding of the study. Bivariate and multivariable logistic regression analyses were computed to identify factors strength associated with CRC and control confounding effect, respectively. Strength associations were described using odds ratio with 95% CI and variables having p-value of less than 0.05 in multivariable logistic regressions were considered as significant to the dependent variable.

Results: The overall status of compassionate and respectful caring health service was 54.5%. There was a significance difference in between public and private hospital on the experience of CRC health service (71.4%) and (51.4%) ($\mathcal{X}^2 = 9.403, \mathrm{P} = 0.002$) respectively. The odds of perceived that they received good CRC 51% times less likely among Patients in public hospitals compared to patients from private hospitals (AOR= 0.49 95% CI = 0.25, 0.95). Respondents who have poor perceived status of health were 56% times less likely perceived that they received good CRC than patients who have good perceived status of health (AOR = 0.44, 95% CI: = 0.24, 0.81). Respondents who were getting care with female health providers were 70% times less likely perceived that they received good CRC service than male provider (AOR= 0.30, 95%CI = 0.19, 0.48). Those patients who did not get prescribed medical tests were 48% times less likely perceived that they received good CRC compared to the counterpart patients (AOR = 0.52, 95% CI = 0.31, 0.89).

Conclusion: Although the overall prevalence of CRC was medium, it has relatively better score in private hospitals. Perceived status of health and available of medical test were found to be significantly associated with CRC. Therefore, the government, managers and health care providers should give great attention to these areas.

Key words: CRC, government hospital and private hospital, factors, Bahir Dar, Ethiopia.

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1. Introduction

1.1. Background

Patient-centered care is an approach of care which is grounded in shared partnership among health professionals, patients and family. It is a type of care that is respectful of and responsive to the preferences and values of patients and customers(2). The need for innovative, balanced, holistic and patient-centered approaches to health care has become a matter of concern for countries and health systems worldwide (1).

Person-Centered Care (PCC) aims to engage patients as active partners in their care and treatment to improve the management of their illness. Self-efficacy is an important concept and outcome in PCC as it refers to a patient's belief in their capability to manage the events that affect their lives(3).Generally, patient centeredness is an approach to medical practice which emphasizes the limitations of a disease centered approach and calls for an exploration of patients' desires, preferences, values and concerns with the aim to increase patients satisfaction. The best way of measuring patient centeredness is assessment made by the patients themselves (4).

Medical care without compassionate care cannot be truly patient-centered. Compassion is the basic characteristic in the quality of nursing care. It is considered as an essential principle of patient centered care(5).. Compassionate, respectful and Care means serving patients, being ethical, living the professional oath and being a model for young professionals and students. CRC addresses the patient's innate need for connection and relationships and is based on attentive listening and a desire to understand the patient's context and perspective (6). The development of compassionate, respectful and caring health workers requires a multipronged approach .Reforming the recruitment of students for health science programs, to improving the curriculum of the various disciplines, effective management of the health professionals that are already practicing and ownership and engagement of the leadership at all levels of the system etc... [5]

Compassionate and respectful care is frequently referenced as a hallmark of quality care by patients, health care providers, health care administrators, and policy makers. Compassionate and respectful Care have always been enshrined in the value statements of the health professions and makes up important principles in the ethics of the health care professionals in many

nations(7).Delivering compassionate and respectful care is essential to high quality healthcare and should be at the heart of our healthcare system. Compassionate and respectful care (CRC) is critical to building sustainable, equitable and healthy futures for all but the human aspects that define it seem to be under strain(8).

The Ethiopian government, for example, envisages creating compassionate, respectful and caring health workers during its ten years human resource strategic from 2016-2025. The essential principles of this plan are; 1) To consider patients as human beings in a complex psychological, social and economic needs and provide care with empathy; 2) To make effective communication with the health care teams, patients over time, and across settings; 3) To respect and facilitate patients and families participation in decision-making; and 4) To take pride of the health profession they are in and get satisfied by serving the people.(6).

1.2 .Statement of the problem

There is an emerging view that compassionate care is under threat in the high volume, high risk world of modern healthcare (9).Globally, numerous patients experience de-humanizing and impersonal treatment. This crisis in the health system becomes destructive not only for patients but also for their families, health professionals and the health system itself (10).

A study conducted in American on describing compassionate care indicated that compassionate care is lacking in healthcare systems and, in some cases, nurses are being criticized for not being able to provide compassionate care (11).In the English National Health Service (NHS) where recent damning reports have exposed appalling standards of personal care and neglect at some hospitals and care homes (12).Likewise in Saudi Arabia patients view indicate as passive receivers of care rather than being in a partnership with the health care providers sharing their health choice and plan (13). Scoping review of the healthcare literature review identifies the limited empirical understanding of compassion in healthcare, highlighting the lack of patient and family voices in compassion research (14).

Different literatures identified that the data on PCC-related aspects in African health centers are not very positive and the practice of PCC still remain limited in low-income African countries (15, 16).At the same condition researchers have reviewed related evidence for compassion, respect and caring in health care practices in Sub- Saharan Africa indicated that almost all streams of medical ethics is still a budding and less understood area (8).

A review study by the health professionals ethics federal committee of Ethiopia showed that among the 60 complains within three years; 14 (23%)of the medical malpractices complain were results from health professionals' negligence. The review has also showed that this has resulted in the contribution of death and disability of the patients (17). The quality of health care in terms of improving patient safety, effectiveness, and patient-centeredness, in both public and private facilities, is often inconsistent and unreliable(6).

The major contributor factor to implement CRC are poor professional knowledge, attitude and practice of health professionals, shortages of staffs and inadequate supply of

materials/equipment, weak leadership system, policy of education and curricula, community misperception and professional misconduct(18, 19).Lack of compassion, empathy or unresponsiveness to the suffering of others has been attributed to a number of factors including: the normal human defenses and fears associated with having to cope with the burden of routinely being exposed to pain, distress and death on a daily basis(20, 21).In Ethiopia lack of respect for patients and their families is a common complaint and helping health professionals' to become compassionate and respectful practices remains a major challenge for the healthcare and having CRC health professionals is a critical requirement to ensure equity and achieve high-quality health services (4, 22).

However, with the above problem studies on compassionate, respect care remains scarce at national level and locally even though the existing studies are mostly descriptive and largely skewed toward specific health problems like maternal health and chronic disease such as cancer (14, 23, 24) .

Therefore, the purpose of this study is to determine quantitatively and inclusively all patient perspective status of Compassionate and respectful Care, and its associated factors among hospitalized patients in hospitals of Bahir Bar city. This research finding can be used as base line data for fully implementation of CRC in hospitals for those found in similar context across the country.

1.3. Justification of the study

Delivering compassionate and respectful care is essential to high quality healthcare and should be at the heart of our healthcare system. Compassionate and respectful care (CRC) is critical to building a sustainable, equitable and healthy future for all (5).Study have shown that effective compassionate and respectful care communication can improve the relationship between patient and provider, furthermore it is associated with positive outcomes for both the patient and the provider and establishing a trusting relationship and bond that develop between provider and their patients(24). Researchers recommended that studies should be conducted to by combing with a tool that assesses compassionate and respectful care practice and associated factors. This research finding can be used as base line data for fully implementation of CRC in hospitals of Bahir Bar city and for those found in similar context across the country.

1.4. Literature review

1.4.1. The status of compassionate respect care

A study conducted in Turk on health service quality indicated that private hospitals provide more assurance of better treatment to the patients than public hospitals which is caused patient satisfaction and patient perceives that in private hospitals the level of assurance among patients is higher than that of public hospitals(25)..Globally the evidence indicates that patients receive little compassionate, respectful and care in spite of its importance(27). In United States Healthcare system, a survey of 800 recently hospitalized patients shows that 53% of patients felt that the US health care system generally provides compassionate care (7).In Americans health survey 64% have experienced unkind behavior in health care settings, including the failure to connect on a personal level (38%), rudeness (36%), and poor listening kills (35%)(23) A study conducted in rural Tanzania showed that the prevalence of respectful maternity care during child birth was found to be around 80.5% [32].An agenda for improving compassionate care a survey shows about 78% of physicians indicated their opinion that most healthcare professionals provides compassionate care; only 54% of patients said the same(28).

Studies which show on maternity care during child birth in Kenya to explore the prevalence of respectful maternity care was 80 % (29)A study conducted in a rural sub-district of KwaZulu-Natal, South Africa on HIV and TB patient's services received shows that52% of HIV and 40% of TB patients agreed that some staff did not treat patients with respectful care (21). In Sub-Saharan Africa a Scoping review of health professional behavior in the health care delivery explored four qualitatively identified a limited understanding of compassion and respectful care behaviors of the health professionals(8).Concerning general primary care, a study in a rural area in central Ethiopia reveals that patients visiting local health centers perceived (33%) low empathy from doctors (30).In a study in rural Sierra Leone, patients gave a high score to the doctors' friendly approach, the interpersonal relationships, and information-sharing(31). A study conducted in rural Tanzania showed that the prevalence of respectful maternity care during child birth was found to be around 80.5% (36).

A study which is conducted in Western Ethiopia public hospitals, prevalence of respectful maternity care during child birth revealed that 25.2%(32). A Cross-sectional descriptive study

which is conducted Tigray region the status of CRC revealed that 55 % on patient perspective (33).On other hand survey which is conducted in Bahir Dar the prevalence of respectful maternity care experienced was 57 % (34). A Study which is conducted in Harar hospitals the prevalence of respectful maternity care experienced was 38.4% [20]. A study conducted in Northeast Ethiopia showed that the prevalence compassionate and respectful care was found to be around 51.55%(35). Another study conducted in Bahir Dar on patient satisfaction indicated that patients who treat in private hospital were more satisfy than private hospital(26).A study cared out in Arba Minch among women who received delivery care in public hospitals statues of respect full maternity was 98.9%(37).On other hand studies conducted in Addis Ababa among women who received delivery care on statues of respect full maternity was 66%(38).

Factors associated with compassionate and respectful care

Socio-demographic related factor

A study which is conducted in rural Sierra Leone patients with high education level showed a significantly higher caring score than female patients with a low education level(31).Study conducted in Northeast Ethiopia, hospitalized patients whose educational status is diploma and above experienced poor compassionate, respectful and caring health care service (35).

Cross-sectional descriptive study conducted on the status of compassionate respect care in Tigray region shows that similar proportion of males and females (53.4 versus 55.7) had a good experience towards caring, respectful and companionate health care practice. The other background history about 70% of the participants who were self-employed had poor experience (33).Study conducted in Bahir Dar City shows that women who live urban area were significantly associated with their experience of compassionate and respectful maternity care (34).

