



College of Business and Economics

School of Commerce

MA Program in Project Management

Quality Improvement Projects in In-patient departments of Selected Private
Hospitals in Addis Ababa; Challenges and Success Factors

A Project Work Report to be submitted to Addis Ababa University, College of
Business and Economics, School of Commerce in Partial Fulfilment of the
Requirement for the Degree of Master of Arts in Project Management

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June, 2024

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Declaration

I, the undersigned, declare that this study entitled “Quality Improvement Projects in In-patient departments of Selected Private Hospitals in Addis Ababa; Challenges and Success Factors” is my own work. I have undertaken the research work independently with the guidance and support of my research advisor Dr. Bahren Asrat. I also declare that it is not submitted before for any institution for any purpose & all the resources used in the thesis are duly acknowledged & referenced.

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Abstract:

Quality improvement (QI) is a crucial aspect of healthcare delivery, aiming to enhance patient care and outcomes through structured approaches. Private hospitals in Addis Ababa, like those globally, face various challenges in implementing QI projects effectively.

This study investigates the quality improvement projects in private hospitals in Addis Ababa, focusing on the challenges and success factors involved. The research employed a mixed-methods approach, involving both qualitative and quantitative data collection and analysis. The study targeted 306 participants from various roles and departments within selected private hospitals in Addis Ababa. The data collection methods included self-administered questionnaires and interviews, which were analyzed using statistical software to ensure the accuracy and validity of the findings.

The study identified several key challenges faced by the hospitals, including lack of resources, inadequate training, and insufficient communication. However, it also highlighted several success factors, such as effective project management, strong leadership, and a supportive organizational culture. The findings suggest that these factors contribute to the effective execution and sustainability of quality improvement projects. The study provides targeted insights into project-specific challenges and success factors, which can inform broader healthcare system improvements. The results can be used to develop strategies for addressing the challenges and building on the successes, ultimately enhancing the quality of patient care and outcomes in private hospitals in Addis Ababa. Future studies could expand on the current research by investigating the impact of QI projects on patient outcomes and hospital performance. Additionally, exploring the role of technology in enhancing QI initiatives and addressing the challenges faced by private hospitals in Addis Ababa could provide valuable insights for improving healthcare delivery.

Key words: Quality Improvement, Success Factors, Challenges, Private Hospitals, Project Management, Hospital Performance

Statement of Certificate

This is to certify that the project work prepared by Natnael Fitsum, titled: Quality Improvement Projects in In-patient departments of Selected Private Hospitals in Addis Ababa; Challenges and Success Factors: submitted in partial fulfilment of the requirements for the Degree of Master of Arts in Project Management complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Advisor: **Bahren Asrat (Ph.D.)**

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Date: -----

June, 2024

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Addis Ababa University
College of Business and Economics
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**Quality Improvement Projects in In-patient departments of Selected Private
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Contents

Declaration.....	ii
Abstract.....	iii
Acknowledgements	vi
Lists of Acronyms	1
CHAPTER ONE	2
1.INTRODUCTION	2
1.1 Background of the Study	2
1.2 Statement of the Problem	5
1.3 Research Questions	7
1.4 Research Objectives	7
1.4.1 General Objective:.....	7
1.4.2 Specific Objectives:.....	8
1.5 Significance of the Study	8
1.6 Scope of the Study.....	10
1.7 Limitations of the Study	10
1.8 Organization of the Study.....	10
1.9 Definition of Key Terms.....	11
CHAPTER TWO	13
2.REVIEW OF RELATED LITERATURE.....	13
2.1 Introduction	13
2.2 Theoretical review on quality improvement Projects	13
2.3 Review of Empirical Studies regarding Quality Improvement	14
2.3.1 Global.....	14
2.3.2 Loco- Regional Perspective.....	16
2.4 Mayo Clinic Quality Academy experience in quality improvement and healthcare. 17	
2.5 CONCEPTUAL FRAMEWORK	20
CHAPTER THREE	21
3.RESEARCH METHODOLOGIES	21
3.1 Introduction	21
3.2 Research approach and design.....	21
3.3 Population	22
3.4 Eligibility criteria	22
3.5 Sampling techniques and sample size	23
3.6 Study variables	25

3.7 Data sources	25
3.8 Data collection process, Data analysis and processing.....	26
3.9 Data quality assurance	26
3.10 Model Estimation	27
3.11 Ethical considerations.....	27
3.12 Plan for dissemination of findings.....	28
CHAPTER FOUR	29
4. DATA PRESENTATION, DISCUSSION AND ANALYSIS	29
4.1 Introduction	29
4.2 General Information of the Respondents.....	29
4.2.1 Age of patients and healthcare	29
4.2.2 Gender of participants	30
4.2.3 Educational background	31
4.3 Data Obtained from Questionnaires of patients	32
4.4 Data Obtained from Questionnaires of healthcare	36
4.5 Inferential Analysis of healthcare.....	39
4.5.1 Correlation Analysis.....	39
4.5.2 Regression Assumptions Tests	39
4.6 Inferential Analysis of patients.....	42
4.6.1 Correlation Analysis.....	42
4.6.2 Regression Assumptions Tests	43
4.7 Observations.....	46
CHAPTER FIVE	49
5.SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	49
5.1 Summary	49
5.3 RECOMMENDATIONS	51
References.....	52
CHAPTER SIX	59
APPENDIX	59
Questionnaire to be filled by Healthcare Providers	60
Interview Questions for Healthcare Providers	62
Questionnaire to be filled by Patients and attendants of patients	63
Interview Questions for patients and attendants:.....	64
Amharic Version of the “Patient and attendants of patients questionnaire”	64

Lists of Tables and Figures

Table 3-1 Participant distribution	23
Table 4-1 Descriptive Statistics on satisfaction	32
Table 4-2 Descriptive Statistics on service delivery	33
Table 4-3 Descriptive Statistics Healthcare quality	35
Table 4-4 Descriptive statistics on Participation.....	36
Table 4-5 Descriptive statistics on Organizational culture	37
Table 4-6 Descriptive statistics on resources.....	37
Table 4-7 Descriptive statistics on Organizational structure	38
Table 4-8 Healthcare Providers' data_Correlations.....	39
Table 4-9 Healthcare Providers' data_Collinearity Statistics	41
Table 4-10 Healthcare Providers' data_Model Summary.....	41
Table 4-11 Healthcare Providers' data_ANOVA	42
Table 4-12 Patients' data_Correlations.....	42
Table 4-13 Patients' data_Collinearity Statistics	44
Table 4-14 Patients' data_Model Summary.....	41
Table 4-15 Patients' data_ANOVA	45
Table 6-1 Questionnaire to be filled by Healthcare Providers	60
Table 6-2 Questionnaire to be filled by Patients and attendants of patients.....	63
Figure 2.1 Blended Approach to Quality	20
Figure 2.2 Conceptual Framework	20
Figure 4.1 Age of Healthcare Providers	29
Figure 4.2 Age of Patients and Attendants	29
Figure 4.3 Gender of patients and Attendants	30
Figure 4.4 Gender of healthcare providers	30
Figure 4.5 Educational background of healthcare providers	31
Figure 4.6 Educational background of patients and Attendants	31
Figure 4.7 Histogram_ Normality Test for Data from Healthcare Providers	40
Figure 4.8 Histogram_Normality Test for Data from Patients and Attendants	43

Lists of Acronyms

AARHB: Addis Ababa Regional Health Bureau

AAU: Addis Ababa University

AHRQ - The Agency for Healthcare Research and Quality

IOM: Institute of Medicine

LMICs - Low- and middle-income countries

MACRA- Medicare Access and CHIP Reauthorization Act

MOH: Minister of Health

NHS: National Health Service

NQSS: National Quality and Safety Strategy

QI: Quality Improvement

SDG: Sustainable Development Goals

SPC: Statistical Process Control

UHC- Universal Health Coverage

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

This research paper focuses on exploring the challenges and success factors associated with quality improvement projects in In-patient departments of selected private hospitals in Addis Ababa (Hallelujah General Hospital, Yanet Medical and Surgical Center, Bethezatha General Hospital, Lancet General Hospital, Landmark General Hospital, Meqrez General Hospital, Tazma Medical and Surgical Specialized Center, Teklehaimanot General Hospital, Washington Medical Center).

Quality care is defined by WHO (who.int/health-topics/quality-of-care) as healthcare services that increase desired health outcomes, grounded in evidence-based practices. It's crucial for achieving universal health coverage. Effective, safe, and people-centered care is key aspects. To fully benefit, healthcare should also be timely, equitable, integrated, and efficient. This project explores how private hospitals in Addis Ababa can achieve these quality dimensions through successful implementation of improvement initiatives.

This first chapter includes an overview of the study background, statement of the problem, a research question, and objectives. It also discusses the study's significance, rationale, scope, and organizational structure and defines key terms of the study.

1.1. Background of the Study

The Sustainable Development Goals (SDG) urge countries to achieve Universal Health Coverage (UHC), including financial risk protection and access to quality essential health care services. However, the reality in many settings is that providing quality care remains a significant challenge, and inadequate quality results in avoidable mortality, human suffering and significant economic losses.

Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries (LMICs), which represents up to 15% of overall deaths in these countries. (WHO, 2020)

While challenges to improving the quality of care are substantial, the need for action is clear, and many countries are making progress to build quality into their health systems. The WHO-World Bank-OECD report – Delivering quality health services – highlights the need for action

across multiple stakeholders at all health system levels. The provision of quality services requires good governance; a skilled and competent health workforce that is supported and motivated; financing mechanisms that enable and encourage quality care; information systems that continuously monitor and learn to drive better care; medicines, devices and technologies that are available, safe and appropriately regulated; and accessible and well-equipped healthcare facilities.

Reaching the health-related Sustainable Development Goals, including universal access, is closely linked to the availability and accessibility of a country's health workforce (WHO, 2016)

A lower supply of general practitioners has been found to be associated with increased hospitalizations (Gulliford, 2002), while a higher proportion of nurses and more hours of care provided by nurses are associated with better care for hospitalized patients (Needleman et al., 2002). At the same time, a higher nursing workload, as measured by the patient-to-nurse ratio, is correlated with an increased 30-day mortality (Aiken et al., 2014).

Globally, the essential structures for achieving quality care are inadequate: one in 8 health care facilities has no water service, one in 5 has no sanitation service, and one in 6 has no hand hygiene facilities at the points of care. (WHO, 2020)

Quality improvement projects in private hospitals play a crucial role in enhancing healthcare services, ensuring patient satisfaction, and optimizing overall healthcare delivery. In Addis Ababa, Ethiopia, where a significant portion of private hospitals are concentrated, understanding the challenges and success factors of these initiatives is essential for advancing healthcare quality. According to Federal Ministry of Health there are 31 private hospitals in Ethiopia. Out of these 25 are in Addis Ababa. They are registered as private general (16), private maternity specialty (8) and private cardiac super specialty (Source: Private hospital sector development: an exploratory study on providers perspective in Addis Ababa, Ethiopia by Nair VD, Morankar et.al)

Several studies have shed light on the impact of quality improvement efforts in healthcare settings, emphasizing the importance of addressing specific indicators to enhance care quality and organizational culture.

This study explored how inadequate health infrastructure and resource limitations can hinder quality improvement initiatives by affecting the ability to properly plan and implement quality control measures within healthcare services. Additionally, the project investigated how insufficient quality indicators, a focus on coverage over outcome metrics, and a lack of data utilization culture can impede the effectiveness of quality improvement projects by hindering the development of robust monitoring and feedback systems. Finally, the research examined the challenge of retaining medical professionals and how the migration of doctors can negatively impact the quality and accessibility of healthcare services, thereby creating obstacles for quality improvement efforts.

It also explored how private hospitals in Addis Ababa can leverage technological advancements such as specialized equipment and whole-body scanners to significantly improve the quality of care provided. These advancements can further attract patients seeking high-quality medical services. Additionally, the research examined the importance of accessibility and location in fostering patient access and satisfaction. Factors such as offering 24/7 services, providing convenient appointment scheduling, and strategically locating hospitals near populated areas can significantly contribute to positive patient experiences. Finally, the project investigated the role of promotion strategies in attracting and retaining patients. While advertising plays a part, this research proposes that focusing on highlighting the quality of services and the expertise of medical personnel is a more effective approach in the private healthcare setting.

