ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF EMERGENCY MEDICINE

PATIENT SATISFACTION AND ASSOCIATED FACTORS AMONG CLIENTS VISITING ADULT EMERGENCY DEPARTMENT OF TIKUR ANBESA SPECIALIZED HOSPITAL, ADDIS ABABA ETHIOPIA.

PRINCIPAL INVESTIGATOR BY, SADIK KEDIR JEMAL

A THESIS TO BE SUBMITTED TO THE DEPARTMENT OF EMERGENCY MEDICINE COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EMERGENCY MEDICINE AND CRITICAL CARE NURSING.

JUNE 2021.

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PRINCIPAL INVESTIGATOR: SADIK KEDIR JEMAL (BSC IN PHO)

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THE THESIS TO BE SUBMITTED TO THE DEPARTMENT OF EMERGENCY MEDICINE COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EMERGENCY MEDICINE AND CRITICAL CARE NURSING.

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Advisors Approval sheet

This is to certify that the thesis entitled on patient satisfaction and associated factors among clients visiting adult emergency department of Tikur Anbesa specialized hospital, Addis Ababa Ethiopia, to be summited to the Addis Ababa university college of health sciences department of emergency medicine in partial fulfillment of masters of emergency medicine and critical care nursing, and has been carried out by Sadik Kedir under my supervision. Therefore, I recommend that the student has fulfilled the requirements, and hence hereby can submit the thesis to the department.

Declaration: I hereby declare that this MSc thesis is my original work and all sources of the material used for the thesis have been accordingly acknowledged.

Name of principal investigator. SADIK KEDIR (BSC) sign ——— date ———

ADVISORS: Dr.Yohannes Feleke (MD) sign ——— date ———

Mr. Wagari Tuli (MSC) sign ——— date ———

EXAMINER: Mr. Terefa Mulgeta (MSC, Ph.D. fellow) sign ——— date ———

DEPARTMENT HEAD: Dr.Haywet (Emergency physician) sign ——— date———

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Acronym/abbreviation

AAHB- Addis Ababa health bureau

AAU- Addis Ababa University

AOR- adjusted odds ratio

BSC- Bachelor of Science

COR- Crude odd ratio

DR- Doctor

EM & CCNP- Emergency medicine and critical care nurse practitioner

ED- Emergency Department

EC -Ethiopian calendar

EP- Emergency physician

ER- Emergency Room

LOS- Length of stay

MSC- Masters of science

OPD- Outpatient department

SOM -School of medicine

SPSS -Statically package for social science

TASH- Tikur Anbesa Specialized hospital

ABSTRACT

Background: Patient satisfaction is an important indicator of the quality of care and service delivery in the emergency department (ED). It is defined as the individual's positive evaluation of distinct dimensions of health care and is an important element in the evaluation of service rendered by a hospital. Researchers also tried to assess what aspects of the client's characteristics were related to their satisfaction. Patient satisfaction with emergence care service is considered an important factor in explaining patients' perceptions of service criteria is far from ideal if as a result of that care the patient is unhappy or dissatisfied. There is a sound rationale for making the organization and delivery of health care responsive to client's opinions currently, research is interested in satisfaction in several areas, and various cultures. This study aims to evaluate patient satisfaction with emergency care and to determine associated factors with patient satisfaction.

Objectives: To assess patient satisfaction and associated factors among clients who visited the adult emergency department of Tikur Anbesa Specialized Hospital, Addis Ababa Ethiopia, from March to June 2021.

Methods: Hospital-based cross-sectional study design was employed to assess patient satisfaction of emergency services on conveniently selected 191 clients through face-to-face interviews in the adult ED. Data was collected by a standard modified Press Ganey questionnaire developed in English then translated to Amharic. The questionnaires contain sociodemographic and satisfaction items. Likert scale questionnaire was graded as strongly dissatisfied "1", dissatisfied "2", satisfied "3", and strongly satisfied "4". Those scoring the mean or below were considered as dissatisfied while a score above the mean was labeled as satisfied. Epi data 4.6.2 was used for data entry and cleanness and exported to SPSS version 25 was used to further analyze the data and frequency distribution table, graphs, pie chart, and binary logistic regression was used for data presentation.

Results: A total of 191clients who attend the TASH adult ED were included in this study. The response rate in this study was 100% from this more than half of them were male (55.5%) respondents. The overall satisfaction of this study were 75.9% from this the highest satisfaction rates were observed in terms of doctors care, laboratory service, nurses care and pain management 89%, 89%, 88.5%, and 79.3% respectively, and the lowest satisfaction rates were

observed in terms of latrine cleanness, ED examination room cleanness, find my way when they move here and there in the facility, pharmacy service and distinguish between nurses and doctors 8.9%, 27.2%, 33.5%, 39.8%, and 48.2% respectively. In Bivariate analysis, there were variables sex, age, ethnicity, level of education, job, and monthly income which were fitted/candidate for multivariate logistic regression analysis with P-value <0.25 whereas In multivariable logistic regression analysis variables age and job were significantly associated with patient satisfaction having p=0.015 and p=0.046 respectively.

Conclusions and recommendations: The lowest satisfaction rates were observed in terms of latrine cleanness, ED examination room cleanness, find my way when they move here and there in the facility, pharmacy service, and distinguish between nurses and doctors 8.9%, 27.2%, 33.5%, 39.8%, and 48.2% respectively. Based on the finding of this study Efforts should focus on improving the overall cleanness of the emergency room and latrine, shortening the waiting time, proper guider should be there to indicate the way where they move in the facility, improving the overall pharmacy service, patient privacy should be maintained and nurses and doctors should wear proper dress coding and apply visible badges.

1. Introduction

1.1. Background

The emergency department (ED) is a gatekeeper of patients for treatment and providing quality service at this initial point is critical to bring patient satisfaction, as patient satisfaction is vital for being healthy and it is defined as the individual's positive evaluation of distinct dimensions of health care and is an important element in the evaluation of service rendered by a hospital (1,2). It is the measure of quality in healthcare perceived by patients and roots in different complicated factors (3). Patient satisfaction is thus, a multidimensional concept and a subjective phenomenon that is linked to perceived needs, expectations, and experience of care. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects whatever its strengths and weakness (4).

Patient satisfaction is a suggestion that should be crucial to the assessment of the quality of care in hospitals (4). Some researchers believe that improving work processes and hospital quality is not possible without taking patients' requirements, expectations, and satisfaction into consideration (5). While there is no consensus on how to define the concept of patient satisfaction in healthcare, in Donabedian's quality measurement model, it is defined as a patient-reported outcome measure while the structures and processes of care can be measured by patient-reported experiences (6). It is also a demand placed on each department of every hospital, especially the emergency department (ED). It is broadly a worthy goal and a potentially important mediator for a range of outcomes (7)

As a variety of factors influence patient perceptions of the care provided, including actual waiting times, the patients' right to receive detailed explanations and information regarding multiple aspects of diagnosis and treatment, staff cooperation, the ED environment, and department adherence to healthcare standards, its assessment must be multidimensional. Recent studies on patient satisfaction have generally examined factors such as age, race, ethnicity, gender, and social status (8, 9). Therefore, this study is aimed to identify factors related to patient satisfaction in the adult emergency department of Tikur Anbesa specialized hospital.

1.2. Statement of the problem

Satisfaction is an important issue in health care now a day. Client satisfaction is a key component in choosing an ED for receiving services or even for recommending them to others (10). Although it may seems impossible to keep all clients satisfied, we can achieve a high level of satisfaction by working on related indicators and trying to improve them (10). Studies have shown that patient satisfaction can be achieved with simple and cost-effective interventions (11). This could be done after conducting a client satisfaction survey to explore variables that could bear an effect on patient satisfaction.

Moreover, a research study in Hazrat Rasoul Hospital (Tehran, Iran) revealed that by setting up a waiting room, using guide signs, admitting patients with a bedside form, and having a member of the staff welcome clients raised the level of satisfaction considerably, from 49% to 83% in 2 years of follow-up (10).

If patient satisfaction is very poor, those who are sick may be reluctant to go to health services. Waiting time and the physical environment of the ED are among the factors causing much dissatisfaction. Kinds of literature have also shown that those who graded "very poor" satisfaction at waiting room had lower overall satisfaction with their visit than those who rated the comfort of the waiting room as "very good" (3). There is also evidence that suggested that dissatisfied clients are less likely to follow discharge advice which can result in a poorer clinical outcome for the client (15).

Another study showed that satisfied clients are more likely to interact meaningfully with healthcare providers and to actively participate in their prescribed treatment regimens on discharge and this, in turn, brings improved clinical outcomes (12, 13, 14, 15). In addition to having a positive effect on clients' health outcomes, clients' satisfaction can have a significant and positive effect on organizations (13, 15). Additionally, higher levels of client satisfaction have been found to impact directly and positively on levels of staff satisfaction with reduced staff turnover and lower levels of sick leave (16, 17). The main factors that affect patient satisfaction are the waiting time in emergency units; the confidence level in the medical staff and the amount of interaction with the patients; the professionalism of physicians and nurses and their ability to offer solutions for improving patients' health [32, 33].

Some study has been done in Tikur Anbesa Specialized hospital and tried to identify factors that interfere with the satisfaction of the patient in these critical areas. However, there were limitations and shortcomings in the previous studies. Most of the study conducted hasn't considered working shift and most of the study conducted in other areas showed that patient dissatisfaction is highly likely during the busy working shift [43].

Therefore, it's better to measure satisfaction level that combines all aspects of the ED visit to provide useful guidance for quality improvement as well as bringing optimal patient satisfaction by identifying the specific health professional or behavior that impacted satisfaction.

