ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF FAMILY SATISFACTION IN CARE OF CRITICALLY ILL PATIENT AND ASSOCIATED FACTOR IN INTENSIVE CARE UNIT OFGOVERNMENTAL HOSPITAL, ADDIS ABABA ,ETHIOPIA,2015

BY: NITSUHBIRHAN ASRES (BSC)

THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEDGE OF HEALTH SCIENCE DEPARTMENT OF NURSING AND MIDWIFERY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF SCIENCE IN ADULT HEALTH NURSING

JUNE, 2015

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ADVISOR: YOHANNES AYALEW (BSC, MSC)

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Acronyms/abbreviations

AAU.....	Addis Ababa University
CCFNI.....	Critical Care Family Need Indicator
CCFN.	Critical care family need
CCFSS.	Critical Care Family Satisfaction Survey
CCU.....	Critical Care Unit
EHRIG. ……	Ethiopian Hospital Reform Implementation Guideline
FMOH.....	Federal Ministry of Health
ICU	Intensive care unit
NICU.....	Neonatal Intensive Care Unit
SPSS.....	Statistical Package for Social Science

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Abstract

Background: -Intensive care unit is a consilidated area which needs high quality of care and followup of patients with more sphisticated equipments.Assesment of satisfaction is one indicator to determine quality of care given for the patient.In the ICU patients are not in the condition to give their opinion about the care given for the patients.In the ICU patients are not in the condition to give their openion about the care;thereforeanassesment of family satisfaction in care of critically ill patient can be important indicator of quality of care in critical care unit.

Objective of this study: - To assess the family satisfaction in care of critically ill patient in ICU of governmental hospitals in Addis Ababa, Ethiopia

Method: - Institutional based cross sectional quantitative study conducted in five hospitals in adult, neonatal and pediatric ICU found in Addis Ababa Ethiopia. The total sample size was 206 and allocated to each hospital ICU usng stratified sampling method.After pretest of questioner data was collected by interviwer administered structered questioner.The data was entered,cleaned and coded to Epi data 3.1 and transferred to SPSS version21.The discriptive analysis such as frequency distribution,percentage and measurment of central tendency was used.Bivariate and Multivariate analysis with alpha=0.05 performed to measureassociation of satisfaction by different variables.

Result:- The overall satisfaction of families of patients were 62%.Their satisfaction by subsacles was, Assurance (52%) , information (41.6%), Proximity (67.3%), Support (71.3%), Comfort (41.6%).Age less than 25 by (AOR,0.218 ,95%CI0.057-0.835) and between 25 to 35 by (AOR 0.22,95%CI 0.062-0.797) and education level below grade eight by (AOR 3.1395%CI,1.16-8.43) associated with more odds of satisfaction.Families who consider the patient condition were worsening by (AOR 0.123 95%CI0.114-0.664) and families who doesnot know the current condition of patients by (AOR 0.123 95% CI 0.04-0.37) associted with Low odds of satisfaction.

Conclusion: -The overall family satisfaction in governmental hospital ICUs was 62%. Family members were less satisfied on information and comfort.

Recommendation:-health professionals hospital managers and all stake holders in the care giving system has to consider family centered care and work to improve quality of care in ICU.

Key word: - family satisfaction, intensive care unit

1. Introduction

1.1 Background

An intensive care unit (ICU), also called critical care unit(CCU). Is a special department of a hospital or health care facility that provides medicine. Intensive care units cater to patients with sever and life threatning illnesses and injuries,which require constant close monitoring and support from specialist,equipment and medications in order to ensure normal body functions(1).

Patient may be transferred directly to intensive care unit from emergency department if required or from a ward if they rapidly deteriorated, or immediately after surgery if the surgery is very complicated and the patient is at high risk of complications. There are different intensive care units those are Neonatal (NICU), Pediatric (PICU), Psychiatric (PICU), Cardiac (CICU), Medical (MICU), Surgical (SICU), Neurology (Neur. ICU) and Trauma (TICU) (1)

In Ethiopia the units are limited to Adult medical and surgical, Pediatric and Neonatal ICU. Also there are limited numbers of beds in the hospitals. Similarly the statistics in the continent showed the following; in Uganda as a whole has only one ICU beds for one million Ugandans, in South Africa (8.9 to 100,000),Sri Lankan (1.6 to 100,000) (2)

Critically ill patients cannot make their own decisions due to the seriousness of illness the patients may became unconscious and on ventilator or became sedated for longer hours. Families play an essential role in daily decision making (3).

The ICU mortality rate in developed countries accounts 8-20%.Approximately 20% of all deaths in the United States occur in the intensive care units(3). In Africa the ICU mortality is 30-50%, Children account for 11-12% of all ICU admissions of which the mortality rate is 40-60% (2, 4). Death in pediatric medical ICU patients is high because of respiratory failure.

A leading cause of mortality in adults ICU is sepsis. Head injuries are a common reason for admission and they are associated with higher mortality rate. Also obstetric admissions occurred largely due to perioperative cardiac arrest as consequence of per-partum hemorrhage, Eclampsia and or sepsis. The reported disease characteristics and mortality rates of patients admitted to ICU in sub-Saharan Africa widely vary from one population to another. In Uganda study shows that, death rate is different in medical and surgical ICU ranging from 25-68% (5,6). Similarly, in Ethiopia Jimma referral hospital study showed that patients out came from admitted patients in ICU, 37.7% was death (7).Generally ICU, infrastructure in developed countries is not well developed and equipped.

1.2. Statement of the problem

Patients' perception about health care has been predominantly accepted as an important indicator for measuring quality of health care and a critical component of performance improvement and clinical effectiveness(8).

Patients in ICU can not make their own decision and opinion about the health service. Assessing satisfaction of patients close relatives is important to identify the level of quality of care the patient recived and the degree of family involvment in the care system.

Family satisfaction is a measurment for perception of familly members who determines if the patient received high quality of care (9).

Different study shows that in both Adult and Pediatric ICU more commen family satisfaction predictors are need of information, support for patients, proximity, assurance and confort (10). Metting the need of families can lead them to be satisfied by the care given to the patient.Therefore, family satisfaction can be ensured by communication and providing clear information about the condition or prognosis of the patient.

As study reveald that about 90% of families satisfied with care given to the patient and on the honesty of information provided (11). Most of studies in developed countries show that family satisfactions were high on the information and quality of care (12, 13). Their satisfaction was low on the explanation of staffs how the equipment used, frequency of physicians round and on families' waiting room environment (14, 15). From Africa in morocco families were satisfied by Information they get from physicians. There is no published study in Africa and specifically in Ethiopia which assess the overall satisfaction of families in ICU

In Ethiopia even if there are no published, studies about the families need and satisfaction level,different families observed complaining on lack of adequet information about the patient general condition,inadequate radiographic and labouratory service, limited and rigid visiting hours and loss basic supplies in the space for families waiting area.

When families need and satisfaction by the care in the ICU is not adressed it can affect psychological wellbeingness of families and may lead them to stress anxiety and depression and affect their care and descion making ability(15).

Also their trust on medical team will be decreased.This may couse refusal of the family to continue the patient treatme.Additionally families will fail to accept if the patient out came became bad.As one item of qualty of care it indicates the problem in the quality of care the patient is recived and it will contribute for high death rate in the ICU.At the large it reduce communities interest to seek the care and follow up in the hospitals.

Working to identify and full fill familes need and satisfaction by implimenting family centered care for the best interest and out came of patient is important.Further more nursing intervention promotes psychological outcame like decrease feeling of stress,anxiety and loss of control to help them in getting calm and to give important decision on their relatives treatment .

This study will help to identify the satisfaction level of of patients admitted in the ICU.

1.3 Significance of the study

As satisfaction is one of quality indicator, it couldhelp to identify areas which need improvement

The finding of this result on the level of satisfaction could help to identify the unmet need of families in ICU in relation with the level of satisfaction and factors associated with it by discussing in diferrent health facility and units.