Health facility factor

Study conducted on patient centered care in Tanzania shows that facility cleanliness was significantly associated with choosing a health facility for obstetric care(36).In other hand a study which is conducted in Addis Ababa, the status of compassionate care qualitative result showed that shortage of bed were among the barriers(18). A study conducted on patient preference of private hospital to public hospital, identified that availability of modern and advanced equipment in the hospital and good hygienic hospital shows significant difference to

the choice the hospital(39) .Patients from private hospital reported that better hygienic conditions of all areas of the hospitals including wards, bed waiting areas, toilets and bathroom are cleaned than public hospital(26, 40).

Provider related factor

A study conducted on Patients' perceptions regarding nursing care at Kenyatta national Hospital difference of, sex and between nurse and patients showed significance association [43]. Study conducted in Ethiopia showed that, female health-care providers were perceived to be more empathetic than male providers [33]. Other studies conducted in Ethiopia showed that women who were attended by male health providers were significantly associated to receive respectful maternity care than attended by female health providers [40, 43].

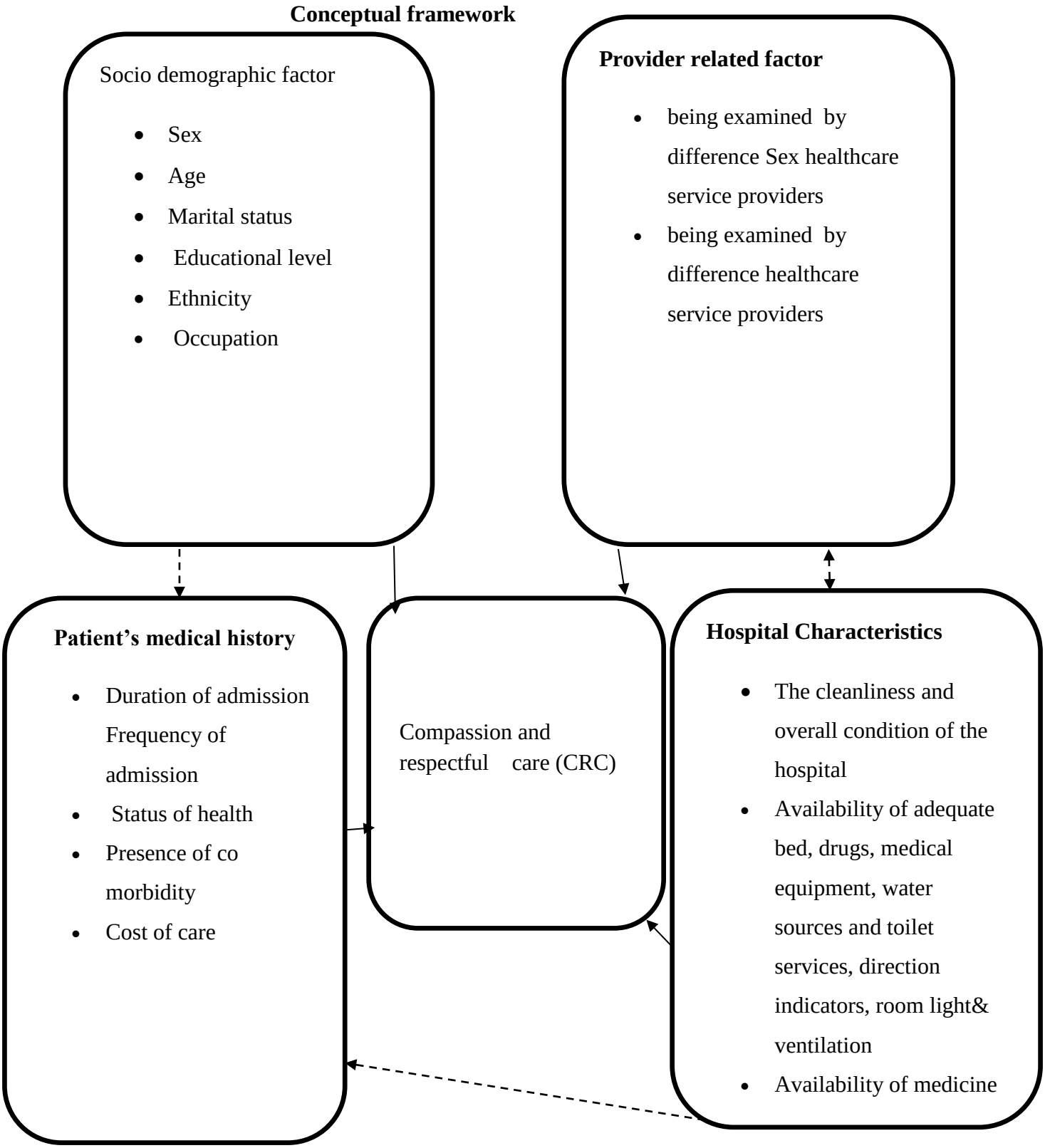

Figure 1 Conceptual framework for CRC among hospitalized patients in Bahir Dar City 2021.

2. Objective of the study

2.1. General objective

- To assess the status of compassionate and respectful care and associated factors among hospitalized patients in hospitals of Bahir Dar City, North West Ethiopia, 2021.

2.2. Specific objectives

- To determine the status of compassionate and respectful care, among public and private hospitalized patients in hospitals of Bahir Dar City, Northwest Ethiopia, 2021.
- To compare the prevalence of compassionate and respectful care among public and private hospitalized patients in hospitals of Bahir Dar City, Northwest Ethiopia, 2021.
- To identify factors associated with compassionate and respectful care and among public and private hospitalized patients in hospitals of Bahir Dar City, Northwest Ethiopia, 2021.

3. Methods and materials

3.1. Study area and period

This study was conducted in hospitals of Bahir Dar City Amhara regional state. Bahir Dar is located in North Western part of Ethiopia, in Amhara National Regional State, at a distance of 565 km from Addis Ababa. The total population of the City (without including the rural Kebeles) is estimated to be 290,437of which, 142,068 are males and 148,369 are female. Bahir Dar is one of the reforms City in the region and has a city administration. Bahir Dar city administration has 9 urban sub-cities. In Bahir dare City there are 10 public health centers and 7 hospitals from this hospital three are public and the rest four are private. The health sector transformation plan, in line with our country's second growth and transformation plan (GTPII), has set ambitious goals to improve equity, coverage and utilization of essential health services, improve quality of health care, and enhance the implementation capacity of the health sector at all levels of the system. To achieve those listed objective Feleghiwot referral Specialized Hospital has national CRC Training Participant Manual and establish quality control center this center cascades CRC in-service training for other public health services. The study was conducted from August 1/2020 to January 2021 in Bahir Dare City

3.2. Study design

Institutional based comparative cross-sectional study was conducted.

3.3. Source and study population

3.3.1. Source of population

All hospitalized patients above or equal Eighteen years who have history of admission for at least forty eight hours in hospitals of Bahir Dar city administration were the source of population.

3.3.2. Study population

All hospitalized patients ≥18 years who have history of at least 48 hours admission in medical, surgical and gynecological and obstetric wards during the study period .

3.3.3. Inclusion exclusion criteria

3.3.4. Inclusion criteria:-.

All hospitalized patients greater than or equal to eighteen years who have history of at least forty eight hours admitted in medical, surgical and gynecological and obstetric ward.

3.3.5. Exclusions criteria

Patients who were critically ill and unable to communicate at the time of data collection were excluded.

3.4. Sample size determination

The sample size for objective one was calculating using single population formula, $n=\frac{Z^2P(1-P)}{D^2}$, by assuming 95%, confidence interval,D^2margin of error between the sample and the population, =0.5% and P=55% a proportion taken from the previous study conducted on Tigria region. Hereafter the sample size will be 380; considering 10%of non-response rates the final sample size was **418**.

The sample size for objective two was determined by using double population proportion formula, by considering p- value of 35.8% proportion for public health facilities expected level of compassionate and respectful maternity care which is obtained from previous study conducted West Shewa zone(40).Since there has been no prior research in the country that has separately studied at private and public health facility related to care, respectful and compassionate, for this reason I have been taking 50% proportion for private hospital.

By considering the following assumption,P_1= proportion of CRC public hospital P_2= proportion of CRC private$q_1 = 1 - p_1$, $q_2 = 1 - p_2$where$p_1 = 0.358,\quad p_2 = 0.5$, $q_1 = 0.642$,$q_2 = 0.5$

$f(\alpha, \beta) = (z\alpha_{/2} + z_\beta)^2$ Where at 95% confidence level the value of$z\alpha_{/2} = 1.96$,$z_\beta = 0.84$ (Corresponding to power of the study 80%)

α=type I error (level of significance), and β =type II error (1- β =power of the study) power is the probability of getting a significant result. Then by **a**ssuming equal sample size ($n_1 = n_2$), the sample size is calculated as:

$$n_1 = n_2 = \frac{(p_1q_1 + p_2q_2)\ \ f(\alpha,\beta)}{(p_1 - p_2)^2}$$

$$= \frac{(p_1q_1+p_2q_2)\ \ (Z_{1-\alpha_{/2}}+ Z_{1-\beta})^2}{(p_1-p_2)^2}$$

$$= \frac{(0.358\times0.642 +0.5\times0.5)\ \ (1.96+ 0.84)^2}{(0.358- 0.5)^2} = \frac{3.7618672}{0.020164} = 187.$$

Therefore, $n_1 = n_2 = 187$. By considering 10% non- response rate (37) the total sample size is 412 (206 for public and 206 for private), this number is less than the first objective sample size. The sample size for objectives three (associated factors for care, respectful and compassionate): The sample size for specific objective three was determined a double population proportion formula by using Epi info version 7.2 from the data obtained at the previous study conducted in Bahir dar among factors that have significant association to the response variable of respectful maternity care experienced [37]. The largest sample size here is 364 from the factors however; it is less than from the first sample size calculation. Therefore the final sample size determined for this study will be 418.

Table1: Sample size determination for specific objectives or factors using Epi info.