1.3. Rationale of the study

Emergency medicine in Ethiopia is the newly developing department facing different difficulties with promising progress over the past years (13) even if there are scare methodologically consistent studies focusing on patient satisfaction in the Emergency Department. Hospitals in Ethiopia host a substantial number of clients every day. Therefore, it is crucial to provide an attentive approach to patients visiting medical centers and to improve the quality and method of providing services. Therefore, proper planning and management were entailed public satisfaction whereas; neglecting these factors may violate human rights (18).

Therefore, the finding of this study was generated evidence that would be a ladder step for further investigation and increase the methodological aspect of the study.

1.4. Significance of the study

This study changed the attitude of the staff's traditional handling of patients and relatives by knowing the baseline & gap of the facility make us aware of where changes have to be made to upgrade the health care service & increase patient satisfaction. So this finding can be helpful & applicable to the community by solving the problem of the clients and the result obtained from this study was used for patients and society, clinical staff and supportive staff, Hospital administrative staff, policymakers, researchers, planners, and implementers so that they can properly work on factors that cause patient dissatisfaction.

2. Literature Review

Now a day healthcare industry shifted toward patient-centered models making providers fully understand patient satisfaction measures and how they affect their practices. That is why currently the healthcare regulators have shifted towards a market-driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance (16). The increased demand for the service much of it inappropriate to the site of care, has placed considerable strain on many facilities, leading to long wait times, crowded conditions, boarding patients in hallways, and increased ambulance diversions (19). Additionally, the following factors contributed to the patient's satisfaction towards the emergency department; visiting time of the day, waiting time, outpatient site visited, feeling of discrimination, interpersonal skills/staff attitudes, provision of information/explanation, perceived waiting times, financial problem, male gender, cleanliness of the emergency area, discharge information, patient courtesy (9, 16,18_23).

2.1. Patient characteristics

Researchers also tried to assess what aspects of the client's characteristics were related to their satisfaction. Characteristics such as age, gender, and ethnicity, and some also questions about respondents' income and education are included in some researches. Variables around visit characteristics and the client's health journey including the length of stay (LOS), acuity, mode of arrival, disposition, number of previous visits, and quality and quantity of information giving are also related to their satisfaction. Some researchers report no significant association between age and satisfaction (14, 15, 24_27) survey of older Emergency Department patients (>65 years of age) found no association between advancing age and reported satisfaction. However, Hedges et al. (28), demonstrated that older clients reported higher levels of satisfaction than younger clients.

The study conducted in Mekelle, Ayder comprehensive specialized hospital indicates that educational status was significantly associated with the level of satisfaction (29). Where respondents who were able to read and write were 3.9 times more likely to be satisfied with the ED services compared to the degree and above holders (AOR = 3.9, 95% CI: 1.4, 10, P = 0.008).

Two from out of Ethiopia also studies reported on patients' level of education as a determinant of satisfaction (27, 30).

2.2. Patient satisfaction and the determinants

Patient satisfaction is the level of happiness that clients experience having used a service. It, therefore, reflects the gap between the expected service and the experience of the service, from the client's point of view (1). The study conducted in Hawasa referral hospital showed that the overall patient satisfaction level of service given in the Emergency department was 86.7% (31). This is higher than the study conducted in the Eastern part of Ethiopia (54.1%) and the South Western part of Ethiopia (77.0%) [32, 33]. This variation may be attributed to the fact that the study was conducted in different facilities with varying numbers of health professionals and set up. Also, differences in the time of the study and the type the study participants may be another reason for the variation

The medical condition on arrival was a predictor for patient satisfaction at the emergency department, that is, the more seriously ill or injured clients are or perceive they are, the higher their levels of satisfaction are (34_38). A study conducted at Gonder University Referal Hospital also shows the same result (39). In this study, patients who were very sick on clinical assessment on their arrival were 3.6 times more likely to be satisfied when compared to those with good conditions (AOR = 3.6, 95%CI:2.3, 5.5). However, Hedges et al. (2002) failed to demonstrate any association between levels of satisfaction and the acuity of the clients.

Long waiting times in the ED have often been associated with dissatisfaction (28, 36_38, 40). Also, a qualitative study by Watt et al. that explored patients' expectations of ED care noted that clients found long, unexplained wait times a source of great frustration (41). Soleimanpour et al (10) also revealed that the average time a patient waited to be seen by a specialist or a resident in emergency medicine was 24.15 min. There was an association with satisfaction level; those who waited longer were less satisfied (P = 0.03). In one of the studies conducted in Ethiopia the mean waiting time for patients till seen by a doctor was 42 minutes. In this finding, clients who waited < 15 minutes to be seen by a doctor were more likely to be satisfied than patients who waited greater than 15 minutes (39).

Studies by Zohrevandi and press Ganey report (10, 42) show that patients who arrived during the morning shift are likely to be satisfied compared to their counterparts arriving at the night shift. This is consistent with a study conducted in Ethiopia (29).

Service provided by the nursing staff is also one of the determinants of patient satisfaction. The study from Iran (10) reported that 82.8% of the study participants were satisfied with the nursing service at ED. Similarly, a study conducted in Ethiopia in different Hospitals also shows the effect of nursing service on patient satisfaction even though there is observed a slight difference in percent. for instance, in the study conducted in black lion, Addis Ababa, and Hawasa specialized Hospital 90.1%(43) and 89.9%(31) of the patients are satisfied with nursing service while the report from Gondar teaching Hospital shows 67.1%(44) patient satisfaction. This variation in the level of satisfaction might be contributed to due to the nature of the client, differences in the level of facilities, and also time.

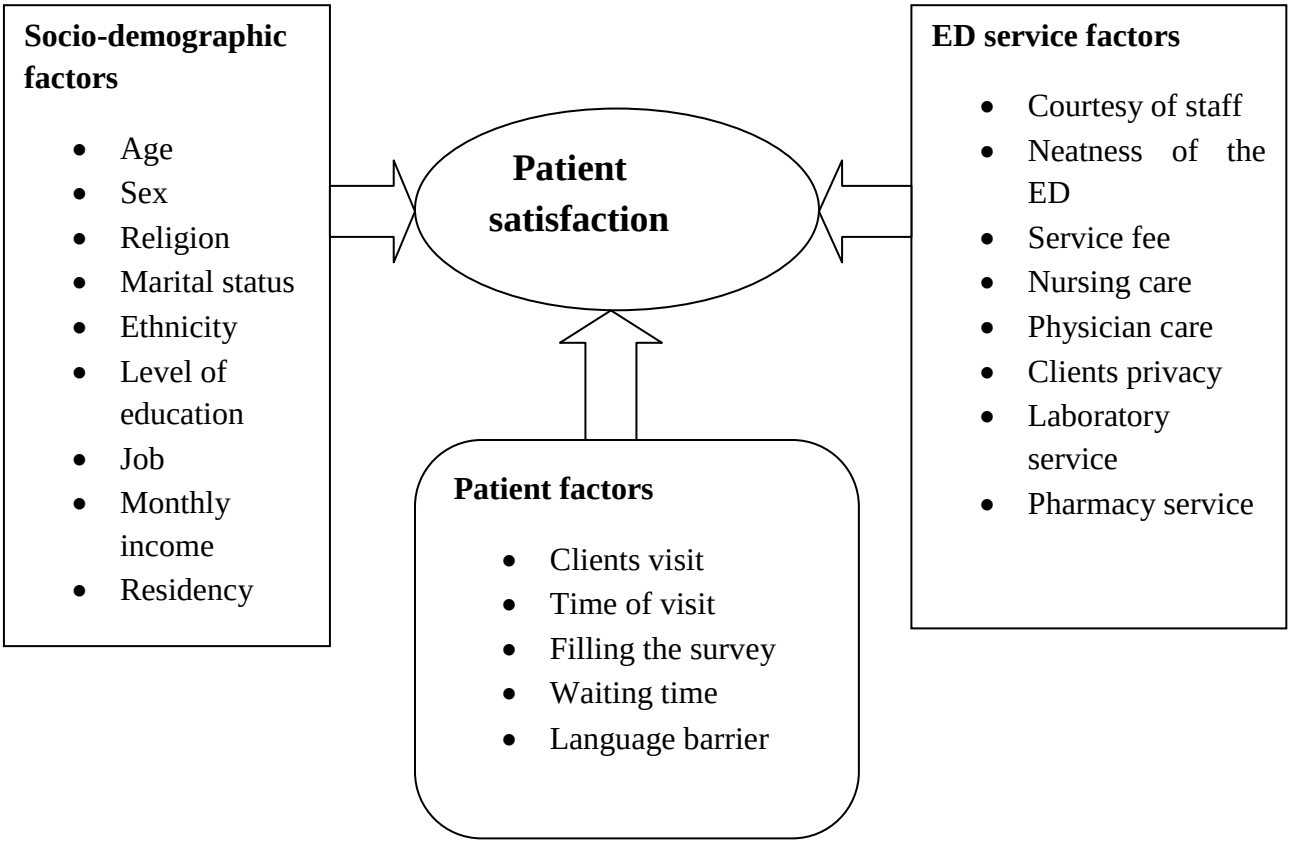
Concerning pharmacy services patients might be dissatisfied with the unavailability of the item, they need to buy. As a result, the clients might be forced to buy prescribed drugs at an exaggerated price from private pharmacies. For this reason, in most studies conducted in Ethiopia, more than half of the study participants were dissatisfied with pharmacy services. For instance findings of the study conducted in Jimma specialized hospital reported a 70% dissatisfaction level (32). The finding is comparable with a similar study conducted in Hawasa where 68.1% of study participants were dissatisfied (31).

