2022-07-09

Patient Centered Care Practice and Associated Factors Among Patients Admited to Public Hospitals of West Gojjam Zone, North West Ethiopia, 2022

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COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH SYSTEM MANAGEMENT AND HEALTH ECONOMICS

PATIENT CENTERED CARE PRACTICE AND ASSOCIATED FACTORS AMONG PATIENTS ADMITED TO PUBLIC HOSPITALS OF WEST GOJJAM ZONE, NORTH WEST ETHIOPIA, 2022.

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ATHESIS RESEARCH SUBMITTED TO DEPARTMENTS OF HEALTH SYSTEMS MANAGEMENT AND HEALTH ECONOMICS, SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN HEALTH SYSTEM AND PROJECT MANAGEMENT.

July, 2022

Bahir Dar, Ethiopia

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I hereby certify that I have supervised, read, and evaluated this thesis titled “patient centered care practice and associated factors among patients admitted to public hospitals of west Gojjam zone, north west Ethiopia,2022” by Ephrem Kifle prepared under guidance.

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Acknowledgment

I would like express my heartfelt gratitude and deep appreciation to my esteemed advisers, Mohamed Hussien and Dr.Gebremariam Getaneh for their unwavering support in shaping and providing valuable advice for this work. I would like to thank the hospitals and the west Gojjam zone health department, for granting permission to conduct the study and for giving the crucial introductory data. I also want to express my gratitude to the Jabitehnan woreda administrative office for providing sponsorship (financial aid) for my enrollment in this MPH program.

Last but not least, I want to express my gratitude to those clients for their openness, generosity of time, and honest responses during the interviews. I also like to thank the supervisors, data collectors, and health professionals.

Abbreviations

AOR	Adjusted Odds Ratio
CI	Confidence Interval
COR	Crude Odds Ratio
CRC	Compassionate and Respectful Care
EHSTP	Ethiopia Health Sector Transformation Plan
IOM	Institution of Medicine
IRB	Institutional Review Board
LMICs	Low- and Middle-Income Countries
PCC	Patient Centered Care
PCMC	Patient Centered Maternity Care
SPSS	Statistical Packages for Social Science
UK	United Kingdom
USA	United States of America

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Abstract

Back ground: patient-centered care is defined as care that respectful of and responsive to individual patient preferences, needs, values, and ensuring that patient values guide all clinical decisions. Services that lack patient-centered care lead to unimproved health status, decreased patient and family satisfaction, and poor patient outcomes.

Objective: This study is aimed to assess patient centered care practice and associated factors among patients admitted to public hospitals of west Gojjam zone located in, northwest Ethiopia, 2022.

Methods: Hospital based cross-sectional study was conducted at public hospitals in West Gojjam Zone from May 15 to June 17 2022. A total of 604 participants were selected by using multistage supported by systematic sampling technique. Data were collected by Interviewer administered structured questionnaire. And entered to Epi-data software version 4.6 and exported to SPSS version 25.00 for analysis. Binary logistic regression analysis was carried out to identify associated variables, and potential confounders were controlled using a multivariable logistic regression model, and adjusted odd ratio (AOR) with 95% CI and p-value of less than 0.05 was considered significant variables.

Result: Over all, 587 patients participated in this study making a response rate of 97.2; half of the study participants (52.3%) received good patient centered care (95% CI 48.3%-56.4%). Social well-being (AOR: 1.78, 95%CI: 1.19-2.65), routine checkup (AOR: 2.87, 95%CI 1.93-4.27), consultation and empathy (AOR: 1.62, 95% CI 1.08-2.44), communication on safety alert (AOR: 2.15, 95%CI 1.30-3.54), and severity of illness (AOR: 12.76, 95%CI 5.19-31.37) were positively associated with patient centered care. While primary education (AOR: 0.52, 95%CI 0.33-0.77), and length of stay (AOR: 0.23, 95%CI 0.14-0.38) were negatively associated with patient centered care.

Conclusions and recommendation: Overall, nearly half of adult hospital patient's good patient-centered care practice. This study was showed that PCC practice low compared to other studies conducted in our country and low- and middle-income countries. Social wellbeing, routine checkups, consultation and empathy, communication of safety alerts, and severity of illness were all significantly associated with patient-centered care. Therefore, concerned bodies should focus on enhancing patient-centered care by exerting positive influence over variables that are crucial service enablers.

Keywords: patient centered care, public hospitals, Ethiopia.

1. Introduction

1.1 Back ground

The US Institute of Medicine's "quality chasm" report defined Patient-centered care is a health care setting in which patients and their families are encouraged to be actively involved their own care. It includes listening to, informing and involving patients in their care or "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions(1).

Patient-centered care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting the patient and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome(2).PCC allows patients to actively participate in all areas of their care, including treatment decisions and self-management, resulting in greater medication adherence and chronic disease control at lower costs, reducing length of stay (3).

PCC has eight dimensions, according to the Picker Institute: respect for the patient's values, preferences, and needs, information and education, access to care, emotional support to relieve fear and anxiety, family and friend involvement, continuity and secure transition between health-care settings, physical comfort, and care coordination to define and measure the patient-centeredness of the care, patient-centeredness to be one of six the dimension of quality of health care to improve the health outcome of the patient (4).

Lack of Patient-centered practice can affect the health status of the patient ,decreased patient and family satisfaction, poor patient outcome due to this high readmission rates , increase the average length of stay ,increase mortality rate ,poor in chronic disease management and increase cost (5). Since 2015, PCC has been a priority in Ethiopia's health sector reform plan (EHSTP) as part of the compassionate and respectful care (CRC) transformation goal. According to the Ministry of Health, PCC is a top priority for improving service quality and equity. The health-care system is locked in a loop of low productivity, growing costs, and low patient satisfaction for a variety of reasons(6).

1.2 Statement of the problem

PCC improves the overall health status of patients, the efficiency of health-care delivery, patient satisfaction, patient expectations, quality, and service excellence. Despite the benefits of PCC, it faces major hurdles in its adoption around the world. Even in developed countries, its integration into clinical practice is sometimes spotty and inconsistent (7).

In the twenty-first century, medicine's focus has shifted from the patient's condition to disease processes, with a decrease in attention to the patient and features of humanity. As a result, despite the expanding scope and improvement of healthcare around the world, it has generally failed to solve the problem of care quality (8). According to a poll conducted in the United States, one-third of sick patients left the doctor's appointment without receiving answers. In a report from other developed countries, half of the patients in Australia, Canada, New Zealand, and the United Kingdom did not participate in a clinical decision(9).

According to the current state of global health care quality chasm, each year in low- and middle-income countries (LMICs), between 5.7 and 8.4 million deaths are attributed to poor-quality care, and years of life lived with disability amount to 107 million, primarily among those living with mental illness and untreated diabetes. In LMICs, poor-quality care is responsible for up to (15%) of all deaths. While the findings of this study show that worldwide care quality is inadequate (10).

PCC has been investigated in a number of studies on maternal and reproductive health. Participants in focus groups with child-bearing mothers in rural northern Ghana reported physical abuse, verbal abuse, neglect, or discrimination, non-consented care, and non-confidential care as forms of mistreatment(11). Another study in, rural Ghanaian women seeking reproductive care reported a lack of respect and privacy, as well as the withholding of crucial information and a lack of understanding of their rights (12).

The performance of providers, the structural and organizational features of the health system, and the broader socioeconomic environment in which health workers operate are all factors that contribute to poorly implemented PCC in the Sub-Saharan region. Traditionally, healthcare provision in developing countries, including Ethiopia, has been organized around the needs and desires of healthcare professionals, particularly physicians (13, 14).

According to a research done in South Africa, the main reasons for dissatisfaction with public hospitals include excessive waiting times (41.5%), non-availability of prescribed medicine, shortage of staff(15). A survey of pregnant women in the southwest of Nigeria, two-thirds of the women were dissatisfied with their engagement in birth planning and postpartum contraceptive decision-making (16). Patients in another study in rural Sierra Leone gave a high score to the doctors' friendly approach, the interpersonal relationships, and information-sharing (17).

A system for organizing and supervising nursing personnel was only partially implemented in some of the country's hospitals, according to the baseline study of Ethiopian Hospitals Reform Implementation, and the nursing standard of key performance indicators was still absent. Thus, just one of the eight performance indicators for the nursing care standard has been fully met, yielding a total compliance rate of 12.5% (18).

As a consequence the provision of healthcare service in Ethiopia is more biomedical than bio psychosocial,71% of healthcare providers admitted to failing to deliver compassionate and respectful care services in Ethiopian , 2015 (19, 20). The Same study conducted in the Tigray region more than half of the patient who got service from health facility have experienced PCC (21). The Institution of Medicine lists PCC as one of the six factors that contribute to high-quality care. PCC is one of the main elements of Ethiopia's HSTP, which is a component of the compassionate and respectful agenda.

According to West Gojjam Zone Health Department 2014 reports, there have been reports of disrespectful care, low client satisfaction, poor attitude of health care providers, long waiting times, lack of respect for client rights, and patients do not get much information about their condition or treatment(22). In addition, the study region has not been the subject of any investigation. In this study's objective is to evaluate PCC and related factors among patients who have been admitted to public hospitals in the West Gojjam zone of northwest Ethiopia in 2022.

1.3 Significance of the study

The significant of the study is to improve patient health outcomes by increasing patient satisfaction, trust, positive behavioral change, treatment adherence, and patient-clinician interaction. The results of the study will also be helpful to health care professionals and for patients to receive high quality care.