No	Factors	Assumptions						
		Proportion of disrespect, abuse among exposed (yes)	Proportion of disrespect, abuse among un exposed (no)	Power	Ratio	OR	CI	Sample size with a 10% non-response rate
1	Educational status (no formal education)	59.1%	40.9%	80%	1:1	2.43	95%	254
2	Residence (rural)	61.35%	38.65%	80%	1:1	7.23	95%	346
3	Type of health facility (governmental)	62.2%	37.8%	80%	1:1	2.49	95%	240
4	Stay in health facility	6..56%	38.44%	80%	1:1	5.14	95%	364

3.4.2. Sampling procedure and technique

The study was conducted in public and private hospitalized patients who were admitted in hospitals of Bahir Dar city administration. In this study area, there are three public hospitals (one specialized referral, one comprehensive specialized referral and one primary hospital) and four private general hospitals).The large numbers of patients were admitted in medical, surgical and gynecological &obstetric ward. These three wards were selected by using purposive sampling technique. The total sample size (n=416) was allocated proportionally in each hospital ward according to the total number of patient flow per month in medical, surgical and gynecological

wards. Individual participants in each of the ward was selected by using a systematic random sampling technique, sample patients who stayed in the study wards for at least two days was invited to the survey. By taking the number of patients who were admitted in the study ward. Number of patient expected in one month was estimated and then it was divided by sample size of each ward to get the interval. Then, K=5 for each ward. The first patients were selected by lottery method from their order of registration and then every five patient who had received care was selected until the required sample size at each ward was obtained.

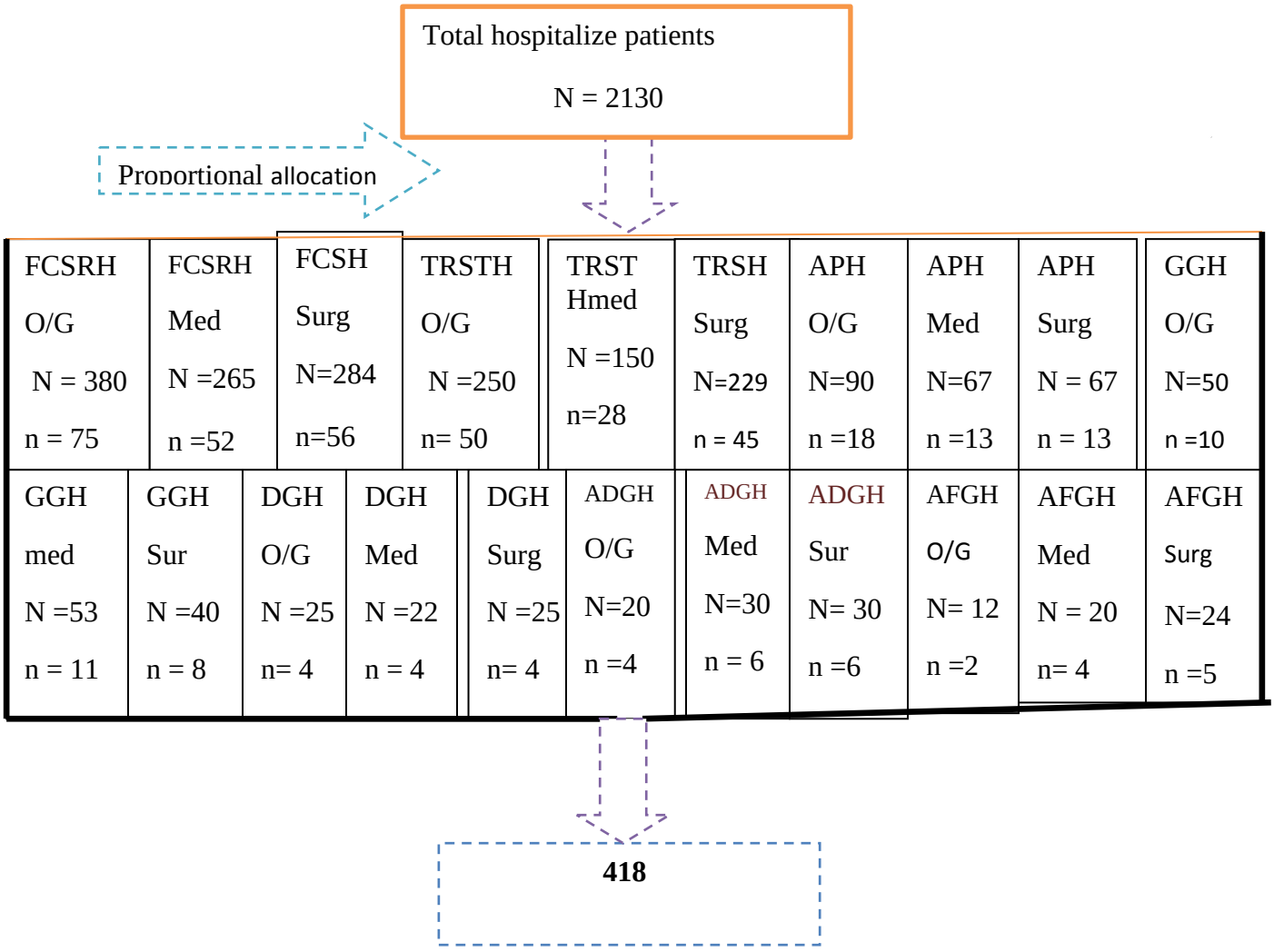

Figure 2: Proportion allocation chart flow of CRC among hospitalized patients in Bahir Dar City 2021

Key

FCSRH – Felege Hiwot Comprehensive Specialized Referral hospital

TRSTH - Tibebe Gion Specialized teaching hospital AFGH – Affilase Generalized Hospitals
ADGH – Addinas Generalized Hospitals APH – Addisale Primary Hospital

GGH – Gabby generalized Hospital DGH - Dream Care Generalized Hospitals

3.6. Variable of the study

3.6.1. Dependent variable

Compassionate and respectful Care (good=1. Poor =)

3.6.2. Independent variables

Socio demographic factor:-Sex, age, residence, marital status, educational level, occupation status etc.

Hospital related factors: The cleanliness and overall condition of the hospital, access of beds, s' water sources and toilet services available medicine in pharmacy; Facility has modern medical equipment & drugs, etc.

Provider related factor: Provider, Sex, examinations by difference doctor.

Patient's medical history: Duration of admission Frequency of admission**,** Presence of co morbidity**,** Status of health and Cost of care.

3.7. Operational definition

Compassionate and respectful caring (CRC) - means serving patients, being ethical, living the professional oath, and being a model for young professionals and students. It's a movement that requires champions who identify with their profession and take pride by helping people (12). CRC was measured using 16 item likert scale questions on ranging from strongly disagree to strongly agree (strongly disagree=1, disagree=2, neutral=, 3 agree=4.and strongly agree=5.Because of the total CRC score was not normally distributed the cut point of median was calculated for all questions. The minimum and maximum response from these questioners was 23 and 80 respectively**:** Those participants who score median value and above to questions asked on the experience of CRC were considered as having good experience of CRC, whereas respondents who score below median value was considered as Poor experience of CRC and those who have good response was given a score of 1 and those who have poor response was given score of 0. Whereas as to describe each measurement tool of CRC, then classified the five

measurement likert scale into two, from range of strongly disagree to neutral was considered as disagree while agree and strongly agree was considered as agree.

Perceived hospital related factors was the respondent's report about their perception towards health care related factors, this questions have 7 items measured by likert scale, which was assigned with numerical values according to the following scale: (1 = strongly disagree, 2 = disagree, 3 =neutral, 4 =agree, 5 = strongly agree), median score was used, respondents who score the median and above the median value was considered as good perception about hospital, while respondents who score below the median was considered as poor perception for the given questioners.

Perceived health status was the respondent's report about their health status, which was assigned with numerical values according to the following scale: very good=5, good=4, medium=3, poor=2and very poor=1; then the value was categorized into good, medium and poor

3.8. Data collection tools and procedures

The data collection instrument was a structured interview administered questionnaire adapted after reviewed similar literatures [7, 11,,27,36],and the CRC questioners consist of 16-items it was ranked as a 5 point Likert scale ranging from (1=strongly disagree to 5=strongly agree). For independent variable the questioners were prepare after reviewed different literatures developed for similar purpose by different authors [24, 24, and 27]. The questions comprised 26 items in four dimensions: 7 items on socio-demographic factors; 7 item hospital related factors; and 3 items on provider related factors and 9 items Patient's medical history. The questionnaire was face-to-face interviewer administered type. Initially developed the tool in English and then translated into Amharic (local language), for interview in order to obtain the required information from the respondents and it was translated back to English to check for any inconsistency. On reliability analysis, Cronbatch's Alpha was calculated by using SPSS window version 23.0 to test internal consistency (reliability) of all the sixteen Likert scales and Cronbatch's Alpha greater than 0.84 was considered as reliable.

3.9. Data quality assurance

To ensure quality of data, prior to the actual data collection, the questionnaire was Pretested in among10% admit patients in Debre tabor comprehensive specialized hospital. Four BSC graduated data collectors who were not involved in patient care were recruited and trained for

two days, to make them familiar with the questionnaires on how to ask questions and guide the overall process of data collection. The data collection was conducted under close supervision of principal investigator. Each day the whole questionnaires filled on the same day was checked for completeness and consistency; in addition meeting was held to discuss on the encountered problems.

3.10. Data processing and analysis

Data were coded and entered into computer using SPSS statistical package for social sciences (SPSS) version 23.0 software for cleaning and analyzed.. Any errors identified during data entry were corrected by reviewing the original completed questionnaire. Descriptive statistic were computed to describe major finding of the study and presented using table and figures. Hosmer and Lemeshow test for goodness of fit was performed and which showed significance level above 0.05 indicating the model was good. Initially, binary logistic regression analysis was carried out to identify strength of associated the outcome variable. All explanatory variables having p-value less than 0.2 level of significance were entered into multivariable logistic regression model to identify factors strength associated with CRC and control confounding effect, respectively Statistical significance of variables was determined at P- Value of <0.05 and association was described using odds ratio at 95% confidence interval. χ^2 -test was computed to compare the status of compassionate and respectful Care and independent variables between public and private hospital.

3.11. Ethical considerations

The study was ethically approved by research ethical committee of College of Medicine and Health Sciences of Bahir Dar University then communicated the selected health in-situations with formal letters obtained from Bahir Dar University. Written consent, after explanation about the study, was obtained from the study participants. Respondents were also informed about the right to refuse or discontinue participating in the study at any time. Confidentiality and privacy was maintained by excluding personal identifiers and collected data after securing informed consent from every respondent.

4. Results

4.1.1. Socio demographic characteristics and medical history of patients

A total of 418 hospitalized patients, 115(27.5%) in medical, 138(33.0%) in Surgical and165 (39.5%) in gynecological ward were admitted respectively. Eighty three percent of respondents were from public health hospital and the rest were from private hospital. Two hundred twenty eight (65.5%) of participants from public hospitals were female and the mean age of patients in public hospitals was 36 years. Among 70 patients of private hospitals, 39(55.7%) were females. The mean age of participants in private health hospitals were 41.7 years. One hundred thirty six (39.1%) of respondents in public hospitals were in between the range of 25-34 years and in Private 26 (37.1%) of patients were found in the same range of age. In public hospital 257(73.9%) of patients were farmers and half 176 (50.6%) of the clients comes from the urban areas, whereas in private hospital farmers account for 50(71.4%) and above half 46 (65.7) of the clients were from the urban areas.