The finding of the study might help health professionals to identify which service meets the patients need and areas which patients are not satisfied. This will enable them to work in solving identified problems.

For hospital managers it might give them information about the family satisfaction given by the unit and for consideration of implementing family centered care, employing qualified staff and improvement of ICU environment infrastructure.

The result of this study may perhaps give base line information for program developer in considering the improvement of ICU quality service

Additionally the research result could initiate other further researcher investigation in predictor of satisfaction and other important quality assessment in the ICU.

2. Literature Review

Meeting of the needs of patients in the intensive care unit (ICU) is a primary responsibility of ICU physicians and nurses. Quality and safety of patient care are increasing areas of focus for health care system around the world. Studies in Pennsylvania 2010 and Washington 2005 show that, higher patient satisfaction which has been associated with better clinical performance and quality of measures. Family satisfaction often serves as an important alternative patient satisfaction (9, 15). Patient and family satisfaction are key components of quality which had a high priority for many national health care systems.

According to a study in, improving the quality of care in ICU requires the measurement and utilization of family satisfaction data. In such a way that, the data can be translate in to quality-improvement initiative (16). The ICU patient centeredness includes family centeredness as a dimension of health care quality.

A study on family satisfaction in the ICU in Canada by 2002 show that majority of respondents were satisfied by the overall care and decision making (84 ± 15.7 and 75.9 ± 26.4) respectively.Greateset satisfaction were reported on nursing skill and compitensy (92.4±14),the compassion and respect given to the patient(91.8 ± 15.4) and pain manegment of nurses (89 ± 16.7).The family satisfaction were low on waiting room atmosphere (65 ± 30.6) and frequency of pyscian communication (70.7 ± 29) (10). Another study in Switherland by 2009 indicates that families score of overall satisfaction was (78 ± 14) and satisfactio in decision making were (77 ± 15) (17). From a study in pourtugal in 2009 indicates that 96% families of patients in ICU felt that patients are receving the best possible care(18).

In a study in pediatric ICU in Netherlands by 2008 shows that parents were less reassured at admission and the interaction with the medical team became barrier for the parents and could turn them in to stress and anxiety. In the study respect, information, education, coordination of care, physical and emotional support and involvement of parents as a core factors for parental satisfaction (19).

A randamized trial performed in France on 2002 by giving information about the ICU using familiy information leaflet, families who get information about the ICU and hospital environment by leaflet were more satisfied then who doesn't get the leaflet information (20).

Prospective study designed to evaluate a palliative care intervantion for ICU oatients and their families conductrd at Harborview Medical Center University of Washington 2008, 51 % of respondents had a loved one die in the ICU. Families of patients dying in the ICU were more satisfied with their ICU experience than families of ICU survivors. Significant diffrence were found for inclusion in decision-making, communication, emotion support, respect and compassion shown to family, and consideration of familly needs. These findings suggest that the efforts to improve support of patients who survive (12).

A study in Morocco by 2008 indicates that, from patient families on intensive care unit, 82% of them declared being satisfied with information provided by physicians, 27% would like more information about the diagnosis, 30% about prognosis, and 45% about treatment (22).

Multi center study conducted in Swiss on level of satisfaction shows that families satisfaction were associated with institution and patient-relared characteristics, patient-nurse ratio, presence of witten admission/discharge criteria and severiety of acute illness.

Higher patient-nurse ratio was associated with lowe satisfaction. The satisfaction of next of kin inceased for patients who were more severely ill. For many of these patients, ther is an increased need for communication and the opportunity for a more intense family-staff relationship. Further, when patients are severely ill their families may be satisfied to see their loved ones still alive. Consquently, expectations may not be as high as during an uneventful course and can thus be fulfilled more easily (21).

Demographic data associated to a lower level of satisfaction were reasons for clinical admission, female of the relative, number of visits, less than four visits to the ICU and better education. There was no diffrence in the level of satisfaction of family members in relation to the patient's gender, and patient's age. The study in France shows family need in adult and pediatric have no difference (22).

In parenrs' perspectives, the infants lenggth of stay appears to be another Significant factor that affect parent satisfaction. Parents with basic education express higher satisfaction level and this could be explained by the fact this category of patients has less demands. In relation with younger parents tended to have higher satisfaction scores in certain domains such as general satisfaction and continuity of care. Women tend to express higher satisfaction level than males. This finding could be the fact that women are allowed to enter the neonatal unit more often than men in order to breast feed their infants (23).

The result of the data aligns with the five domains of family needs identified by CCFNI land mark study. These domains are Assurance, Information, Proximity, Support and Comfort.

Information:-Studies shows the families thought that they had been given honest, clear and understandable answers to their questions, but they felt they get little information by physicians. Least satisfaction was on information about transfer plan of patients (19).

Proximity:-The study result demonstrated that the family members were very satisfied with regard to the need to be in the proximity and the replies to the question displayed high median values (24).

Assurance:- The high median values for the answer to the question showed that the family members need for assurance was well provided and the noise in the ICU was not perceived as interference and the family members felt confident that ill parson was received the best possible care(18)

Support: - Most satisfactory aspect of care included respect of the patient's dignity, courtesy of the person, answering the phone and the patient being treated as a person by the ICU team. Least satisfied by being encouraged to participate in care to the degree of one's comfort, being able to see the doctor when desired and being encouraged to ask

questions (22).

Comfort:- Comfort was the group of needs covered by the study that the family members were less satisfied (18). In general studies focus on the five major determinants of satisfaction and both adult and pediatric ICU families were more concerned on the need for information and involvement on decision making on patient care system.