Additionally, the study's findings will aid in emphasizing PCC and relying on contributing factors in order to deliver high-quality healthcare and advance community health. It could serve as a springboard for other academics to develop new research issues in this subject.

As a result, this research will thereby close knowledge gaps and open the door for support of evidence-based planning from decision-makers. The purpose of the study is to discover patient-centered care and related factors among admitted patients in public hospitals west Gojjam zone Northwest Ethiopia.

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2 Literature review

2.1 Status of patient centered care practice

The primary goal and benefit of PCC are to improve individual health outcomes, not just population health outcomes, although population outcomes may also improve. Not only do patients benefit, but providers and health care systems benefit as improved satisfaction scores among patient and their families (23).

In Australia, a comparable research found that overall PCC is 51physical and social wellbeing and satisfaction with care are important outcomes for patients with multi-morbidity (24). According to a study conducted in rural Nigeria, patient satisfaction with health personnel's empathy and civility is relatively high (25).In 2015, a research in Ethiopia indicated that patient satisfaction is insufficient, with 30% of in-patient patients unsatisfied with their care(26).A comparative study conducted in Addis Ababa the overall patient centered care 49%(27) and also similar study conducted in Tigray region the overall PCC is 54.5% (28).

2.1.1 Respect patient preference

The study conducted in South Africa shows, PCC was perceived as an awareness of the importance of the patient's culture, involving the patient's family, incorporating values of love and respect, dignity, optimal communication in all aspects of patient care, and accountability to the patient, (29). Another study conducted in sub- Sahara Africa 52% of HIV and 40% of TB patients agreed that some staff did not treat patients with sufficient respect (30).

A study done in urban, peri-urban, and rural areas in Zambia reported that disrespectful or unresponsive care undermines patient trust in health worker values and professionalism(20). However a study conducted in the Tigray region above half proportion of patients were good perception for respect care (21).

2.1.2 Information, communication and education

According to a systematic review of cancer patient informational needs conducted in Australia, 10%–24% of patients had unmet information needs at diagnosis and 11%–97% had unmet information needs during therapy. Cancer patients showed dissatisfaction with information on prognosis and pain therapy in this and previous studies. Patients with

diabetes also expressed dissatisfaction with information received at diagnosis (20%), as well as a desire for additional information about the disease and treatments24% (31-33).

2.1.3 Involvement of family and friends

A study conducted in Melbourne showed that 80.6% of respondents felt as though they were partners involve in the process of care(34).The same study conducted in England show that 48% of inpatients and 58% of cancer patients said that their friends or family had been given the information after leaving hospital (35).

2.1.4 Physical comfort

A study conducted in Australia Cancer patients, particularly those with advanced disease, commonly experience fatigue (60%–90%) and pain (64%). Nearly half of cancer patients with pain are under-treated, and 40%–73% of cancer patients report receiving no help or treatment for cancer-related fatigue (36-39).

2.1.5 Emotional support

In the USA review of literature from 1980 to 1994 on psychological and psychiatric problems in patient with cancer Anxiety ranges from 10%–49% in cancer patients and depression from 0%–49% and are highest during cancer diagnosis and recurrence. A literature review indicated that 9%–26% of stroke survivors experience severe depression, 16%–52% acute depression, and 17% agoraphobia(40, 41).

2.1.6 Access to care

A study was conducted in Melbourne showed that 39% did indicate that they were often unable to locate nurses for assistance and 30% of patients felt that they had been waiting too long to be seen by care providers(34).

2.1.7 Coordination of care

A study done in England showed that15 % of respondents said that they did not receive enough notice about when they were going to be discharged and 18% said that they did not know what would happen next with there are when they left the hospital (42).

2.2 Factor related to PCC

2.2.1 Socio demographic factors

According to a study conducted in Belgium, people with higher incomes and higher levels of education are more likely to be engaged in their interactions with the physicians and ask more questions during patient-physician interaction. Patients with lower education and income in the United States, on the other hand, frequently see their physician as an expert and are less likely to question for care management(43, 44).

According to a study conducted in the United States, female patients have more medical visits than male patients and have more emotional conversations with doctors. Female patients are also more feeling focused than male patients. In a similar study, female patients ask more questions, receive more information, and are more engaged than male patients(45, 46).

A study conducted in Dessie town mothers having average monthly income ≤ 3000 Ethiopian birr's had decreased the score of patient centered maternal care (PCMC) by a factor six times as compared to mothers had greater than 3000 Ethiopian birr's average monthly income(47).

An equal number of males and females (53.4 versus 55.7) in the Tigray region had good experience with caring, respectful, and companionate health care practice. Furthermore, around 70% of self-employed participants had negative experiences with PCC, while 76.3 percent of farmers had positive experiences(48).

2.2.2 Health service related factors

In an Italian study, empathy among health-care providers was found to be strongly linked to patient-centered treatment. In a similar study conducted in the United States, researchers discovered a correlation between higher levels of perceived empathy in consultations and higher levels of patient centeredness. According to a poll done in Ethiopia's south wollo zone, the majority of respondents (67.4%) believed the health care practitioner consulted them and showed empathy (4, 49-51).

According to a South African survey, 78 % of patients felt medical care is insufficient. More over half of patients (56.8%) are unsatisfied with the availability of medicine and other supplies. Respondents who spent less than or equivalent to one day in Tanzania had

significantly poorer person-centered maternity care scores than those who stayed 2-7 days, according to the study. Patients who stayed for more than 15 days were 87 % less likely to receive PCC than those who stayed for less than 5 days, according to a study done in Ethiopia's south wollo zone public hospitals (15, 51, 52) .

Patients visiting rural hospitals in central Ethiopia experienced poor empathy from doctors, according to a study, while female health-care workers were regarded to be more empathetic than male ones (53). In Addis Ababa, according to comparable studies, only 16.2% of people have been disrespected or abused (54).

In Addis Ababa, a study of public hospitals was done. In the study, 61.9% of public hospital users said the space was pleasant and friendly. It was easy to get service at public hospitals, according to 44% of participants. Similarly, 59.5% of visitors to public hospitals thought the hospitals appearance was appealing (55).

2.2.3 Patient related factors

A study conducted in USA patient-perceived involvement in care regarded health professional were associated with higher levels of all aspects of patient centeredness. Similarly a study conducted in Netherland social well-being was positively associated with PCC. Similar studies in Netherlands found that social and physical well-being were 0.53 and 0.62, respectively .Another study was carried out at Dessie 14.8% of women said their provider were indecisive.8.1% say they were never involved in making decisions about their health care.12.3%of health care providers never asked permission (24, 47, 50, 56).

Conceptual frame work

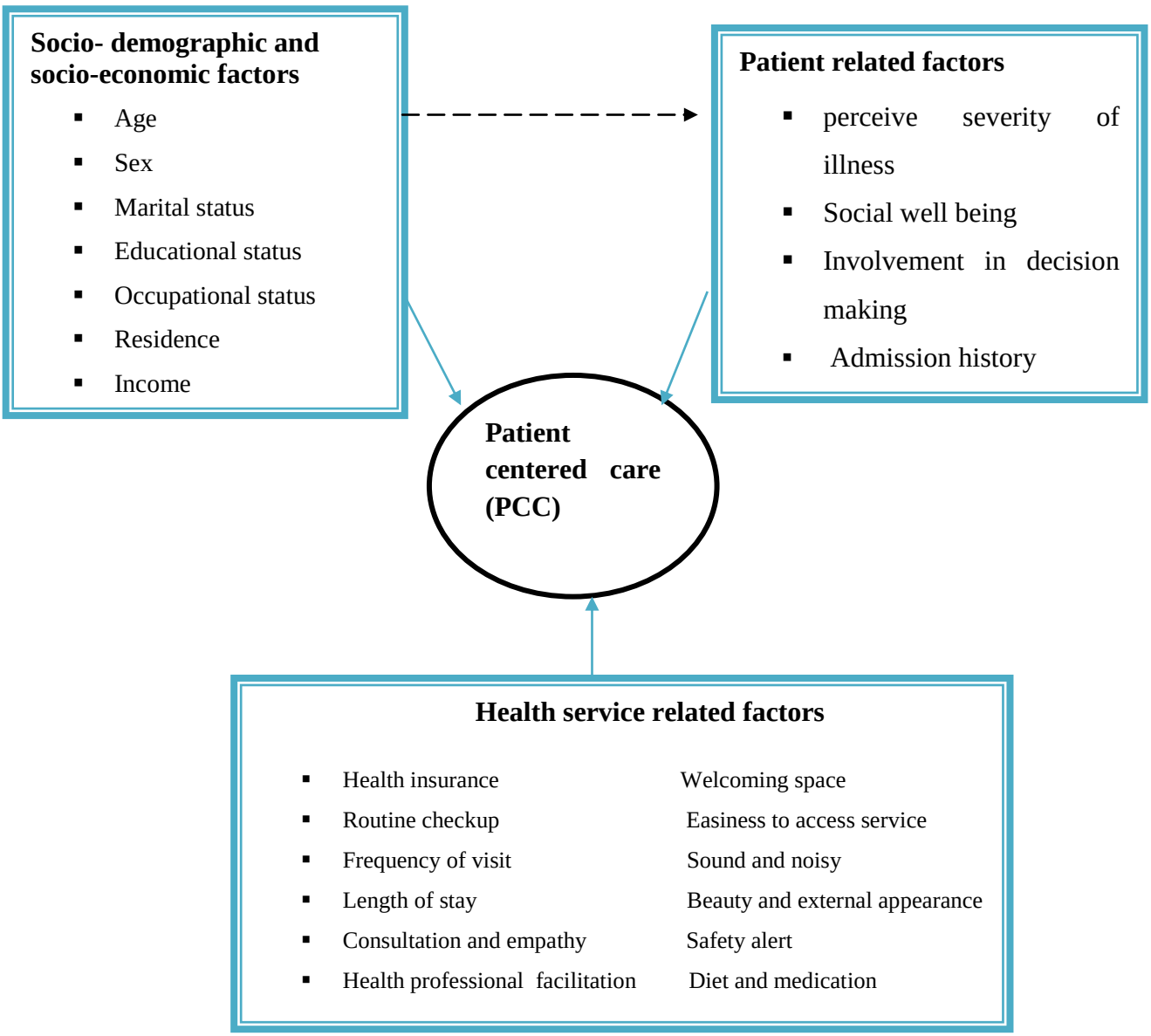

Figure 1: Conceptual framework of PCC and associated factors among admitted patients at public Hospitals of west Gojjam zone, North West Ethiopia, 2022 adapted from different literatures (47, 51, 55).