Two hundred ninety forty (84.5%) and 65(92.9%) of patients in public and private hospital were admitted for the first time, respectively. While 268 (77.0%) of patients in public hospitals reported that the cost of health service was fair, whereas 31(44.3%) of respondents from private hospitals. From public hospital, 143(41.1%) of the patients were stayed in the ward from two to four days, While 47(67.1%) of patients in private. One hundred thirty one (37.6%) of patients were stayed in the ward stayed eight and above eight days from public hospitals, from private hospital 9(12.9%). One hundred forty eight (42.5%) of the participants from public hospitals reported that perceive status of health were good, in private hospital 23(32.9%) of participants. Two hundred fifty four (60.8%) of patients report that when health care service received by different healthcare service providers affect their status of CRC (table.2).

Table2: Comparison of socio - demographic characteristics and medical history of patient among public and private hospital at Bahir Dar city, 2021

Variable	Category	public hospital	Private hospital
Sex	Female	228(65.5%)	39(55.7%)
	Male	120(34.5%)	31(44.3%)
Age	18-24	58(16.7%)	5(7.1%)
	25-34	136(39.1%)	26(37.1%)
	35-44	71(20.4%)	15(21.4%)
	+44	83(23.9%)	24(34.3%)
Marital status	Married	331 (95.1	60(85.7%)
	Divorced	17 (4.9%)	10(14.3%)
Place of residence	Urban	176(50.6%)	46(65.7%)
	Rural	172(49.4%)	24(34.3%)
Level of education	unable to read	205(58.9%)	143(41.1%)
	able to read	36(51.4%)	34(48.6%)
Admission frequency	First time	294(84.5%)	65(92.9%)
	second time	49 (14.1%)	4 (5.7%)
	Above two	5(1.4%)	1 (1.4%)
Presence of co morbid illness	yes	106 (30.5%)	21 (30.0%)
	No	242 (69.5%)	49(70.0%)
Fairness of payment	fair	268(77.0%)	31(44.3%)
	unfair	80(23.0%)	39(55.7%)
Perceived status of health	poor	68 (19.5%)	16(22.9%)
	Medium	132 (37.9%)	31(44.3%)
	Good	148(42.5%)	23(32.9%)
Duration of admission	2-4	143(41.1%)	47(67.1%)
	5--7	74 (21.3%)	14 (20.0%)
	≥8	131(37.6%)	9 (12.9%)

4. 1.2. Summery measurement of CRC

A total of 16 item questions asked to assess the experience of respondents' regarding to compassionate and respectful care. As presented in the table a significant higher proportion of respondents in private hospital than in public hospital were agreed with obtaining consent prior to any procedure and treatment (83.3%) vs. 100.0%), $\chi 2$ =13.546, p<0.05).followed by greater proportion of patients in private hospital than in public hospital had agreed with respect for their privacy during their care (82.5% vs. 97.1%, $\chi 2$ =9.800, p <0.05). Respondents in private hospital than in public hospital were agreed with the statement that the health service providers had polite Communication with them (78.4% vs. 95.7%, $\chi 2$ = 11.446, p<0.05), participants in private hospital than in public hospital were agreed that they were gain trust with the health service providers (68.7% vs. 92.9%, $\chi 2$ = 17.177, p <0.05),while only (25.9% vs. 34.3%, $\chi 2$ = 2.085 ,P< 0.05) of respondents were helped by the health care providers to express their opinions from public and private hospital respectively(Table.3).

Table 3: Percentage distributions of respondents who say agree by public and private hospital with CRC questions among hospitalized patients in Bahir Dar city, 2021.

CRC item questions (16)	public hospital	Private	$\chi 2$	p-value
Show respect	287 (82.5%)	68(97.1%)	9.800	.002*
Obtained consent	290 (83.3%)	70(100.0%)	13.546	0001*
Obtained adequate information	188(54.0%0)	41 (58.6%)	.487	485
Treat with empathy	265 (80.8%)	63 (90.0%)	6.617	.010
The health service provider made an effort to find out how the condition has affected me	226 (64.9%)	62(88.6%)	15.185	.0001*
Communicated test results timely	236 (67.8%)	66 (94.3%)	20.365	.000*
The health providers Willing to respond	213 (61.2%)	52 (74.3%)	4.296	.038
Express their feeling care& respect	167(48.0%)	45 (64.3%)	6.193	.013
Communicate politely	273(78.4%)	67 (95.7%)	11.446	.001*
Treat without discrimination	278(79.9%)	65(92.9%)	6.661	.010
Listened by the heath service provider	150(43.1%)	53 (75.7%)	24.811	.0001*
Involved in decision mad on them	148 (42.5%)	49 (70.0%)	17.650	.000*

Insured confidentiality	141 (40.5%)	40 (57.1%)	6.561	.010
Gain trust	239 (68.7%)	65 (92.9%)	17.177	.000*
Helped to express their opinions	90 (25.9%)	24 (34.3%)	2.085	149
Talked about my fear &anxiety	141 (40.5%)	44 (62.9%)	11.789	.001

4.1.3. The prevalence of each items of CRC

Three hundred sixty (86.1%), of participants from both public and private hospitals were agreed with obtain consent /permission before examination and any procedures. Three hundred fifty five (84.9%) of participants agreed that they had the experience of respectful communication from the health care service provider during their care and treatment. Three hundred forty (81.3%) of respondents agreed that they had polite communication from the health care service provider during their care and treatment. Only 27.3% and 43.3% of respondents agreed that with the statement of the care giver were helped to express their opinion and patient information is kept confidential regarding to their care respectively (Fig.3).

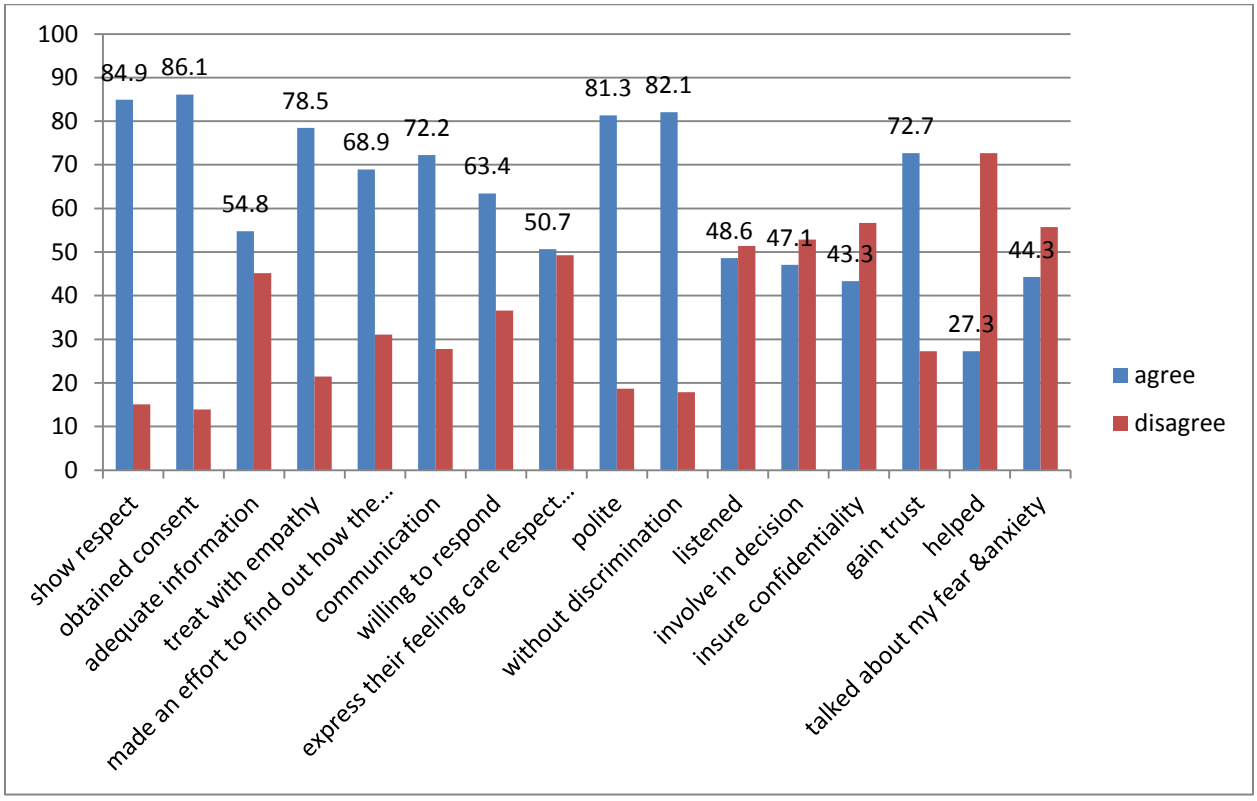

Figure 3: Prevalence of each item of CRC among hospitalized patients in Bahir Dar City 2021

4.1.4 Frequency distribution hospital related factors

Sixty five (92.9%) respondents from private hospitals were good perception about the hospital related factors, while from public hospitals 191 (54.9%) respondents were good perception about the hospital related factors. From private hospitals 68(97.1%) respondents reported that availability of adequate beds in private hospitals, while in public hospitals 265 (76.1%).From private hospitals 62 (88.6%) of respondents were reported that they have got prescribed medicine in hospitals, where as in public hospital 152(43.7%) of respondent were reported who have got the prescribed medicine in the hospitals. Ninety six (27.6%) of patients from public hospitals were agreed with the statement of the presence of adequate direction indicator, whereas 45(64.3%) of patients were from private hospitals (Figure.4).