Empirical studies on quality improvement projects in private hospitals in Addis Ababa provide valuable insights into the specific challenges and success factors encountered in the healthcare sector. Research conducted by Girmachew Admasu et al. (2022) highlighted the importance of addressing infrastructure deficiencies and resource constraints in healthcare institutions to improve the quality of healthcare services. The study emphasized the need for strategic investments in medical equipment and facilities to enhance patient care and satisfaction.

In contrast, a study by Asghar Zarei (2012) explored success factors in private hospitals in Iran, emphasizing the importance of creating a strong relationship between patients and the hospital practitioners/personnel and the need for hospital staff to be responsive, credible, and empathetic when dealing with patients.

These empirical studies collectively demonstrate the complex interplay between challenges and success factors in quality improvement projects within private hospitals. By addressing infrastructure limitations, improving data utilization, optimizing human resource management, and leveraging technological advancements and strategic promotion strategies, private hospitals can overcome obstacles and achieve sustainable improvements in healthcare quality and patient satisfaction.

1.2. Statement of the Problem

The conceptual gap lies in the need to comprehensively address the specific challenges and success factors unique to private healthcare facilities in the region. Improving quality of care is difficult in low income countries due to limited funding and human resources, low patient trust and empowerment, infrastructure is faltering, and poor regulation when substandard care is delivered. Moreover, nearly 40% of health care facilities in LMICs lack access to clean water, and nearly 20% lack sanitation (WHO 2018a), further reducing healthcare quality

While existing studies have explored quality improvement initiatives in government hospitals and health centers, there is a scarcity of research focusing specifically on the quality improvement landscape within private hospitals in Addis Ababa. Private hospital sector is expanding in Ethiopia. But private providers are vulnerable to imperfections in the existing market structure (Nair VD, Morankar et.al). Understanding the distinct challenges faced by private healthcare facilities, such as resource constraints, data utilization limitations, and human resource management issues, is crucial for tailoring effective quality improvement strategies in this sector. Moreover, the current literature predominantly emphasizes success factors like technological advancements, accessibility, and promotion strategies in healthcare settings without delving deeply into their applicability and effectiveness within the context of private hospitals in Addis Ababa. Therefore, there is a critical need to bridge this gap by conducting research that specifically investigates the challenges and success factors unique to quality improvement projects in selected private hospitals in Addis Ababa. This gap in knowledge hinders the development of targeted interventions and strategies that can optimize healthcare quality, patient satisfaction, and overall healthcare delivery in private healthcare settings within the region.

The empirical gap in the research pertains to the lack of in-depth empirical studies focusing on

the specific challenges and success factors encountered within private healthcare facilities in the region. While existing literature provides insights into quality improvement initiatives in healthcare settings, there is a scarcity of empirical evidence that directly addresses the challenges unique to private hospitals in Addis Ababa. This gap hinders the development of evidence-based strategies tailored to the distinct needs of private healthcare facilities, such as resource constraints, data utilization limitations, and human resource management issues.

Furthermore, the existing empirical studies often generalize success factors like technological advancements, accessibility, and promotion strategies without a detailed examination of their effectiveness and applicability within the context of private hospitals in Addis Ababa. The lack of empirical research focusing specifically on the challenges and success factors of quality improvement projects in selected private hospitals in Addis Ababa limits the understanding of the intricacies involved in enhancing healthcare quality, patient satisfaction, and overall healthcare delivery within the private healthcare sector in the region. Conducting empirical research to fill this gap is essential for informing targeted interventions and evidence-based strategies to optimize healthcare quality and outcomes in private hospitals in Addis Ababa.

The research gap in the study of Quality Improvement Projects in Selected Private Hospitals in Addis Ababa, focusing on challenges and success factors, is evident in the lack of comprehensive research specifically addressing the interplay between challenges faced and success factors identified within the context of private healthcare facilities in the region. While some studies acknowledge success factors like technology and accessibility, they lack in-depth analysis of their effectiveness and applicability within the Addis Ababa context. This restricts the development of tailored strategies for private hospitals to enhance their QI initiatives. Most importantly, the scarcity of empirical research directly addressing these issues leads to a dearth of evidence-based interventions and strategies. This project aims to bridge this knowledge gap by conducting a rigorous empirical study that will inform targeted quality improvement efforts in private healthcare facilities within Addis Ababa. Several conceptual frameworks exist that aim at characterizing different aspects of quality or explaining pathways for effecting change in healthcare. However, existing frameworks have traditionally focused on specific aspects of healthcare quality or on particular quality improvement strategies. For example, some frameworks have attempted to classify different

types of indicator for measuring healthcare quality (for example, Donabedian, 1966), while other frameworks have contributed to a better understanding of the different steps needed to achieve quality improvements (for example, Juran& Godfrey, 1999).

Addressing these research gaps is crucial for developing context-specific interventions that can optimize healthcare quality, patient outcomes, and overall healthcare delivery within private hospitals in Addis Ababa. Conducting focused research to bridge these gaps will contribute significantly to the advancement of quality improvement practices in the private healthcare sector, ultimately benefiting both healthcare providers and patients in the region.

1.3. Research Questions

1. What are the success factors influencing the implementation of quality improvement projects in in-patient departments of selected private hospitals in Addis Ababa?
2. What are the challenge factors influencing the implementation of quality improvement projects in in-patient departments of selected private hospitals in Addis Ababa?
3. How do the success and challenge factors impact patients' satisfaction with the quality of care and services received?
4. How do the success and challenge factors impact patients' view of service delivery, including timeliness, communication, and responsiveness?
5. How do the success and challenge factors impact patients' view of healthcare quality, including overall assessment of care and services?
6. How do healthcare providers' perspectives on organizational culture influence the success and challenge factors of quality improvement projects?
7. How do healthcare providers' perspectives on healthcare quality influence the success and challenge factors of quality improvement projects?

1.4. Research Objectives

1.4.1. General Objective:

1. To identify the key factors that influence the success and challenges of quality improvement projects in in-patient departments of private hospitals in Addis Ababa.
2. To assess the impact of quality improvement projects on patients' satisfaction, patients' view of service delivery, and patients' view of healthcare quality.
3. To explore the perspectives of healthcare providers on organizational culture and healthcare quality and their influence on quality improvement projects.

1.4.2. Specific Objectives:

1. To determine the relationship between healthcare providers' participation and the success of quality improvement projects.
2. To identify the organizational structure and resource allocation factors that contribute to the challenges faced by quality improvement projects.
3. To assess the impact of quality improvement projects on patients' satisfaction with the quality of care and services received.
4. To investigate the relationship between healthcare providers' perspectives on organizational culture and the success of quality improvement projects.
5. To explore the relationship between healthcare providers' perspectives on healthcare quality and the challenges faced by quality improvement projects.
6. To identify the specific quality improvement initiatives that have the most significant impact on patients' view of service delivery and healthcare quality.
7. To determine the role of organizational culture in facilitating or hindering the implementation of quality improvement projects.

These objectives aim to provide a comprehensive understanding of the factors influencing the success and challenges of quality improvement projects in in-patient departments of private hospitals in Addis Ababa, and their impact on patient care and healthcare providers' perspectives.

1.5. Significance of the Study

An estimated 1.8 billion people, or 24% of the world's population, live in fragile contexts that are challenged in delivering quality essential health services. A large proportion of preventable maternal, childhood and neonatal deaths occur in these settings. (WHO 2020)

QI approaches support the identification of various service delivery gaps, produce solutions to address identified gaps and mitigate potential service delivery bottlenecks (<https://www.who.int/publications/i/item/9789241515085>)

This research holds significant conceptual value. Firstly, it addresses a gap by shifting the focus from public institutions to private hospitals in Addis Ababa, exploring their unique challenges and success factors in quality improvement projects. This unveils valuable insights specifically tailored to the private sector. Secondly, by investigating these factors,

the study offers a nuanced understanding of the complexities involved in quality improvement within private hospitals.

Apart from affecting patient outcomes, poor-quality care leads to unnecessary social and economic losses, lack of patient trust, waste of resources, and catastrophic expenditures (Kruk et al. 2018a).

This deeper knowledge allows for the development of targeted interventions and strategies that can optimize healthcare quality and patient outcomes. Furthermore, the research contributes to the development of evidence-based interventions by delving into the specific challenges and success factors of private hospitals. This understanding enables the formulation of contextually relevant and effective strategies to enhance healthcare delivery. Ultimately, the conceptual significance translates to potential improvements in healthcare quality and patient satisfaction within Addis Ababa's private hospitals. By identifying and addressing challenges while leveraging success factors, the study paves the way for enhanced healthcare services and better patient outcomes in this sector. *Crossing the Quality Chasm* (2001b: 6): “All health care organizations, professional groups, and private and public purchasers should adopt as their explicit purpose to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of the people.”

This research also holds significant empirical and research value as it will generate evidence-based interventions specific to private hospitals in Addis Ababa by examining the impact of quality improvement initiatives on healthcare quality and service delivery. Secondly, by empirically examining challenges (resource constraints, staff morale) and success factors (improved organizational culture), the study provides nuanced insights into the unique dynamics of quality improvement in this context. Thirdly, the research has the potential to inform policy and practices in Addis Ababa. By presenting empirical data on the impact of quality improvement efforts, the study can influence decision-making at both the hospital and policy levels, leading to targeted interventions for private hospitals. Finally, this research can contribute to advancing healthcare quality by identifying effective strategies that drive improvements in patient care and overall healthcare outcomes. The empirical evidence generated by this research can serve as a foundation for future quality improvement initiatives in Addis Ababa's private healthcare sector.

1.6. Scope of the Study

The study focuses on a selected number of Private hospitals in Addis Ababa including Hallelujah General Hospital, Yanet Medical and Surgical Center, Bethezatha General Hospital, Lancet General Hospital, Landmark General Hospital, Meqrez General Hospital, Tazma Medical and Surgical Specialized Center, Teklehaimanot General Hospital, Washington Medical Center and specifically examined their experiences with quality improvement projects; Healthcare providers, patients and their attendants are also included in the study. Public Hospitals, Private hospitals without Quality Assurance department or ongoing quality improvement projects were not included in the study. The study did not dive into broader healthcare system issues but provided targeted insights into project-specific challenges and success factors.

The study was done on 306 participants.

1.7. Limitations of the Study

Limitations include constraints related lack of Standardization: Quality improvement projects in different hospitals might not be standardized, making it difficult to compare and analyze the results across hospitals.

Limited Generalizability: The study's findings might not be generalizable to other private hospitals in Ethiopia or other countries, as the context and healthcare systems can vary significantly.

Timeframe and Sustainability: The study might not capture the long-term sustainability of the quality improvement projects, which is crucial for assessing their effectiveness.\

Limited Expertise: in quality improvement methodologies or healthcare systems in Ethiopia, which could impact the study's validity and reliability.

1.8. Organization of the Study

This study is organized into five consequent chapters. The first chapter introduced the background of the study, the statement of the problem, basic research questions, background of the organization, objectives, rationale of the study, significance, scope of the study, organization of the study, and operational definition of key terms. The second chapter discussed a literature review with descriptions of different research topics. The third chapter dealt with the research methodology, design, sources of data, target population, sampling

technique and sample size, validity and reliability of the instrument, and research ethics throughout the data collection and analysis. The fourth chapter presented the data analysis, presentation, and discussion. The fifth chapter, the final chapter of the study, was about the summary of significant findings, conclusions, and recommendations.

1.9. Definition of Key Terms

- **Challenges:** Obstacles or difficulties encountered during project implementation.
- **Success Factors:** Elements contributing to the effective execution and sustainability of quality improvement projects.
- **Quality improvement:** refers to the continuous efforts made by healthcare professionals to improve and enhance the quality of patient care, safety, and outcomes within a healthcare system. It involves identifying areas for improvement, developing strategies, and implementing changes based on evidence-based practices to enhance patient experience and achieve better health outcomes. The ultimate goal of quality improvement is to ensure that patients receive the proper care at the right time, place, and provider.
- **Quality Improvement Projects:** Initiatives aimed at enhancing healthcare services and patient outcomes through systematic processes.
- **Leadership:** The commitment of top leadership to quality improvement initiatives and their ability to inspire and motivate staff to adopt a quality improvement mind-set.
- **Communication:** Effective communication among staff and external stakeholders ensures that everyone is aware of quality improvement initiatives and their importance.
- **Learning culture:** A culture that encourages learning from mistakes and continuous improvement.
- **Staff engagement:** The involvement of all staff in quality improvement initiatives and their ability to work collaboratively towards common goals.
- **Regular feedback:** Regular feedback to stakeholders to ensure that they are aware of quality improvement initiatives and their progress.
- **Performance management:** The use of performance indicators and other metrics to track progress and identify areas for improvement.
- **Continuous improvement:** A commitment to continuous improvement and the ability to adapt

project plans and strategies based on feedback and results.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter included the study of theoretical review on healthcare quality improvement projects including overview, importance, key elements, and effective strategies to enhance project sustainability as well as the Mayo Clinic quality Academy experience. Empirical literature reviews were also supported by objective consideration of the work done by other researchers that is relevant to this research. The review examined previous studies on the sustainability of quality improvement projects in healthcare organizations and identified the key determinant factors that impact sustainability.