Another determinant of the emergency outpatient department is laboratory service. Consequently, the study conducted in Hawasa and Addis Ababa, Ethiopia showed patient satisfaction with laboratory service is 84.7% and 85.5% respectively (31,45). However, this finding is higher than the study from Nekemt referral Hospital which is 60.4% (46).

According to Aragon's investigation, overall service satisfaction is a function of patient satisfaction with the physician, with the waiting time and with nursing service, hierarchically relating to the patients' perception that the physician provides the greatest clinical value, followed by time spent waiting for the physician and then satisfaction with the nursing care (28). With thin junction, kinds of literature also show satisfaction with waiting time, and nursing and physician care influence overall satisfaction with emergency room service and that these are key

factors in the measurement of overall satisfaction. Therefore, this study is going to answer what are the socio-demographic and other service dimensions that able to determine patient satisfaction at the Emergency Department of Tikur Anbesa Specialized Hospital. Hence, the finding of this study can guide efforts to improve the quality of care, and outcomes, for patients arriving in the hospital and to apply new tools developed for this purpose. The conceptual framework diagram shows below [10, 31]

Conceptual framework of patient satisfaction and associative factors in the adult ED of TASH



3. Objective

3.1. General Objective

To assess patient satisfaction and associated factors among clients who visited the adult emergency department of Tikur Anbesa Specialized Hospital, Addis Ababa Ethiopia, 2021.

3.2. Specific Objectives

To determine the level of client satisfaction in the Emergency Department at Tikur Anbesa Specialized Hospital.

To identify factors that determined client satisfaction at the Emergency Department.

4. Methods and materials

4.1. Study Area and period

The study was conducted in Tikur Anbesa specialized hospital located in Addis Ababa the capital city of Ethiopia. Before 1972, the school of medicine (SoM) was located on the main campus for preclinical training and then Princess Tsehay Memorial Hospital (now, the Armed Forces General Hospital) for clinical training. Later, with the opening of the Tikur Anbesa Specialized Hospital (TASH) in 1972, the hospital became the only site for training Medical Doctors. In 1998, the TASH, the largest referral hospital in the country, with 700 beds, was transferred to the School by the Federal Ministry of Health, and it has since become a University teaching hospital. The Tikur Anbesa Specialized Hospital is now the main teaching hospital for both clinical and preclinical training of most disciplines. It is also an institution where specialized clinical services that are not available in other public or private institutions are rendered to the whole nation. The TASH ED was served a lot of patients as a national wise in many disciplines and there was overcrowding related to the high length of stay, high waiting time, and low resource utilization.

The study was conducted in Tikur Anbesa specialized hospitals in Addis Ababa Ethiopia from March 15 to June 18, 2021.

4.2. Study Design

The hospital-based cross-sectional study design was employed to patient satisfaction and associated factors among clients who visited TASH emergency department services.

4.3. Target population

All Tikur Anbesa specialized hospital patients who visited throughout the country were the target population of this study.

4.4. Source population

All Tikur Anbesa Specialized Hospital Patients who visited the adult emergency department were the source population of this study.

4.5. Study Population

All Patients who visited the adult emergency department of TASH during the study period were the study population of this study.

4.6. Inclusion and Exclusion criteria

4.6.1. Inclusion Criteria

All adult patients who seek emergency medical and surgical care in the emergency department within a minimum stay of 24 hours during the study period.

4.6.2. Exclusion Criteria

Patient with unconsciousness and the psychiatric problem was excluded from this study.

4.7. Sample size determination

Single population proportions were used to estimate the sample size using the following formula and assumptions.

$$n = \frac{\{Z_{\alpha/2}\}^2 P(1-P)}{d^2}$$

Assumptions;

- n *i*= minimum sample size required for the study
- Level of significance from a standard normal distribution $Z_{\alpha/2}$=1.96
- d= 0.05 is marginal error
- P= the prevalence patient satisfaction study done in hawasa university refferal hospital was 87% , P=0.87 (31). Using 10% of the non-response rate
- ni = (Zα/2)2 p (1-p) = (1.96)2 ×0.87(1-0.87) = 174
  d2 (0.05)2
- Then adding 10% (174 x 0.1 = 17.4 ≈ 17) of non respondent rate and the total sample size for this study was **174+17=191**

4.8. Sampling method

Tikur Anbesa specialized Hospital was purposively selected since it serves a huge amount of patients in the emergency department nationally in many disciplines and there was overcrowding related to the high length of stay, high waiting time, and low resource utilization. The sample was distributed into different working shifts (morning, evening, and night) based on the patient flow considering, busy work hours and day of the week.

4.9. Sampling technique

The selection of the study sample was by using a convenient sampling technique taking all patients in three shifts who visited the Emergency department of TASH during the data collection time who fulfills the inclusion criteria until the desire sample size was reached.

4.10. Variables:

4.10.1. Dependent Variable:

Client satisfaction towards the service provided in the adult emergency department of TASH.

4.10.2. Independent Variables

Socio-demographic factors, waiting time, courtesy of staff, health care service, Laboratory service, and Pharmacy services.

4.11. Operational definitions

Clients: are individuals who are patients, relatives, and friends who get services directly or indirectly from the emergency department.

Caretaker: individuals who brought the patient and responds about service while they accompany the patients.

Patient satisfaction: is the feeling of pleasure or happiness as a result of a rendered service with a comparison of the performance of the institution's care against the expectations of the patient.

Patient Dissatisfaction: the state or attitude of not being satisfied, discontent, displeasure, and a particular cause or feeling of displeasure or disappointment.

Satisfied: refers to participants who respond as strongly agree and agree for the satisfaction items.

Dissatisfied: refers to participants who respond as strongly disagree and disagree for the satisfaction items.

Waiting time: is the time that patients stay in the waiting time after the arrival to the triage until seen by the respective physician.

Adult: age greater than 13 years old according to TASH.

Scale: it is a method weighing the institution for a given service.

Factors: one of the elements contributing to a particular result or situation.

4.12. Data collection tools and procedures

Data was collected by a standard modified Press Ganey questionnaire developed in English then it was translated to Amharic by a different person to check for the validity of the tool and back to translate in English. Both In-service and an exit adult emergency face-to-face interview was administered after patients are examined and treated. If the patient is unconscious and distressed the guardian or caregiver was interviewed. To avoid social desirability bias, data collection took place in a private area. Completed questionnaires were checked for completeness and accuracy at every shift and day during the data collection period. Confidentiality of information was assured through the use of the anonymous questionnaire. Additionally, a code was used to identify the patient so that there was not a personal information identifier on the questionnaire.

4.13. Data quality control and management

Five data collectors with a qualification of a Diploma in nursing were used to collect the data under two supervisors with a bachelor's in Health Science. The training was given for both supervisor and the data collectors and the questionnaires were pretested on 5% of the

sample size at St Paulo's hospital due to the similarity of patient flow with TASH and some correction was done after the pretest to maintain the quality of the data. Revised Press Ganey questionnaire was validated by distributing it to ED specialists and academic members to confirm its content validity. The interviewers were not been wear uniforms or badges. The interviewers were trained and oriented about unifying their communication and the process of interviewing the clients. Furthermore, the supervisor was checked the completeness and accuracy of the completed data each day during the data collection period. The questionnaire was Contain socio-demography and different dimensions of emergency services satisfaction that includes waiting time, courtesy of staff, health care service, Laboratory service, and Pharmacy services. The patient satisfaction measure Likert scale questionnaire was graded as strongly dissatisfied "1", dissatisfied "2", satisfied "3", and strongly satisfied "4". Those who scored the mean or below were considered as dissatisfied while a score above the mean was labeled as satisfied

4.14. Data Analysis procedures

Epi data manager Version 4.6.2 statistical package was used for data entry and cleaning and then it was exported to SPSS version 25 for further analysis. Nominal and ordinal scale data were reported as absolute and relative frequency and normally distributed data were presented as means ± standard deviation. Bivariate and multivariable logistic regression analyses were used to determine the association of dependent and independent variables with the overall satisfaction level, and in Bivariate logistic regression analysis, the variable which is < 0.25 was fitted to multivariable logistic regression analysis. Finally, the variables with 95% of CI and P-value < 0.05 were considered to be statistically significant and the result was presented by frequency table, pie chart, and graphs.

4.15. Ethical consideration

Ethical clearance was obtained from the Institutional Review Board of Addis Ababa University College of health sciences department of emergency medicine. A letter of permission was obtained from the chief executive officer of the Black Lion Hospital and the letter was summited to the adult emergency department of TASH. Data collection resumed after informed consent is

obtained from each patient or guardian. Caretakers and guardians were given consent and interviewed, patients who were unable to give consent due to age or serious illness. Participants were not been asked to provide their names or medical record numbers or any other personal identifier to maintain confidentiality and anonymity throughout the study. All patients, caretakers, or guardians had the right to withdraw at any point during data collection without any consequences to the quality of service.

4.16. Dissemination of results

The result of the study will be submitted to the Addis Ababa University College of Health Sciences department of emergency medicine, the libraries, and the finding will also be disseminated to the Ministry of Health, Addis Ababa Health Bureau, Black lion hospital, and also sent the paper for different journals for the possible publisher.

5. Results

5.1. Socio-demographic characteristics of the clients

The data were collected from the adult emergency department services of Tikur Anbesa specialized hospital. A total of 191 clients were enrolled under this study with a respondent rate

of 100%.