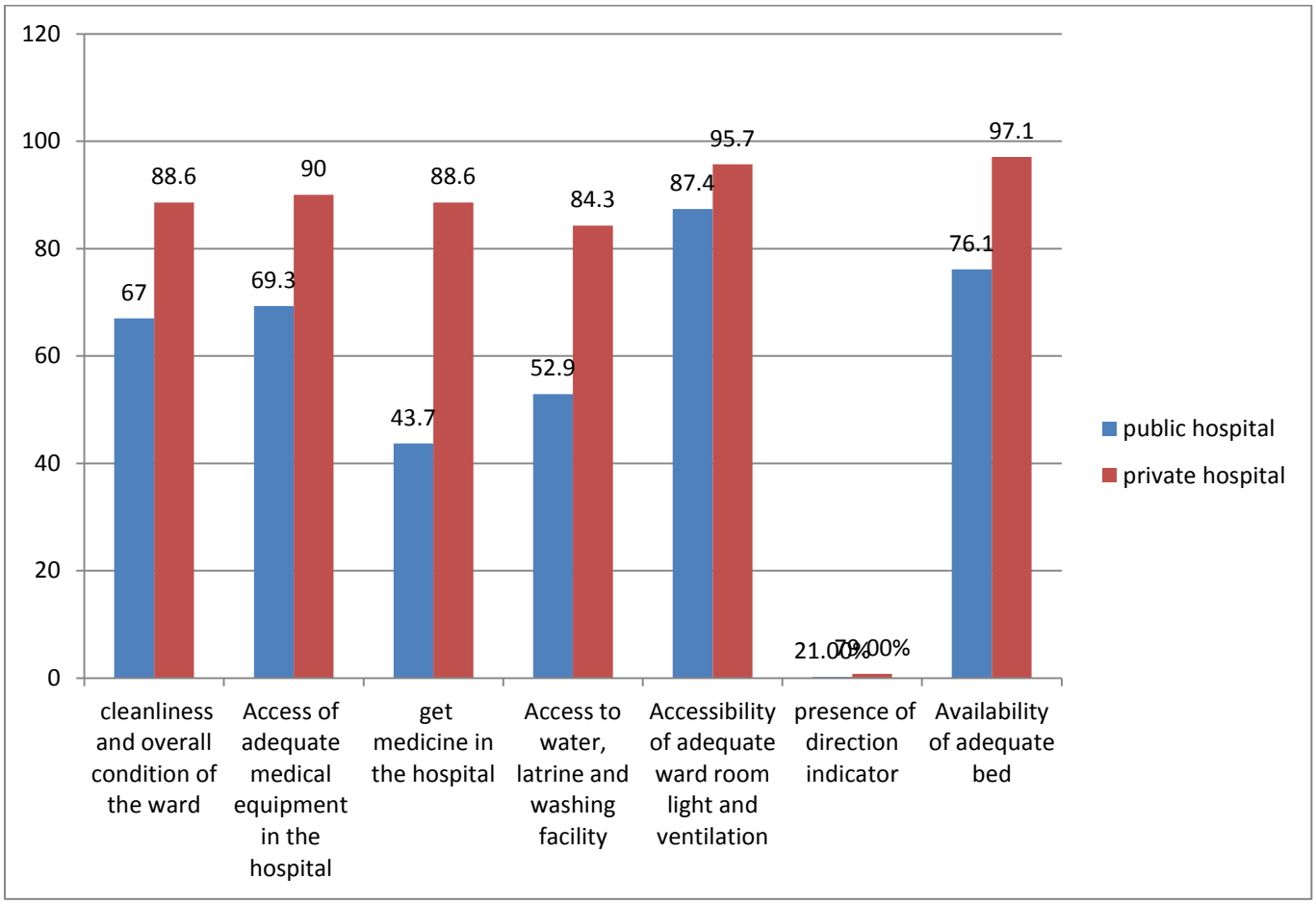

Figure 4: Frequency distribution of respondents based on hospital related factors among hospitalized patients in Bahir Dare City 2021

4.1.5. The overall prevalence of compassionate and respectful care as well as among public and private hospitals

The median score of the study participants about CRC was 59, inter-quartile range 50% by considering this number as a cut point status of CRC was determined. About229 (54.8%) of participants received good CRC while 189(45.2%) of respondents perceived that they received poor CRC. Fifty 50 (71.40%) of respondents in public hospitals had perceived that they experience good CRC, while 179(51.4%) of respondents from private hospitals had perceived that they received good CRC (Figure 5).

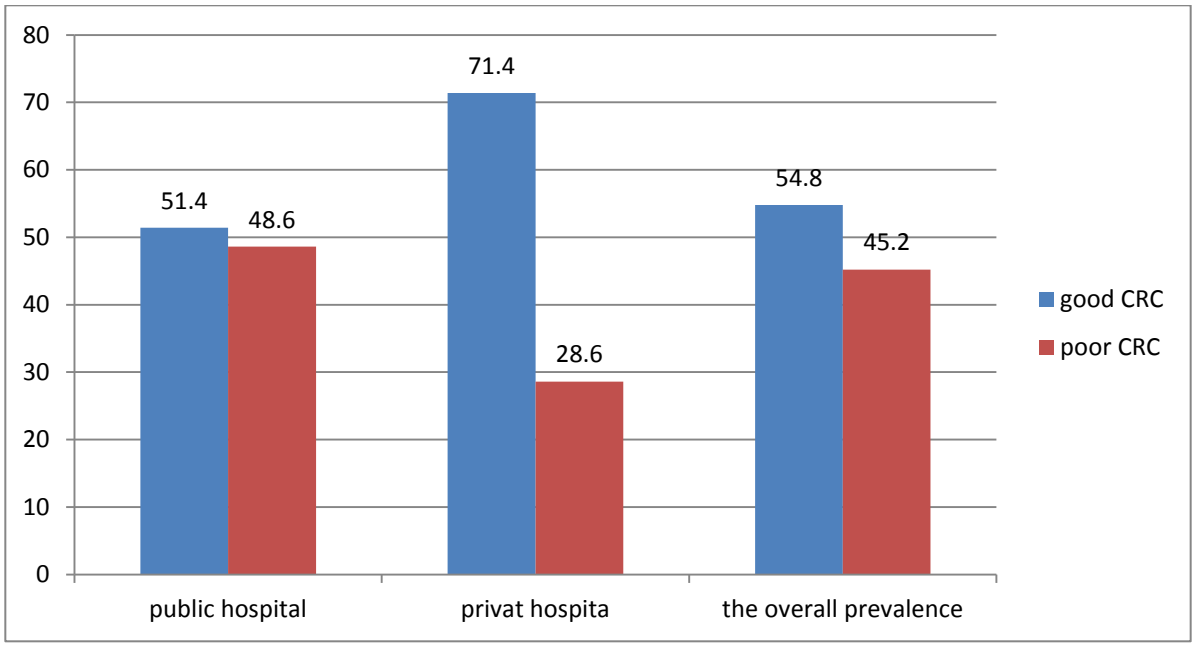

Figure 5: Prevalence of compassionate and respectful care over all as well as among public and private hospitalized patients in Bahir Dare City, 202.

4.1.7. Factors associated with CRC

The binary logistic regression analysis revealed; hospital ownership, occupation, perceived health status and sex of health service providers and were statistically associated with CRC at p-value <0.05(Table 5).

The odds of perceived that they received good CRC were 51% times less likely among Patients in public hospitals compared to patients from private hospitals (AOR=0.49, 95%CI=0.25, 0.95).Respondents who have poor perceived status of health were 56% times less likely

perceived that they received good CRC than patients who have good perceived status of health (AOR=0.44, 95%CI: =0.24, 0.81). Respondents who were getting care with female health providers were 70% times less likely perceived that they received good CRC service than male provider (AOR= 0.30, 95%CI= 0.19, 0.48). Those patients who did not get prescribed medical tests were 48% times less likely perceived that they received good CRC compared to the counterpart patients (AOR=0.52, 95%CI=0.31, 0.89) (Table 4).

Table 4: Results from bivariate and multivariable logistic regression analysis about experience of CRC among hospitalized patients Bahir Dar administrative city, January 2021

		Status of CRC		Odds Ratio(95% confidence interval)		**P-V**
Variable	Categories	Good	Poor	COR (95%CI)	AOR (95%CI)	
Hospital ownership	Public	179(51.4%)	169(48.6%)	0.42 (0.24, 0.74)*	0.49(0.25, 0.95)*	0.036
	Private	50 (71.4%)	20(28.6%)			
Place of residence	Urban	129(58.1%)	93(41.9%)	1.332(.91, 1.96)	0.80(0.47,1.37)	
	rural	100 (51.0%)	96(49.0%)			
Marital status	Married	211(54.0%)	180(46.0%)	1.706(0.75, 3.89)	0.39(0.16, 1.00)	
	Divorced	18(66.7%)	9(33.3%)			
Occupation	civil servant	38(66.7%)	19(33.3%)	1.911(1.06, 3.47)*	2.104 (0.99,4.49)	
	Merchant	34(63.0%)	20(37.0%)	1.624 (0.90, 2.95)	1.65(0.80,3.42)	
	Farmer	57(51.1%)	150(48.9%)			
Perceive status of health	Poor	37(16.2	47(56.0%	0.471(0.28, 0.80)*	0.44(0.24, 0.81)*	0.017
	Medium	85(37.1%)	78(47.9%)	0.652(0.42, 1.01)	0.59(0.37,1.01)	
	Good	107(46.7%)	64(37.4%)			
Presence of co morbid illness	Yes	75(59.1%)	52(40.9%)	1.28(0.841,1.957)	1.25(0.757,2.05)	
	No	154(52.9%)	137(47.1%)			
Sex of the providers	Female	56(35.4%)	102(64.6%)	0.28(0.18, 0.42)*	0.30 (0.19, 0.48)*	0.000
	Male	173(66.5%)	87(33.5%)			
Got laboratory tests	No	45(39.5%)	69(60.5%)	0.43 (0.27,0.66)*	0.52 (0.31,0.89)*	0.007
	Yes	184(60.5%)	120(39.5%)			
get medicine in the ho	No	76(47.5%) 105(40.7%)	84(52.5%) 153(59.3%)	0.62(0.41,0.92)	0.99(0.60,1.62)	

hospital	Yes					

In multivariable analysis from public hospitalized patient's occupation had statically associated with good experience of CRC. Since the sample size was small we couldn't compute regression analysis for private hospitals.