2.2 Theoretical review on quality improvement Projects

Defining QI

Improvement in the quality of health care is a pivotal entry point for health systems strengthening. Quality improvement (QI) approaches play a role in improving the quality of health services delivered across the various levels of the health system (WHO)

The Agency for Healthcare Research and Quality (AHRQ) defines quality health care “as doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results” ([Sofaer and Hibbard, 2010](#)).

Despite the lack of a single universal definition for "quality" in healthcare, most systems globally emphasize monitoring and continuous improvement. The National Health Service (NHS) in England defines quality care as effective, safe, and providing a positive experience through caring, responsiveness, and being person-centered. This definition expands to well-led, sustainable, and equitable care achieved through collaboration and partnership. Quality improvement involves identifying issues, understanding the problem through data and diverse perspectives, developing solutions, testing and refining them, and implementing them as standard practice. Successful implementation depends on context, leadership support, engaged staff and patients, and access to resources. Therefore, a long-term, integrated approach is necessary for sustained quality improvement in healthcare systems.

Effective leadership that fosters a culture of continuous improvement is crucial, alongside

governance structures that identify areas for advancement and implement evidence-based solutions adapted to the local context. Building improvement skills at all levels, from leadership to frontline staff, is essential for successful implementation. Additionally, fostering a collaborative environment where staff, patients, and service users have a voice in redesigning care delivery plays a vital role. Finally, supportive external policies and adequate resource allocation from governing bodies are necessary to ensure the success of quality improvement initiatives within the healthcare system.

Importance of QI

Quality of care is one of the most frequently quoted principles of health policy, and it is currently high up on the agenda of policy-makers at national, European and international levels (EC, 2016; OECD, 2017; WHO, 2018; WHO/OECD/ World Bank, 2018).

Healthcare delivery relies on a complex network of processes and collaboration between care providers. The core aim is to deliver high-quality care and improve population health. However, inefficiencies and flaws inevitably exist within these systems. Quality improvement offers a structured approach to address these issues. It empowers those closest to the problems to develop solutions using specific methods and data analysis. Done effectively, quality improvement can lead to sustained improvements in patient care, experience, and outcomes, as well as staff satisfaction. This systematic approach can be applied to diverse areas, from improving access to primary care to reducing hospital readmissions. Understanding quality improvement is essential for everyone involved in healthcare delivery, from patients seeking better care to professionals striving to continuously improve the system. Through quality improvement, the healthcare system can strive towards a future with minimal preventable deaths, suffering, and waste, while ensuring equitable access to high-quality care. Some estimates indicate that a small portion of health outcomes is related to health care, while equity in health care is an important contributing factor to health equity (Hood et al., 2016; Remington et al., 2015).

2.3 Review of Empirical Studies regarding Quality Improvement

2.3.1 Global

As described in *Crossing the Quality Chasm* (IOM, 2001b) and other literature, this health care system is faced with serious quality and cost challenges. To support the system, the United States spends more per capita on health care than any other country (\$4,637 in

2000) (Reinhardt et al., 2002). In the aggregate, these per capita expenditures account for 13.2 percent of the U.S. gross domestic product, about \$1.3 trillion (Levit et al., 2002).

A document published by WHO on 2006 titled- Quality of care- a process for making strategic choices in health systems focuses on quality improvement in health systems and outlines a process for building a strategy for quality. It emphasizes the importance of understanding the dimensions of quality in health care, which include effectiveness, efficiency, accessibility, acceptability, equity, and safety. The guide suggests a working definition of quality that encompasses these dimensions to guide interventions and strategies for improvement. Furthermore, the document highlights the significance of leadership, information, patient and population engagement, regulation and standards, organizational capacity, and models of care as key domains for quality interventions. It stresses the need for stakeholder involvement, situational analysis, confirmation of health goals, implementation processes, and monitoring progress in developing a quality improvement strategy. The guide also provides a self-assessment questionnaire to aid decision-makers in analyzing and choosing interventions for quality within these domains.

Another document published by The Health Foundation on 2021, which is an independent charity committed to bringing about better health and health care for people in the UK focus on quality improvement in healthcare, emphasizing the importance of systematic approaches to enhance care quality. The literature review from "Quality Improvement Made Simple" by The Health Foundation highlights the significance of empowering healthcare staff with skills, time, and resources to address quality issues effectively. It discusses popular approaches, methods, and key questions for planning and delivering quality improvement, aiming to bring about measurable improvements in care quality and outcomes.

The field of quality measurement in healthcare has developed considerably in the past few decades and has attracted growing interest among researchers, policymakers and the general public (Papanicolas & Smith, 2013; EC, 2016; OECD, 2019)

A comprehensive empirical study was done to understand better the elements that contribute to the success or failure of quality improvement projects worldwide. Projects in the healthcare, manufacturing, and service industries were among those reviewed in the

study. The research showed that although many quality improvement projects initially showed promising results, maintaining these improvements over time proved difficult. Sustainability depends on several interrelated aspects, including strong leadership and governance, stakeholder buy-in, on-going monitoring and assessment, a conducive corporate culture, and enabling legislation. The importance of all of these aspects to the long-term viability of quality improvement projects is highlighted in this review (Ament *et al.*, 2017).

Additionally, the sources touch on the challenges in conducting, evaluating, and publishing quality improvement studies. They stress the need for high-quality reporting of interventions, including context, theory, impacts, and evaluative techniques. The literature underscores the potential benefits of quality improvement in generating significant advantages for patients, providers, and the public, despite the challenges in implementation and evaluation.

2.3.2 Loco- Regional Perspective

Studies in Africa highlight the importance of addressing program-specific challenges like diverse stakeholder needs, resource limitations, and donor dependence for successful project sustainability [Moucheraud *et al.*, 2017]. Additionally, strong organizational factors like system adaptability and staff training are crucial, with a supportive and collaborative environment fostering program longevity [Moucheraud *et al.*, 2017]. Research using sustainability assessment tools further emphasizes the importance of strong processes and organizational structures alongside a capable staff for program success [Mahomed, Asmall & Voce, 2021]. These findings underscore the need to consider not just financial resources, but also a holistic approach that addresses program design, staff training, and fostering collaboration for sustainable quality improvement initiatives.

Twenty-nine of 33 successfully implemented initiatives in Kenyan health facilities reported sustainability 24–60 months after training. Seven sustainability drivers emerged: program design, stakeholder buy-in, board members, communication, coaching, change champion, devolution, and political goodwill. Human resources constraints, policy implementation, project misalignment with daily operations, devolution, and political interference were four sustainability inhibitors (Chelagat *et al.*, 2021).

In the Ethiopian Hospital Reform Implementation Guideline, which aims to standardize

hospital management and improve quality of care (Berhanu, D., Tadesse, T., & Mariam, 2019).

Additionally, the Ethiopian Health Sector Transformation Plan (HSTP) 2015-2020 aims to improve the quality of health services through various initiatives, including strengthening health information systems and improving the capacity of health workers to monitor and evaluate healthcare quality (FMOH. Federal Democratic Republic of Ethiopia, 2015).

An article by Vilasini Devi N et al. titled Private Hospital Sector Development: An Exploratory Study on Providers Perspective in Addis Ababa, Ethiopia, Published on August 2010

The private hospital sector in Addis Ababa, Ethiopia, faces several challenges related to quality improvement works. One significant issue is the availability of trained professionals, particularly in specialty areas like cardiology and neurology, which impacts the delivery of quality care.

Additionally, private hospitals struggle with the availability of essential and costly drugs, especially in critical care units, due to limitations in pharmaceutical industries and gaps in drug supply. Maintenance of biomedical instruments poses another challenge, with a lack of trained biomedical engineers leading to delays in equipment repairs and hindering the implementation of new technologies. Moreover, the introduction of new technology increases costs for providers, even with tax exemptions, requiring a substantial investment that deters some investors from the hospital sector. Addressing these quality improvement works is essential for enhancing the quality of healthcare services provided by private hospitals in Addis Ababa.

2.4 Mayo Clinic Quality Academy experience in quality improvement and healthcare.

It highlights key milestones in the field, such as the establishment of the Institute for Healthcare Improvement in 1991 and the publication of influential reports like "Error in Medicine" by Lucian Leape in 1994 and "To Err is Human" by the Institute of Medicine in 1998. The article emphasizes the importance of standardizing procedures to enhance organizational efficiency and patient safety. It also outlines a systematic approach to quality improvement, including stages like "define," "measure," "analyze," "improve,"

and "control." Tools such as checklists, visual guides, stakeholder assessments, control charts, and root cause analysis are essential in this process. Additionally, the article discusses the significance of linking payment for healthcare services to the quality of care provided, as seen in the MACRA legislation passed in 2015.

Also lists different Quality improvement methodologies, including "Just do it," PDSA, Lean, and Six Sigma. "Just do it" involves quick fixes by a small group, emphasizing worker empowerment and continuous improvement.

PDSA is a structured approach for planning, testing, and improving interventions iteratively.

Lean focuses on reducing waste to enhance customer value, often targeting activities like waiting times.

Six Sigma aims to reduce defects to an extremely low level, emphasizing a 99.99966% quality rate. It follows a five-step process: Define, Measure, Analyze, Improve, and Control. Each phase involves specific tools and methodologies to drive quality improvements and ensure sustainability. These methodologies can be interconnected and adapted to various projects, emphasizing the importance of a culture that values continuous improvement.

Finally concluded after mentioning the key attributes of a successful educational QI program including:

- Early senior leadership support to champion the quality movement and ensure adequate allocation of resources
- Visible reward of staff and recognition of their QI accomplishments
- Provision of opportunities for both Individual and team-based QI training
- Celebration and promotion of a culture of quality improvement
- Monitor and respond to results, both quantitative and qualitative

Table 2.1 Important milestones in the evolution of QI in healthcare

Dates	Event Description	Importance
1911	Ernest Codman opens his "end results" hospital in Boston	Errors were reported and shared, with the intent of improving performance
1920s-1940s	Walter Shewhart and W. Edwards Deming pioneer Quality Management within manufacturing	Applied foundational concepts of studying a system, understanding variation and understanding human behavior to improve performance
1951	Joint Commission established	Formal regulatory oversight of hospitals
1966	Avedis Donabedian publishes "Evaluating the Quality of Medical Care"	Established framework for evaluating Quality in healthcare including the concept of Structure-Process and Outcome Measures
1980	Toyota develops its Lean production system; Motorola develops Six-Sigma tools	Principles from these approaches to improvement are eventually widely adopted in healthcare
1986	The National Demonstration Project on Quality Improvement in Health Care (NDP) is launched	First modern, large-scale effort bringing together thought leaders and innovators in Healthcare Improvement
1991	Institute for Healthcare Improvement is established	IHI has been the leading organization promoting Quality Improvement in Health Care over the past 25 years
1994	Lucian Leape publishes "Error in Medicine"	Describes the prevalence and underlying drivers of medical error
1998	"To err is human" report published by the Institute of Medicine	Increased public attention brought to Quality and Safety within healthcare
2006	"Keystone study" published by Pronovost et al.	Establishes the importance of the standard use of checklists to improve patient safety; subsequently leads to recognition of
2015	MACRA (Medicare access and CHIP reauthorization act) passed	Numerous incentives created to link payment for healthcare services to the Quality of care provided