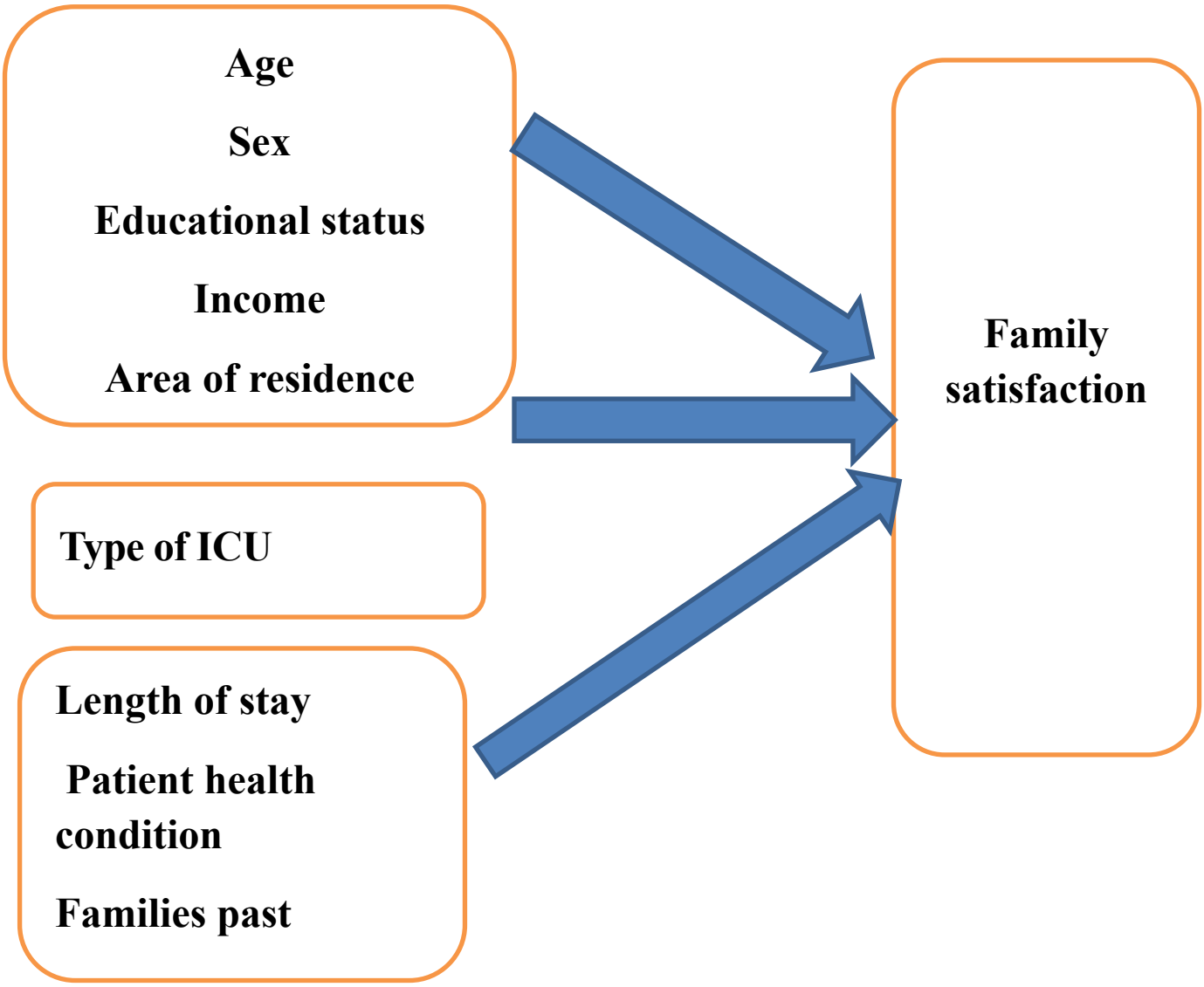

fig.1Conceptual frame work factors affecting family satisfaction by reviwing diferrent letretures

3. Objectives of the Study

3.1. General objective

To assess the satisfaction and associated factors in care of critically ill patient in the intensive care unit of governmental hospitals in Addis Ababa Ethiopia,

3.2. Specific objective

- To describe the overall level of satisfaction among families of patient in Governmental hospital ICUs at Addis Ababa.
- To determine factor affecting family satisfaction in the critical care unit.
- To describe family satisfaction of each ICU in the study hospitals

4. Methods

4.1. The Study Area

The study was conducted in Addis Ababa,the capital city of Ethiopia.Addis Ababa has poplation size over 3 million with annual growth rate of 2.1% (according to central stastics agency of Ethiopia). The city has 35 private and governmentl hositals.Among therteen hospiatls five of them namely Black lion specialized hospital,Zewditu memorial,Yekatit 12 referal, Minilik II and Gandhi memorial hospitals provide intensive care unit service

Black lion hospital is a specialized referal teaching hospital ; the ICU has 12 Adult,30 Neonatal and 4 pediatric beds,total of 46 beds give service for the patients (according to the information provided by the hospitals ICU case team coordinators).

Zewditu memorial hospital which is managed by Addis Ababa Health bureau (FMOH) the unit has 4 adult and 30 neonatal beds.

Yekatit hospital has 50 neonatal ICU beds.Gandhi memorial hospital has aroud 30 neonatal ICU beds nd around 120 neonates are treated and newly functioning Adult ICU in Minilik hospitals with 6 beds.

St paulose hospital have both Neonatal and Adult ICU but it is not included in the study becouse of the hospital research committee doesn't give permission to conduct the research.

4.2. Study Design and period

An institutional based descriptive cross sectional study was done to assess family satisfaction in care of critically ill patient.The data collection period was from April to may 2015.
The method was selected because it was feasible to conduct by limited resource and time

4.3. Source Population

All family of admitted patients with in the selected Hospitals during the study period

4.4. Study Population

Families of Patients who were admitted to intensive care units in the study hospitals at the time of data collection and met the inclusion criteria:

4.4.1. Inclusion criteria

A patient who stayed at least two days in the ICU and the patients next of kin who had more than three visit and responsiblility in caring for the patient and being 18 years or older and families found at the time of data collection

4.4.2 Exclusion criteria

Families not participate in caring for the patient and not willing to participate in the study.

4.5. Sample Size determination

Actual sample size for the study computed using single population proportion formula. Since there is no previous similar study, the sample size were determined by an assumption of 50% prevalence of family satisfaction in care of critically ill patient .By giving any particular outcome to be within 5% marginal error and 95% confidence interval of certainty (alpha= 0.05). Based on this assumption the sample size is calculated below.

$$n = \frac{[Z_{\alpha/2}]^2 \, p \, [1-p]}{d^2}$$

$$n = \frac{[1.96]^2 . \, 0.5[1-0.5]}{[0.05]^2} \qquad n = 384.16$$

Where

n = required sample size

$Z_{\alpha/2}$ = Z value at 95% CI [1.96]

p = Estimated prevalence rate in 50% [0.5]

d = Margin of error tolerated is 5% [0.05]

Because the source population is less than 10,000 by using reduction formula the calculated Sample is

$$n = \frac{n}{1+\frac{n}{N}}$$

$$\frac{384}{1+\frac{384}{367}}$$

$$= 188$$

By adding 10% non-response rates it will 188 + 18 = 206

4.6. Sampling technique and Procedures

Among public hospitals in Addis Ababa all the hospitals which have intensive care unit were selected to conduct this study. A total of 206 study participants were included based on systematic random sapling technique and. Participants were also stratified based on neonatal, Adult and pediatric ICUs. Study participants were involved to the study by calculating the K value and every 2nd case was taken. Each participants were selected by following the admission date of patients from admitted patients register book for meeting criteria.