3 Objective

3.1 General objective

To assess PCC practice and associated factors among patients admitted to public hospitals of West Gojjam zone, North West Ethiopia, 2022.

3.2 Specific objectives

- To determine the level of PCC practice among patients admitted to public hospitals of West Gojjam zone, North West Ethiopia, 2022.
- To identify factors associated with PCC practice among patients admitted to public hospitals of west Gojjam zone, North West Ethiopia, 2022.

4 Methods and materials

4.1 Study design and period

Hospital based cross-sectional study design was conducted from May 15 to June 17, 2022.

4.2 Study area

This research was conducted in public hospitals in west Gojjam Zone of northwestern Ethiopia. In the West Gojjam zone, there are 20 woreda (districts), with one general hospital, six primary hospitals, 108 health centers, and 404 health posts. Those seven hospitals provide a variety of health services to patients, including in patient care. The West Gojjam Zone Health Department states that in 2021, outpatient treatments were provided to 658000 patients, while IPD services were provided to 21518 patients(22).

4.3 Source population

All patients who admitted at public hospitals of west Gojjam zone were the source population of this study.

4.4 Study population

All admitted patients who were selected at public hospitals of west Gojjam zone were the study population of this study.

4.5 Eligibility criteria

4.5.1 Inclusion criteria

All patients above 18 years old admitted in medical, surgical and gynecological /obstetrics ward and exit interviewed during the study period at the selected public hospitals of west Gojjam zone.

4.5.2 Exclusion criteria

Patients who were unconscious were excluded from this study.

4.6 Variables

4.6.1 Dependent variable

The dependent variable of interest was PCC practice, which was dichotomized as (no=o, yes=1).

4.6.2 Independent variables

Socio demographic factors: age, sex, marital status, educational status, occupational status, residence and income status.

Patient related factors: Patient perceived severity of illness, social well-being, Patients decision making involvement, and previous admission history.

Health service related factors: Health insurance, Routine checkup, Frequency of visit, Length of stay, consultation and empathy, health care provider facilitation, Welcoming space to patient and family, easiness to access service within the institution, sound and noise, beauty and external appearance, privacy to access to care, Safety alert, diet and medication.

4.7 Operational definitions

Patient-centered care(PCC): It was assessed using a validated 36-item questionnaire with a five format likers scale, that ranges from strongly disagree(1), to strongly agree(5)-(57). Total score was dichotomized using the percentage. Those patients who scored >60% were considered as they received good PCC practice, while those who scored < 60% were considered as they received poor PCC practice(58).

PCC dimension: dimensions such as patient preference(7 items), physical comfort(5items), coordination of care(4items), continuity and transition of care(4items), emotional support(4items), access to care(5 items), information and education(4 items), and family friend relation(3items) were assessed using a five format likers scale, that ranges from strongly disagree (1), to strongly agree(5) that score was dichotomized using the percentage. those patients who scored above 60% were consider as yes, while those who scored below 60% were consider as no(58).

Consultation and empathy: With a possible score range of 5 excellent to 1 poor on a 10-item questionnaire, consultation and empathy were measured; the total range above the median it indicates good levels of empathy and below the median it indicates poor level of empathy (59).

Social wellbeing: It was assessed using a 9-item questionnaire and a 4-point scale with the ranges 1-4; if the total range is above the median, social wellbeing is good; if it is below the median, social wellbeing is poor-(24, 59).

4.8 Sample size determination and sampling method

4.8.1 Sample size determination

The sample size was calculated using a single population proportion formula with the following assumptions: 95% confidence interval and margin of error (d=0.05), design effect 1.5, and proportion of PCC (p) 60.9 a study conducted in south wollo public hospitals(51).

n= $\frac{\left(\frac{Za}{2}\right)2*p(1-p)}{d2}$ Where n= sample size required for the study

Z= standard normal distribution at two-tailed (Z=1.96) with a confidence interval of 95% and d=0.05(tolerable margin of error).

P=0.609 and q =1-P= 0.391

n= $\frac{(\mathbf{1.96})\mathbf{2}*\mathbf{0.609}(\mathbf{0.391})}{(\mathbf{0.05})\mathbf{2}}$=366 using design effect 1.5, (366*1.5 =549) then by adding (10% non-response rate) 55, the final sample size is **604**

The sample size for the second objective was determined using double population proportion formula using variables significantly associated with PCC with consideration of 80% power, with 1.5 design effect and 10% non-response rate (table1).

Table 1: Sample size of PCC among patients admitted to public hospitals in west Gojjam zone, north west Ethiopia using significantly associated factors by Epi info software(51).

Factors	PCC			COR	Proportion	Sample size
	Yes	No	Total			
Residence						
Urban	104	211	315	1	0.33	
Rural	205	93	298	4.2	0.69	116
Age in years						
18-34	102	157	259	1	0.39	271
35-64	151	125	276	0.58	0.55	
≥65	46	30	76	0.74	0.61	294
Perceived quality of care						
Yes	315	142	457	3.78	0.78	89
No	57	97	154	1	0.37	
Health care provider facilitation						
Yes	169	61	230	2.43	0.73	334
No	203	178	381	`1	0.53	

Therefore, the sample size for the second objective is less than the calculated sample size of first objective; final sample size is 604.

4.8.2 Sampling procedures

Public hospitals were used to choose a representative sample of admitted patients using a multistage supported by systematic sampling technique. In the West Gojjam zone, there were seven public hospitals, and four of them were selected using lottery method. For each hospital's the last 12-month report of admitted patients prior to the study was taken and the average monthly admitted patients was calculated. The sample size was allocated proportionally to each hospital based on their annual monthly average number of admitted patients. Finally admitted patients were interviewed systematically with every 2^{nd} interval during their discharge time.