More than three-quarters of the respondents' survey was completed by patients 158(82.7%) and 33(17.3%) were completed by caretakers. More than half of the study participants were new visitors 103(53.9%) and the rest 88(46.1%) were repeated. the study participants were getting service in three shifts morning, evening, and night. the busiest time of visit was Morning 107(58%).

Regarding the participant of this study More than half of the study, participants were male 106(55.5%), and female 85(44.5%). The age of the study participants was ranged between 15 and 82 years. The majority of the study subjects were in the age group of 21-30 years and the mean age of this study was 36 years.

Regarding the level of education, 67(35.1%) were the high school students outnumber the rest. Concerning the address of the study participants, in this study, more than three-quarters of the respondents were urban 159(83.2%) and only 32(16.8%) were rural.

Among the respondents, 28.8% were government workers and 22.5% were merchants outnumbered the rest. 50.8% of the monthly income of the respondent was greater than 3000 Ethiopian birr's were outnumbered from the rest. The waiting time of the respondents was ranged between 0 and 180 minutes to seen by a doctor and the mean waiting time of this study was 30 minutes the std. deviation of 25.6. The vast majority of the study participants did not meet a language barrier 177(92.7%). The details of socio-demographic characteristics are maintained below in **(table 1**).

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Table1.The sociodemographic characteristics of study participants of emergency department service of TASH, March to June 2021, Addis Ababa Ethiopia [n=191].

Demographic characteristics	Category	Frequency/percent
Questionnaires filled by	Patient	158(82.7%)
	Caretaker	33(17.3%)
	Total	191(100)
Patient visit	New	103(53.9%)
	Repeat	88(46.1%)
	Total	191(100)
Time of visit	Morning(2-11)	107(56%))
	Evening(11-4)	61(31.9%)
	Night(4-2)	23(12.1%)
	Total	191(100)
Sex of respondents	Male	106(55.5%)
	Female	85(44.5%)
	Total	191(100)
Age of respondents in the year	11-20	18(9.4%)
	21-30	64(35.5%)
	31-40	52(27.2%)
	41-50	25(13.1%)
	51-64	25(13.1%)
	>65	7(3.7%)
	Total	191(100)
Religion of respondents	Orthodox	90(47.1%)
	Muslim	37(19.4%)
	Protestant	54(28.3%)
	Catholic	7(3.7%)
	Other*	3(1.6%)
	Total	191(100)
Marital status	Single	71(37.2%)
	Married	112(56.8%)
	Divorced	5(2.6%)
	Windowed	3(1.6%)
	Total	191(100)
Ethnicity	Oromo	68(35.6%)
	Amhara	53(27.7%)
	Tigray	13(6.8%)
	Guragea	19(9.9%)
	Other**	38(19.9%)

	Total	191(100)
	Not educated	23(12%)
	Primary	48(25.1%)
Level of education	Secondary	67(35.1%)
	College and above	53(27.7%)
	Total	191(100)
	Urban	159(83.2%)
Residences	Rural	32(16.8%)
	Total	191(100)
	Government	55(28.8%)
	Merchant	43(22.5%)
	Farmer	12(6.3%)
Job of respondents	Student	31(16.2%)
	Daylabour	9(4.7%)
	Housewife	20(10.5%)
	Private	21(11%)
	Total	191(100)
	<500	48(25.1%)
	501-1000	9(4.7%)
	1001-2000	19(9.9%)
Monthly income	2001-3000	18(9.4%)
	>3000	97(50.8%)
	Total	191(100)
	0-15	59(30.9%)
	16-30	84(44%)
Waiting time in minute	31-60	40(20.9%)
	>60	8(4.2%)
	Total	191(100)
Language barrier	Yes	14(7.3%)
	N0	177(92.7%)

NB: *- Wakafata, 7th day Adventist

**- Somalia, Afar, Benishangul, Harare, etc

5.2. Emergency service characteristics of client satisfaction

The overall client satisfaction was 75.92% from this the highest rate of satisfaction was scored in the service area of doctors care, laboratory service, nurses care, and pain management is 89%, 89%, 88.5%, and 79% respectively.

Next to this, the relatively high satisfaction scored was in the service area of the overall welcoming of the ED service, recommending the ED service for family and friends, the speedy of reception, the length of stay before seen by a doctor, personal privacy maintained and the overall comfort of the hospital ground for patient and attendants are 69.6%, 65.4%, 64.9%, 61.3%, 56%, and 54% respectively.

In terms of cleanness, this study surprisingly found that the lowest satisfaction was scored in the service area of the cleanness of the emergency room and the cleanness of the latrine and bathroom 27.2% and 8.9% respectively.

Regarding pharmacy service from 191 respondents, 162(84.8%) have received a prescription for new medication among this 90 (55.6%) have gained explanation from the staff about the disease why the medications are prescribed. Only 51 (31%) had information about the possible side effect of the newly prescribed drugs and only 54 (33.3%) of them had gotten all the prescribed drugs in the hospital dispensary. Whereas most of the patients 108 (66.7%) them do not get all the prescribed drugs in the dispensary of the hospital and only 63 (38.9%) of the patients had information about the disease and the drug-related symptoms to look back after when they were discharged from the hospital.

Concerning payment 128 (67%) were willing to pay for a service from this 34 (26.4%) were the service was too expensive. For most of the clients, 127(66%) where it is difficult to find ways when they move into the hospital ground and More than half of the clients 99 (51.8%) did not distinguish between nurses and doctors. More than half of the clients 145 (54.5%) were experienced pain during the hospital stay. The details of emergency service characteristics are indicated below in **(table 2).**

Table 2.The overall satisfaction rate of study participants regarding service at the adult emergency department from March to June 2021 Tikur Anbesa specialized hospital Addis Ababa Ethiopia [n=191].

S.no	Aspects of emergency medical service	Satisfied	Not satisfied
		Number Percent (%)	
1	Overall welcoming of the ED service	133(69.6%)	58(30.4%)
2	Overall comfort of the hospital ground for patient and attendant	104(54.5%)	87(45.5%)
3	The speedy of reception	124(64.9%)	67(35.1%)
4	Length of stay before seen by a doctor	117(61.3%)	74(38.7%)
5	The kindness, respect and courtesy of nurses	134(70.2%)	57(29.8%)
6	Nurses listen carefully to the patient	129(67.5%)	62(32.5%)
7	Nurses explained things in a way that I could understand	126(66%)	65(34%)
8	The kindness, respect and courtesy of doctors	127(66.5%)	64(33.5%)
9	Doctors listen carefully to the patient	136(71.2%)	55(28.8%)
10	Doctors explained things in a way that I could understand	132(69.1%)	59(30.9%)
11	I found all kind of lab tests in this facility	134(70.2%)	57(29.8%)
12	The courtesy and respect of the lab staff	116(60.7%)	75(39.8%)
13	The blood was taken carefully	103(53.9%)	88(46.1%)
14	The cleanness of the emergency room	52(27.2%)	139(72.8%)
15	The cleanness of the latrine and bathroom	17(8.9%)	174(91.1%)
16	Recommending the emergency service for family and friends	125(65.4%)	66(34.6%)
17	Personal privacy was maintained	108(56.5%)	83(43.5%)
18	The staff do everything to help my pain	104(71.2%)	42(28.8%)
19	The pain well controlled	115(79.3%)	30(20.7%)
		Yes	**No**
20	I could distinguish between nurse and doctors	92(48.2%)	99(51.8%)
21	I was prescribe new medication	162(84.8%)	29(15.2%)
22	The staff told me what the medication was for	90(55.6%)	72(44.4%)
23	The staff described the medication possible side effects	51(31.5%)	111(68.5%)
24	All the medication I needed were available at the drug dispensary here	54(33.3%)	108(66.7%)
25	Someone discussed with me what symptoms related to drug lookout for after	63(38.9%)	99(61.1%)
26	I was easy for me to find my way around the facility	64(33.5%)	127(66.5%)
27	Did you receive the medical service for a fee	128(67%)	63(33%)
28	I consider this emergency service too expensive	34(26.4%)	95(73.6%)
29	Did you experience any pain	145(54.5%)	46(45.5%)