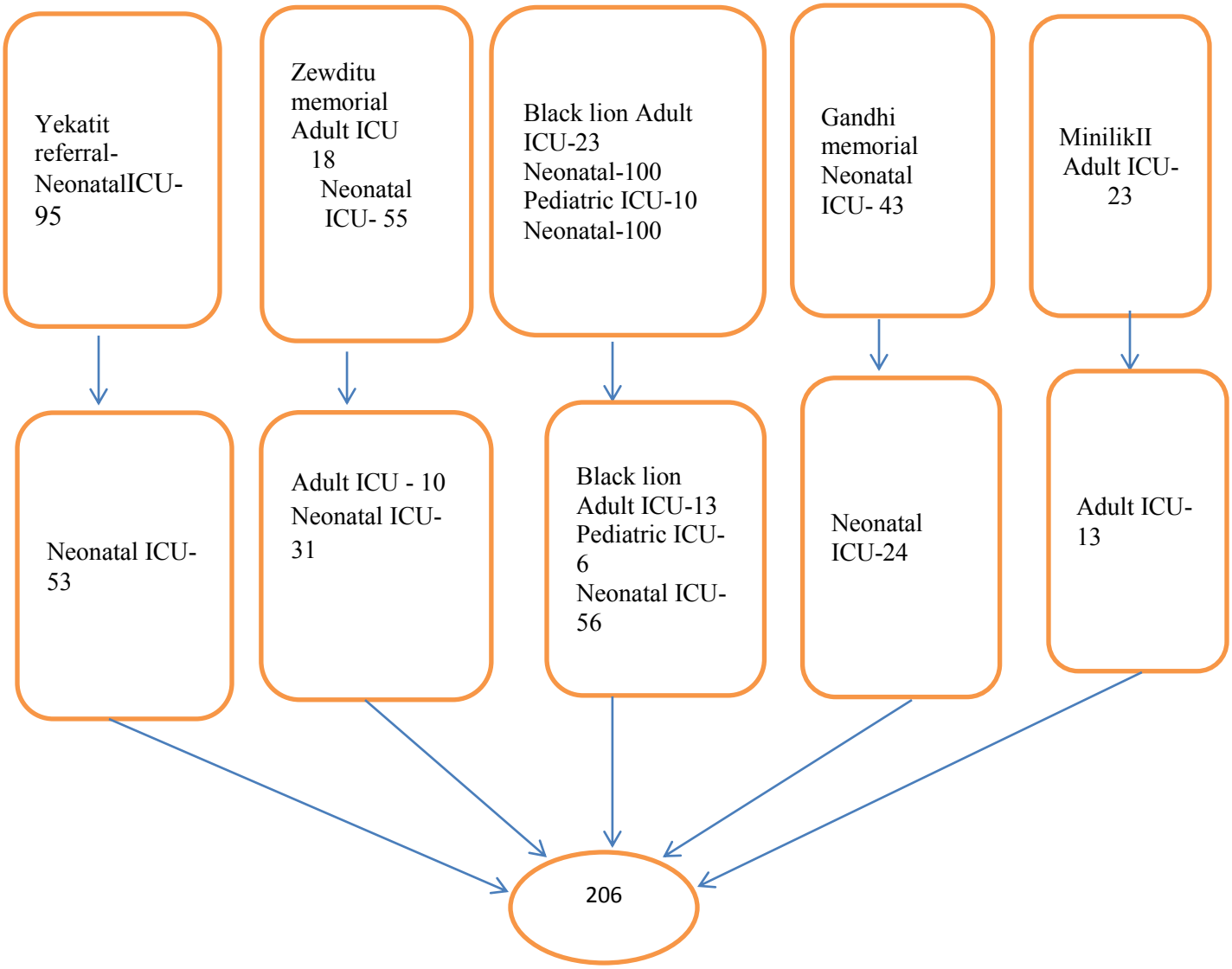

Figure 2. Sampling Procedure

4.7. Variable of the study

4.7.1 Dependent variable

Family Satisfaction

4.7.1 Independent variables

Age

Gender

Income

Education

Patient condition

Families Past experience in ICU

Type of intensive care unit

4.8. Operational Definitions

- Satisfied – refers to participants who respond greater than mean level of satisfaction items (67 ± 11).
- Not satisfied – refers to participants who respond as less than mean level of satisfaction items (67 ± 11).

4.9. Questioner development

After reviewing different literatures, major variables identified and Questionnaires were developed by modifying according to the Ethiopian situation. It contains two parts, the first part of the questioner assesses the socio-demographic character of families and the second part cover questions which asses the level of family satisfaction. The questioner use liker scale from 1 to 5.1 as not at all satisfied, 2- barely satisfied, 3-quite satisfied, 4-very satisfied and 5-completely satisfied. The higher score is 105 and lower score is 25.

4.10 Data collection

An interviewer administered structured questioner administered to participant about their satisfaction on various aspects of critical care. They informed to select only one number that best describes their opinion on each item of the scale. The data collected from the study hospitals by diploma nurses who were not involved in patient care.

4.11. Data Quality Assurance

The data collection tool translated in to local language [Amharic]. Yhe second version of the tool was back translated in to the english to evaluate its consistency and before the actual data collection pretest on 5% of the sample was done in(Landmark international) a private hospital which have intensive care unit servise.base on the finding of the pretest some modification was done. Trainig was given for 3 data collector about each questioner items,the method how the data will be collected and the inclusion and exclusion criteria of study subjectes.

4.12 Data Analysis Procedures

Data was entered into EPI data version 3.1 and exported to SPSS version 21. The data were transfrerred and analyzed by SPSS software package. The descriptive analysis such as frequency distribution ,persontage and measure of central tendency was used.Bivariate and Multivariate with alpha =0.05 by odds ratio with 95% CI performed to measure of association of satisfaction by diferrent variables.The result was presented using tables,graphs and diagrams.Satisfaction is classified as satisfied and not satisfied by using mean score value.

4.13 Ethical Considerations

Ethical clearance obtained from IRB (institutional review bord) of Addis Ababa university school of allied health science department of nursing and midwifery.Formal letter of cooperation had written to to Addis Ababa health bureau then to selected hospitals.Informed consent was obtained from each study participants after adequetly providin information about the purpose,method,anticipated benefit of the study.Confidentiality was maintained by anonymous coding.During the data collection their privecy and comfort was ensured by preparing isolated enviroment.

4.14 Result dissemination

The result will be submitted in hard and soft copy to Addis Ababa university colledge of health scince,school of allied health science,department of nursing and midwifery.The result will be available in the library of AAU for students as wll as for other concerned resders or relevant bodies and published with reapited journals and efforts for presentation on scientific conferences and professional associations will be considered

5. Result

5.1. Characteristics of the respondent

From the sample size of 206 202(98%) of them participated on the study.Majourity of respondants were females(76.2%),married(84.7%),parents for the patients(88%)and with income less than 1000 birr (64.4%).Mean age of participants was (27±7.3)(table 1)

Table 1: Socio demographic characteristics of ICU patient families from all Hospitals ICU in Addis Ababa June, 2015

Demographic character		frequency	%
Age of respondent	18-25	90	44.6
	25-35	88	43.6
	>35	24	11.9
Sex of participant	male	48	23.8
	female	154	76.2
Educational status	no formal education	39	19.3
	1-8	61	30.2
	9-12	51	25.2
	diploma% above	51	25.2
Marital status	married	171	84.7
	unmarried	27	13.4
	divorced	4	2
Monthly income	<=1000	130	64.4
	1000-2500	43	21.2
	>2500	29	14.4
Relation with patient	parent	178	88
	partner	3	1.5
	bro/sis	21	10.4
Location of home	Addis Ababa	153	75.7
	Out of Addis	49	24.3

More than three fourth (79%) of the respondents were from neonatal ICU. The mean duration of stay in the ICU was (8.12±9.28) days. About 95.5% of families had no previous experience in giving care for the patient in the ICU. (Table 2)

Table 2 **Frequency of Patients admission history and families experience in ICU of Hospitals in Addis Ababa, June, 2015**

variable		Frequency	%
Name of Intensive care unit	Adult ICU	35	17.8
	Neonatal ICU	161	79.2
	Pediatric ICU	6	3
Length of stay in days	<=8	109	54.0
	>8	93	46.0
previous experience	yes	9	4.5
	no	193	95.5

Among the respondents, 71.8% of families considered that the patient had good progress. (fig3)

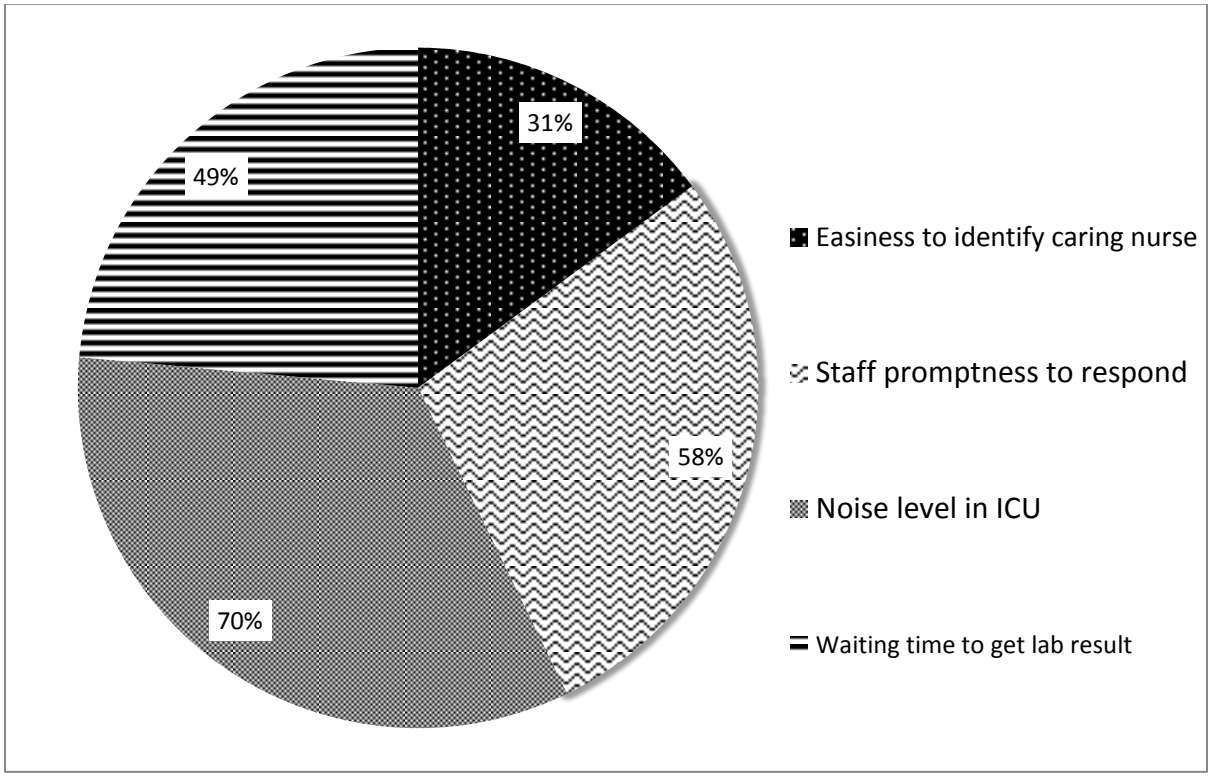

Figure 3.