Table 5: Results from bivariate and multivariable logistic regression analysis about experience of CRC among public hospitalized patients Bahir Dar administrative city, January 2021

		Status of CRC		Odds Ratio(95% confidence interval)		
Variable	Categories	good	Poor	COR (95%CI)	AOR (95%CI)	
Marital status	married	171(51.7%)	160(48.3%)	0.83(0.31,2.21)	1.32(0.44,3.99)	
	divorced	8(47.1%)	160(48.3%)			
Level of education	note able to read	96(46.8%)	109(53.2%)	0.70 (1.03,1.03)	0.83(0.45,1.53)	
	able to read	83(58.0%)	60(42.0%)			
Occupation	civil servant	33(67.3%)	16(32.7%)	2.32(1.22,4.42)	2.7(1.14,6.18)*	0.015
	merchant	25(59.5%)	17(40.5%)	1.65(0.85,3.21)	1.90(0.83,4.35)	
	farmer	121(47.1%)	136(52.9%)			
Perceive status of health	Poor	26(38.2%)	42(61.8%)	0.43(0.241,0.78)*	0.48(0.24,0.93)*	0.027
	medium	85(37.1%)	66(50.0%)	0.70(0.44,1.13)	0.70(0.409,1.21)	
	good	87(58.8%)	61(41.2%)			
Presence of co morbid illness	yes	61(57.5%)	45(42.5%)	1.28(0.84,1.96)	1.42(0.83,2.43)	
	no	118(48.8%)	124(51.2%)			
Sex of the providers	female	42(30.2%)	97(69.8%)	0.23(0.14,0.36)	0.22(0.14,0.36)*	0.000
	male	137(65.6%)	72(34.4%)	0.000	0.000	
availability of medical test in the hospital	no	42(39.3%)	65(60.7%)	0.49(0.30,0.78)	0.53(0.30,0.94)*	0.029
	yes	137(56.8%)	104(43.2%)	0.003		
get, medicine in the hospital	No yes	71(46.7 108(55.1%)	81(53.3%) 88(44.9%)	0.714(0.47,1.09)	0.85(0.50,1.44)	

5. Discussion

The present study revealed that the experience of good compassionate and respectful care among hospitalized patients is 54.8 %(95% CI: 50.0%, 60.0%). This study is in line with a coss-sectional studies conducted in US among 800 hospitalized patients (53%), Northeast Ethiopia (51.5%), and Tigray (55%), Bahir Dar (57%) (7, 33-35). In US more than half of (53%) of respondents experienced good compassionate care(7). The finding of this study is higher than a study conducted in Western Ethiopia public hospitals (25.2%), Bahir Dar (32.9%) and Jima medical center (8.3%), and (32,42, 43) respectively. The possible explanation of the difference in this finding could be due to the difference in the study setting and time of the previous study. In the current study include private adult hospitalized patients in which better quality of the service is expected. Moreover this study was conducted in hospital setting in which highly qualified providers are existed. The above reviewed articles were done before the concept of training (26). Additionally since the current study was conducted among teaching hospitals the students may provide better CRC to the patients for the purpose of evolution.

However, the finding of this study is lower than studies done in Adis Ababa and Arba Minch among women who received delivery care in public hospitals (83.8%) (98.9%) (37, 41).The reason for discrepancy might be mainly in this study both the government and private hospitals were included and the other reason could be study population because in all the previous comparable studies were included only maternity car during child births were included.

In this study comparison was made between the public and private hospitals with regard to CRC. The findings demonstrated that CRC was significantly higher in the private than public hospitals (71.4% vs. 51.4%, P = 0.002).The difference between public and private patient's experience on CRC could be in work load in the two settings. Public hospitals offer serve with a reasonable cost while private hospital health service is not reasonable being that it is business oriented, because of this Patient flow in public hospitals is much larger than in private hospitals, which could be lead to a lack of understanding of patients' special needs and individual attention. This finding is consistent with a study conducted in Bahir Dar city on patient satisfaction (26).Another possible reason may be the difference health care environment factors available in the two settings and patients' expectations. Patients expect that they might get better services if they are treated within private hospitals (31). The cost of the service among private hospital and

public hospital shows significant difference (77.0%vs. 44.3%, P =.000).The possible justification could be Private hospitals are making efforts to gain profit, since they are business oriented as compare to public hospitals, while Hospital related factors in the private hospitals were significantly higher than public hospitals (92.9% vs. 54.9%, P = .000). The private hospitals providing clean and healthy environment and medical test and medicines are available within the hospitals. The private hospitals is have to depend on customers in order to meet the financial constraints and gain profitability .Our findings is consistent with earlier, research reports (25, 26, 44).

The odds of perceived that they received good CRC among Patients in public hospitals were 51% times less likely compared to patients in private hospitals (AOR= 0.49 95%CI=0.25, 0.95).The possible justification might be private hospitals work for profit, the health care providers — whether doctors, nurses, or other staff are do their best to provide more compassionate and respectful care and show concern for patients, to make them happy(45).

Respondents who were getting care with female health providers were 70% times less likely perceived that they received good CRC service compared to services provided by male provider (AOR= 0.30, 95%CI= 0.19, 0.48).The possible justification for this could be the number of female in the working ward might be small compared to males. So, patients might get more services and have exposure most of the time with males, and the other reason could be females have more workplace issues than their male counterparts. The finding consistence with studies conducted in Ethiopia. A study conducted at Harar hospitals women who were attended by male health provider were 2 times higher getting respectful maternity care than women attended by female health providers and study conducted in public hospital male health provider were more likely to deliver respectful maternity care than female health provider(46, 47).However, a study conducted on predictors of perceived empathy in central Ethiopia reported that female health-care providers were perceived to be more empathetic than male provider(30).

Those patients who have not got prescribed medical tests in the hospital had odd of 48% times less likely perceived that they received good CRC compared to the counter patients in the hospital (AOR=0.52, 95%CI=0.31, 0.89).The possible explanation for this result may be related to perceived quality of services, and high cost of laboratory tests from outside of hospitals. The finding is in line with earlier study on patient preference of private hospital to public hospital

identified that availability of modern and advanced equipment in the hospital shows significant difference to the choice of the hospital (31).

Those respondents who have poor perceived status of health were 56% times less likely perceived that they received good CRC than patients who have good perceived status of health (AOR=0.44, 95%CI: =0.24, 0.81).Justification for this result patients who are in poor health status cause a lot of stress which lead to decreased ability and motivation to communicate. Usually, people with poor status need more assistance, belongingness and hope from healthcare workers. But, in actual scenario, they might not get that as they expected to be. This leads them less satisfied and low CRC score compared to those with relatively better health status. The findings are supported by previous studies which was done Iran(48) (Table.4).

When coming to public hospitals being civil servants were 2.7 times more likely perceived that they received good CRC farmers (AOR=2.7,95%CI = 1.14,6.18).The possible explanation might be related to the understanding of CRC components among civil servants in better manner compared to farmers and merchants. This result unlikely in the previous study conducted in the western Ethiopia which was government employees were two times more likely report any form of disrespect and abuse(46).

5.1. Limitation of the study

- The study has undergone only patient's perspective.
- The sample was not in proportion between public and private hospitals.

6. Conclusion and recommendation

6.1. Conclusion

The overall prevalence of CRC was medium however in private hospital the experience of CRC was higher than public hospitals. Hospital ownership, sex of providers, availability of prescribed medical test (laboratory x-ray, ECG etc.) Occupation and perceive status of health were significantly associated to have good experience of CRC.

6.2. Recommendation

- The hospital managers offering continuous CRC training among staff might be important to increase the awareness of CRC.
- Governmental hospital managers, health care service providers, and other responsible bodies better to give attention for the implementation of CRC.
- The government and federal minister of health should make the health system humane, compassionate and respectful care equitable, and responsive to patients.

For researchers

- In this research finding revealed that the CRC results for male professionals was found significantly higher than female professionals, hence further research is needed for to unclear the possible reason for such inconsistencies. Secondly, this study is limited to patient perspective. Therefore, it is needed to develop a comprehensive study in hospital managers and health service providers in order to gain clear understanding about the delivery of CRC of public and private hospitals. This will provide more accurate response regarding their perceptions about the services delivered.

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

7. Annexes

7.1. Consent form

Greeting

Good Morning/afternoon/evening,

I am _____ Recruited as a data collector for the research that will be conducted by Metenkek Getachew Workneh, student from Bahirdar University on the Status of Care, Respectful, Compassionate and Associated Factors. As you are selected one, I kindly request you to participate in this study. In this study you will kindly requested to fill the answer for some questions regarding what you know about the Status of Care, Respectful, Compassionate and Associated Factors. Your name will not be included in the information. I promise to keep all what you replied to me confidentiality. It will take about 30 minutes.

General direction:

- Don't write your name;
- Encircle the number that contains your choice for items with alternative;
- For multiple choice items, you can use more than one answer, if you believe two or more alternatives are important;

7.2. Information sheet

Title of the Research Project: The Status of Care, Respectful, Compassionate and Associated Factors

Name of principal investigator: Metenkek Getachew Workneh

Name of the organization: Bahirdar University College of Medicine and Health Sciences, School of public Health.

Introduction: This information sheet and consent form is prepared to explain the purpose of this research in order to get your willingness to participate in the study. The main aim of this study is to assess the Status of Care, Respectful, Compassionate and Associated Factors. The research team includes principal investigator, two data collectors, one supervisor and two advisors from Bahir Dar University College of Medicine and Health Sciences, School of public Health.

Purpose of this research project: This study is being conducted by the principal investigator as partial fulfillment for Bahir Dar University of Master of Public health Program and of its activities to improve access to and quality of healthcare services. We would like to identify the Status of Care, Respectful, Compassionate and Associated Factors. The results of the survey will help policy makers to find out the best way to assist the healthcare providers, so that they can offer better Compassionate, Respectful healthcare service for patients in their hospitals.

Procedure: For this study a structured and pretested questionnaire will be used to interview hospitalized patients in Bahir Dar City. The study involves public and private hospitalized patients in Bahir Dar City; since you fulfill the criteria, the team has selected you to be one of the study participants. If you are willing to participate, you are kindly requested to give your genuine response to the data collectors during interview.

Risk and /or discomfort: By participating in this research project you may feel that it has some risk or discomfort but there is no major risk or discomfort. The questionnaire will take not more than 35 minutes.

Benefits: There is no direct benefit to you in participating in this research but it helps us in assessing the Status of Care, Respectful, Compassionate and its associated factors and to let policy makers reconsider major issues or improve the Status of Care, Respectful, Compassionate and associated factors implementation strategies so as to benefit the patient.

Incentives/payments for participating: You will not be provided any incentives or payment to take part in this project.

Confidentiality: The information collected from you will be kept confidential. It will be stored in a file using codes, without your personal identifier. And it will not be revealed to anyone except the principal investigator. In addition it will be used only for this particular research but not for other purposes.

Right to refusal or withdraw: You have the full right to refuse from participating in this research. You can choose not to answer any or all the questions and this will not affect you and your family from getting any kind of service. You have also the full right to withdraw from this study at any time you wish, without losing any of your right.

Person to contact: This research project will be reviewed and approved by the institutional review board of school of public health, Bahir Dar University. If you want to know more about, you can contact the following individuals and you may ask at any time you want.

1. Metenkek Getachew Workneh, Principal investigator

Mobile: +251 9-18-80-38-39

E-mail: ***metesamuel@gmail.com***

2. Mr. Mulusew Andualem(MPH/HI, Associate Prof.), Bahirdar University, Advisor

Mobile: +251-913814608/924305632

E-mail: ***muler.hi@gmail.com***

3. Mr.Yeshambel Agumas(HSML, MSc), Bahirdar University, Advisor

Mobile: +251918006890

E-mail: **tgyesh@gmail.com**

7.3. English questionnaires

Part I: characteristics of patient

Instruction: for each of the following questions please circle the alternative that fit for respondent's response.