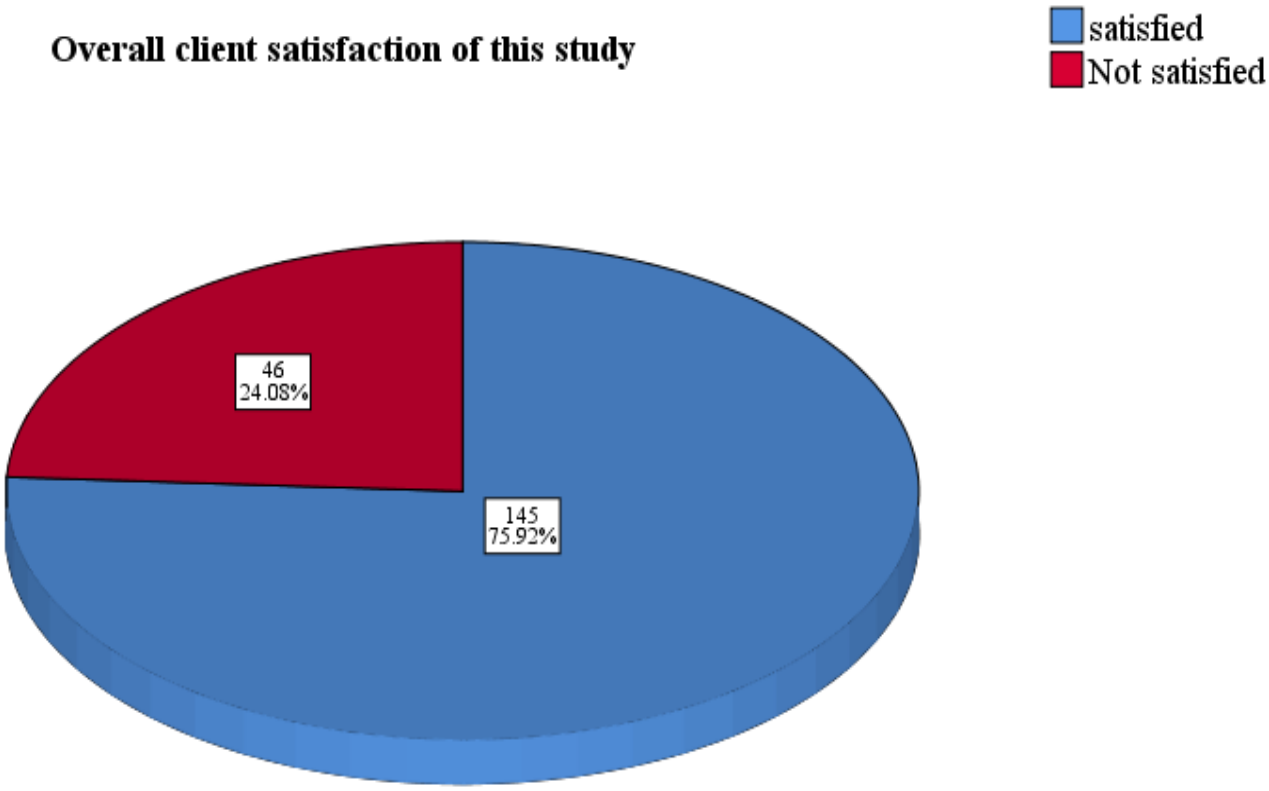

Figure 1.Overall client satisfaction of the adult emergency department service TASH of this study 2021.

5.3. Scale-up of the institution towards service provided by the adult emergency department of TASH 2021.

On a scale-up of the facility score given by the participants through 0-10, instead of 0 being the worst facility and 10 being the best facility from this majority of the respondents 41 of them were given five out of ten and four of them given ten out of ten and another way, categorizing as worst (0-3), moderate (4-6) and best facility (7-10) from this 53.93% of them were categorized as moderate next to the best facility were 29.84%. The detailed description of the scale-up of the institution of this study was indicated below in the graph and pie chart.

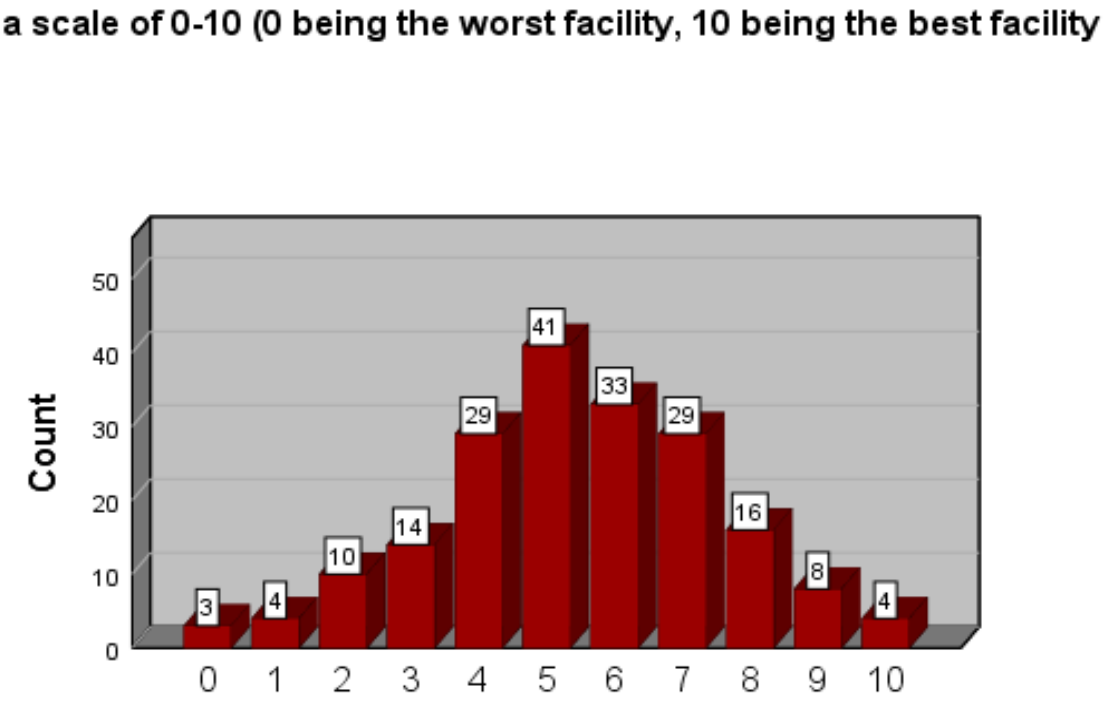

Figure 2.Clients scale-up of the facility service provided by the adult emergency department of TASH 2021.

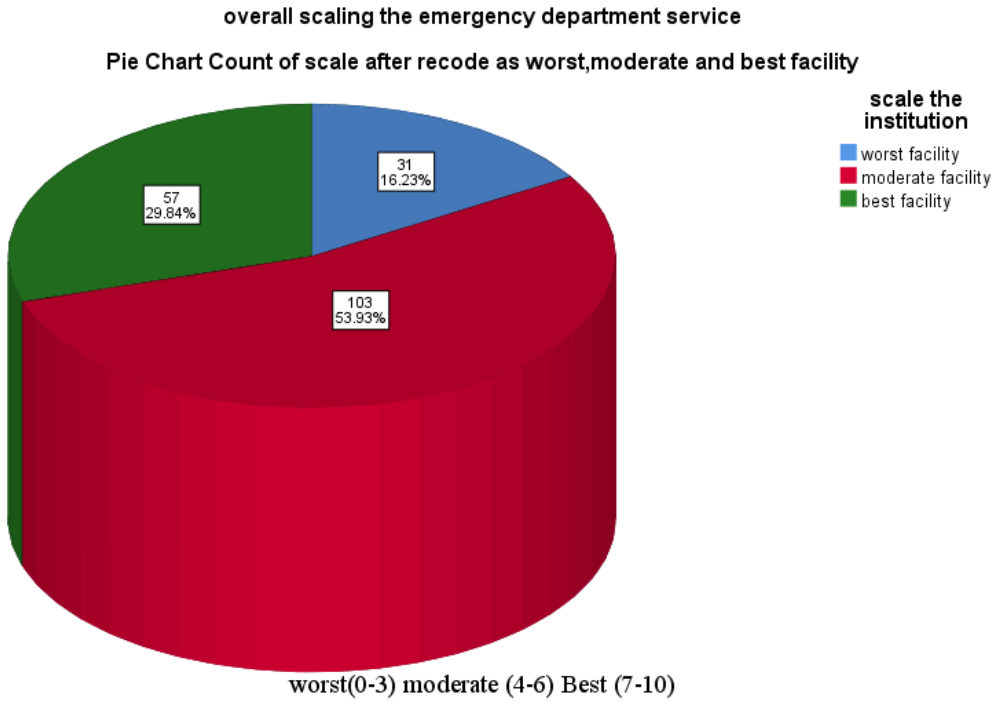

Figure 3 Scale up the adult emergency department service of TASH after recoding as worst, moderate, and best facility 2021.

5.4. Factors affecting patient satisfaction towards adult emergency department services in TASH

In Bivariate binary logistic regression analysis, there were variables sex, age, ethnicity, level of education, job, and monthly income which were fitted/candidate for multivariate logistic regression analysis having P-value 0.239,0.105,0.183,0.124,0.205 and 0.237 with p-value <0.25. From this Male patients are [COR=1.506, 95%CI (0.762-2.979)] times to be satisfied than females. In the age category, 11-64 years are on average 0.2332 times less likely to be satisfied than age >65 years. On ethnicity, Guragea clients are [COR=0.329, 95%CI (0.064-1.687)] times to be satisfied than they have other ethnicities. In the level of education, a secondary level of educators is [COR=1.963, 95%CI (0.831-4.640)] times to be satisfied than that of a college and above educator. Among job of the respondents are students are [COR=2.337, 95%CI (0.628-8.701)] times to be satisfied than the one who has a private job. The monthly income of the respondents between 1001-2000 Ethiopian birr's is [COR=1.877, 95%CI (0.661-5.326)] times to be satisfied than that of the monthly income >3000 Ethiopian birr are significant at the p-value <0.25 in a Bivariate analysis.

In multivariable binary logistic regression analysis variables like age and job were significantly associated with patient satisfaction having p=0.015 and p=0.046 respectively. Therefore this study found that respondents in the age category 11-20 years were 0.053 times to be satisfied with the ED services when compared to those who were in age category greater than 65 years where [AOR=0.053, 95%CI (0.005-0.572)] and regarding the respondent's job, students were 6.305 times to be satisfied as compared to those who had private jobs where [AOR=6.305, 95%CI (1.035-38.416)]. The detailed description of these narrative statements was indicated below in [**Table 3**].

Table 3 Factor associated with overall patient satisfaction at the adult emergency department of TASH 2021(n=191).