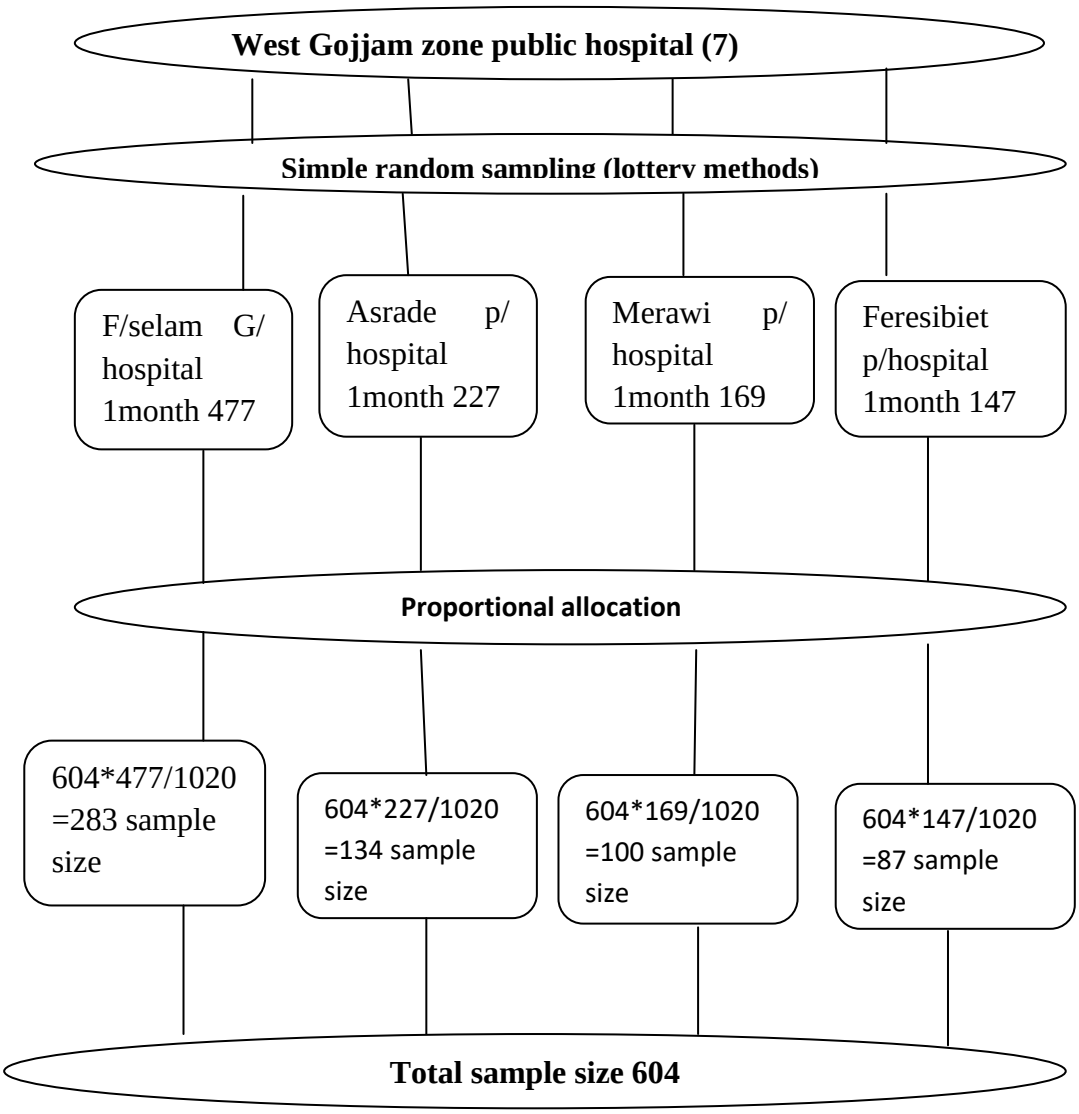

Figure 2: Diagrammatic representation of the sampling procedure of patient -centered care and associated factors among admitted patients at public hospitals of west Gojjam zone, North West Ethiopia, 2022.

4.9 Data collection tools and procedures

Interviewer administered structured questionnaire was prepared by reviewing different literatures (50, 60, 61). The contents of the questionnaire include socio-demographic characteristics, eight dimensions of PCC, patient related factors, health service related factors, and organizational related factors of study participants.

It was translated from English to Amharic which is the local and working language in the study area and back to English to maintain its consistency. Four BSC nurses and one BSC health workers were recruited for data collection and supervision respectively. Patients were interviewed at their exit from the hospital admission. PCC was measured using 36 items structured questionnaire with responses structured by a five-point response format that range from 1(strongly dis agree) to 5 (strongly agree).

4.10 Data management and analysis

The data were entered using Epi-data software version 4.6 and exported, cleaned and coded to SPSS version 25.0 Software for analysis. Descriptive analysis was conducted for selected variables to summarize the data and the final result of the study was interpreted in the form of text, figures, and tables.

The binary logistic regression was fitted to identify the potential predictor variables with PCC. Independent variables with p-value of less than 0.25 during the bi-variable logistic regression were entered into the multi- variable logistic regression analysis with back ward step wise method to control possible confounders. The goodness of the model fitness was check using Hosmer-lemshow goodness of fit test of p-value 0.571 and Finally, Adjusted Odds Ratio (AOR) with 95%CI and P-value less than 0.05 was used to identify factors associated with the outcome variable.

4.11 Data quality assurance

Before the actual data collection the questionnaire was prepared first in English and translated to Amharic and then back to English to maintain consistency. Two days training was given for both data collectors and supervisors on the basic techniques of the data collection procedures. Pre-test was conducted at Injibara hospital among 31 (5%) patients admitted there and discharged. Completeness and consistency of the data was checked on the spot and daily basis by the supervisors and the principal investigators.

4.12 Ethical consideration

Ethical clearance was obtained from the Institutional review board (IRB) of College of Medicine and Health Sciences, Bahir Dar University. Before the actual data collection was started, concerned bodies were communicated through formal letter issued from the Bahrdar University. Official permission and supportive letter was obtained from selected public hospitals and west Gojjam zone health department.

Verbal consent was obtained prior to individual interview; and accordingly all respondents were participating in the study based on his/her willingness. The privacy and the confidentiality of the information given by participants were assured at every stage of the study by omitting names and specific identification of participating individuals.

5 Results

5.1 Socio demographic characteristics of the study participants

A total of 587 patients participated, in this study with a response rate of 97.2%. As shown by table 2, among the respondents 55.5% were women and more than half (54.2%) were residents of rural areas. Nearly three-fifths (55.9%) of participants had no formal education, 49.7% were farmers by occupation, and more than three-quarters (80.7%) were married. The median monthly income was 3500 Ethiopian birr and the majority 69.7% of the respondents had a monthly income of < 5200 Ethiopian birr.

Table 2 Socio demographic characteristics of the study participants in west Gojjam zone, North West Ethiopia, 2022 (n=587)

Variables	Category	Frequency	%
Sex	Male	261	44.5%
	Female	326	55.5%
Age	18-34	278	47.4%
	35-64	250	42.6%
	>64	59	10.1%
Marital status	Married	474	80.7%
	Un married	113	19.3%
Place of residence	Urban	269	45.8%
	Rural	318	54.2%
Educational status	No formal education	328	55.9%
	Primary education	120	20.4%
	Secondary education	62	10.6%
	Certificate and above	77	13.1%
Occupational status	Government employee	73	12.4%
	Farmer	292	49.7%
	Merchant	81	13.8%
	Daily laborer	21	3.6%
	Others*	120	20.4%
Income status	<5200	409	69.7%
	>5200	178	30.3%

Note:* student/private employee/Ngo

5.2 PCC dimension

Overall, 52.3% of the respondents received good PCC practice (95% CI, 48.3% - 56.4%). More over two thirds of respondents (67.5%, 65.1%, 65.2%, and 68.0%) showed poor practice in terms of coordination of care, continuity and transition, emotional support, engagement of family and friends respectively. Among the participants only 50.6% good practice of patient preference, On the other hand more than half of the participants (51.6%, 57.4%, and 57.1%) had poor practices for physical comfort, access to care, information and education respectively.

Table 3: Dimension of PCC practice (n=587)

Dimensions	Category	Frequency	%
Patient preference	No	290	49.4
	Yes	297	50.6
Physical comfort	No	303	51.6
	Yes	284	48.4
Coordination of care	No	396	67.5
	Yes	191	32.5
Continuity and transition	No	382	65.1
	Yes	205	34.9
Emotional support	No	383	65.2
	Yes	204	34.8
Access to care	No	337	57.4
	Yes	250	42.6
Information and education	No	335	57.1
	Yes	252	42.9
Family and friends	No	399	68.0
	Yes	188	32.0
PCC practice	No	280	47.7
	Yes	307	52.3

5.3 Health service related factors

Of the 587 respondents, 319(54.3%) had community health insurance. Around two-fifths (44.5%, 45%) of respondents had perceived good health provider facilitation and routine checkup respectively. Among the respondents 38.8% perceived good provider consultation and empathy. One-fourth (24.7%) of the participants had perceived length of stay.

Table 4 Health service related factors in west Gojjam zone, North West Ethiopia, 2022 (n=587)

Variables	Category	Frequency	%
Consultation and empathy	poor	359	61.2
	Good	228	38.8
Health provider facilitation	No	326	55.5
	Yes	261	44.5
Perceived length of stay	No	442	75.3
	Yes	145	24.7
Health insurance	No	268	45.7
	Yes	319	54.3
Routine check up	No	323	55%
	Yes	264	45%

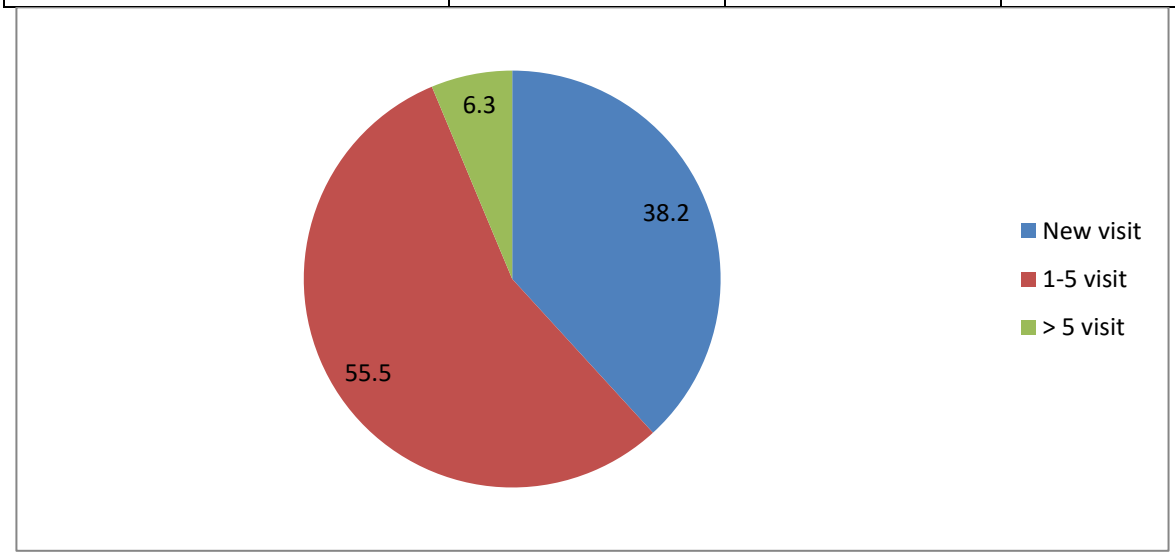

Figure 3 **Facility visit related factors in west Gojjam zone, North West Ethiopia, 2022 (n=587)**

5.4 Health service organizational related factors (n=587)

The majority of research participants 78.9% received good communication on safety alerts, and 70.2% received good communication regarding diet; on the other hand, for two-thirds (67.5%) of the respondents it was easy to get services in hospitals. Additionally, a third of the participants (38.2% and 39.4%) perceived that the hospitals has good external appearances and seek medical care adequate privacy to seek medical care in hospitals with adequate privacy respectively. Contrarily, just 16.4% participants had received good communication regarding medication, and only 11.1% of the participants provided good welcoming space in the hospital.