Health status of patients admitted to Adult and neonatal ICU in Black Lion, Yekatit referral, Gandhi memorial, Zewditu memorial and MinilikII hospitals, Addis Ababa June 2015.

5.2. Level of Family satisfactions in care of critically ill patient in the intensive care unit

The overall satisfaction of respondents was 62.9% (67 ± 11.78).Satisfaction of families of patients in Adult ICU was 58.3%, Neonatal ICU 63.8% and in Pediatric ICU 66.7%. From participants who has previous experience in the ICU,63.2% of them were satisfied .Families which s which stay more than 8 days their satisfaction were 7.7% and from families who had experience in the ICU 55.6% of them satisfied by the care given to the patient.

Table 3 **Family satisfaction in care of critically ill patients in ICU by each satisfaction item April2015**

		frequency	%
Staff promptness	**Not satisfied**	84	41.6
	Satisfied	118	58.4
Noise level in the ICU	**Not satisfied**	61	30.2
	Satisfied	141	69.8
Waiting time for laboratory radiologic tests	**Not satisfied**	102	50.7
	Satisfied	99	49.3
Easy to know care giving nurse	**Not satisfied**	139	68.8
	Satisfied	63	31.2
Availability of physician when patient is in need	**Not satisfied**	97	48.0
	Satisfied	105	52.0
Availability of nu	**Not satisfied**	97	48.0
	Satisfied	105	52.0
Clear explanation	**Not satisfied**	149	73.8
	Satisfied	53	26.2
Sharing in decisions	**Not satisfied**	133	65.8
	Satisfied	69	34.2
Honesty of staff	**Not satisfied**	104	51.5
	Satisfied	98	48.5
Clear answer	**Not satisfied**	86	42.6
	Satisfied	116	57.4
Allowing you to participate in patient care	**Not satisfied**	62	30.7
	Satisfied	140	69.3
Privacy provided during visit	**Not satisfied**	85	42.1
	Satisfied	117	57.9
Speed and compassion	**Not satisfied**	27	13.4
	Satisfied	175	86.6

Support and encouragment	**Not satisfied**	161	79.7
	Satisfied	41	20.3
quality of care	**Not satisfied**	92	46.9
	Satisfied	104	53.1
Respect and compassion given to patient	**Not satisfied**	70	34.7
	Satisfied	132	65.3
doc avail	**Not satisfied**	74	36.6
	Satisfied	128	63.4
nurses observation of patient who are in pain	**Not satisfied**	48	23.8
	Satisfied	154	76.2
Peaceful families waiting area	**Not satisfied**	129	63.9
	Satisfied	73	36.1
Cleanessof families waiting area	**Not satisfied**	138	68.3
	Satisfied	64	31.7
flexable visit hours	**Not satisfied**	74	36.6
	Satisfied	128	63.

5.3. Satsfaction of respondants on Assurance (need to feel hop of desired outcame)

Participants were least satisfied by easiness in knowing the patients care giving nurse 31.2% (3.03 ± 1.37). Also from those who get the laboratory service in the hospital 49% (3.04 ± 1.376). Families was satisfied by quietness or noise level of critical care unit 69.8% (3.8±0.78)

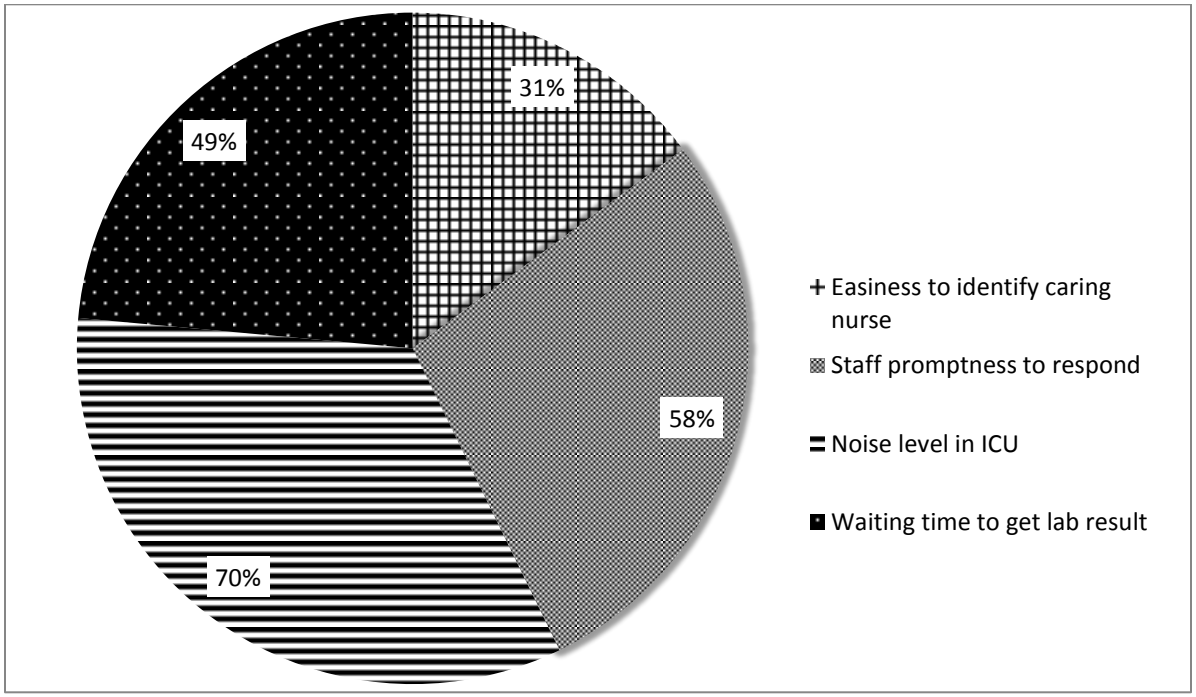

Figure4. **Satisfaction of Family on Assurance of health professionals in governmental Hospitals ICU Addis Ababa, June2015**

5.4. Satisfaction of respondents on the need for consistent, realistic and timely information

Families are list satisfied by getting clear explanation of tests, procedures, and treatment (mean2.59 ± 1.10) and sharing decision regarding patient care and recovery. (table3)

Table 4.Family satisfaction by information variables in Hospitals ICU Addis Ababa June2015

variable		Frequency	%	Mean score
Sharing in decision regarding patient care and recovery	Not satisfied	133	65.8%	(2.66 SD 1.21)
	Satisfied	69	34.2%	
Honesty of staff in telling the patient Condition	Not satisfied	104	51.5%	(2.98 SD 1.23)
	Satisfied	98	48.5%	
Availability of physician to speak with you in regular base	Not satisfied	97	48.0%	(3.25 SD 1.078)
	Satisfied	105	52.0%	
Availability of nurses to speak with you in regular base	Not satisfied	97	48.0%	(3.33 SD 0.980)
	Satisfied	105	52.0%	
Clear explanation tests, procedures and treatment	Not satisfied	149	73.8%	(2.59 SD 1.10)
	Satisfied	53	26.2%	
Cleanness of the answer given by health professional	Not satisfied	86	42.6%	(2.59SD1.10).
	Satisfied	116	57.4%	

5.5. Satisfaction on support given to the patient by health professional –

Majority of respondents were satisfied by speed and coordination of health professionals during admission of the patient (4.27SD.968), doctor's availability when the patient is in need (3.52SD.962) and on nurses' observation and care for patient in pain (3.82, SD0.75) .