Variable	Categories	No (%)	COR(95%CI)	P-Value	AOR(95%CI)	P-Value
	Male	106(55.5%)	1.506(0.762-2.979)	0.239*	1.632(0.667-3.993)	0.283
Sex	Female	85(44.5%)	1		1	
	11-20	18(9.4%)	0.214 (0.033-1.382)	0.105*	0.053(0.005-0.572)	0.015**
Age	21-30	64(35.5%)	0.210 (0.042-1.051)	0.057*	0.203(0.032-1.286)	0.091
	31-40	52(27.2%)	0.201 (0.039-1.035)	0.055*	0.200(0.032-1.245)	0.085
	41-50	25(13.1%)	0.353 (0.063-1.964)	0.234*	0.392(0.056-2.752)	0.346
	51-64	25(13.1%)	0.188 (0.031-1.122)	0.067*	0.256(0.036-1.800)	0.171
	>65	7(3.7%)	1		1	
	Oromo	68(35.6%)	1.167 (0.479-2.843)	0.734	1.342(0.497-3.628)	0.562
Ethnicity	Amhara	53(27.7%)	0.651 (0.240-1.765)	0.399	0.577(0.192-1.731)	0.327
	Tigray	13(6.8%)	1.244 (0.313-4.954)	0.756	1.313(0.248-6.966)	0.749
	Guragea	19(9.9%)	0.329 (0.064-1.687)	0.183*	0.316(0.050-2.005)	0.222
	Other	38(19.9%)	1		1	
	Not educated	23(12%)	0.905(0.252-3.253)	0.879	0.657(0.101-4.267)	0.879
Level of	Primary	48(25.1%)	1.278(0.488-3.347)	0.617	1.118(0.289-4.328)	0.617
education	Secondary	67(35.1%)	1.963(0.831-4.640)	0.124*	1.816(0.637-5.176)	0.124
	College and above	53(27.7%)	1		1	
	Government	55(28.8%)	1.186(0.335-4.195)	0.791	1.068(0.264-4.318)	0.927
Job of	Merchant	43(22.5%)	1.125(0.302-4.185)	0.861	1.056(0.230-4.846)	0.944
respondents	Farmer	12(6.3%)	2.125(0.420-10.746)	0.362	2.027(0.298-13.797)	0.470
	Student	31(16.2%)	2.337(0.628-8.701)	0.205*	6.305(1.035-38.416)	0.046**
	Day labor	9(4.7%)	2.125(0.365-12.385)	0.402	2.064(0.248-17.168)	0.502
	Housewife	20(10.5%)	0.750(0.145-3.870)	0.731	1.210(0.168-8.697)	0.850
	Private	21(11%)	1		1	
	<500	48(25.1%)	0.957(0.421-2.171)	0.915	0.669(0.173-2.589)	0.560
Monthly	501-1000	9(4.7%)	0.000 (0.000)	0.999	0.000(0.000)	0.999
income	1001-2000	19(9.9%)	1.877(0.661-5.326)	0.237*	1.339(0.334-5.377)	0.680
	2001-3000	18(9.4%)	1.237(0.399-3.841)	0.712	1.017(0.247-4.186)	0.981
	>3000	97(50.8%)	1		1	

NB: *COR,P-value of < 0.25 fitted for multivariate logistic regresion

**AOR, CI-95% with P-value of < 0.05 was significantly associated with overall satisfaction.

6. Discussions

Patient satisfaction is the level of happiness that clients experience having used a service. It reflects the gap between the expected service and the experience from the client's point of view (1). Now a day healthcare industry shifted toward patient-centered models making providers fully understand patient satisfaction measures and how they affect their practices. That is why currently the healthcare regulators have shifted towards a market-driven approach of turning patient satisfaction surveys into a quality improvement tool for overall organizational performance (16).

This study showed that the overall patient satisfaction level of service provided in the TASH adult emergency department was 75.92%. This is lower than the study conducted in Hawasa university referral hospital 86.7% (31) and a study conducted in the southwestern part of Ethiopia showed that the level of patient satisfaction at ED service was 77.0% (33). And higher than the study conducted in Saudi Arabia, Morocco, Nigeria at tertiary hospitals and study conducted eastern part of Ethiopia showed that the overall ED service satisfaction was 57.59%, 66%, 66.8%, and 54.1% (23, 9, 17, 32,) respectively. These differences might be in the time of the study and the type of the study participants were a reason for the variation and might be attributed to the fact that this study was conducted in a high-level facility with a relatively high number of specialized and sub-specialized health professionals.

This study indicated that 89% of study participants were satisfied with doctors' care. This finding is slightly lower than the study conducted at Hawasa university referral hospital 95.3% (31). And this is slightly greater than a study conducted at a tertiary hospital in south Nigeria (17). According to arogan and Gesell satisfaction modeling investigations that patient’s perception that the physicians provide the greatest clinical value (24). However, a recent study from Jimma specialized hospital indicated that the satisfaction level was much lowered 60.3% than this study (32).

Regarding the service provided by the nursing staff, 88.5% of the study participants were satisfied with the nursing care. This study finding is comparable with a different study conducted in black lion hospital 90.1% Addis Ababa Ethiopia (43). And a similar study conducted from

Hawasa university referral hospital (31) reported that 89.9% of the study participants were satisfied and another similar study a little bit lower than this figure in the recent study in Iran (10) reported that 82.8% of the study participants were satisfied. On the other hand, the report 67.1% from Gonder Ethiopia (44) was much lower. The probable reason might be the nature of the clients or the level of satisfaction by the patient themselves and their relatives could be varied and another reason differences in the level of facility and also time of the study.

The other domain of the emergency department service is laboratory based on the findings of this study the overall satisfaction rate of laboratory service was 89%. This result is comparable with the study conducted in Hawasa (31)report showed that 84.7% and a similar study conducted in Addis Ababa (45)report showed that 85.5%. However, this finding is much higher than the report of 60.4% of another Ethiopian study from Nekemt referral hospital (46).

Concerning pharmacy service, the finding of this study showed that 60.2% of the study participants were dissatisfied. This is slightly lower than a similar study conducted in Jimma specialized hospital (32) that reported 70% of the respondents were dissatisfied and the finding is also comparable with a similar study conducted in Hawasa where 68.1% of the study participants were dissatisfied (31). This lowest satisfaction was mainly due to the inadequate information about the drug and the unavailability of drugs partially or totally in the unit and the stock out might be related to the government drug supply system that was lengthy for the sake of preventing corrupted practices. The complaint of the clients I observed that due to the unavailability of the item while they were prepared to purchase out of pocket. As a result, the clients were forced to buy prescribed drugs at an extra price from private pharmacies because of this fact more than half of the study participants were not satisfied with the pharmacy services.

Regarding courtesy of staff on this study was, 69.6% of the study participants were satisfied by the courtesy of the staff working in the TASH adult emergency department. However, the satisfaction rate of study participants was relatively low compared to the study conducted in Hawasa were 91.7% (31). The difference might be due to misunderstanding manners, duties, and responsibilities of the clients handling.

More than three-quarters of the respondents were not satisfied with the general cleanliness of the hospital. Lack of cleanliness and unsatisfactory condition of the toilets is a hallmark of government hospitals and play a very important role in making people dissatisfied with the services. This also discourages many people from visiting government hospitals, and this needs to be improved. Similar findings have been observed in some other studies.

This study also indicated that where the respondents in age category 11-20 were 0.053 times to be satisfied with the ED services compared to the elderly patient's age category >65 years (AOR=0.053,95% CI:0.005-0.572, P-value=0.015). This study compared to different researches report that no significant association between age and satisfaction (14, 15, 24-27). A study of older emergency department patients >65 years of age found no association between advancing age and reported satisfaction however Hedges et al (28) demonstrated that older clients reported a higher level of satisfaction than younger clients. The variation might be the time and place of the study where conducted and also the presentation of the patient also might be another reason.

Regarding the respondents job of this study, those who are students were 6.305 times more likely to be satisfied than who had private jobs(AOR=6.305,95%CI:1.035-38.416, P-value=0.046) and there was no comparable study found for this finding.

Among the waiting time of the respondents mean waiting time of this study was 30 minutes seen by respected doctors which were less than studies conducted in Gondar university referral hospital northwest Ethiopia the mean waiting time for patients till seen by a doctor was 42 minutes(39). Similar study findings reveal that clients who waited < 15 minutes to be seen by a doctor were more likely to be satisfied than patients who waited greater than 15 minutes (10). The difference might be the overflow of the patient and the process until it reaches the doctor.

7. Conclusions

In Ethiopia studies and information on emergency medicine patient satisfaction is very scares and this study willing to help policymakers, service providers, program coordinators to improve the emergency medical services in TASH. According to the finding of this study the lowest satisfaction rates were observed in terms of latrine cleanness, ED examination room cleanness, find my way when they move here and there in the facility, pharmacy service and distinguish between nurses and doctors 8.9%, 27.2%, 33.5%, 39.8%, and 48.2% respectively. Due to this reason the ED Efforts should focus on improving the overall cleanness of the emergency room and latrine, shortening the waiting time, there should be a proper guider to indicate the way when they move into the facility, improving the overall pharmacy service, patient privacy should be maintained and nurses and doctors should wear proper dress coding and apply visible badges.

Additionally, EDs need to define their process should be obvious especially those processes related to diagnosis and treatment, admission and discharge, and sorting emergency patients from acute cases admitted to the ED. On the other hand, by minimizing the waiting time, creating a neat ED environment and spotless toilet and bathroom can recover patient satisfaction, and also hospitals can analyze their patient's comments to find ways to improve the satisfaction level.

Strength of the study

- The high response rate of the participants
- Since there was no sufficient study conducted in this area it increases the methodological aspect of future studies.