Table5 Health service organizational related factors in west Gojjam Zone North West Ethiopia (n=587)

Variables	Category	Frequency	%
Welcoming space to the patients	poor	522	88.9
	good	65	11.1
Easiness to access service in the hospital	poor	191	32.5
	good	396	67.5
Sound and noise in the hospital	Poor	50	8.5
	Good	537	91.5
The external appearance of the hospital	Poor	363	61.8
	Good	224	38.2
Privacy to access service in the hospitals	Poor	356	60.6
	Good	231	39.4
Communication on safety alert	Poor	124	21.1
	Good	463	78.9
Communication on diet	Poor	175	29.8
	Good	412	70.2
Communication on medication	Poor	491	83.6
	Good	96	16.4

5.5 Patient related factors

Majority (86.7%) of the respondents perceived severity of disease, around two-fifths (43.4%, 37.3%) of patient decision making involvement and previous admission history and all most half (52.1%) of the participants were good social wellbeing.

Table 6 patient related factors in west Gojjam zone North West Ethiopia, 2022 (n=587).

Variables	Category	Frequency	%
Decision making involvement	No	332	56.6
	Yes	255	43.4
Social wellbeing	Poor	281	47.9
	Good	306	52.1
Perceived severity of disease	No	78	13.3
	Yes	509	86.7
Previous admission history	No	368	62.7
	Yes	219	37.3

5.6 Factors associated with PCC

Results of the bi variable analysis showed that marital status, educational status, place of residence, social wellbeing, routine checkup, easiness to access services, severity of illness, decision making involvement, consultation and empathy, length of stay and communication on safety alert had significant association with PCC.

The results of the multi variable logistic regression analysis show that factors like social wellbeing, routine checkups, communication of safety alerts, consultation, and empathy, primary education, severity of illness and length of stay toward PCC practice were remained still significantly associated with PCC among admitted adult patients in the study area.

Patients who practiced good social well-being were 1.78 times more likely receive good PCC as compared to those who practiced poor social well-being (AOR: 1.78, 95%CI: 1.19-2.65). The odds of having good PCC among patients who received routine checkup was 2.87 as compared to patients who received no routine checkup (AOR: 2.87, 95 %CI: 1.93-4.27).

Patients who got good consultation and empathetic service were 1.62 times more likely to received good PCC compared to their counter parts (AOR: 1.623, 95% CI: (1.08-2.44).

Patients who have good communication on safety alert were 2 times more likely to receive good PCC than their counter parts (AOR 2.15, 95%CI 1.30-3.54). and similarly patients who perceived severity of illness were 12.76 times more likely to perceived good PCC compared to patients who have not perceived severity of illness (AOR: 95%CI 5.19-31.37).

The odds of good PCC for patients who received primary education were 48% less compared to those non formal education followers (AOR 0.52, CI 0.31-0.86). And the odds of good PCC for patients who know length of stay was 77%less compared to those did not (AOR: 0.22, CI 0.13-0.36).

Table 7: Bi-variable and multi variable logistic regression analysis of PCC and associated factors among public hospitals of west Gojjam zone North West Ethiopia, 2022,

Variables	PCC practice		COR (95%CI)	AOR (95% CI)
	No	Yes		
Place of residence				
Urban	136(23.2%)	133(22.7%)	1	1
Rural	144(24.5%)	174(29.6%)	1.24(0.89-1.71)	1.13(0.73-1.74)
Educational				
No formal	134(22.8%)	194(33.0%)	1	1
Primary	75(12.8%)	45(7.7%)	0.41(0.27-0.64)	0.52(0.310-0.860)*
Secondary	35(6%)	27(4.6%)	0.53(0.31-0.92)	0.60(0.31-1.15)
Certificates and above	36(6.1%)	41(7%)	0.79(0.48-1.30)	0.93(0.51-1.71)
Marital status				
Married	215(36.6%)	259(44.1%)	1.63(1.08-2.47)	0.92(0.54-1.57)
Un married	65(11.1%)	48(8.2%)	1	1
Social wellbeing				
Poor	160(27.3%)	121(20.6%)	1	1
Good	120(20.4%)	186(31.7%)	2.05(1.48-2.85)	1.78(1.19-2.65)*
Consultation and empathy				
Poor	195(33.2%)	164(27.9%)	1	1
Good	85(14.5%)	143(24.4%)	2.00(1.43-2.81)	1.62(1.08-2.44)*
Routine check up				
No	108(18.4%)	215(36.6%)	3.72(2.64-5.24)	2.87(1.93-4.27)*
Yes	172(29.3%)	92(15.7%)	1	1
Easiness to access service				
No	103(17.5%)	88(15.0%)	1	1
Yes	177(30.2%)	219(37.3%)	1.45(1.02-2.05)	1.19(0.77-1.83)
Communication on safety alert				
Poor	80(13.6%)	44(7.5%)	1	1
Good	200(34.1%)	263(44.8%)	2.39(1.59-3.61)	2.15(1.30-3.54)*

Length of stay				
No	166(28.3%)	276(47.0%)	1	1
Yes	114(19.4%)	31(5.3%)	0.16(0.11-0.25)	0.23(0.14-0.38)*
Severity of illness				
No	72(12.3%)	6(1%)	1	1
Yes	208(35.4%)	301(51.3%)	17.37(7.41-40.68)	12.76(5.19-31.37)*
Decision making				
Poor	143(24.4%)	189(32.2%)	1	1
Good	137(23.3%)	118(20.1%)	0.65(0.47-0.91)	0.83(0.55-1.24)

Notes: p<0.05 *, 1 reference

6 Discussions

In this study, patients admitted to public hospitals in the west Gojjam zone, northwestern Ethiopia were assessed for their level of patient-centered care practices and related characteristics. In total, 52.3% (95% CI: 48.3%-56.4%) good patient centered care practice. This indicates that the remaining 47.7% had poor patient centered care practice. This implies that care should be technology and disease-centered care.

This finding is consistent with the study done in Addis Ababa 49%- (27) and Tigray regional state 54.5% (28). On the other hand, this finding is lower than the studies conducted in the south wollo zone in north-eastern Ethiopia 60.9% (51), Dessie town north east Ethiopia 64.5% (47) and Hawassa city administration southern Ethiopia 62% (62). This difference might be due to various measurement issues, measurable cut of point, and data collection times during exit interview or not. This study measured by percentage instead of the mean score that was used in the South Wollo study, and it also collected its data at the exit rather than through an exit interview. Tigray region measured PCC with 17items tool, Dessie town and Hawassa town 30 items tool, while this study PCC measured with 36 items tool. Additionally, findings of this study were lower than findings of studies done in Netherlands (24). This variation might be due to socioeconomic status, and the healthcare system differences.

Patients in this study who had high level of social well-being received good PCC than those who had low level of social wellbeing. Similar findings has been reported from a study in south wollo zone, north east Ethiopia (51). Similar to this, a Dutch study found a strong correlation between social well-being and PCC (24). Additionally supported by USA study (63). This is because people with high levels of social wellbeing are better able to communicate with medical professionals, comprehend difficulties with ease, and do not experience confusion or stress.

Good consultation and empathy was highly associated with PCC than poor consultation and empathy. This finding was supported with similar findings from other studies conducted at south wollo study which shown that good consultation and empathy to be highly associated with PCC (51) . And also the same study in central Ethiopia empathy is crucial to the achievement of patient centeredness consultation(64). The similarity is due to the possibility of similar work environment, uses standard operating procedger and socio economic status.

Another study conducted in Italy showed health provider empathy during consultations was related to higher level of patient centered care (49). A US study showed that higher levels of perceived empathy during consultations were related to higher level of PCC (50), a study conducted in Canada empathic behavior highly associated with PCC (65), this might be due to the medical staff treating the patient like a friend and making them feel at ease, as well as the healthcare system.

Patients who went for routine checkup were more likely to received PCC than not routine checkup, this finding consistent to studies conducted in south wollo patients who went for routine checkup were more likely to received PCC than not routine checkup(51). This may be due to service quality, material and service accessibility infrastructure and patient participation. Another study done in the USA found that routine checkups were strongly linked to PCC (66). This similarity might be due to the former having established a relationship with their providers and increased involvement in decision making regarding their health.

Patients who receive good communication about safety alerts were more likely to be patient centered than patients who receive poor communication on safety alert. On the other hand, a study from Addis Ababa a negative association between PCC and good communication on safety alerts (27). This discrepancy might be due to socioeconomic level, residency status, and service accessibility. Another study conducted in the US found a strong correlation between PCC and communication about safety alerts (67). This association may be explained by similar implementation standards and provider interest.

The study's findings indicated that patients who knowing the length of their hospital stays were less likely to receive PCC than those who did not, but studies in USA knowing the length of stay related to PCC (68). This difference might be due to knowing ahead of time that patients will be in the hospital can make them feel anxious and discouraged during long days.

This study finding patients who perceived severity of illness highly associated with PCC. This finding is supported by Tsegedie district north Ethiopia severity of disease significantly associated with demand for health care service(69), And also supported by US study pain severity directly associated with PCC(70).