Families list satisfied by the support and encouragement they get from the health professionals (2.26 SD 1.19)

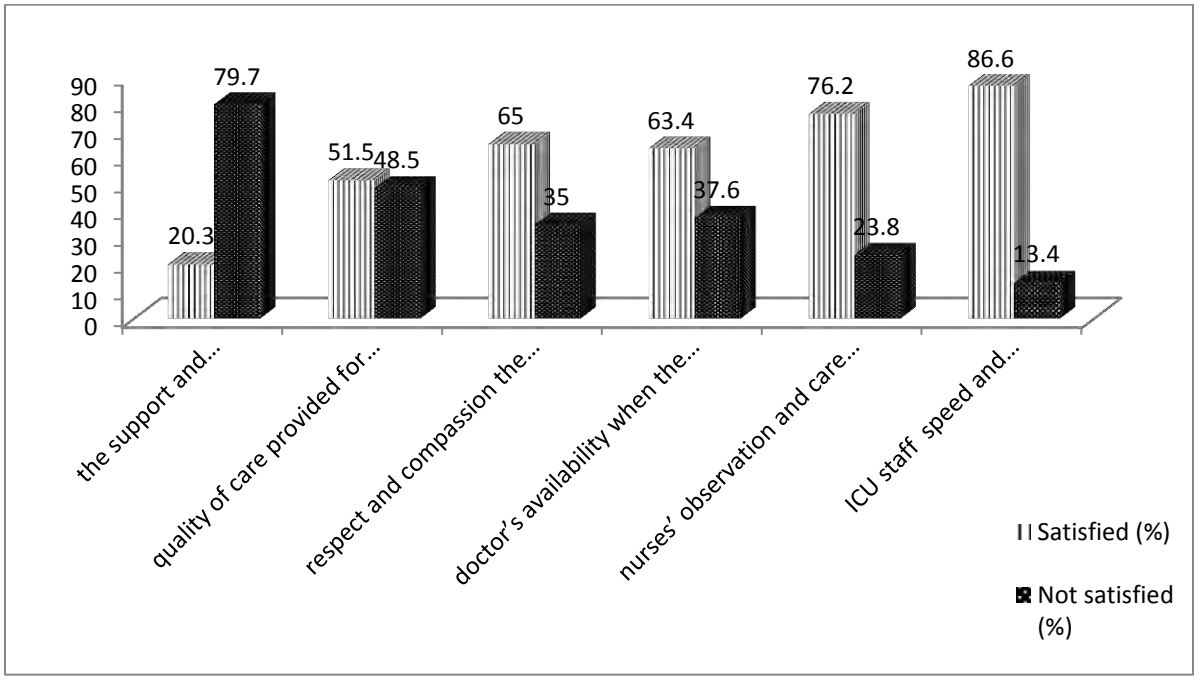

Figure5. Satisfaction on the support of health professionals to the patient ICU of governmental Hospitals Addis Ababa, June2015

5.6. Satisfaction on the need of proximity (to be physically and emotionally near the patient)

Those of families satisfied on allowing them to take share in the care of the patient 69.3% (3.58 ± 1.03) also 57.9% (3.41 ± 1.14) were satisfied on getting privacy for patient and 63.4 % (3.48 SD 1.19) satisfied by visiting policy .

5.7. Satisfaction on comfortable waiting environment

Satisfied families on cleanness or appearance of waiting room were 31.7 % (2.54 ± 1.19) and 36.9% (2.78 ± 1.22) were satisfied by the peacefulness and comfort of waiting room. Generally families were more satisfied by support of health professionals and least satisfied by information provided by physician and nurses and on the comfort of waiting area.

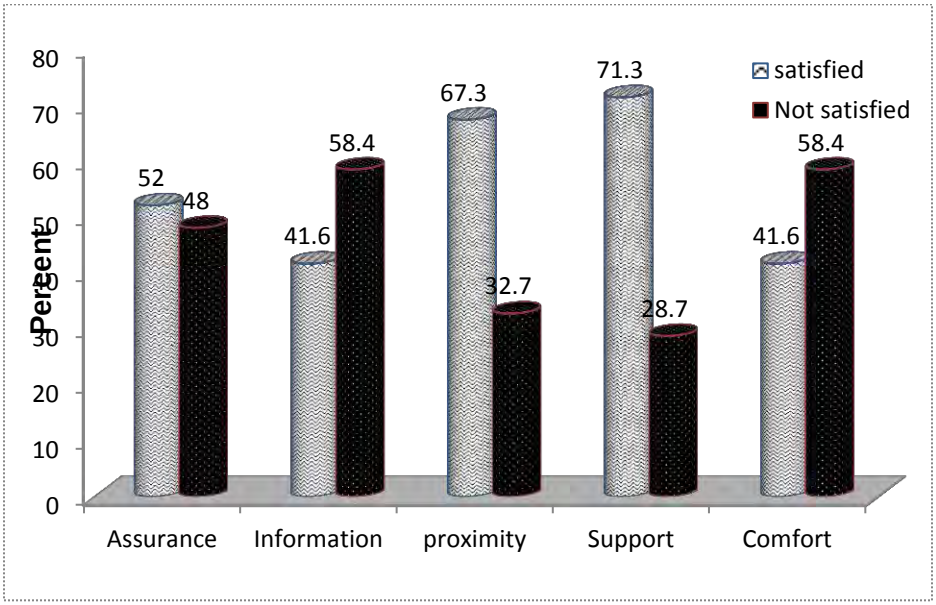

Figure6. Family satisfaction in care of critically ill patient by satisfaction variables of hospitals of ICUs Addis Ababa, June2015

5.7. **Family satisfactions in care of critically ill patient by in Adult, Neonatal and**

Pediatric ICU of hospitals: - Satisfaction of respondent in each hospital which ranges from 57.1 to 66.7(fig6). From hospitals having Adult ICU service, family satisfaction in black lion was 60.8%, Zewditu memorial 60%and MinilikII 46.2%.Satisfaction status of families in neonatal ICU in black lion 57.9%, both yekatit and Gandhi 66.6 and Zewditu memorial 67.7%.pediatric ICU family satisfaction in Black lion hospital was 66.7%

Table 5.family satisfaction in Adult and Neonatal ICU of five hospitals in Addis Ababa, June2015

Name of hospitals	Type of ICU	Satisfied %
Black lion	Adult	69.2
	Neonatal	56.9
	Pediatric	65
Yekatit	neonatal	66.7
Gandhi	neonatal	66.7
Minilik	Adult	46.2
Zewditu	Adult	60.0
	neonatal	67.7

Families were more satisfied on the support ,proximityand assurance they get from healthprofessionals and least satisfied by information, comfort . In Gandhi memorial hospital families are more satisfied by all variables, Zewditu memorial families satisfied by four variables (Assurance, information, proximity, support, in yekatit referral families were satisfied by support and assurance and in Black lion families only satisfied by proximity.

5.7. Association of socio demographic factors and other variable with satisfaction on the care given to patients in critical care units.

In bivariate analysis factors that found to have association with satisfaction were relation with demographic character like age, sex, educational status, monthly income, length of stay and patient health condition at P less than 0.3.This variable identified as potentially predictor of family satisfaction in the multivariate logistic regression model.

In multivariate analysis age, educational status and patient health condition had an association with family satisfaction in care of critically ill patient.