Limitation of the study

- The study involved interview of patients and caretakers in case of critical condition to the patient and this might result in minor differences in response regarding service delivery to the patient
- Since this study was done in a single hospital not representative of the whole population of Addis Ababa Ethiopia
- Shortage of literatures in patient satisfaction particularly in the adult emergency department services

- Since the study design was cross-sectional it is difficult to form causal relationships

8. Recommendations

Based on the research finding the following recommendation can be made.

For Tikur Anbesa specialized hospital

- Establish a clean examination room and latrine with an adequate water supply
- Shortening the waiting time of the emergency patients
- Prepared guider to indicate the way where the clients to move inside the facility and information desks which is delivering the information to the clients
- Adequate drug supply in the facility and give enough information about the disease process, prescribed medication was for, the side effect of the drug, storage, and related health information.
- Maximizing the communication between patients, nurses, doctors, and interdepartmental services
- Patient and attendant counseling room should be maintained and work on seriously
- Assign the responsible nurses and doctors for the patients
- To make patients pain free during the whole stay in the emergency room

For the ministry of health

Regular supervision and evaluations of the hospitals to assure works at standard levels

For future researchers

Research again with multicenter and mixed study design with appropriate sample size and including more predictors

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ANNEX
Consent form

Patient information code No————————

Dear participants:

My name is _____ I am a student at the Addis Ababa University school of medicine, undertaking a Masters's degree in emergency medicine & critical care. One of the requirements for the degree is to conduct a research project. This letter serves to ask for consent from you to take part in this research. The purpose of the research is to assess patient satisfaction. The purpose of this studies this to determine factors that contribute to being not satisfied with emergency medical service in Tikur Anbesa Specialized Referral Hospital. This will be a critical input for policymakers and organizations involved in the care and support of emergency patients. Your participation in this research is voluntary. If you decide not to participate there will be no negative consequences for you. If you do decide to participate there will be no benefits for you. However, your participation in this study is very important for the achievement of the study and emergency patients thereby increasing the quality of care for the patients. There is no risk that will occur to you because of your participation in this study. All the responses given by you and the results obtained will be kept confidential using a coding system whereby no one will have access to your response. You are not expected to give your name or phone number. Without permission from you and the legal body, any part of this study will not be disclosed to a third person. You have the full right to refuse and withdraw to participate in this study if you don't wish to. The interview period will take about 15 minutes. If you are willing to participate in this study, you need to understand and sign the agreement form, and then you will be asked to give your responses by data collectors.

Name of Investigator SADIK KEDIR Tel +251910640872

E-mail sadikkedir8@gmail.com

Are you volunteer to participate in this interview?	Yes	No

Informed consent form

I hereby confirm that I understand the contents of this document and the nature of the research project and I consent to participate voluntarily in the research project. I understand that I am at the autonomy to withdraw from the project at any time.

Signature of participant Date

_____ _____

Name and signature of data collector _____ Date_____

Name and signature of supervisor _____ Date_____

Questionnaire

SECTION I: SOCIO-DEMOGRAPHIC INFORMATION

No	Questionnaires	Alternative response
1	Who is completing this survey?	1 Patient □ 2 Caretaker □
2	Patient Visit	1 New □ 2 Repeat □
3	Time of visit:	1. Morning (2-11) □ 2. Evening (11-4) □ 3. Night (4-2) □
4	How old are you?	Age in years----------
5	Sex	1. Male 2. Female
6	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others*
7	What is your marital status?	1. Single 2. Married and living together 3. Divorced 4. Widowed
8	What is your ethnicity?	1. Oromo 2. Amhara 3. Tigray 4.Guragea 5. Others **
9	What is the level of your education?	1. Not educated 2. Primary 3. Secondary 4. College and above

10	Location of living	Urban area □ Rural area □
11	What is your job?	1. Government employed 2. Merchant 3. Farmer 4. Students 5. Day laborer 6. Housewife 7. Private
12	What is your monthly income?	1. ≤500 2. 501-1000 3. 1001-2000 4. 2001-3000 5. >3000
13	How many minutes did you wait before you were seen by a doctor	.....minutes
14	Was there meet a language barrier?	1.yes 2.no

SECTION II Level of Patient satisfaction in emergency medical service of Tikur Anbesa specialized Hospital.

Questionnaires	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel welcome on the hospital grounds (security, hospitality, triage, and card room).	1☐	2☐	3☐	4☐
2.Did you think the hospital grounds and surroundings are clean, attractive, and comfortable for patients and caregivers	1☐	2☐	3☐	4☐
3. I feel comfortable with the speed of reception	1☐	2☐	3☐	4☐
4. I did not stay long here before going to the examination room.	1☐	2☐	3☐	4☐
5. During this visit, nurses treated me with courtesy and respect.	1☐	2☐	3☐	4☐
6. During this visit, the nurses listened carefully to me.	1☐	2☐	3☐	4☐
7. During this visit, nurses explained things in a way I could understand.	1☐	2☐	3☐	4 ☐
8. During this visit, doctors/ Interns treated me with courtesy and respect.	1☐	2☐	3☐	4☐
9. During this visit, doctors /Interns listened carefully to me.	1☐	2☐	3☐	4☐
10. During the visit, doctors/ Interns explained things in a way I could understand.	1☐	2☐	3☐	4☐

11. I could distinguish between doctors and nurses.	1☐ Yes		2☐ No	
12. I found all kinds of laboratory tests in the facility	1☐	2☐	3☐	4☐
13. laboratory room staff were treated with courtesy and dignity	1☐	2☐	3☐	4☐
14. How well your blood was taken (quickly, little pain, etc.)	1☐	2☐	3☐	4☐
15. The Emergency department was clean.	1☐	2☐	3☐	4☐
16. The bathrooms/latrines were clean (leave blank if not applicable).	1☐	2☐	3☐	4☐
17. I was prescribed new medication at this visit.	1☐ Yes	2☐ No, if no *Skip Q18, 19, &20*		
18. The staff told me what the medication was for	1☐ Yes		2☐ No	
19. The staff described the medications possible side effects in a way I could understand.	1☐ Yes		2☐ No	
20. All the medications I needed were available at the drug dispensary here.	1☐ Yes		2☐ No	
21. Someone discussed with me what symptoms to look out for after I left the health facility.	1☐ Yes		2☐ No	
22. It was easy for me to find my way around the facility.	1☐ Yes		2☐ No	
23. On a scale of 0-10 How much would you give to the institution if	☐ 0	☐ 1	☐ 2	☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

zero (0) is the worst facility and Ten (10) the best facility.				
24.I would recommend this Emergency department /clinic to my friends and family.	1☐	2☐	3☐	4☐
25. Did you receive the medical service for a fee?	1☐ Yes		2☐ No, if no *Skip Q26*	
26. I consider this Emergency clinic visit too expensive.	1☐ Yes		2☐ No	
27. During this health facility stay, how often did you have enough personal privacy?	1☐	2☐	3☐	4☐
28. During this health facility stay, did you experience any pain?	1☐ Yes		2☐No, if no *Skip 29& 30*	
29. During this health facility stay, how often did the staff do everything they could to help you with your pain?	1☐	2☐	3☐	4☐
30. During this health facility stay, how often was your pain well controlled?	1☐	2☐	3☐	4☐

የታካሚዎች መረጃ ቅጽ እና የታሳትፎ መረጋጋጫ

ውድ ተሳታፊዎች;

ስሜ ——— እባላለሁ እኔ በአዲስ አበባ ዩኒቨርሲቲ የሕክምና ትምህርት ክፍል ተማሪ ስሆን በድንገተኛ ሕክምና እና በፅኑ ጎሙማን የሁላተኛ ድግሪ በመጥነናት ላይ እገኛላሁ በመሆኑም ድንገተኛ ሕክምና እና ፅኑ እንክብካቤ ውስጥ ማስተርስ ድግሪ ለመውሰድ ከሚያስፈልጉት ነገሮች መካከል አንዱ የምርምር ፕሮጀክት ማካሄድ ነው ። ይህ ደብዳቤ በዚህ ምርምር ውስጥ ለመሳተፍ ከእርስዎ ፈቃድ ለመጠየቅ ያገለግላል ። የምርምርው ዓላማ የታካሚውን እርካታ መገምገም ነው ። የዚህ ጥናት ዓላማ በጥቁር አንበሳ ልዩ ሪፈራል ሆስፒታል ውስጥ ድንገተኛ የሕክምና አገልግሎት እንዳይረካ አስተዋጽኦ የሚያደርጉትን ነገሮች ለመወሰን ነው ። ይህ ለድንገተኛ ህመምተኞች እንክብካቤ እና ድጋፍ ለሚሳተፉ ፖሊሲ አውጪዎች እና ድርጅቶች ወሳኝ ግብዓት ይሆናል ። በዚህ ምርምር ውስጥ የእርስዎ ተሳትፎ በፈቃደኝነት ነው ። ላለመሳተፍ ከወሰኑ ለእርስዎ ምንም አሉታዊ ውጤቶች አይኖሩም ። ለመሳተፍ ከወሰኑ ለእርስዎ ምንም ጥቅማጥቅሞች አይኖሩም ። ሆኖም በዚህ ጥናት ውስጥ የእርስዎ ተሳትፎ ለጥናቱ ውጤት እና ለድንገተኛ ህመምተኞች የታካሚዎች እንክብካቤ ጥራት እንዲጨምር ከፍተኛ ጠቀሜታ አለው ። በዚህ ጥናት ውስጥ ስለሚሳተፉ ምንም ዓይነት አደጋ አይከሰትብዎትም ። በእንናተ የተሰጡ ሁሉም ምላሾች እና የተገኙት ውጤቶች ማንም ሰው የእርስዎን ምላሽ የማይሰጥበትን የኮድ ስርዓት በመጠቀም ሚስጥራዊ ሆነው ይቀመጣሉ ። ስምዎን ወይም ስልክ ቁጥርዎን መስጠት አይጠበቅብዎትም ። ያለ እርስዎ እና የሕጋዊ አካል ፈቃድ የዚህ ጥናት ማንኛውም ክፍል ለሶስተኛው ሰው አይገለጽም ። ካልፈለጉ በዚህ ጥናት ውስጥ ለመሳተፍ የመከልከል እና የመተው ሙሉ መብት አለዎት ። የቃለ መጠይቁ ጊዜ 15 ደቂቃ ያህል ይወስዳል ። በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ከሆኑ የስምምነት ቅጹን መረዳት እና መፈረም ያስፈልግዎታል ፣ ከዚያ ምላሾችዎን በመረጃ ሰብሳቢዎች እንዲሰጡ ይጠየቃሉ።