This study's findings suggest that patients with primary education are less likely to receive patient-centered care than patients without formal education, but a study in southern Ethiopia's Hawassa town found that mothers without formal education provided less patient-centered care (62) and A similar finding was made in the Netherlands, where patients with lower levels of education were less likely to receive patient-centered care than patients with higher levels of education (71). This difference might be due to patients who have not received formal education may have a high level of respect for health professional which may promote PCC.

7 Limitation of the study

- The fact that the participants were interviewed on the premises of a healthcare facility may have contributed to social desirability bias in their responses because the participants might have been fear disclosing their negative experience with the service because they worried that it might affect the service they receive if they visited the facility again.
- The participant's only patient's side/ patient percipiective.

8 Conclusions

This paper showed that PCC practice is low compared to other studies conducted in our country and low- and middle-income countries; Despite the fact that providing PCC has been the emphasis of quality improvement in our nation, the majority of its implementation still comes from a provider-centered and disease case focus approach. Variables such as social wellbeing, consultation and empathy, severity of disease, communication regarding safety alerts and routine checkups were affecting PCC.

9 Recommendations

Concerned bodies suggested the following actions to enhance patient-centered care

- **Ministry of health and regional health bureau**
  - ✓ It is recommended to develop strategies/tools for improving social health and social wellness.
  - ✓ It is better to improve professional empathy.
- **Zonal and woreda health departments**
  - ✓ It recommended implementing strategy to promote social wellness.
- **Hospitals**
  - ✓ It recommends implementing communication to safety alert plan as a culture in the hospitals.
  - ✓ The hospital should be assessed and act accordingly on social wellness of the community.
  - ✓ Better to encourages and motivated health workers to become consultative and empathetic professionals.
  - ✓ It better to recommends regular and consistent follow-up of patients in the hospital.
- **Providers**
  - ✓ Improving community relation and social wellness.
  - ✓ Better to improve professional empathy.
  - ✓ It recommended providers assess disease severity and take immediate action.
  - ✓ The provider improve safety alert communication
- **Researchers**
  - ✓ For researchers to conduct further research with large scale study is recommended since it will be crucial for policy makers to create strategies and directives for implementing patient-centered care.

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11 Appendixes

11.1 Information sheet

Bahir-Dar University, College of Medicine and Health Sciences, School of Public health, Department of health system management and health economics, information sheet for the study titled "patient centered care and associated factors among admitted patient at public hospitals of west Gojjam zone North West Ethiopia 2022"

Hello! How are you? My name is Ephrem Kifle Tilahun. I'm a second year student at Bahrdar University, College of Medicine and Health Sciences, School of Public health, Department of health system management and health economics in health system and project management, to conduct here on "patient centered care and associated factors among admitted patients at public hospitals of West Gojjam zone, North West Ethiopia, 2022". The purpose of the study is to assess implementation of patient centered care and associated actors among admitted patients at public hospitals of west Gojjam zone, North West Ethiopia, 2022"

If you agree to participate in the study as a respondent, you will not have any risk of participating in the study except the time you spent. The study may be advantageous in assessing the implementation of patient centered care. So it is important to develop strategies that help to improve patient centered care practice and to increase the quality of health care. All the genuine information obtained from you will strictly keep confidential, your participation is purely voluntary, and no monetary incentives will be given for your participation in the study. You can withdraw any time during conducting the study, also your participation, non-participation, or refusal to answer questions will not have any effect on your life, and your name will not be recorded on this form. If you have any questions**, Mr. Ephrem Kifle Tilahun** is the contact person and he can be reached through a call at +251921674073;

Email ephremkeflie5050@gmail.com

[ ] Yes, Go to the next page [ ] No, Thanks! Proceed to next eligible participan

Part two: consent form

I am informed that my identity and the information I offer will be treated confidentially. I have also been informed that I can refuse to participate in the study or not respond to questions if I am not interested. Furthermore, I have been informed that I can stop responding to the questions at any time in the process. I am informed that no financial

incentives will be given for my participation in the study. I am also informed that my response will be used to develop strategies that help for improve patient centered care. If the respondent agrees to be interviewed, remind them to put the signature:

Signature of the respondents: _____Participant's code No _____Date_____

Data collectors name----------Signature----------Date----------

Note: No need to enforcing the participants to be included in the study.

Thank you!

11.2 Questionnaires

Part I – socio demographic characteristics of the study participant

s.no	Questions	Possible answer	Skip to
101	Sex	1,Male 2,Female	
102	Age	……year	
103	Marital status	1, single 2, married 3, divorced 4, widowed	
104	Residence	1, urban 2, rural	
105	Education	1, can't read and write 2, can read and write 3, primary school 4, secondary school 5, certificate and above	
106	Occupation	1, government 2, farmer 3, merchant 4, daily labor 5, other	
107	Income	……	

Part II. Questioner for eight dimension of patient centered care

s.no	1,strongly dis agree 2,dis agree 3,neutral 4,agree 5,strongly agree					
Patient preference		1	2	3	4	5
201	I felt taken my problem seriously					
202	The staff were very concerned about my privacy					
203	I was involved in decisions about my treatment					
204	The influence that the treatment can have on my life was taken into account					
205	I was helped to determine my own treatment goals					
206	I felt supported to achieve my treatment goals					
207	I received advice that I really could use					
Physical comfort		1	2	3	4	5
208	Attention was given to my physical comfort (such as the management of pain,)					
209	Attention was paid to fatigue and insomnia					
210	The (waiting) rooms were clean					
211	The (waiting) rooms were comfortable					
212	In the treatment room(s) and at the counter there was sufficient privacy					
Coordination of care		1	2	3	4	5
213	Everyone was well informed; I only had to tell my story once					
214	The care was well attuned between the practitioners involved					
215	I knew who was coordinating my care					
216	I could easily contact someone with questions					
Continuity and transition		1	2	3	4	5
217	When being referred to another care provider					

	(specialist/dietician/physiotherapist) I was well informed about where to go and why					
218	With a referral, all my information was passed on correctly					
219	Advice (such as medication) from different practitioners (medical specialists and family doctor) was well attuned to each other					
220	The treatment of the family doctor is in line with the treatment of other care providers					
Emotional support		1	2	3	4	5
221	Emotional support was also provided					
222	Attention was paid to possible feelings of fear, gloom and anxiety					
223	I was made aware of the possibilities for more intensive emotional support					
224	Attention was paid to the impact of my health on my private life (family, relatives, work, social life)					
Access to care		1	2	3	4	5
225	It was no problem to go from my home to my family doctor and back again					
226	The general practice was easily accessible					
227	I could easily schedule an appointment quickly					
228	On a visit I didn't have to wait long before it was my turn					
229	I could easily request a repeat recipe					
Information and education						
230	I was well informed					
231	The information I received was well explained					
232	I had easy access to my own data (lab results, medication overview, referrals)					
233	I could ask all the questions I wanted					
Family and friends		1	2	3	4	5

234	With my consent, relatives were involved in my treatment					
235	Attention was given to care and support provided by family members					
236	Attention was given to possible questions from my					

Part III. Provider related factors

	1 ,poor 2,good 3, none 4, very good 5, excellent					
Consultation and relation empathy		1	2	3	4	5
301	The health care provider making my feel at ease					
302	The health care provider Letting tell my illness					
303	The health care provider really listening					
304	Being interested in me as a whole person					
305	The health care provider Fully understanding my concerns					
306	The health care provider Showing care and compassion					
307	The health care provider being positive					
308	The health care provider explaining things clearly					
309	The health care provider helping me to take control					
310	The health care provider Making a plan of action with me					

	Health professional facilitation 0. No 1. Yes	0	1
311	Is the health professional asked you whether you agree with his/her decisions		
312	Is the health professional gave you a complete explanation for your medical symptoms or treatment		
313	Is the health professional asked you what you believe is causing your medical symptoms		
314	Is the health professional encouraged you to talk about personal concerns related to your medical symptom		

315	Is the health professional encouraged you to give your opinion about your medical treatment.		

Part four; patient related factor

Patient Decision-making involve in care 0 , no 1, yes		0	1
401	Do you suggested a certain kind of medical treatment to your doctor		
402	Do you insisted on a particular kind of test or treatment for your symptoms		
403	Do you express doubts about the tests or treatment that my doctor recommended?		
404	Do you gave your opinion (agreement or disagreement) about the types of test ordered		

Social wellbeing 1 , never 2, sometimes 3, often 4, always		1	**2**	**3**	**4**
405	Do people pay attention to you				
406	Do people help you if you have problem				
407	Do you that people relay love you				
408	There are situations in which we deal with groups of people				
409	Do you people find you reliable				
410	Do you feel useful to others				
411	Do people think you do better than others				
412	Do people find you an influential person				
413	Are you known for the things you have accomplished				

patient perceived severity of illness 0, no 1, yes		0	1
414	Do you perceived your illness is sever		
415	Is there any pervious admitted history in hospital		
416	Do you think the health professionals were highly experience and ability		

Part five; Health service related factors

	Health service related factors		
501	Patient perceived length of stay	0 ,no 1, yes	
502	How many times did you visit a hospital in the past year?	…….	
503	Do you have health insurance	0. No 1 .Yes	
504	Is there any routine checkup before	0 .no 1 .yes	
Part six ; organizational related factors			
	1 ,poor 2 ,good	1	2
601	Welcoming space to the patients		
602	Easiness to access services in the hospital		
603	Sound and noise in the hospital		
604	The external appearance of the hospital		
605	Privacy to access services in the hospital		
606	Communication on safety alert		
607	Communication on diet		
608	Communication on medication		