Age less than 25 by 0.21 times and 25 to 35 by 0.22 t mes less odds of satisfaction as compared to age above 35(AOR 0.21,95%CI 0.05-0.83) and (AOR 0.22 95%CI0.06-0.79) respectively.

Those who have primery education 3.13 times more odds of satisfaction than those who have diploma and above by (AOR 3.13.95%CI 1.16-8.43)

Families who consider the patient health condition as deteriorated by 73% and those doesn't kbnow the status of patient were 78% less odds of satisfaction than families considering the patient status as improving by(AOR0.27 95%CI,0.11-0.66) ana (AOR 0.12 95%CI,0.04-0.37) respectively (table 5)

Table6 Result of Binary and multiple logistic regression analysis of variables with overall family satisfaction on the care of critically ill patient in ICU of governmental hospitals June2015.

VARIABLES	NOT SATISFIED	SATISFIED	COR(95%CI)	AOR (95% C.I.)
Age (year)				
<=25	32(35.6%)	58(64.4%)	0.477(0.163-1.398)	0.218(0.057-0.835)*
25-35	38(43.2%)	50(56.8%)	0.346(0.119-1.011)	0.223(0.062-0.797)*
>35	5(20.8%)	19(79.2%)	1	1
Sex Male	23(47.9%)	25 (52. %)	0.554(0.287-1.069)	0.494(0.202-1.208)
Female	52(33.8%)	102(66.2%)	1	1
Educational level				
No formal education	10(25.6%)	29(74.4%)	3.530(1.427-8.736)	2.694(0.971-7.472)*
Grade 1-8	16(26.2%)	45(73.8%)	3.424(1.548-7.571)	3.131(1.163-8.431)*
Grade 9-12	21(41.2%)	30(58.8%)	1.739(0.79-3.81)	1.514(0.580-0.952)
Diploma and above	28(54.9%)	23(45.1%)	1	1
Patient condition				
Worsening	20(55.6%)	16(44.4%)	0.305(0.144-0.646)	0.27(0.114-0.664)*
Don't know	15(71.4%)	6(28.6%)	0.152(0.05-0.42)	0.123(0.040-0.378)*
Good progress	40(27.6%)	105(72.4%)	1	1
Relation with patient				
parent	64(36.0%)	114(64%)	1.33(0.444-4.021)	1.359(0.426-4.330)
Partner	5(50.0%)	5(50.0)	0.750(0.14-03.82)	2.439(0.12-49.22)
Son/daughter	6(42.9%)	8(57.1%)	1	1
Monthly income (birr)				
<=1000	41(31.5%)	89(68.5%)	2.206(0.189-4.58)	1.087(0.341 2-2.86)
1000-2500	20(46.5%)	23(53.5%)	1.073(0.41-2.75)	0.76(0.27-2.15)
>2500	14(48.3%)	15(51.7%)	1	1
Length of stay in days				
<=8	45(41.3%)	64(58.7%)	0.67(0.380-1.2)	0.65(0.33-1.298)
>8	30(32.3%)	63(67.7%)	1	1

(*) indicates statically significant at $p<0.05$

6. Discussion

This study shows the level of family satisfaction in care of critically ill patient in ICU were 62 %(67.7+SD11.6). The satisfaction is lower than countries like Switzerland is (78 SD 15) (17) and Canada by mean score of and (84.3 SD 15.7) (10). This can be due to the difference in advancement of technologies, availability of well-trained staffs and the degree of quality of care given for the patient and their families.

Health professional's support and encouragement, their explanation of tests, procedures and treatment and willingness of staffs in sharing decision regarding the patient care and recovery on regular base were areas which families are less satisfied. which is 20%(2.26SD1-19), 26.6%(2.59SD1.10) 34.2%(2.66SD1.21) respectively but study in Canada shows families satisfaction were high on similar variables by the mean of (4.74SD0.51),(4.71,SD.53) And (4.68SD.65)(10).respectively. In morocco (81%) of families are satisfied by the information given by physicians (22) .In this study families satisfaction on support and information were very low, it can be due to the minimum involvement of families in the care given to the patient, less knowledge and practice of health professionals about family centered care and not considering the right of families to get information. Also it can be related with high patient flow with less proportion of (patient-nurse) and (patient-physician) ratio.

Families are least satisfied by the cleanness and appearance of waiting room(31.7%) and its peas fullness and comfort for rest (36.9%). this may be related with loss of adequate place for waiting at day and night time ,difficulty of getting place for basic needs like (for serving ,water and toilet). Similarly a study in Sweden and Canada shows families are list satisfied by waiting room atmosphere (17)

Variables significantly associated with satisfaction are age, education of families and patient health condition. Age less than 25 by 0.21 times and 25 to 35 are 0.22 times less odds of satisfaction as compared to age above 35 (AOR 0.21, 95% CI 0.05-0.83) and (AOR 0.22 95%CI 0.06-0.79) respectively but in research done in Portugal shows younger families have more satisfaction(18). This difference may came due to the age category with the population is varied and the education of families in this study was higher in families less than age 35.

Respondent's primary school 3.13 times odds of satisfaction than families with higher education level. (AOR 2.69, 95%CI 0.971-7.472), (AOR 3.13195%CI 1.163-8.431) respectively.

Also research in Portugal shows those with only basic education has more satisfaction than those having higher education this could be because, this category of families have less demand and expectation(18).

Families considering the patient health condition as worsening 73% and those who does not know the current status of that patient had 88% less odds of satisfaction than families who believe the patient was in good progress by AOR (0.27, 95% CI 0.114-0.664) and AOR (0.12, 95% CI 0.040-0.378) respectively. Similarly a study in Brazil shows families satisfaction were lower when the health condition of the patient become worsening. but in the studies in Washington and Switzerland the satisfaction of families of dying patient is higher than survivors (21, 17).this is because dying patients are older and their families were getting more care and support from health professionals but in case of this study 85% of the study done in neonatal ICU and families of patients with critical case doesn't get any different care and support. Also it may be affected by families' perception of satisfaction with patient outcome.

7. Strength and limitation

7.1. Limitation

As the study was cross sectional, it failed to show the Couse and effect relation of variables. The study done only in governmental hospital and the study lacks literature from Africa and Ethiopia. Also it doesnot include health professionals to assess about their knowlede on family centered care .

7.2. Strength of the study

The study show areas which families are more and less satisfied. High response rate .The study includes all hospitals having ICU service.

8. Conclusion

Majority of families were satisfied by the speed and coordination of health professionals in admission of patients and availability of physician and nurses when the time of patient needs help.

Families had low satisfaction on information about the diagnosis, treatment and procedure or tests performed to the patient.

Most respondents satisfied by the noise level in ICU and they consider the quietness is comfortable for the patient.

Families had low satisfaction in sharing decision regarding patient care and by the atmosphere of families waiting area.

Generally the overall family satisfaction were 62.9% and variables like age, level of education and health condition of a patient significantly associated with satisfaction level.

9. Recommendation

- Involving families in patient care ,communication and decision making is important to be considered by health professionals.
- Consideration of giving training on family centered care and communication skill for health professionals by hospitals or other stake holders.
- Preparation of waiting room and availing basic supplies for families is important to be considered by coordinators of the units and hospital managers.
- Revising the hospital care giving system and consideration of family centered care during program development by program developer.
- Further qualitative and quantitative study on variables related with low satisfaction

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Annex I Information Sheet

How are you ,my name is _____,Iam hear to gather information on family satisfaction in the care given to patients in the ICU. Would you mind if I take some minutes with you? It takes us about 30 minutes. Information sheet and consent form is prepared for families of ICU patient who are participated in research project, a cross-sectional study assessing family satisfaction in care of critically ill patient

Name of Principal investigator: Nitsuhbirhan Asres, she is final year MSN graduate student from Addis Ababa University, college of health science, department of nursing, and one advisor from Addis Ababa University.

Name of the organization: Addis Ababa University, College of Health Sciences, Department of Nursing and Midwifery.