Code	Question	Answer category	Remark
101	Sex	1.Male 2.Female	
102	What is your age?		
103	Residence	1. Urban 2. Rural	
104	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify	
105	What is your current marital status?	1. Single 2. Married 3. Divorced 5. Widowed	
106	What is your educational level?	1. No formal education 2. Read and write 3. Primary (1-10) 4. Secondary (11-12) 5. College and above	
107	Occupation	1. Civil servant 2.Merchant 3.Daily laborer 4.Farmer 5. Other	

Part II: Patient's medical history

Instruction: This part of questionnaire deals with study participant's information about their illness, hospitalization. Please ask the study participants the provided questions

Code	Question	Answer category	Remark
108	where they admitted		To be filled from patient card
109	Full name of the disease		To be filled from patient card
110	History of admission/Frequency	1. First times □ 2.Second □ 3. .>2 □	
111	If you have history of admission previously for how many day stay?	_____	
112	Duration of stay in the current admission?	_____ days	
113	Total duration of stay in all admission	_____ days	
114	Have you had co morbid illness	1.Yes 2. No	To be filled from patient card
115	Payments for the exam, drug and other services is fair	1 yes, 2. No	
116	Status of health	very good =5 good=4 medium=3 very poor=2 poor =1	

This section of the questionnaire asks for your opinion about whether you agreed or not at this facility. Please circle the one number for each question that comes closest to reflecting your opinion about it. Strongly disagree =1, disagree=2, neither=3, Agree=4, strongly agree.

Questions					
117. The health care service provider show respect to my privacy					
118.The health care service provider obtain consent from myself before examination and any procedures					
119. The health care service provider provide to me adequate information					
120. Health care service provider treat me with empathy					
121. Health care service provider made an effort to find out how the condition has affected me					
122. The health care service provider communicate my test results in a timely and sympathetically manner					
123.The health care service provider willing to respond to my concerns/complains					
124.The health care service provider express their feeling, caring, respect and compassion for my situation					
125. Health care service providers are polite during diagnose and treat me					
126.Health care service providers treats me equally without discrimination					
127. Health care service providers helped me to express my opinions on my care.					
128.The health care service providers talked with me about my fears and anxieties					
129.The health care service providers listened to my personal need with regard to my care					
130.Health care service provider always involve me in decisions about my care					

	131.Health care service providers ensures confidentiality of my information					
	132. I gain trust with the health care service provider					

Part III: Concerns Hospital related factors

Please circle the one number for each question that comes closest to reflecting the perception of clients. Strongly disagree =1, disagree = 2, neutral = 3, Agree 4= and strongly agree=5

No	What is your perception about these questions?	1	2	3	4	5
133	The cleanliness and overall condition of the ward					
134	Access of adequate medical equipment in the hospital (laboratory x-ray etc...)					
135	Access to service pharmacy, get medicine in the hospital					
136	Access to water, latrine and washing facility					
138	Accessibility of adequate ward room light and ventilation					
139	Presence of adequate direction indicator in the compound					

Part four: Health provider factors

Coe	Question	Answer category	Remark
140	Which sex of health care provider gives you more health care, respect and compassionate?	Male 2. Female	
141	Do you think an effect when you seeing(examined) by different health service provider	1. Yes 2. No----- If say yes	
142	If you say yes for question145when you get the most health care, respect, and compassion?	1.whe I was seen by the same health care service providers 2. when I was seen by difference health care service providers	

ባህርዳር ዩኒቨርሲቲ ህክምና ና ጤናሳይንስ ኮሌጅ

የህብረተሰብ ጤና አጠባበቅ የሁለተኛ ዲግሪ ማሟያ ጥናት

7. ቅጥያ (ተጨማሪ)

7.1. የስምምነትመስጫቅፅ

እንደምንአደሩ /ዋሉ/ አመሹ

እኔ---------- መረጃ ሰብሳቢ ስሆን በባህርዳር ዩኒቨርሲቲ የህብረተሰብ ጤናአጠባበቅ ትምህርት ክፍል የሄልዝሲስተም እና ፕሮጀክት ማኔጅመንት ተማሪ የሆኑት ወ/ሮመጠንቀቅ ጌተቸዉ ወርቅነህ ተኝተው በመታከም ላይ ያሉ ህመምተኞች እንክብካቤ፤ አክብሮትና ርህራሄ ያማከለ የጤናባለሙያዎች ህክምና አሰጣጥ ዙርያ እና በዚሁ የጤና አገልግሎት አሰጣጥ ላይ ተጽኖ ሊያደርሱ የሚችሉ ተዛማች ምክንያቶችን ለዳሰስነዉ። ስለሆነም በዚሁ ዙሪያ ለሚያደርጉት ጥናት መረጃን እንድንሰበስብላቸዉ ቀጥረዉናል። ስለሆነም ለምጠይቅዎት ጥያቄ ትብብር ያደርጉልን ዘንድ በትህትና እጠይቃለሁ።

<u>ማሳሰቢያ</u>፡ተጠያቂዉ/ዋበወቅቱካልተገኙመቼእናስንትስዓትእንደሚገኙመጠየቅዎንአይዘንጉ።

7.2.ጥናቱን በተመለከተ የመረጃ መስጫ ቅፅ

<u>የጥናቱ ርዕስ</u>

ተኝተው በመታከም ላይ ያሉ ህመምተኞች እንክብካቤ፤ አክብሮትና ርህራሄ ያማከለ የጤና ባለሙያዎች ህክምና አሰጣጥ ዙርያ እና በዚሁ የጤና አገልግሎት አሰጣጥ ላይ ተጽኖ ሊያደርሱ የሚችሉ ተዛማች ምክንያቶችን መዳሰስ በባህርዳር ከተማ አስተዳደር ሆስፒታል፣ አማራብሄራዊ ክልላዊ መንግስት፣ ሰሜን ምዕራብ ኢትዮጵያ፡-

<u>የአጥኝዉ ስም</u>፡- መጠንቀቅ ጌታቸዉ ወርቅነህ

የሚያስጠናዉ ድርጅት ስም

የባህርዳር ዩኒቨርሲቲ ህክምና ና ጤናሳይንስ ኮሌጅ በህብረተሰብ ጤና ትምህርት የሄልዝ ሲስተም እና ፕሮጀክት አስተዳደር ትምህርት ክፍል።

***መግቢያ*፡- ይህ የመረጃ መስጫ እና ማስፈረሚያ ቅጽ የተዘጋጀዉ ስለጥናቱ ዓላማ ለመግለጽ ና የእናንተን በጥናቱ የመሳተፍ ፈቃደኝነት ለመጠየቅ ነዉ። የዚህ ጥናት ዋና አላማ በባህርዳር**

ከተማ አስተዳደር ሆስፒታሎች ተኝተው በመታከም ላይ ላሉ ህመምተኞች እንክብካቤ፤ አክብሮት ና ርህራሄ ያማከለ የጤና ባለሙያዎች ህክምና አሰጣጥ ዙርያ እና በዚሁ የጤና አገልግሎት አሰጣጥ ላይ ተጽኖ ሊያደርሱ የሚችሉ ተዛማች ምክንያቶችን በመዳሰስ ወቅቱን የጠበቀ መረጃ ለአስፈፃሚ አካላት ና ለሚመለለከታቸዉ ሁሉ ማቅረብ ነዉ፡፡ በዚህ ጥናት የጥናቱ ዋና መሪ እና 2 የሠለጠኑ የህክምና ባለሙያዎች በመረጃ ሰብሰቢነት እና 1 በአመቻችነት ወይም በአስተባባሪነት ይሳተፋሉ፡፡

<u>የጥናቱዓላማ</u>:የዚህ ጥናት ዋና ዓላማ በባህርዳር ከተማ አስተዳደር ባሉ ሆስፒታሎች ተኝተው በመታከም ላይ ያሉ ህመምተኞች እንክብካቤ፤ አክብሮትና ርህራሄ ያማከለ የጤና ባለሙያዎች ህክምና አሰጣጥ ዙርያ እና በዚሁ የጤና አገልግሎት አሰጣጥ ላይ ተጽኖ ሊያደርሱ የሚችሉ ተዛማች ምክንያቶችን መዳሰስ ነዉ፡፡ ይህም የጤና አገልግሎት አሰጣጥ ፖሊሲ በመፈተሽ እና በታካሚዎች ዘንድ ተቀባይነት ያለዉ የጤና አገልግሎት ለመስጠት ያስችላል፡፡

<u>አሰራርሁኔታ/ ሂደት/፡-</u>

በጥናቱ የሚሳተፉ ተኝተዉ የሚታከሙ ህመምተኞችን ለመጠየቅ ጥራቱን የጠበቀና በሙከራ የተፈተሸ መጠይቅ እንጠቀማለን፡፡ ጥናቱ በባህርዳር ከተማ አስተዳደር ተኝተዉ የሚታከሙ ህመምተኞችን ያጠቃልላል፡፡ በመሆኑም እርስዎ በክፍል አንድ ያለዉን መመዘኛ አሟልተዉ ስለተገኙ ከሆስፒታል ታካሚዎች ካርድ ዝርዝር ስልታዊ የዘፈቀደ ናሙና መርጠዋል፡፡ ለጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ የመረጃዉን ቅጽ ትክክለኛ/ የሚያዉቁትን/ መልስ በመምረጥ ና በመመለስ እንዲተባበሩን በትህትና እንጠይቃለን፡፡ የእርስዎ ተሳትፎ ይበረታታል፡፡

<u>ሊመጡየሚችሉችግሮች</u>

በጥናቱ በመሳተፍዎ ችግር የሚያስከትል ሊመስልዎት ይችላል፡፡ ነገርግን ሊጠቀስ የሚችል ምንም አይነት ችግር የለዉም፡፡ መጠይቁ 45 ደቂቃ ሊወሰድ ይችላል፡፡

<u>ጥቅሞች</u>፡- በጥናቱ መሳተፍዎ ምንም አይነት ቀጥተኛ ጥቅም አያገኙም ፡፡ ነገር ግን በባህርዳር ከተማ አስተዳደር ባሉ ሆስፒታሎች ተኝተዉ የሚታከሙ ታካሚዎችን የጤና እንክብካቤ፤ አክብሮት ናርህራሄ ያማከለ የጤና ባለሙያዎች ህክምና አሰጣጥ ዙርያ ምን እንደሚመስል ለማወቅ ና የታካሚዎችን የጤና እንክብካቤ፤ አክብሮት ና ርህራሄ የጤና አገልግሎት አሰጣጥ ላይ አስተዋፅኦ ሊያሳድሩየ ሚችሉ ተዛማች ችግሮችን በመለየት የጤና አግልግሎቱ ጥራቱ