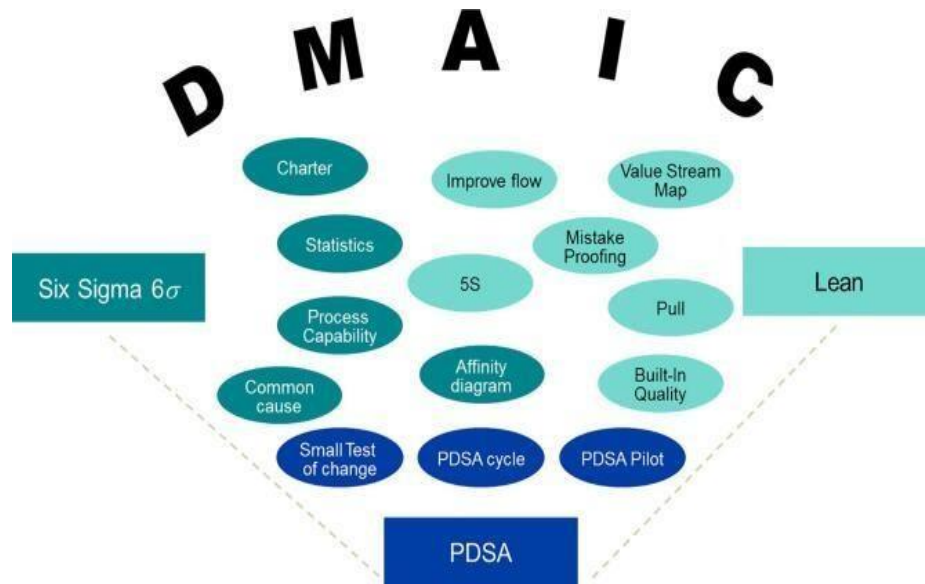


Figure 2.1 Blended Approach to Quality

2.5 CONCEPTUAL FRAMEWORK

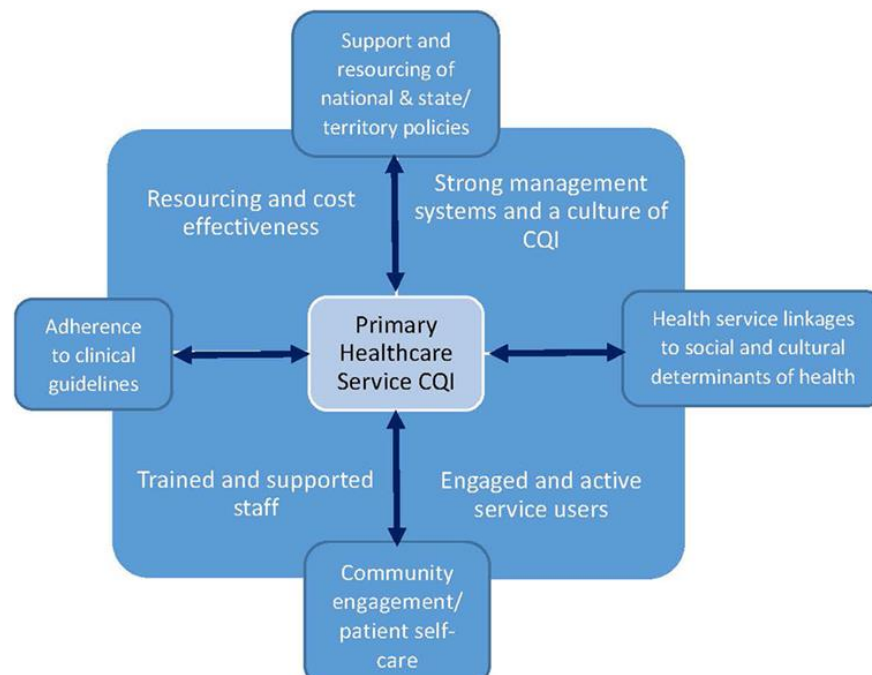


Figure 2.2 The vertical and horizontal enhancement of continuous quality improvement (CQI)
(Source: Front. Public Health, 22 March 2018)

CHAPTER THREE

3. RESEARCH METHODOLOGIES

3.1. Introduction

The overall methodology used to conduct this research study is outlined in this chapter. This chapter discusses the research design, population under consideration, Sampling technique and sample size, description of study variables, study area, the data collection methods, data analysis, reliability analysis, and ethical considerations that the researcher employed in the study.

3.2 Research approach and design

To effectively study the challenges and success factors of Quality Improvement Projects in Selected Private Hospitals in Addis Ababa, a mixed-methods research approach combining quantitative and qualitative approaches is used. This approach provides a comprehensive understanding of the topic by integrating numerical data with in-depth insights from stakeholders.

A cross-sectional and Exploratory descriptive study design was used to assess health care service quality improvement projects in selected private hospitals in Addis Ababa, Ethiopia. Cross-sectional research is chosen for the project because it provides a practical and efficient way to assess healthcare quality improvement project sustainability at a specific moment, making it suitable for timely decision-making and resource considerations within the context of a quality improvement project. A descriptive study design as it is focused on providing a comprehensive overview of the current state of healthcare quality, identifying areas for improvement, and assessing the sustainability of changes.

Data Collection Methods included administering surveys to collect quantitative data on leadership practices, information systems, patient engagement, and organizational capacity and Interviews, by conducting semi-structured interviews to explore experiences, perceptions, and challenges related to quality improvement. Primary and Secondary data were used and involved questionnaires using Likert-scale questionnaire, Interviews with key stakeholders (One-on-One interviews with a total of 14 participants (8 Healthcare providers and 6 patients and attendants of patients) was done for this research), and

document analysis (A satisfaction form from 4 Inpatient departments of 1 Hospital was revised from January to May.

A total of 684 patients were admitted during the 5 months period and 519 (75.8%) satisfactions forms were filled and these were revised and the findings are reported.).

3.3 Population

3.3.1 Target population

The target population for the study were private Hospitals in Addis Ababa: The primary target population includes all private hospitals operating in Addis Ababa that have implemented quality improvement projects.

Healthcare Providers: This includes doctors, nurses, administrators, all members of QI teams and other healthcare professionals working within the selected private hospitals.

Patients and Attendants: Patients receiving healthcare services in the selected private hospitals are also part of the target population.

3.3.2 Study Population

The study population included: **Selected Private Hospitals with Inpatient department,** Hospital Administrators: Key decision-makers and leaders within the selected private hospitals who are involved in quality improvement initiatives including all members of QI teams. Healthcare Providers: A sample of healthcare professionals working in inpatient departments within the selected private hospitals, and patients admitted those selected private hospitals along with their attendants.

3.4 Eligibility criteria

3.4.1 Inclusion criteria

Private Hospitals: Include private hospitals in Addis Ababa that have implemented quality improvement projects. Hospital Administrators: Include key decision-makers and leaders involved in quality improvement initiatives within the selected private hospitals. Healthcare Providers: Include doctors, nurses, and other healthcare professionals working within the selected private hospitals. Patients: Include a representative sample of patients receiving healthcare services in the selected private hospitals.

3.4.2 Exclusion Criteria

- **Public Hospitals:** Exclude public hospitals from the study to focus specifically on the private healthcare sector.
- **Hospitals without Quality Improvement Projects:** Exclude private hospitals that have not implemented quality improvement initiatives.
- **Healthcare Providers from Non-Selected Hospitals:** Exclude healthcare providers working in private hospitals not included in the study sample.
- **Patients from Non-Selected Hospitals:** Exclude patients receiving healthcare services from private hospitals not part of the selected sample.

3.5 Sampling techniques and sample size

3.5.1 Sampling Techniques:

Purposive Sampling was used to select the private hospitals in Addis Ababa; then participants from these hospitals selected based on their position in the hospitals and their relation with the quality improvement projects.

Table 3-3.5-1 Participant distribution

No.	Hospital Name	Healthcare workers and Admin Staff	Patients and Attendants
1.	Betezathata General Hospital	8	25
2.	Hallelujah General Hospital	24	61
3.	Lancet General Hospital	10	32
4.	Landmark General Hospital	4	15
5.	Meqrez General Hospital	6	16
6.	Tazma Medical and Surgical Specialized Center	7	23
7.	Teklehaimanot General Hospital	8	12
8.	Washington Medical Center	5	14
9.	Yanet Medical and Surgical Center	10	26
	Total	82	224

3.5.2 Sampling Technique and procedure for the projects

Sample size calculation for the study participants

Formula: The sample size can be calculated using the formula for estimating a population proportion:

$$n = z^2 \times p \times (1-p) / E^2$$

Where:

- n = required sample size
- Z = Z-score (confidence level)
- p = estimated proportion of the population
- E = margin of error
- Confidence Level: Assume a confidence level of 95% (Z-score of 1.96 for a 95% confidence level).
- Estimated Proportion: Estimate the proportion of hospitals with quality improvement projects in Addis Ababa based on available data. (took 30%)
- Margin of Error: Determine an acceptable margin of error (e.g., 5%).

Calculation:

- Assume:
- Estimated proportion (p) = 0.3
- Margin of error (E) = 0.05
- Z-score for 95% confidence level = 1.96
- Calculation:

$$n = z^2 \times p \times (1-p) / E^2$$

$$n = 1.96^2 \times 0.3 \times (1-0.3) / 0.05^2$$

$$n = 3.8416 \times 0.3 \times (0.7) / 0.0025$$

$$n = 0.76432 / 0.0025$$

$$n = 305.728$$

-Sample Size: Based on the calculation, a sample size of approximately **306 participants** would be needed for the study

3.6 Study variables

3.6 .1 Dependent Variables

- **Patients' satisfaction:** The level of satisfaction patients have with the quality of care and services received.
- **Patients' view of service delivery:** Patients' perception of the quality of services provided, including timeliness, communication, and responsiveness.
- **Patients' view of healthcare quality:** Patients' assessment of the overall quality of care and services received.
- **Healthcare providers' perspective on organizational culture:** Healthcare providers' views on the organizational culture and its impact on quality improvement initiatives.
- **Healthcare providers' perspective on healthcare quality:** Healthcare providers' views on the quality of care and services provided.

3.6.2 Independent Variables:

- **Healthcare providers' participation:** The extent to which healthcare providers are involved in quality improvement initiatives.
- **Organizational structure:** The administrative and hierarchical setup of the hospital, including roles and responsibilities.
- **Resources:** Availability and allocation of resources such as personnel, equipment, and budget for quality improvement initiatives.
- **Organizational culture:** The values, norms, and attitudes within the hospital that influence the way quality improvement initiatives are implemented.

3.7 Data sources

3.7 .1 Primary Sources of Data:

Surveys and Questionnaires, Interviews, and Observations.

3.7 .2 Secondary Sources of Data

- The primary data sources will provide the detailed information needed to analyze the relationships between the independent and dependent variables. The secondary data sources will provide contextual information about the healthcare service quality

improvement projects and hospitals, which can help understand the findings from the primary data sources.

3.8 Data collection process, Data analysis and processing

The research involved recruiting participants from various roles and departments within the selected private hospitals in Addis Ababa, obtained informed consent to ensure ethical compliance, the self-administered questionnaires and interviews were conducted with the selected participants, all data that was gathered was recorded using appropriate tools, analyzing the collected data through qualitative and quantitative methods

Using Tests of the classical linear regression assumptions, the descriptive analysis of the data and variables of the study, correlation analysis between dependent and independent variables presented to identify key themes and insights regarding quality improvement challenges and success factors, and culminating in a comprehensive report that outlines the findings, recommendations, and implications for quality improvement initiatives within the selected private hospitals in Addis Ababa.

Overall, the data collection methods and processes were designed to ensure the validity and reliability of the study findings.

3.9 Data quality assurance

Data quality assurance is critical to any research study as it ensures that the data collected is accurate, reliable, and valid. The research team was trained on how to collect data consistently and accurately. This included training on approaching respondents, asking questions, and recording responses. Data collection activities were closely monitored and supervised to ensure the data was collected appropriately.

After data collection, the data was cleaned to identify and correct any errors, inconsistencies, or missing values. The data were analyzed using appropriate statistical software to ensure the accuracy and validity of the findings. The findings were cross-checked with the research objectives and questions to ensure they were consistent with the study objectives. Experts in the field reviewed the research findings to ensure that the research methods, analysis, and results are accurate and valid.

3.10 Model Estimation

To analyze the data collected in this study the following model estimation approach was employed.