Thank you

1 መጠይቆች እና የስምምነት ቅጽ

1.1 የመረጃ እና የስምምነት ቅጽ

የባህር ዳር ዩኒቨርሲቲ፣ የህክምናና ጤና ሳይንስ ኮሌጅ፣ የኅብረተሰብ ጤና ትምህርት ቤት፣ የጤና ሥርዓት አስተዳደርና ጤና ኢኮኖሚክስ ትምህርት ክፍል፣ የጥናት መረጃ ሰነድ

‹‹ሕሙማንን ያማከለ እንክብካቤ እና ተያያዥ ጉዳዮች ምዕራብ ጎጃም ዞን የመንግስት ሆስፒታሎች ውሰጥ ላሉ ታካሚ ህሙማኖች በስሜን ምዕራብ ኢትዮጵያ 2022።

ሰላም! እንዴት ኖዎት?ኤፍሬም ክፍሌ ጥላሁን እባላለሁ። በባህርዳር ዩኒቨርሲቲ፣ በህክምና እና ጤና ሳይንስ ኮሌጅ፣ በህብረተሰብ ጤና ትምህርት ቤት፣ በጤና ሰርአት አስተዳደር እና በጤና ኢኮኖሚክስ ትምህርት ክፍል የሁለተኛ ዓመት ተማሪ ነኝ፣ ‹‹ታካሚን ማዕከል ያደረገ እንክብካቤ እና ተያያዥ ጉዳዮች መካከል በምዕራብ ጎጃም ዞን፣ ሰሜን ምዕራብ ኢትዮጵያ 2022 ። የጥናት ዓላማ በ2022 በምዕራብ ጎጃም ዞን በሰሜን ምእራብ ኢትዮጵያ በመንግስት ሆስፒታሎች ውስጥ ታካሚን ያማከለ እንክብካቤ እና ተያያዥ ጉዳዮች በተቀባይ ህሙማን መካካል ያለውን አፈጻጸም ለመገምገም ነው። እርስዎ በጥናቱ ለመሳተፍ ከተስማሙ፡ ከእርሰዎ የተገኘ እውነተኛ መረጃ ሁሉ በጥብቅ ሚሰጥራዊ ይሆናል፣ ተሳትፎዎ በፈቃደኝነት ብቻ ነው፣ በጥናቱ ላይ ለሚያደርጉት ተሳትፎ የገንዘብ ማበረታቻ አይሰጡም ፣ ለጥናቱ መረጃ በሚሰጡበት ወቅት በማንኛውም ጊዜ ማቆም ወይም ለጥያቄዎች መልስ አለመስጠት የሚያመጣብዎት ጉዳት አይኖርም፣ ሰምዎም በዚህ ቅጽ ላይ አይመዘገብም ማንኛውም አይነት ጥያቄ ካሎት አቶ ኤፍሬም ክፍሌ ጥላሁን ያነጋግሩ በዚህ ስልክ ቁጥር +251921674073 ደውለው ማግኘት ይችላሉ።ኢሜል ephremkelie5050@gmail.com

[] አዎ ወደሚቀጥለው ገጽ ሂድ [] አይ፡ አመሰግናለሁ! ወደሚቀጥለው ብቁ ተሳታፊ ይቀጥሉ

1.2 የፈቃድ ቅጽ

ማንነቴ እና የማቀርበው መረጃ በሚስጥር እንደሚያዙ ተነግሮኛል። ፍላጎት ከሌለኝ በጥናቱ ላይ ላለመሳተፍ ወይም ለጥያቄዎች ምላሽ አለመስጠት እንደምችል ተነግሮኛል። በተጨማሪም በሂደቱ ውስጥ በማንኛውም ጊዜ ለጥያቄዎቹ ምላሽ መስጠት ማቆም እንደምችል ተነግሮኛል። የእኔ ምላሽ ታካሚን ማዕከል ያደረገ እንክብካቤን ለማሻሻል የሚረዱ ስልቶችን ለማዘጋጀት ጥቅም ላይ እንደሚውልም ተነግሮኛል። ምላሽ ሰጪው ቃለ መጠይቅ እንዲደረግለት ከተሰማማ(ች) ቀጥታ ወደ መረጃ መሰብሰብ ይግቡ፡-

ማስታወሻ፡ በጥናቱ ውስጥ እንዲካተቱ ተሳታፊዎችን ማስገደድ አያስፈልግም።

አመሰግናለሁ!

2 መጠይቆች

ክፍል 1- የጥናቱ ተሳታፊ ማህበራዊና ስነ-ህዝብ ሁኔታ

ተ/ቁ	**ጥያቄዎች**	**መልስ**	**ዝለል/ይ**
101	ፆታ	1 ወንድ 2 ሴት	
102	እድሜ	----------አመት	
103	የጋብቻ ሁኔታ	1 ያገባ/ች 2 ያላገባ/ች 3 የፈታ/ች 4 በሞት የተለየ/ች	
104	መኖሪያ	1 ከተማ 2 ገጠር	
105	የት/ት ሁኔታ	1 ማንበብና መፃፍ የማይችል 2 ማንበብና መፃፍ የሚችል 3 የመጀ/ደረጃ ትምህርት 4 ሁለተኛ ደረጃ ትምህርት 5 ምስክር ወረቀትና ከዛ በላይ	
106	የስራ ሁኔታ	1 መንግስት ስራ 4 የቀን ስራ 2 አርሶአደር 5 ሌላ የተለዬ 3 ነጋዴ	
107	ገቢ	----------ብር	

ክፍል 2 ታካሚዉን ማዕከል ያደረገ እንክብካቤ

ተ/ቁ	1 በጣም አልሰማማም 2 አልስማማም 3 ገለልተኛ 4 እስማማለሁ 5 በጣም እስማማለሁ					
የታካሚዎች ምርጫዎች		1	2	3	4	5
201	ለህመሜ ትኩረት ተሰጥቷል					
202	የጤና ባለሙያዎች የግል ሚስጥሬን ይጠብቃሉ					
203	ስለ ህክምናዬ በሚደረጉ ዉሳኔዎች ዉስጥ እሳተፍ ነበር					
204	የምወስዳቸው መድሀኒቶች በህይወቴ ላይ ሊያሳድር የሚችለውን ተጽዕኖ ግምት ውስጥ ያስገባ ነበር።					
205	የራሴን የህክምና ግቦች እንድወስን ተረድቻለሁ ።					
206	የህክምና ግቦቼን ለማሳካት እንደረዳኝ ተሰማኝ።					
207	በእውነት ልጠቀምበት የምችለውን ምክር አገኘሁ።					
አካላዊ ምቾት		1	2	3	4	5
208	ህመሜን ለማስታገስ ትኩረት ተሰጥቶኛል።					
209	ድካምና እንቅልፍ ማጣት ሲያጋጥመኝ ትኩረት ተሰጥቶኛል።					
210	የተኛሁበት ክፍል ንጹህ ነበር					
211	የተኛሁበት ክፍል ምቹ ነበር					
212	መድኃኒት በምወስድበት ጊዜ ሌሎች እንዳያዩኝ ተደርጎ ነው የሚሰጠኝ					
የተቀናጀ እንክብካቤ		1	2	3	4	5
213	ባለሙያዎች ስለኔ የህክምና ታሪክ በደንብ መረጃ ነበራቸው					
214	ጉዳዩ በሚመለከታቸው ባለሙያዎች መካከል እንክብካቤ ያረጉልኝ ነበር					
215	የኔን ህክምና የሚያስተባብረው ማን እንደሆነ አውቅ ነበር					
216	ጥያቄዎችን ለመጠየቅ ስፈልግ በቀላሉ ሰው ማግኘት እችል ነበር					
ቀጣይነት እና የሽግግር እንክብካቤ		1	2	3	4	5
217	ሀኪሞቼ ህመም ለማስታገስ ስለሚረዱ መንገዶች እና ጤናማ ሆኜ እንድቆይ ምክር ሰጠውኛል					
218	የሪፈራል ወረቀቴን ጨምሮ መረጃዎቼ በሙሉ በትክክል ተላለፈዋል					
219	ምክሮች (እንደ መድሃኒት ያሉ)ከተለያዩ ባለሙያዎች ጋር እርስ በርስ የተስማሙ					