የተመረማሪዉ ስም-ሳዲቅ ከድር ስልክ 0910640872

ኢሜል: sadikkedir8@gmail.com

በቃለ መጠይቁ ለመሳተፍ ፈቃደኛ ነዎት? አዎ አይ

በመረጃ የተደገፈ የስምምነት ቅጽ

የዚህ ሰነድ ይዘት እና የምርምሩን ዐለማ ምንነት እንደተረዳሁ አረጋግጣለሁ፡፡ በመሆኑም በዚህ የምርምር ፕሮጀክት ውስጥ በፈቃደኝነት ለመሳተፍ ፍቃደኛ ሆኛለሁ ፡፡ በመንኛዉም ሰዐት ከጥናቱ ራሴን ለመግለል መብት እንደለኝ አዉቅያለሁ፡፡

የተሳታፊዉ ፊርማ _____ ቀን_____

የመረጃ ሰብሳቢው ስም እና ፊርማ _____ቀን _____

የተቆጣጣሪ ስም እና ፊርማ _____ ቀን_____

ክፍል 1 የማህበራዊ አኗኗር ማራጃዎች

ተ.ቁ	መጠይቅ	ምርጫ
1.	መጠይቁን ያሞላዉ	1.ታካሚ 2.አስታማሚ
2.	እዚህ ሆስፒታል ስማጡ	1. አድስ 2. በድጋሚ
3.	የመጡበት ሰዐት	1. ጠዋት (ከ 2-11) 2. ማምሸ (ከ 11-4) 3. ማታ (ከ 4-2)
4.	እድሜዎ ስንት ናዉ	_____
5.	ያታዎ	1. ወንድ 2. ሴት
6.	ሀይማኖቶ ምንድናዉ	1. ክሪስቲያን 2. ሙስሊም 3. ፕሮቴስታንት 4. ከቶሊክ 5. ሌላ
7	ያገብቻ ሁኔታ	1. ያላገበ 2. ያገበ 3. ያታፋታ 4. ያታለያያ
8	ብሄሮ ምንድናዉ	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ጉራጌ 5. ሌላ
9	የትምህረት ደራጃዎ ስንት ናዉ	1. ያልታማራ 2. ያመጀማሪያ ደረጀ 3. ሁላተኛ ደረጀ 4. ኮሌጅና ከዛበላይ
10	የማኖሪያ ቦታዎ ዬት ናዉ	1. ከተማ 2. ገጠር
11	ስራዎ ምንድናዉ	1. የመንግስት ሰራተኛ 2. ናጋዴ 3. ገበሬ 4. ታማሪ 5. የቀን ሰራተኛ 6. የቤት እማቤት 7. ያግል
12	ዎርሃዊ ገቢዎ ስንት ናዉ	1. 500 2. ከ 501-1000

		3. ከ 1001-2000 4. ከ2001-3000 5. ከ 3000 በላይ
13	ሀኪም ጋ ከማቅራቦ በፍት ምን ያህል ደቂቃ ጠበቁ	_____
14	የቾንቾ ችግር ገጥሞዎት ነበር	1. አዎ 2. አይደለም

ክፍል 2 የእርከታ መለኪያ ጥየቄዎች

ለትብብርዎ በጣም እናመሰግናለን					
ተ.ቁ	ጥያቄ	በጣም አልስማማም	አልስማማም	እስማማለሁ	በጣም እስማማለሁ
1	በሆስፒታሉ ቅጥር ግቢ ውስጥ ከገቡ ጀምሮ ጥሩ የሆነ አቀባበል እንደተደረገልዎ ይሰማዎታል (ጥበቃ፣እንግዳተቀባይ፣ትሪያጅ እና ካርድ ክፍል)	1☐	2☐	3☐	4☐
2	የሆስፒታሉ ምድረጊቢ እና አከባቢ ፅዱ ፣ማራኪ እና ለታካሚዎችና ለአስታማሚዎች ምቹነቱ የተጠበቀ ነው	1☐	2☐	3☐	4☐
3	የካርድ ክፍል ፍጥነታቸው ጥሩ ነው።	1☐	2☐	3☐	4☐
4	ወደ መታከሚያ ክፍል ከመሄዴ በፊት ብዙ አልቆየሁም።	1☐	2☐	3☐	4☐
5	በጤና ተቋሙ ቆይታዬ ነርሶች በትህትናና በአክብሮት አገልግለውኛል።	1☐	2☐	3☐	4☐
6	በቆይታዬ ነርሶቹ በደንብ አድምጠውኛል /ተረድተውኛል።	1☐	2☐	3☐	4☐
7	በቆይታዬ ነርሶቹ ስላ ህመሜ በሚገባኝ መንገድ አብራርተውልኛል።	1☐	2☐	3☐	4☐
8	በጤና ተቋሙ ቆይታዬ ሀኪሞች በትህትና እና በአክብሮት አገልግለውኛል።	1☐	2☐	3☐	4☐
9	በቆይታዬ ዶክተሮቹ በደንብ አድምጠውኛል።	1☐	2☐	3☐	4☐

10	በቆይታዬ ዶክቶሮቹ በሚገበኝ መንገድ አብራርተውልኛ፡፡	1☐	2☐	3☐	4☐
11	ነርሶቹን እና ዶክተሮቹን ለይተዉ ማወቅ ችለዋል?	አዎ 1☐		አይደለም 2☐	
12	ሁሉም የታዘዙልዎት የላብራቶሪ ምርመራ አይነቶች በተቋሙ አግኝታዋል	1☐	2☐	3☐	4☐
13	ላብራቶሪ ክፍል ባሉ ሰራተኞች በክብር ተስተናግጃላሁ	1☐	2☐	3☐	4☐
14	በሚደረግልዎ የላብራቶሪ ምርመራ መደረግ ያለበት ጥንቃቄ፣ መቼ እና ውጤቱ ከየት እንደሚወሰድ በቂ የሆነ መረጃ ተሰጥቶኛል	1☐	2☐	3☐	4☐
15	የህክምና ቦታው ንፅህና ተስማምቶኛል፡፡	1☐	2☐	3☐	4☐
16	የሻወር /ሽንትቤት ንፅህና ተስማምቶኛል፡፡	1☐	2☐	3☐	4☐
17	አዲስ መድሃኒት ታዞልሀል/ሽል?	አዎ 1☐		አይደለም 2☐	
18	መድኃኒቱ ለምን በሽታ እንደታዘዘልዎ ተነገሮሀል/ሽል?	አዎ 1☐		አይደለም 2☐	
19	የመድኃኒቱን የጎንዮሽ ጠንቅ ተነግሮታል?	አዎ 1☐		አይደለም 2☐	
20	የታዘዙልህ/ሽ መድሀኒቶች ሁሉ በፋርማሲው ይገኛል?	አዎ 1☐		አይደለ 2☐	
21	ማንኛውም አደገኛ ምልክት ሲኖር መመለስ እንዳለብዎ	አዎ 1☐		አይደለም 2☐	

	ተነግሮታል?				
22	በግቢው ውስጥ ስዘዋወሩ ወደ ት መሄድ እንደለብህ/ሽ በቀላሉ ማወቅ ችለዋል?	አዎ 1☐		አይደለም 2☐	
23	ለተቋሙ ከ0-5 ዝቅታኛ ከ6-10 ከፍታኛ ደረጃ ብሆን ምን ያክል ትሰጣለህ/ሽ??	1 2 3 4 5 6 7 8 9 10			
24	ለጓዳኞቹ እና ለቤተሰቦቹ ወደዚህ ሆስፒታል መተው እንዲታከሙ እመክራቸዋለሁ፡፡	በፍፁም አላደርገውም	ኣላደርገውም	አደርገዋለሁ	በፍፁም አደርገዋለሁ
25	የህክምና አገልግሎቱ የተሰጠህ/ሽ በክፍያ ነዉ??	አዎ 1☐		አይደለም 2☐	
26	ክፍያው ውድ ነው	አዎ 1☐		አይደለም 2☐	
27	በቆይታዬ ገመናዬ በሚጋበ ተሸፍኖልኛል/ሽል፡፡	1☐	2☐	3☐	4☐
28	በቆይታህ/ሽ ህመም ተሰምቶህ ያውቃል?	አዎ 1☐		አይደለም 2☐	
29	የህመሜ ማንስኤ ላመረደት በለሙያዎች የሚችሉትን ሁል አድርጋዉልኛል፡፡	1☐	2☐	3☐	4☐
30	ለህመሜ ማሰታገሻ ተሰጥቶኛል/ሽል፡፡	1☐	2☐	3☐	4☐