የተጠበቀ እንዲሆን ለማገዝ እና የመንግስት ፖሊሲዎች የአትኩሮት አቅጣጫን ለመለየት በሚደረገው ሂደት ውስጥ ጉልህ ድርሻይ ኖረዋል።

<u>የማካካሻ/ስለተሳትፎ/ክፍያ፡-</u> በጥናቱ ስለሚያደርጉት ተሳትፎ ምንም ዓይነት ክፍያ አይከፈልዎትም።

<u>የመረጃው ሚስጥራዊነት</u>፡- ከእርስዎ የሚሰበሰበው መረጃ ሚስጥራዊነቱ በከፍተኛ ሁኔታ የተጠበቀ ነው ። ስም ወይም የእርስዎን ማንነት ለመለየት የሚያስችል መረጃ አይጠየቁም ። መረጃው የሚቀመጠው በሚስጥራዊ ኮድ ሲሆን ጥናቱን ከሚሰሩት ሰዉ ውጭ መረጃው ያለእርስዎ ፈቃድ ለማንም አይሰጥም ። መረጃው ለታቀደው ዓላማ ብቻ ይውላል።

<u>የመውጣት/የማቋረጥ</u>፡- በጥናቱ ያለመሳተፍ መብትዎ የተጠበቀ ነው። ማንኛውንም መመለስ የማይፈልጉትን ጥያቄ ወይንም ሁሉንም መመለስ ካልፈለጉ እንዲመልሱ አይገደዱም። ባለመመለስዎ በእርስዎ ወይንም በቤተሰብዎ የሚመጣብዎት ምንም ዓይነት ችግር የለም። ጥናቱን አቋርጠው መተው ከፈለጉ ሙሉ መብትዎ የተጠበቀ ነው።

<u>የአጥኚዉ ስም</u>፡- ተማሪመጠንቀቅ ጌታቸዉ ወርቅነህ

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<u>የአማካሪ መምህራን ስም</u>፡

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የሆስፒታሉ ስም_____

ክፍል 1: ማህበራዊእናየስነ- ህዝብመረጃ

ተ.ቁ	ጥያቄዎች	መልስ	ምርመራ
101	እድሜዎት ስንት ነው?	----	
102	የጸታ ሁኔታ	1.ሴት2.ወንድ	
103	በአሁኑ ሰዓት የጋብቻ ሁኔታዎ ምን ይመስላል?	1.ያላገባ/ች,2.ያገቡ/ች, 3.የፈታ/ች 4. በሞት የተለየ	
104	መኖርያዎ የት ነዉ?	1. ከተማ 2. ገጠር	
105	ሀይማኖትዎ ምንድን ነው?	1.ኦርቶድክስ 2.ካቶሊክ, 3.ጵሮቴስታንት 4.ሙስሊም 5. ሌላካለ(ይገለጽ)	
106	የትምህርት ደረጃዎ ምን ያህል ነዉ?	1.ማንበብ እና መፃፍ አልችልም 2. ማንበብ እና መፃፍ እችላለሁ 3. ከ 1--10- ያጠናቀቀ/ች/ 4. ከ 11-12 ያጠናቀቀ/ች/ 5. ዲፕሎማ እና ከዛያ በላይ	
107	የስራ ሁኔታ ?	1.የመንግስት ሰራተኛ 2.ነጋዴ 3.የቀንሰራተኛ 4.ገበሬ 5. ሌላ	

ክፍል2: የታኪሚዎቹ የህክምና ሁኔታ

	ጥያቄ	መልስ	ይለፉት
8	ታካሚዉ የተኛዉ ቦታ ነዉ የተኛዉ?	----------	እባክዎትን ከ
9	የታካሚው ህመም ሙሉ መጠርያ?	----------	እባክዎትን ከ
10	የተኙቶ ህክምና ድግግሞሽ	1.ለመጀመሪያ ጊዜ 2.ለሁለተኛ ጊዜ, 3>2	
11	ለጥያቄ 110 መልስዎ ከአንዴ በላይ ከሆነ ለስንት በቀናት ቆዩ?	-------	
12	በአሁኑ የተኙቶ ህክምና ምን ያህል ጊዜ ቆዩ?	------በቀናት	
13	በአጠቃላየ በተኙቶ ህክምና ክፍል ዉስጥ ለስንት ጊዜ ቆዩ	-----በቀናት	
14	ተደራራቢ በሽታ አለብዎት	1. አዎ 2. የለም	እባክዎትን ከ
115	ለምርመራ፤መድሃኒትእናለሌሎች አገልግሎት የሚከፈለው ክፍያ ተመጣጣኝ ነው	1. አዎ 2. አይደለም	
116	የጤናወት ሁኔታ ምን ይመስላል	በጣም ጥሩ= 5, ጥሩ=4 መካከለኛ = 3, ዝቅተኛ=2 በጣም ዝቅተኛ= 1	

ክፍል ሶስት: ርህራሄ፤ አክብሮት እና እንክብካቤ ተኮር መጠየቆች

መመሪያ:-በጣምአልስማማም=1,አልስማማም=2,ገለልተኛነኝ=3,እስማማለሁ=4,በጣም እስማማለሁ =5

ተቁ	መጠይቅ	1	2	3	4	5
117	የጤናአገልግሎት ሰጪዎች ለእኔግላዊነት/ለግላዊ ክብሬ/አክብሮትያሳያሉ					
118	የጤና አገልግሎት ሰጪዎች ከምርመራእናከማነኛውም ተግባርበፊት የእኔን ፈቃድ/ስምምነት ጠይቀዋል					
119	የጤና አገልግሎት ሰጪዎች ስለበሽታየ እንዲሁም ስለሚሰጡኝ የህክምና አይነቶች እና መድሀኒቶች በቂመረጃና ምክር ሰጠዉኛል					
1120	የጤና አገልግሎት ሰጪዎች በርህራሄ ያክሙኛል					
121	የጤና አገልግሎት ሰጪዎች ላለሁበት ሁኔታ /ለችግሬ/መፍትሄ ለማግኘት ይጥራሉ					
122	የጤና አገልግሎት ሰጪዎች የምርመራ ዉጤቱንበወቅቱእናበቅንነት ይነግሩኛል					
123	የጤና አገልግሎት ሰጪዎች አርዳታ ስጠይቅ ወቅታዊ እና ሙያዊ ስነመግባር በተላበሰ ሁኔታ ለቅሬታየ መልስ ይሰጣሉ					
124	የጤና አገልግሎት ሰጪዎች ላለሁበት ሁኔታስሜታቸውን፣እንክብካቤቸውን፣አክብሮታቸውንእና ርህራሄያቸውንይገልጹልኛል					
125	የጤና አገልግሎት ሰጪዎች አክብሮትና ትእግስት በተሞላበት ሁኔታ አስተናግደዉኛል					
126	የጤና አገልግሎት ሰጪዎች ያለ አድልዎ በእኩልነት ያስተናግዱኛል					
127	የጤና አገልግሎት ሰጪዎች					

	ስለእንክብካቤዬያለኝንአስተያየትለመግለጽረድተውኛል					
128	የጤና አገልግሎት ሰጨዎች ስለፍርሃቶቼእናጭንቀቶቼከእኔጋርተነጋግረዋል					
129	የጤና አገልግሎት ሰጨዎች እንክብካቤዬንበተመለከተፍላጎቴን ና ሀሳቤንያዳምጣሉ					
130	የጤና አገልግሎት ሰጨዎች ስለ ህካምናእንክብካቤዬበሚወስኑውሳኔዎችሁልጊዜእኔንያሳተ ፉኛል					
131	የጤና አገልግሎት ሰጨዎች የመረጃዬንምስጢራዊነትያረጋግጡልኛል					
132	የጤና አገልግሎት ሰጨዎች ላይእተማመን አለሁ					

ክፍልአራት፡ ከሆስፒታሉ ጋር የተያያዙ ምክንያቶች

በጣም አልስማማም=1,አልስማማም=2,ገለልተኛነኝ =3, እስማማለሁ=4 ,በጣም እስማማለሁ =5

ተቁ	መጠይቅ	1	2	3	4	5
133	የዋረዱ ንፅህና እናአጠቃላይሁኔታ					
134	ሁሉንም የታዘዙልዎትን የምርመራ አይነቶች በሆስፒታሉውስጥ አግኝቻለሁ (ላብራቶሪኤክስሬይወዘተ/					
135	ሁሉንም የታዘዘልዎትን መድሃኒት ፣መድሀኒቶችን በሆስፒታሉ ውስጥ በእለቱ አግኝቻለሁ					
136	በሆስፒታል ቆይታው ውሃ፣የመፀዳጃቤት እና መታጠቢያ /ባኛ/ ቤት በበቂ ሁኔታ አግኝቻለሁ					
137	በቂእናምቹ የአልጋተደራሽነት ሁኔታ					
138	በግቢውውስጥ በቂ የሆነየአቅጣጫአመላካችመኖር					
139	የዎርድክፍልብርሃንተደራሽነትእናአየርማስወጫ በቂ ነዉ ብለዉ ያስባሉ					

ክፍልአምስት:ከጤናባለሙያዎችጋርተያያዥምክንያቶች

	ጥያቄዎች	መልስ	ምርመራ
140	ከጸታ አንጻር የትኞቹ የጤና አገልግሎት ሰጭዎች ናቸዉ የበለጠ የጤናእንክብካቤ፣አክብሮትእና ርህራሄ የሚሰጡት?	1. ሴት2. ወንድ	
141	በተለያዩ የጤና ባለሙያዎች ሲታዩ ወይም ሲመረመሩ በጤና እንክብካቤዎ፣በአክብሮትዎ እና ርህራሄዎ ላይ ተጽዕኖ አለዉ?	1.አለዉ, 2.አይኖረዉም ከሌለዉ ጥያቄ148 ይለፉት	
142	ለጥያቄ149 መልስወ አዎ ከሆነ የበለጠ የጤና እንክብካቤ፤አክብሮት እና ርህራሄ የሚያገኙ በየትኞቹ የጤና ባለሙያዎች ነዉ?	1. በተለያዩ የጤና ባለሙያዎች ስታይ 2. በአንድ አይነት የጤና ባለሙያዎች ስታይ	

10. Declaration

I declare that this thesis has been composed by me, that the work contained herein is my own and cared out in accordance with the requirement of the University's Regulations and Code of practice for Research Degree Programmes.

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Date of Submission: _____

This thesis work has been submitted for examination with our approval as university advisor(s).

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