- **Data Preparation:** Data Cleaning was done by ensuring the survey and interview data is cleaned, with missing values were addressed and outliers identified and handled appropriately. Key dependent and independent variables Identified based on the research objectives and conceptual framework. These included measures of QI project success, challenges faced, and success factors.
- **Utilized multiple regression analysis** to examine the relationships between the dependent variables and the independent variables. This helped to identify the significant predictors of QI project success.
- **Model Assumptions:** Assessed the assumptions of the regression models, including linearity, normality, and multicollinearity, to ensure the validity of the results.
- **Regression Coefficients:** Examined the regression coefficients to understand the magnitude and direction of the relationships between the independent variables and the dependent variables. This provided insights into the relative importance of different challenges and success factors.
- **Statistical Significance:** Evaluated the statistical significance of the regression coefficients to determine which factors have a significant impact on QI project success.
- **Model Fit:** Assessed the overall fit of the regression model using the coefficient of determination (R-squared) to understand the explanatory power of the model.

3.11 Ethical considerations

It is important to consider ethical principles when conducting business research. Ethical issues are categorized into four different types: harm to participants, lack of informed consent, invasion of privacy, and deception (Bryman, 2011). In this study, no demographic data is collected from the participants hence to avoid invasion of privacy and any harm to the participants. The second ethical principle to consider is the lack of informed consent for which informed oral consent was taken. The third ethical principle concerns the invasion of privacy. In this study, the respondent has the opportunity to skip a question if it is judged sensitive. Furthermore, this study is not of a sensitive nature which enhances

the respondents' willingness to answer. The fourth ethical principle refers to deception which occurs if respondents are led to believe that research is about something else than what it is. After considering these ethical principles and fully living up to the requirements, it can be classified as ethical.

The necessary precaution was taken to make the study ethical. Respondents were informed ahead about the purpose of the data they will provide. The researcher told that the information they provide via the questionnaire and interviews were going to be used only for the purpose of academic study and remain confidential. They were also assured that their identity would be anonymous for research.

3.12 Plan for dissemination of findings

The study's result will be presented for research defense, and a formal report will be submitted to the school of commerce and the hospitals. Furthermore, the findings of this study will be disseminated for publication in national or international peer-reviewed reputable journals. The study will also be presented during research symposiums, conferences, or seminars.

CHAPTER FOUR

4. DATA PRESENTATION, DISCUSSION AND ANALYSIS

4.1. Introduction

In this chapter, the collected data has been analyzed and interpreted. The study presented the findings by using tables and figures. This chapter presents the analysis and discussions for the research findings obtained from the questionnaires. The finding intended to answer the research objectives which were presented in chapter one. The chapter consists of introduction, respondent's demographic characteristics. Items of the questionnaire respondent's preference were the mean and standard deviation values for each item. The mean represented the average response, while the standard deviation indicated the dispersion or variability of the responses around the mean. A higher mean value indicates a higher agreement or stronger endorsement of the item. The standard deviation provides information about the spread or variability of responses. A smaller standard deviation indicates a narrower range or more consensuses among participants, while a larger standard deviation suggests more diverse or scattered responses. Tests of the classical linear regression assumptions, the descriptive analysis of the data and variables of the study, correlation analysis between dependent and independent variables presented. This part of the study discussed the major research findings based on the data gathered from primary and secondary sources.

4.2. General Information of the Respondents

4.2.1 Age of patients and healthcare

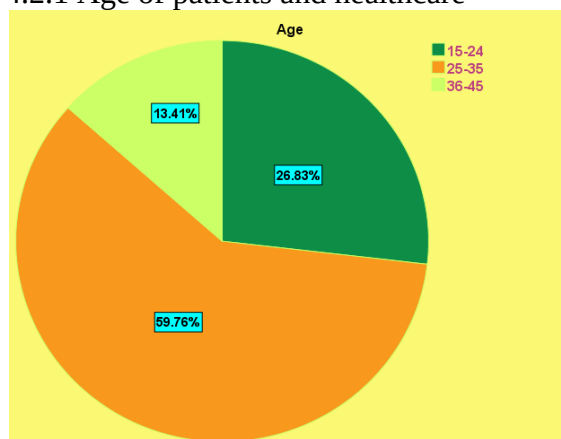


Figure 4.1 Age of Healthcare Providers

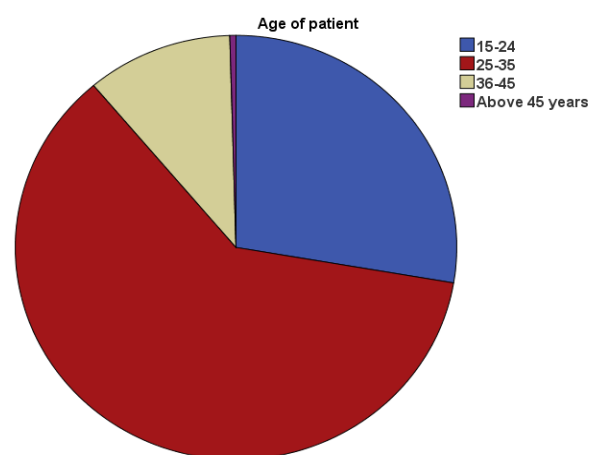


Figure 4.2 Age of Patients and Attendants

Source: Own Survey, 2024

Majority of the respondents were from age of 25-35 which indicated that population in the sample that they were youth and energetic and motivated to fill the questionnaires that helps for the study.

Younger respondents, who are generally more energetic and motivated, may be more likely to complete questionnaires accurately and thoroughly. This can lead to a higher response rate and better-quality data, improving the overall reliability and validity of the study. Understanding their health behaviors and attitudes can help design effective preventive health programs that can reduce future healthcare costs and improve population health outcomes. This age group is typically more tech-savvy, which can be beneficial if the study involves digital health tools, online surveys, or telemedicine. Their feedback can provide insights into the usability and acceptance of such technologies.

4.2.2 Gender of participants

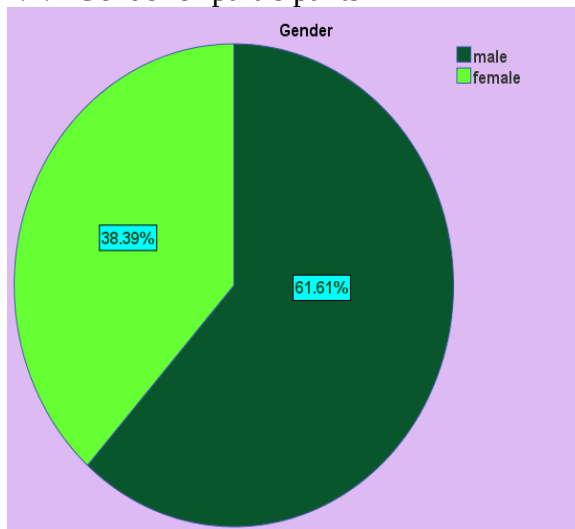


Figure 4.3 Gender of patients and Attendants

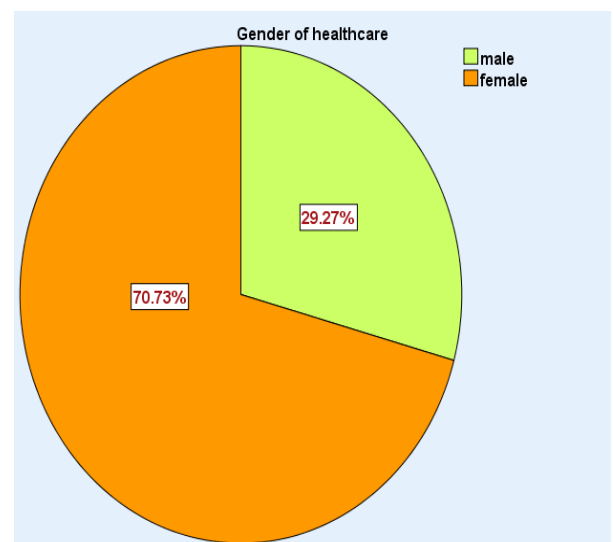


Figure 4.4 Gender of healthcare providers

Source: Own Survey, 2024

Majority of the respondents from the patients were male (61.61%) and Majority of the respondents from the healthcare were female (70.73%).

Understanding the gender distribution among patients and healthcare workers can provide valuable insights into gender dynamics within the healthcare institution. It can reveal if there are gender-specific health issues, preferences, or behaviors that need to be addressed.

With this knowledge, healthcare providers can design and implement interventions and programs that are more tailored to the specific needs of each gender group. For instance, male patients might have different health concerns or behaviors compared to female patients, and these can be better addressed with targeted strategies. Knowing that a significant majority of healthcare workers are female can inform workforce planning and training programs. It can help in addressing any gender-specific workplace issues, such as the need for better work-life balance policies, support for career advancement, or addressing potential gender biases. Demographic data can assist in resource allocation within the institution. If certain health services are more utilized by one gender, resources can be appropriately distributed to meet those needs more effectively.

4.2.3 Educational background

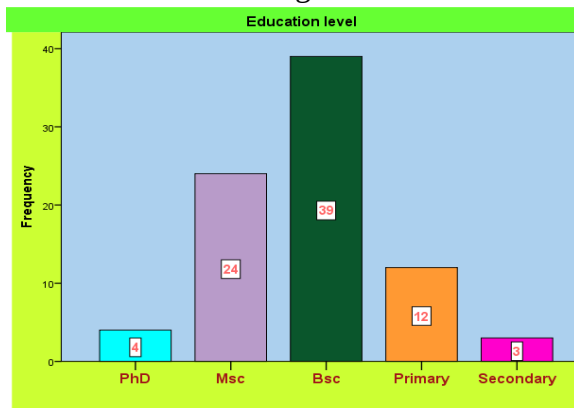


Figure 4.5 Educational background of healthcare providers

Source: Own Survey, 2024

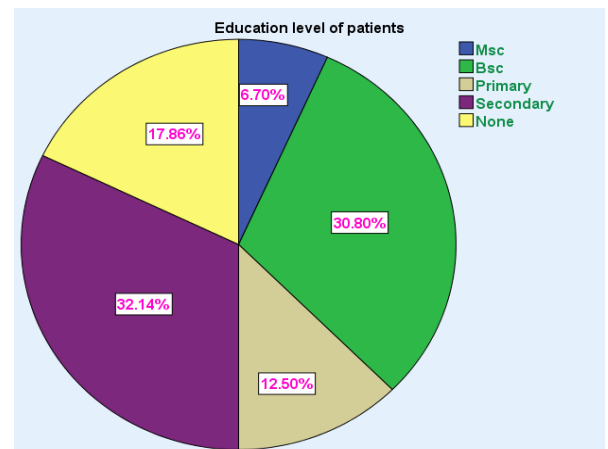


Figure 4.6 Educational background of patients and Attendants

Majority (39) of the respondents of healthcare were at Bsc level, (4) of the respondents were at PhD level, (24) of the respondents were at Msc level, (12) of the respondents were at primary level and (3) of the respondents were at secondary level and Majority (32%) of the respondents of patients were at secondary level, (30%) of the respondents were at Bsc level, (17%) of the respondents were not educated, (12.5%) of the respondents were at primary level and (6.7%) of the respondents were at Msc level, with a larger proportion of the respondents educated well that helped the researcher to get the questionnaires well answered because their understanding level about the research. Knowing the education levels of patients and healthcare workers helps in designing communication strategies that are

appropriate for different educational backgrounds. For patients, this means creating health education materials that are understandable and accessible. For healthcare workers, it can inform the level and type of continuing education and training programs needed. Patients' education levels can influence their understanding of health information, adherence to medical advice, and overall health literacy. By recognizing these differences, healthcare providers can adjust their approach to ensure that all patients, regardless of their education level, receive the information and support they need to make informed decisions about their health. The education levels of healthcare workers can highlight areas where additional training or professional development is needed. For example, if a majority is at the BSc level, but only a few have advanced degrees, there may be a need for more opportunities for postgraduate education and specialization. Educational data can inform policy decisions and the development of programs within the institution. For instance, policies can be created to encourage further education and professional growth among staff, or to address gaps in patient education that impact health outcomes. More resources might be directed toward patient education programs or to support staff in obtaining higher degrees, ultimately aiming to improve the quality of care provided. By capturing and analyzing such demographic details, health institutions can enhance their understanding of the populations they serve and the workforce they employ, leading to more effective and equitable healthcare delivery.