	ነበሩ።					
220	ሕክምናዬ ከሌሎች ተንከባካቢዎች ሕክምና ጋር ተመሳሳይ ነው።					
ሰሜታዊ ድጋፍ		1	2	3	4	5
221	ስሜታዊ ድጋፍ ተደርጎልኛል					
222	ለፍርሃት ለትካዜ እና ለጭንቀት ሰሜቶቼ ትኩረት ተሰጥቷል።					
223	ይበልጥ ጥልቅ ስሜታዊ / ስሜታዊ ድጋፍ ለማግኘት ስለሚያስችል ሁኔታ ተገንዝቤያለሁ					
224	የግል ህይወቴ በጤናዬ ላይ ስላለዉ ተፅእኖ ትኩረት ተሰጥቷል					
እንክብካቤን ማግኘት		1	2	3	4	5
225	ወደ ዶክተር ሄጄ ስመለስ ምንም ችግር አልነበረም።					
226	ሀኪሞች በቀላሉ ተደራሽ ነበሩ					
227	በአጭር ጊዜ ቀጠሮ ተሰጥቶኛል					
228	አገልግሎት ለማግኘት ረጅም ጊዜ አልጠበኩም					
229	መድሀኒቶች በቀላሉ አግኝቻለሁ					
መረጃ ትምህርት እና ንግግር		1	2	3	4	5
230	በደንብ ተረድቻለሁ።					
231	ስለ ሕመሜ እና ህክምናዬ የተቀበልኩት መረጃ በደንብ ተብራርቷል					
232	የራሴን የህክምና መረጃዎች (የምርመራ ውጤቶች ፣ የመድኃኒት አጠቃላይ እይታ ፣ ሪፈራል) ወረቀቶች በቀላሉ ማግኘት ችያለሁ					
233	እኔ የፈለግኩትን ጥያቄዎች ሁሉ መጠየቅ እችል ነበር					
ቤተሰብ እና ጓደኛ ተሳትፎ		1	2	3	4	5
234	በእኔ ፈቃድ፣ ዘመዶቼ በህክምናዬ ውሰጥ ተሳትፈዋል።					
235	በቤተሰብ አባላት ለሚድረግ እንክብካቤ እና ድጋፍ ትኩረት ተሰጥቷል።					
236	ከቤተሰቤ ለሚነሱ ጥያቄዎች ትኩረት ተሰጥቷል					

ክፍል 3. ከ ጤና ባለሙያ ጋር የተገናኙ ጥያቄዎች

1፣ ደካማ 2፣ ጥሩ 3፣ ምንም 4፣ በጣም ጥሩ 5፣እጅግ በጣም ጥሩ ምክክር እና ርህራሄ		1	2	3	4	5
301	የጤና ባለሙያው ምቾት እንዲሰማኝ አድርጎኛል					
302	የጤና ባለሙያው ስለ ህመሜ በአግባቡ ነግሮኛል					
303	የጤና ባለሙያው የምናገረውን ነገር በትኩረት ያዳምጠኝ ነበር					
304	ባለሙያው በሙሉ ፍላጎት ይረዳኝ ነበር					
305	እኔን በተመለከተ የጤና ባለሙያው በሚገባ ተረድቶኛል					
306	የጤና ባለሙያው እንክብካቤ እና ርህራሄን ያሳይ ነበር					
307	የጤና ባለሙያው አዎንታዊ ምላሽ ይሰጡኝ ነበር					
308	የጤና ባለሙያው ስለበሽታዬ በግልፅ አብራርቶልኝ ነበር					
309	የጤና ባለሙያው ራሴን እንዳጸና/እንዳበረታ ረድቶኛል					
310	ስለ ህክምናዬ የጤና ባለሙያው በእቅድ አስረድቶኛል					
የጤና ባለሙያ ማስተባበር 0 አይደለም 1 አዎ					0	1
311	በሀኪሙ ውሳኔ መስማማት /አለመስማማትዎን ተጠይቀው ነበር?					
312	ሐኪሙ ስለ ህመምዎ ምልክት ወይም ስለህክምናዎ ሙሉ ማብራሪያ ሰጥተዎት ነበር?					
313	ሐኪሙ የህመምዎ መንስኤ ነው ብለዉ የሚያምኑትን ነገር ጠይቀዉሃል/ሻል?					
314	ከህመም ምልክትዎ ጋር በተያያዘ ስላሉት የግል ጉዳዮ እንዲናገሩ ሐኪሙ ያበረታታዎት ነበር?					
315	ስለ ሚወስዱት የህክምና አገልግሎት አስተያየት እንዲሰጡ ሀኪሙ ያበረታታዎት ነበር?					

ክፍል 4 ከታካሚዎች ጋር የተያያዘ ጥያቄ

የታካሚ ውሳኔ አሰጣጥ 0፣ አይደለም 1፣ አዎ		0	1
401	የሚፈልጉትን የመድኃኒት ዓይነት ለሐኪምዎ ጠቁመዋል?		
402	የሆነ ምርመራ /መድሃኒት ካልተሰጠኝ በሚል ችክ ብለዉ ነበር?		
403	ሐኪሙ ስለሚሰጣቸው ምርመራዎች ወይም ሕክምናዎች ጥርጣሬዎትን ይገለፁ ነበር?		
404	ሐኪምዎ ስላዘዘው ምርመራ እና ሕክምና ዓይነቶች አስተያየትዎን (መስማማት ወይም አለመስማማትዎን) ይገልፁ ነበር?		

ማህበራዊ ደህንነት 1፣ በጭራሽ 2፣ አንዳንድ ጊዜ 3፣ ብዙ ጊዜ 4፣ ሁል ጊዜ		1	2	3	4
405	ሰዎች ለእርስዎ ትኩረት ይሰጣሉ				
406	ችግር ከገጠሞዎት ሰዎች ይረዱዎታል				
407	ሰዎች የእውነት ይወዱኛል ብለው ያስባሉ				
408	ከሰዎች ጋር የምትገናኚባቸው አጋጣሚዎች/ጉዳዮች አሉ				
409	እምነት የሚጣልባቸው ሰዎች አግኝተዋል				
410	ለሌሎች ሰዎች ጠቃሚ እንደሆኑ ይሰማዎታል?				
411	ሰዎች እርስዎን ከሌሎች የተሻሉ አድርገው ያስብዎታል				
412	ሰዎች እርስዎን ተደማጭነት ያለው ሰው ሆነው አግኝቶዎታል				
413	ሰዎች እርስዎን በሚያከናዉኗቸዉ ተግባራት ያውቆታል				
ሕመምተኛው የበሽታውን ክብደት ተገንዝቧል 0፣ አይደለም 1፣ አዎ				0	1
414	በሽታው ከባድ ነው ብለው ያስባሉ				
415	በሆስፒታል ውስጥ ተኝቶ የመታከም ታሪክ አለዎት?				
416	የጤና ባለሙያዎች ከፍተኛ ልምድ እና ችሎታ ያላቸው ይመስላሉ።				

ከፍል 5. ከጤና አግልግሎት ጋር የተያያዙ ምክንያቶች

	ከጤና አገልግሎት ጋር የተያያዙ ምክንያቶች	
501	ታካሚ የሚቆይበት ጊዜ ታዉቋል	0 የለም 1 አዎ
502	ባለፉት 12 ወራት ውስጥ እንክብካቤ ለማግኘት (ዶክተርን ፣ ነርሶችን እና ሌሎች ባለሙያዎችን ለመጎብኘት) ስንት ጊዜ ሄዱ	----------
503	የጤና መድን አባል ነዎት	0 የለም 1 አዎ
504	ክትትል ነበርዎት	0 የለም 1 አዎ

ክፍል 6. ድርጅታዊ ጉዳዮችን የተመለከቱ ጥያቄዎች

	ድርጅታዊ ጉዳዮችን የተመለከቱ ጥያቄዎች **1. ደካማ** **2. ጥሩ**	1	2
601	ለታካሚዎች የእንኳን ደህና መጡችሁ ቦታ ተመቻችቶ ነበር		
602	በሆስፒታል ውስጥ አገልግሎት ለማግኘት ያለዉ ቀላልነት እንዴት ነበር		
603	በሆስፒታል ውስጥ ያለ ረባሽ ድምጽ ሁኔታ ምን ይመስላል		
604	የሆስፒታሉ ውጫዊ ገጽታ እና የንጽህናው ሁኔታ ምን ይመስላል		
605	በሆስፒታል ውስጥ ግላዊ አገልግሎቶችን ለማግኘትያለዉ ምቹነት		
606	በእንክብካቤ እቅድ ላይ መግባባት ተፈጥሮ ነበር ብለዉ ያስባሉ		
607	በየግዜዉ የደህንነት ማንቂያ ይተገበር ነበር		
608	የምግብ አቅርቦትና አመጋገብ ሁኔታ ተተግብሯል ብለዉ ያስባሉ		
609	የመድሃኒት አቅርቦትና አጠቃቀም ሁኔታ ጥሩ ነበር ብለዉ ያስባሉ		

ክፍል 6. ድርጅታዊ ጉዳዮችን የተመለከቱ ጥያቄዎች

	ድርጅታዊ ጉዳዮችን የተመለከቱ ጥያቄዎች 2. ጥሩ 1. ደከማ	1	2
601	ለታካሚዎች የእንኳን ደህና መጣችሁ ቦታ ተመቻችቶ ነበር		
602	በሆስፒታል ውስጥ አገልግሎት ለማግኘት ያለዉ ቀላልነት እንዲት ነበር		
603	በሆስፒታል ውስጥ ያለ ረጠኝ ድምጽ ሁኔታ ምን ይመስላል		
604	የሆስፒታሉ ውጫዊ ገጽታ እና የንጽህናው ሁኔታ ምን ይመስላል		
605	በሆስፒታል ውስጥ ግለዊ አገልግሎቶችን ለማግኘት ያለዉ ምቾነት		
606	በእንክብካቤ እቅድ ላይ መግባባት ተፈጥሮ ነበር ብለዉ ያስባሉ		
607	በየግዜዉ የደህንነት ማንቂያ ይተገበር ነበር		
608	የምግብ አቅርቦትና አመጋገብ ሁኔታ ተተግብሯል ብለዉ ያስባሉ		
609	የመድሃኒት አቅርቦትና አጠቃቀም ሁኔታ ጥሩ ነበር ብለዉ ያስባሉ		

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