4.3 Data Obtained from Questionnaires of patients

Table 4-0-1 Descriptive Statistics on satisfaction			
	N	Mean	Std. Deviation
Doctors and nurses seem to follow established protocols and guidelines when treating me	224	3.73	.952
The hospital seems prepared to handle unexpected complications or emergencies based on observations.	224	3.81	.990
I feel like the hospital leadership is genuinely interested in improving patient care	224	3.82	.969
The doctors and nurses clearly explain my treatment options and answer my questions in a way I understand.	224	3.88	.993

Source: Own Survey, 2024

From table 4.1 the response from the respondents if doctors and nurses seem to follow

established protocols and guidelines when treating me have a mean value of 3.73 and standard deviation of 0.952, the hospital seems prepared to handle unexpected complications or emergencies based on observations has a mean value of 3.81 and standard deviation of 0.99, I feel like the hospital leadership is genuinely interested in improving patient care has a mean value of 3.82 and standard deviation of 0.969, the doctors and nurses clearly explain my treatment options and answer my questions in a way I understand has a mean value of 3.88 and standard deviation of 0.993. The high mean score reflects that the majority of respondents had a positive experience or opinion regarding the survey topic. If the survey relates to a service, product, or program, it suggests that the quality and performance meet or exceed the respondents' expectations. By focusing on maintaining and enhancing the factors that lead to high satisfaction, you can ensure continued positive outcomes and potentially further increase the satisfaction levels of your respondents.

Based on the comments provided, the patients and attendants who were admitted to the hospital expressed a high level of satisfaction with their experience. They praised the hospital for its excellent service, professional medical treatment, and the pleasant demeanor of the staff, including doctors, nurses, and cleaners. The hospital's reception, follow-up, and hospitality were also commended. The patients felt comfortable and well-cared for, noting the hospital's preparedness and efficiency. They appreciated the hospital's commitment to providing quality medical services and its ability to make them feel at ease during their stay.

Table 4-0-2 Descriptive Statistics on service delivery			
	N	Mean	Std. Deviation
The hospital seems to have a good system for tracking and monitoring my medical chart.	224	2.304	.9166
The hospital involves patients or their families in discussions about developing new treatment approaches	224	2.41	.894
The healthcare providers explain your condition and treatment options to you	224	2.67	.883

Source: Own Survey, 2024

From table 4.2 the response from the respondents if the hospital seems to have a good system for tracking and monitoring my medical chart has a mean value of 2.304 and

standard deviation of 0.916, the hospital involves patients or their families in discussions about developing new treatment approaches has a mean value of 2.41 and standard deviation of 0.894, if the healthcare providers explain your condition and treatment options to you has a mean value of 2.67 standard deviation of 0.883. When the mean value of respondents' satisfaction with a service is around 2 on a Likert scale (typically ranging from 1 to 5), it indicates a general dissatisfaction with the service. It is better conduct a detailed analysis to identify the specific reasons behind the low satisfaction scores. This could be through additional surveys, focus groups, or direct feedback. Address the most critical issues identified as quickly as possible. This may involve improving service quality, responsiveness, reliability, or other key factors.

Improve communication with respondents to better understand their needs and expectations. Ensure transparency in addressing their concerns. Provide additional training for staff to improve service delivery. Focus on customer service skills, problem-solving, and efficiency. Allocate more resources to areas that are underperforming. This could involve increasing staff, investing in better tools or technology, or improving infrastructure. Ensure that marketing and communication materials set realistic expectations for the service to avoid customer disappointment. Implement mechanisms to collect detailed feedback from dissatisfied respondents. Use surveys with open-ended questions, suggestion boxes, or direct interviews. Compare your service with industry standards or leading competitors to identify areas for improvement and adopt best practices. Implement pilot programs to test potential improvements before rolling them out on a larger scale. Use the feedback from these pilots to make necessary adjustments. Regularly monitor customer satisfaction to identify and address issues promptly. Use key performance indicators (KPIs) to track progress. Engage with customers through loyalty programs, follow-up communications, and personalized services to rebuild trust and improve satisfaction. Consider redesigning the service process to make it more customer-centric. Focus on reducing pain points and enhancing overall user experience. Where applicable offer apologies and compensation to severely dissatisfied customers to regain their trust and demonstrate commitment to improvement. Foster a customer-centric culture within the organization. Encourage employees at all levels to prioritize customer satisfaction. Implement regular training programs for staff to keep them updated on best practices and new strategies for improving

customer service. Establish continuous feedback loops where customer feedback is regularly reviewed and used to make ongoing improvements. Stay agile and open to innovation. Regularly update the service to meet changing customer needs and industry trends. By systematically addressing the root causes of dissatisfaction and implementing targeted improvements, you can work towards enhancing overall customer satisfaction and rebuilding trust in your service.

Table 4-0-3Descriptive Statistics Healthcare quality			
	N	Mean	Std. Deviation
The hospital seems to have a good system for tracking and monitoring patient care quality	224	4.00	.935
I always encounter new doctors and nurses during my treatment and follow up	224	4.09	.909
The hospital is clean, facilitated and comfortable when your stay at the hospital	224	3.92	.983

Source: Own Survey, 2024

From table 4.3 the response from the respondents if the hospital seems to have a good system for tracking and monitoring patient care quality has a mean value of 4.00 and standard deviation of 0.935, if always encounter new doctors and nurses during their treatment and follow up has a mean value of 4.09 and standard deviation of 0.909, if the hospital is cleanly facilitated and comfortable when their stay at the hospital has a mean value of 3.92 and standard deviation of 0.983. Respondents are generally very satisfied with the resources provided. The high score reflects a positive perception and likely high usability, adequacy, and quality of the resources. The resources are likely meeting or exceeding the respondents' needs and expectations, contributing to their satisfaction. Continue to provide and maintain the resources that are leading to high satisfaction. Ensure that the quality and accessibility of these resources remain consistent. Determine the specific attributes of the resources that are most appreciated by the respondents (e.g., comprehensiveness, ease of access, relevance, user-friendliness). Use the insights gained from the positive feedback to expand or replicate successful elements in other areas or for other groups of respondents. Use the positive feedback to promote and highlight the strengths of your resources, which can help in marketing and building a positive reputation. Regularly update the resources to ensure they remain current and relevant. Incorporate any

new information or advancements in the field. Maintain an active feedback mechanism to continuously gather insights from users about their satisfaction and any potential areas for improvement. Ensure that the resources are easily accessible to all users. Consider different formats and platforms to meet diverse needs. Provide training and support to help users maximize the benefits of the resources. This could include tutorials, help guides, and user support services. Acknowledge and reward the teams or individuals responsible for developing and maintaining these high-quality resources. Stay ahead by continuously innovating and evolving the resources. Integrate new technologies and methodologies to enhance user experience. Compare the resources with industry standards and best practices to ensure they remain top-tier and competitive. Share success stories and case studies of how these resources have positively impacted respondents. This can help in promoting the resources further. Explore opportunities to diversify the types of resources offered. For instance, adding interactive elements, multimedia content, or more personalized options. Ensure that the resources are sustainable and can be maintained and updated regularly without significant disruption. By focusing on maintaining and enhancing the quality of the resources, you can ensure continued high levels of satisfaction among respondents. This approach not only strengthens the current offerings but also helps in building a robust framework for future improvements and innovations.

4.4 Data Obtained from Questionnaires of healthcare

Table 4-4 Descriptive statistics on Participation			
	N	Mean	Std. Deviation
The Hospital leadership communicates information about patient care quality and outcomes to staff, patients, and the community well.	82	3.91	.892
The hospital offers ongoing training and professional development opportunities for staff to enhance their skills in quality improvement methodologies.	82	3.94	.743
you are involved in the decision-making process regarding change initiatives	82	2.76	.854

Source: Own Survey, 2024

From table 4.4 the response from the respondents, if the hospital leadership communicates

information about patient care quality and outcomes to staff, patients, and the community well has a mean value of 3.91 and standard deviation of 0.892, if the hospital offers ongoing training and professional development opportunities for staff to enhance their skills in quality improvement methodologies have a mean value of 3.94 and standard deviation of 0.743, if they are involved in the decision-making process regarding change initiatives has a mean value of 2.76 and standard deviation of 0.85.

Table 4-5 Descriptive statistics on Organizational culture			
	N	Mean	Std. Deviation
The Hospital is able to effectively implement externally developed quality standards and protocols.	82	2.24	.937
Healthcare providers in your hospital communicate information about a patient's care plan and treatment options in a way that is clear and understandable for them and their families.	82	2.32	.967
organizational culture encourages open communication and feedback between employees and management	82	3.10	.883

Source: Own Survey, 2024

From table 4.5 the response from the respondents the hospital is able to effectively implement externally developed quality standards and protocols has a mean value of 2.24 and standard deviation of 0.937, if healthcare providers in your hospital communicate information about a patient's care plan and treatment options in a way that is clear and understandable for them and their families has a mean value of 2.32 and standard deviation of 0.967, organizational culture encourage open communication and feedback between employees and management has a mean value of 3.10 and standard deviation of .883.

Table 4-6 Descriptive statistics on resources			
	N	Mean	Std. Deviation
The existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis.	82	3.51	.878
The Hospital has the resources and expertise to develop and implement its own quality	82	3.79	.828

improvement initiatives specific to the Ethiopian context.			
The existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis.	82	3.78	.802

Source: Own Survey, 2024

From table 4.6 the response from the respondents the existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis has a mean value of 3.51 and standard deviation of 0.878, if the hospital has the resources and expertise to develop and implement its own quality improvement initiatives specific to the Ethiopian context has a mean value of 3.79 and standard deviation of 0.828, if the existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis has a mean value of 3.78 and standard deviation of 0.802.

Table 0-1-7 Descriptive statistics on Organizational structure			
	N	Mean	Std. Deviation
Newly implemented quality standards and regulations align with the specific needs and priorities of the Ethiopian healthcare system.	82	2.98	.955
The hospital has a structured process that allows for the collaborative development of new models of care involving healthcare providers, patients, and the community.	82	3.16	.949
The hospital provides the necessary technological infrastructure and tools to support change initiatives	82	2.95	.928

Source: Own Survey, 2024

From table 4.7 the response from the respondents newly implemented quality standards and regulations align with the specific needs and priorities of the Ethiopian healthcare system has a mean value of 2.98 and standard deviation of 0.955, if the hospital has a structured process that allows for the collaborative development of new models of care involving healthcare providers, patients, and the community has a mean value of 3.16 and standard deviation of 0.949, the hospital provides the necessary technological infrastructure and tools to support change initiatives has a mean value of 2.95 and standard deviation of 0.928.

4.5 Inferential Analysis of healthcare

The independent variables in this study include structure, cultural, resources, and participant

4.5.1 Correlation Analysis

Table 4-8 Correlations

Correlations					
	Challenges and Success Factors	Participant	Cultural	Resources	Structure
Challenges and Success Factors	1.000				
Participant	.317	1.000			
Cultural	.089	.285	1.000		
Resources	.475	.079	.045	1.000	
Structure	.155	.195	.044	.014	1.000

Correlation is significant at the 0.01 level (2-tailed).

Source: Own Survey, 2024

A Pearson's correlation was conducted between the dependent variable challenges and success factors and the independent variables structure, cultural, resources, and participant. Negative correlation is assumed where the value is negative while a positive correlation is assumed when the value is positive. Where the Pearson coefficient is less than 0.3, the correlation is assumed weak. Where the Pearson coefficient is more than 0.3 less than 0.5, the correlation is assumed to be moderate. A strong correlation is assumed when the Pearson coefficient is more than 0.5 (Abrham, 15).

4.5.2 Regression Assumptions Tests

Multiple regressions also involve constructing an equation to estimate the expected value of the dependent variable which is predicated from number of independent variables. It is used to see the relation between dependent and independent variable and to predict the value one dependent variable with an increase in each unit of independent variables Gulden and Nese (2013).

4.5.2.1 Normality Test

According to Osborne and Waters (2002) variables have normal distributions. Those none normally distributed variables are disturbed with substantial outliers. They can be identified

through visual inspection of histograms or frequency distributions. Normality can be determined based on skewness and kurtosis statistics. Whereas kurtosis measured the relative flatness and Preakness of data values in the center versus in the tails of frequency distribution when compared with normal distribution Mulugeta (2017). Accordingly, the researcher used multiple linear regression models to find a set of predictors these are structure, cultural, resources, and participat.

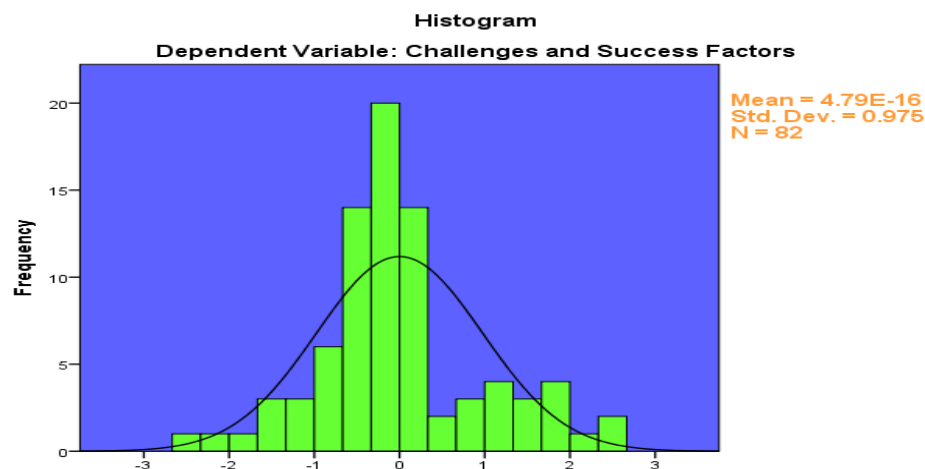


Figure 4.7 Normality Test

Source: Own Survey, 2024

Histogram describes of the residuals (the differences between the observed and predicted values) to check their distribution. As seen in the above figure, visual inspection of the histogram, it is bell shaped. As a result, normality is not a problem to perform regression analysis.

4.5.2.3 Test of Multi co-linearity

Multicollinearity refers to a high correlation between independent variables in a regression model. In case of multicollinearity, the VIF value for a particular independent variable is high. Multicollinearity can affect the interpretation of the regression coefficients and their significance, making it challenging to isolate the individual effects of correlated variables. To check whether these correlations create the so called multi co-linearity problem, a formal assessment is done using variance inflation factors.

Table 4-9 Collinearity Statistics

Model	t	Sig.	Collinearity Statistics	
			Tolerance	VIF
Participant	2.645	0.010	.881	1.135
Cultural	2.114	0.009	.918	4.089
Resources	4.780	0.000	.993	1.007
Structure	1.004	0.319	.962	1.040

Source: Own Survey, 2024

VIF values higher than 10 indicates that multi-co-linearity is a problem. In addition to VIF value, tolerance value for each variable should be less than 1. As a result of the above assumption and associated theories, the researcher was used variance inflation factor (VIF) and level of tolerance to test detect multi-co-linearity among explanatory variables and to perform linear multiple regression analysis. Accordingly, the values for each parameter were presented in the table 4.9. Generally, diagnosing the VIF and tolerance values, multi-co-linearity is not a problem or there is no inflation in the variance of coefficients. This would tell us there is an opportunity to overcome the overall regression analysis.

Table 4-10 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		Durbin - Watson
					R Square Change	Sig. F Change	
1	.945	.903	.902	2.13	.903	.000	1.965
a. Predictors: (Constant), Structure, Resources, Cultural, Participant							
b. Dependent Variable: Challenges and Success Factors							

Source: Own Survey, 2024

4.5.2.4 Test of Autocorrelation

The Durbin-Watson statistic represents and detects the presence of autocorrelation (dependence between residual errors). Values between 0 and 2 indicate positive correlation, values around 2 suggest no serial correlation, and values between 2 and 4 indicate negative correlation. In order to perform the test, the researcher has used Durbin-Watson with the value below two (1.965)

As indicated from the table 4.10, the Durbin-Watson autocorrelation test result shows the

value (1.965). As a result, the assumption of autocorrelation is validated, there is no randomization and the data set is under statistical control (no outliers).

Table 4-11 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	399.793	4	99.948	8.786	.000 ^b
	Residual	875.963	77	11.376		
	Total	1275.756	81			
a. Dependent Variable: Challenges and Success Factors						
b. Predictors: (Constant), Structure, Resources, Cultural, Participant						

Source: Own Survey, 2024

ANOVA table which shows the overall statistical significance of the regression model.

A low p-value suggests that the model's predictor variables significantly explain the variance in the dependent variable.

4.6 Inferential Analysis of patients

The independent variables in this study include quality, service, satisfaction

4.6.1 Correlation Analysis

Table 4-12Correlations

Correlations				
	Challenges and Success Factors	satisfaction	service	Quality
Challenges and Success Factors	1.000			
satisfaction	0.617	1.000		
Service	0.064	0.042	1.000	
Quality	0.715	0.195	0.134	1.000

Correlation is significant at the 0.01 level (2-tailed).

Source: Own Survey, 2024

A Pearson's correlation was conducted between the dependent variable Challenges and Success Factors and the independent variable quality, service, satisfaction. Negative correlation is assumed where the value is negative while a positive correlation is assumed when the value is positive. Where the Pearson coefficient is less than 0.3, the correlation is assumed weak. Where the Pearson coefficient is more than 0.3 less than 0.5, the correlation

is assumed to be moderate. A strong correlation is assumed when the Pearson coefficient is more than 0.5 (Abrham, 15).

4.6.2 Regression Assumptions Tests

Multiple regressions also involve constructing an equation to estimate the expected value of the dependent variable which is predicated from number of independent variables. It is used to see the relation between dependent and independent variable and to predict the value one dependent variable with an increase in each unit of independent variables Gulden and Nese (2013).

4.6.2.1 Normality Test

According to Osborne and Waters (2002) variables have normal distributions. Those none normally distributed variables are disturbed with substantial outliers. They can be identified through visual inspection of histograms or frequency distributions. Normality can be determined based on skewness and kurtosis statistics. Whereas kurtosis measured the relative flatness and Preakness of data values in the center versus in the tails of frequency distribution when compared with normal distribution Mulugeta (2017). Accordingly, the researcher used multiple linear regression models to find a set of predictors these are quality, service, satisfaction.

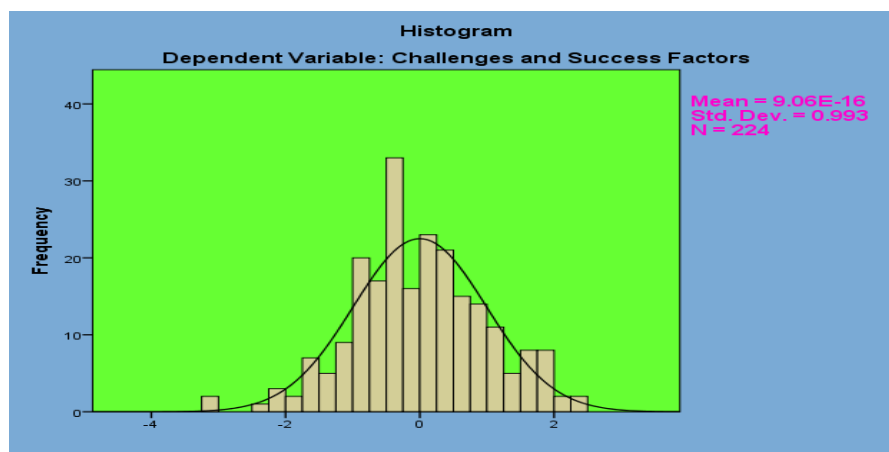


Figure 4.8 3Normality Test

Source: Own Survey, 2024

Histogram describes of the residuals (the differences between the observed and predicted values) to check their distribution. As seen in the above figure, visual inspection of the histogram, it is bell shaped. As a result, normality is not a problem to perform regression analysis.

4.6.2.2 Test of Multi co-linearity

Multicollinearity refers to a high correlation between independent variables in a regression model. In case of multicollinearity, the VIF value for a particular independent variable is high. Multicollinearity can affect the interpretation of the regression coefficients and their significance, making it challenging to isolate the individual effects of correlated variables. To check whether these correlations create the so called multi co-linearity problem, a formal assessment is done using variance inflation factors.

Table 4-13 Collinearity Statistics

Model		T	Sig.	Collinearity Statistics	
				Tolerance	VIF
1	(Constant)	3.946	.000		
	satisfaction	14.454	.000	.962	1.040
	service	1.195	0.233	.982	1.019
	quality	17.989	.000	.946	1.057
a. Dependent Variable: Challenges and Success Factors					

Source: Own Survey, 2024

VIF values higher than 10 indicates that multi-co-linearity is a problem. In addition to VIF value, tolerance value for each variable should be less than 1. As a result of the above assumption and associated theories, the researcher was used variance inflation factor (VIF) and level of tolerance to test detect multi-co-linearity among explanatory variables and to perform linear multiple regression analysis. Accordingly, the values for each parameter were presented in the table 4.14. Generally, diagnosing the VIF and tolerance values, multi-co-linearity is not a problem or there is no inflation in the variance of coefficients. This would tell us there is an opportunity to overcome the overall regression analysis.

Table 4-14 Model Summary

Model Summary ^b							
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics		Durbin-Watson
					R Square Change	Sig. F Change	
1	0.866	0.750	0.746	2.125	0.750	.000	1.545
a. Predictors: (Constant), quality, service, satisfaction							
b. Dependent Variable: Challenges and Success Factors							

Source: Own Survey, 2024

4.6.2.3 Test of Autocorrelation

As indicated from the table 4.14, the Durbin-Watson autocorrelation test result shows the value (1.545). As a result, the assumption of autocorrelation is validated, there is no randomization and the data set is under statistical control (no outliers).

Table 4-15 ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3826.336	3	1275.445	1936.365	.000 ^b
	Residual	144.910	220	.659		
	Total	3971.246	223			
a. Dependent Variable: Challenges and Success Factors						
b. Predictors: (Constant), quality, service, satisfaction						

Source: Own Survey, 2024

ANOVA table which shows the overall statistical significance of the regression model.

A low p-value suggests that the model's predictor variables significantly explain the variance in the dependent variable.

4.7 Observations

Analysis of the interview results

1. Main challenges faced by private hospitals in Addis Ababa when implementing quality improvement projects

- Lack of resources, including necessary equipment, supplies, and staffing to fully implement quality improvement projects
- Adapting international quality standards to the local Ethiopian context can be difficult
- Resistance to change from hospital staff who are set in their ways and don't see the value in new quality improvement processes
- Insufficient training for staff on quality improvement methods makes it hard for them to effectively lead and participate in projects

2. Key success factors that contribute to effective quality improvement projects

- Having a dedicated team, staff training, and real-time feedback on performance
- Engaging frontline staff like nurses in the design of quality improvement interventions and providing them with needed technology
- Strong support and prioritization of quality improvement from hospital leadership
- Transparency from leadership in regularly sharing quality data and metrics with staff to keep quality a priority

3. Interventions needed to strengthen service provision

- Improving availability of trained medical staff, which is a key challenge for private hospitals
- Addressing escalating costs and financing challenges that private hospitals face
- Ensuring availability and quality of essential drugs and supplies
- Implementing quality improvement projects to standardize clinical practices and improve outcomes

4. Interventions needed to strengthen community and service user contributions

- Engaging patients and families in quality improvement projects where applicable
- Improving communication to patients about the hospital's quality goals and performance
- Increasing community participation in hospital governance and decision-making
- Addressing social determinants of health like growing disposable income, literacy, and

road networks that are contributing to the growth of private hospitals

In summary, the main challenges are resource constraints, resistance to change, and adapting international standards. Key success factors include leadership support, staff engagement, and transparency. Interventions are needed to address workforce, financing, supply chain, and community engagement to strengthen private hospital quality improvement efforts in Addis Ababa.

Result of the Document Analysis:

1. Challenges of Quality Improvement Projects:

Cost Transparency: A major barrier is the lack of clear communication regarding pricing. Patients feel surprised by high bills and unaware of costs upfront.

Communication: There seems to be a need for improved communication regarding procedures, next steps, and overall billing processes.

2. Key Success Factors:

Excellent Service: The positive feedback highlights the importance of professional, caring, and attentive staff in creating a positive patient experience.

Quality Care: Providing effective medical treatment is a core strength for the hospital.

3. Interventions for Service Provision:

Cost Management: The hospital needs to address affordability concerns. This could involve offering tiered service options, explaining pricing structures clearly, and potentially offering financial assistance programs.

Communication: Improvements are needed in explaining billing procedures, keeping patients informed about costs throughout their stay, and providing clear explanations of treatment plans.

Facilities: While some aspects like cleanliness were mentioned positively, there is room for improvement in areas like uncomfortable beds, malfunctioning TVs, and ensuring hot water availability.

Food Service: While a few comments were positive after intervention, overall feedback suggests a need to improve food quality, variety, and cater to specific patient needs.

4. Interventions for Community and User Contribution:

Feedback Mechanisms: The hospital should encourage patients to provide ongoing feedback and use this information to improve services.

Price Transparency: Providing clear information about pricing empowers patients to make informed decisions.

Community Engagement: The hospital could involve community members in advisory roles to understand their needs and concerns better.

By addressing these areas, the private hospital can improve the patient experience, increase patient satisfaction, and make quality improvement projects more successful.

Summary of Interview and Document Analysis

Many patients praised the staff (doctors, nurses, cleaners) for their care, humility, and professionalism.

Comments highlighted good overall care, effective medical services, and successful treatment. Patients appreciated the welcoming atmosphere and felt like family. Some patients noted a positive trend in the quality of service. The biggest concern remained the high cost of treatment. A few comments mentioned a positive experience with communication, but the overall feedback highlighted a need for improvement in this area. While a few comments mentioned resolved issues with food service, the overall feedback indicated a need for improvement. Despite the significant concern about cost, many patients expressed positive experiences with the quality of care, staff, and overall atmosphere of the hospital. There is room for improvement in communication, food service, and cost transparency.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

Summary of Questionnaire, Interview, and Documents analysis findings based on the research questions:

- ❖ A major barrier is the lack of clear communication regarding pricing.
- ❖ Patients feel surprised by high bills and unaware of costs upfront.
- ❖ There seems to be a need for improved communication regarding procedures, next steps, and overall billing processes.
- ❖ The positive feedback highlights the importance of professional, caring, and attentive staff in creating a positive patient experience.
- ❖ Providing effective medical treatment is core strength for the hospital.
- ❖ The hospital needs to address affordability concerns. This could involve offering tiered service options, explaining pricing structures clearly, and potentially offering financial assistance programs. Improvements are needed in explaining billing procedures, keeping patients informed about costs throughout their stay, and providing clear explanations of treatment plans.
- ❖ While some aspects like cleanliness were mentioned positively, there is room for improvement in areas like uncomfortable beds, malfunctioning TVs, and ensuring hot water availability.
- ❖ While a few comments were positive after intervention, overall feedback suggests a need to improve food quality, variety, and cater to specific patient needs.
- ❖ The hospital should encourage patients to provide ongoing feedback and use this information to improve services.
- ❖ Providing clear information about pricing empowers patients to make informed decisions.
- ❖ The hospital could involve community members in advisory roles to understand their needs and concerns better.
- ❖ By addressing these areas, the private hospital can improve the patient experience, increase patient satisfaction, and make quality improvement projects more successful.

5.2 CONCLUSION

The study on Quality Improvement (QI) Projects in in-patient departments of selected hospitals in Addis Ababa reveals a multifaceted landscape of healthcare enhancements. Despite encountering various challenges, these projects have made significant strides in improving patient care, operational efficiency, and staff engagement. The critical success factors identified include strong leadership commitment, effective team collaboration, adequate training, and the integration of patient feedback. Conversely, challenges such as limited resources, resistance to change, and inadequate infrastructure have hindered progress in some areas. Overall, the QI initiatives demonstrate that systematic efforts towards quality enhancement can lead to substantial improvements in hospital performance and patient outcomes.

5.3 RECOMMENDATIONS

- ❖ Foster strong leadership commitment at all levels to ensure sustained focus on QI initiatives.
- ❖ Establish clear governance structures to support decision-making and accountability.
- ❖ Provide continuous training and development programs for healthcare staff to equip them with necessary QI skills and knowledge.
- ❖ Encourage cross-functional team collaboration to leverage diverse expertise in solving complex issues.
- ❖ Secure adequate funding and resources to support QI projects, ensuring that essential tools and technologies are available.
- ❖ Prioritize investments in infrastructure improvements to address physical and technological deficiencies.
- ❖ Cultivate a culture that embraces change and innovation by recognizing and rewarding successful QI efforts.
- ❖ Implement mechanisms for regular feedback and reflection to identify areas for ongoing improvement.
- ❖ Integrate patient feedback into the QI process to ensure that projects are aligned with patient needs and expectations.
- ❖ Involve various stakeholders, including community members and policymakers, to garner broader support and insights.
- ❖ Develop robust monitoring and evaluation frameworks to track the progress of QI initiatives and measure their impact

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CHAPTER SIX

APPENDIX

QUESTIONNAIRES

ADDIS ABABA UNIVERSITY
College of Business and Economics
School of Commerce
MA Program in Project Management

Questionnaire to be filled by the respondents

My name is Natnael Fitsum, I am student at Addis Ababa University. This questionnaire is prepared to gather data for the study to be conducted on “Quality Improvement Projects in In-patient departments of selected hospitals in Addis Ababa; Challenges and Success Factors”. The researcher would like to assure you that all of your responses filled in the questionnaire will be used for only the purpose of this study, and the responses will be kept confidential. Your honest feedback is crucial in helping us identify areas for improvement and leverage the strengths. This Google Form should only take a few minutes to complete. Please answer all questions thoroughly for the most accurate results. Answers using Likert Scale (Strongly agree, agree, neutral, disagree, strongly disagree).

The questionnaire will be prepared in 2 formats; the first one is for Healthcare providers and the Second one will be for Patients and attendants of patients, it is prepared in English and Amharic format for the patients

Thank you for your time and valuable input!

Part I Background information

1 Gender

Male ☐

Female ☐

2 Age 16 – 25 years ☐ 26 – 35 years ☐ 36 – 45 years ☐ Above 45 years ☐

Questionnaire to be filled by Healthcare Providers*Table 6.1 Questionnaire to be filled by Healthcare Providers*

No	Item	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
	Organizational Culture					
1	The Hospital is able to effectively implement externally developed quality standards and protocols.					
2	Healthcare providers in your hospital communicate information about a patient's care plan and treatment options in a way that is clear and understandable for them and their families.					
3	The Hospital leadership actively cultivate a culture that emphasizes continuous improvement in patient care					
	Participation					
4	The Hospital leadership communicates information about patient care quality and outcomes to staff, patients, and the community well.					
5	The hospital offers ongoing training and professional development opportunities for staff to enhance their skills in quality improvement methodologies.					
6	you are involved in the decision-making process regarding change initiatives					

	Resources					
7	The existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis.					
8	The Hospital has the resources and expertise to develop and implement its own quality improvement initiatives specific to the Ethiopian context.					
9	The existing hospital information systems are effective in tracking and monitoring quality of care on a regular basis.					
	Organizational Structure					
10	Newly implemented quality standards and regulations align with the specific needs and priorities of the Ethiopian healthcare system.					
11	The hospital has a structured process that allows for the collaborative development of new models of care involving healthcare providers, patients, and the community.					
12	The hospital provides the necessary technological infrastructure and tools to support change initiatives					

Interview Questions for Healthcare Providers

- 1.** In your experience, what are the biggest challenges private hospitals in Addis Ababa face when implementing quality improvement initiatives. Are there specific aspects of externally developed standards that are difficult to adapt to the local context.
- 2.** How does your hospital leadership communicate information about patient care quality and outcomes to staff and patients? Do you believe this communication is effective in fostering a culture of continuous improvement?
- 3.** Can you describe a specific quality improvement project that was successful in your hospital? What factors contributed to its success, and how did it involve patients or their families (if applicable).

Questionnaire to be filled by Patients and attendants of patients*Table 6.2 Questionnaire to be filled by Patients and attendants of patients*

No	Item	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
	Patient satisfaction					
1	Doctors and nurses seem to follow established protocols and guidelines when treating me.					
2	The hospital seems prepared to handle unexpected complications or emergencies based on observations.					
3	I feel like the hospital leadership is genuinely interested in improving patient care					
4	The doctors and nurses clearly explain my treatment options and answer my questions in a way I understand.					
	Service delivery					
5	The hospital seems to have a good system for tracking and monitoring my medical chart.					
6	The hospital involves patients or their families in discussions about developing new treatment approaches					
	Healthcare quality					
7	The hospital seems to have a good system for tracking and monitoring patient care quality.					
8	I always encounter new doctors and nurses during my treatment and follow up					
9	The hospital is clean facilitated and comfortable when your stay at the hospital					

Interview Questions for patients and attendants:

1. Have you noticed any recent changes in the way your care is delivered at this hospital? Ifso, how have these changes impacted your experience as a patient?
2. Do you feel comfortable asking questions about your treatment options and discussing yourcare plan with doctors and nurses?
3. In your experience, how well does the hospital staff explain medical information and procedures in a way that is easy for you to understand?

Amharic Version of the “Patient and attendants of patients questionnaire”

በአዲስ አበባ ውስጥ በተመረጡ የግል ሆስፒታሎች ውስጥ ያለ የአገልግሎት ጥራት ደረጃ፣ ተግዳሮቶች እና የስኬት

ምክንያቶች

ለታካሚዎች እና ለአስታማሚዎች መጠይቅ

ሰላም ጤና ይስጥልኝ

ዶ/ር ናትናኤል ፍፁም እባላለሁ። በአዲስ አበባ ከተማ በተመረጡ የግል ሆስፒታሎች ውስጥ በታካሚ ክፍል ውስጥ የጥራት ማሻሻያ ፕሮጀክቶችን ለመገምገም አጭር የዳሰሳ ጥናት እያካሄድኩ ነው።

ያሉትን ተግዳሮቶች እና የስኬት ምክንያቶች እንዲሁም መሻሻል የሚገባቸውን ቦታዎችን ለይተን እንድናውቅ እና ጠንካራ ጎኖቹን እንድንጠቀም የእርሶ ታማኝ አስተያየት ወሳኝ ነው።

ይህ ጉግል ቅጽ ለማጠናቀቅ ከ3-5 ደቂቃዎች ብቻ ይወስዳል ። ትክክለኛ ውጤት ለማግኘት እባክዎ ሁሉንም ጥያቄዎች በደንብ ይመልሱ።

ለጊዜዎ እና ጠቃሚ ግብአትዎ አመሰግናለሁ!

ሁሉም ምላሾች በሚስጥር ይቀመጣሉ።

ለመመለስ የሚከተሉትን ይጠቀሙ (በጣም አስማማለሁ፣ አስማማለሁ፣ ገለልተኛ፣ አልአስማማም፣ በጣም አልአስማማም)

1. ዶክተሮች እና ነርሶች እኔን ሲያከሙ ፕሮቶኮሎችን እና መመሪያዎችን የሚከተሉ ይመስለኛል። (በጣም አልአስማማም

- በጣም አስማማለሁ)

2. ሆስፒታሉ በእኔ ምልክታ መሰረት ያልተጠበቁ ችግሮችን ወይም ድንገተኛ አደጋዎችን ለመቆጣጠር ዝግጁ ይመስለኛል።

(በጣም አልስማማም - በጣም እስማማለሁ)

3. የሆስፒታሉ አመራር የታካሚ እንክብካቤን ለማሻሻል ልባዊ ፍላጎት እንዳለው ይሰማኛል። (በጣም አልስማማም -

በጣም እስማማለሁ)

4. ዶክተሮቹ እና ነርሶቹ የህክምና አማራጮችን በግልፅ ያብራራሉ እና ጥያቄዎችን በሚረዳኝ መንገድ ይመልሱኛል።

(በጣም አልስማማም - በጣም እስማማለሁ)

5. ሆስፒታሉ የታካሚ እንክብካቤ ጥራትን ለማስጠበቅ እና ለመከታተል ጥሩ ስርዓት ያለው ይመስለኛል። (በጣም አልስማማም - በጣም እስማማለሁ)

6. ሆስፒታሉ ታካሚዎችን ወይም ቤተሰቦቻቸውን አዳዲስ የሕክምና ዘዴዎችን እና አገልግሎቶችን ስለማዘጋጀት ወይም ይደቡትን ያካትታል። (በጣም አልስማማም - በጣም እስማማለሁ)

7. ሆስፒታሉ የእኔን የህክምና ካርድ ለመከታተል እና ለማስቀመጥ ጥሩ ስርዓት ያለው ይመስለኛል። (በጣም አልስማማም - በጣም እስማማለሁ)

8. በህክምና እና ክትትል ወቅት ሁልጊዜ አዳዲስ ዶክተሮችን እና ነርሶችን እመለከታለሁ። (በጣም አልስማማም -

በጣም እስማማለሁ)

9. ሆስፒታሉ ንፁህና ምቹ ነው