This information sheet and consent form is prepared to explain the study you are being asked to join. Please listen carefully and ask any questions about the study before you agree to join. You may ask questions at any time after joining the study.

Purpose of Research Project

The purpose of the study is to contribute for quality improvement of the care and support given t o
Intensive care unit patients and their families.

Procedure

To assess family satisfaction in care of critically ill patient. You are invited to take part in this project. If you are willing to participate in this project, you need to understand and say yes to agreement form. Then after, the data collector will ask you the question to give your response. Your name will not be mention on the questionnaire and all your responses and the results obtained will be kept confidentially by using coding system whereby no one will have access to your response.

Risk/ Discomfort

By participating in this research project, you may feel that it has some discomfort especially on the care given to your patient and wasting time about 30 minutes. We hope you will participat ein the study for the sake of the benefit of the research result. There is no risk which can affe ct

the care given to your family member and and you because your response is confidential.

Benefits: If you participate in this research project, there may has no direct benefit to you. Your participation to help us in assessing family satisfaction in car of critically ill patent , this will help us to identify the gap and take the appropriate intervention.

Incentives: You will not be provided any incentive or payment to take part in this project.

Confidentiality: The information collect from this research project will be kept confidential and information will not be disclosed about your identity. The collected data by this study will use a code number in the entry and the result represent as a general finding of all participant.

Right to refuse or withdraw:

Your participation is highly encouraged and important for us. but if you are not interested in finishing the questioner you have the right to discontinue without losing any of your right..

Persons to contact: If you have any question to ask, please contact

Name: **Nitsuhbirhan Asres**

Tel: +**251-933033384.**

Email = nitsuhbirhun@gmail.com

Advisor Name. Yohans Yayalew

Tel. +251-911032747

CONSENT FORM

I have been briefly informed about the type of study which only interview ,the responsible body, the importance in improving the service in the ICU ,the time taken is 30 minuet and contact person addressee is mentioned for any question and. I understood that the research imposes no risk and no incentive would be provided to me.

Would you agree to participate in this study?

1. Yes
2. No Stop the interview and thank the respondent.

If your response is yes put your signature on the space provided

Signature_____Date_____

Name of Data collector: _____

Signature _____ Dated_____

Result:

Questionnaire completed _____

Questionnaire partially completed _____

Participant refused_____

Justify reason for refusal _____

Supervisor:

Name_____Signature_____ Date_____

Annex II Questioner English version

Demographic Character

1. Sex

a. female b. male

1. Age _____
2. Level of education

a. Illiterate b. Read and write

c. High school d. Higher education

3. marital status

a. Married b. Single

c. Divorced d. Widowed

4. average monthly income make it open: _____
5. Relationship to patient

a. Parent b. Partner

c. Brother/sister d. Son/daughter

e. other

7 How many night the patient spent in the ICU: _____

8 Location of home:

a. In Addis Ababa

b. Out of Addis Ababa

9. Previous ICU experience,

a. yes b. no If not go to question II

10. Satisfaction with previous ICU experience

a. Not at all satisfied b. barely satisfied

c. Quite satisfied d. Very satisfied

e. Completely Satisfied

Question II

Table7. Satisfaction assessment questioners

No.	Questions	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Complete satisfied
1.	Assurance					
1.1	Staff's promptness in responding to alarms and requests for assistance	1	2	3	4	5
1.2	Noise level in the critical care unit	1	2	3	4	5
1.3	Waiting time for tests results and X-rays	1	2	3	4	5
1.4	Easy in knowing the patients care giving nurse(s)	1	2	3	4	5
2	Information:					
2.1	Availability of physicians to speak with you on a regular base.	1	2	3	4	5
2.2	Nurse(s) availability to speak with you on a daily basis	1	2	3	4	5
2.3	Clear explanations of tests, procedures, and treatments	1	2	3	4	5
2.4	Sharing in decisions regarding the patient care and recovery on a regular basis	1	2	3	4	5
2.6	Honesty of the staff about the patient condition	1	2	3	4	5
2.7	Clear answers to your questions	1	2	3	4	5

No.	Questions	Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Complete satisfied
3	Proximity					
3.1	Allowing you to take share in the care of the patient	1	2	3	4	5
3.2	Privacy provided for patients and family on visiting	1	2	3	4	5
4	Support					
4.1	Support and encouragement given during your family member's stay in critical care unit	1	2	3	4	5
4.2	Quality of care					
4.3	provided for your family member	1	2	3	4	5
4.4	Respect and compassion the patient was given					
4.5	Doctor(s) commitment to address the patients need	1	2	3	4	5
4.6	Nurses observation and care for patient in pain					
5	Comfort					
5.1	Flexibility of visiting hour	1	2	3	4	5
5.2	Cleanliness/appearance of the waiting room	1	2	3	4	5
5.3	Peacefulness of the waiting room	1	2	3	4	5

Annex III የመረጃ መስጫ ቅጽ እና የፍቃደኝነት መግለጫ (በአማርኛ)

በአዲስ አበባ ዩኒቨርሲቲ ጤና ሣይንስ ኮላጅ የነርስና ሚድዋይፍ ትምህርት ክፍሌ

በመንግስት ሆስፒታሌ በፅኑ የታመሙ ህሙማን ክፍሌ ተኝተው የሚታከሙ ህሙማን ስሆሚያገኙት እንክብካቤ የቤተሰቦች እርካታን የሚዳስስ መጠይቅ፣2007 ዓ.ም

የሆስፒታለ ስም፡ _____

የመኝታ ክፍሌ፡ _____

ቤተሰቦች በጥናቱ ሇመሳተፍ ፍቃደኛ ስሆመሆናቸው የሚገሌፁበት ፎርም

እንደምን ሰነበቱ የእኔ ስም _____ ይባሊሌ፡፡በአዲስ አበባ ዩኒቨርቲ በሚደረገው በዚህ ጥናት ውስጥ ተሳታፉ ስሆን እርስዎ በዚህ ሆስፒታሌ በፅኑ የታመሙ ህሙማን ክፍሌ ቤተሰብዎን ሲያስታምሙ ቤተሰብዎ በጤና ባሇሙያዎች ስሊገኙት እንክብካቤ እጠይቆታሇሁ፡፡የዚህ ጥናት አሊማ ሕሙማን በቂና የተሟሊ አገሌግልት በጤና ባሇሙያዎች እንዲያገኙ ሇማድረግ ነው፡፡ሇዓሊማው መሳካት የእርስዎን ትብብር እንሻሇን፡፡የእርስዎ ስምም ሆነ አድራሻ በመጠይቅ ውስጥ አይካተትም እንዲሁም የእርስዎ ማንነትም ሆነ የሰጡት ምሊሽ የእርስዎ ስሆመሆኑ በምንም ሁኔታ አይገሇፅም፡፡በዚህ ጥናት ሇመሳተፍ የእርስዎን ሙለ ፍቃደኝነት ስንጠይቅ ያሇምንም አስገዳጅነት ሲሆን ፍቃደኛ ካሌሆኑ ከመጀመሪያውም ሆነ ቃሇመጠይቁን ከጀመሩም በኃሊ ከመሃሌ ሊይ ማቋረጥ ይችሊለ ::

በጥናቱ ሊይ ሇመሳተፍ ፍቃደኛ ነዎት?

አዎ፡ _____ አይደሇሁም፡ _____

ፍቃደኛ ከሆኑ መጠይቁን ይቀጥለ

ፍቃደኛ ካሌሆኑ መጠይቁን ወደ ላሊ የተመረጠ ቤተሰብ አሳሌፍ/ፉ

ክፍሌ 2 የፍቃደኝነት መግሇጫ

ከታች ፉርማዬን ያኖርኩት እኔ የጥናቱ አሊማ የተነገረኝ ሲሆን ሇምጠይው ጥያቄ የማውቀውን መመሇስ እንደምችሌ ፤ እኔ የምሰጠው መረጃ ሇዚህ ጥናት አገሌግልት ብቻ የሚውሌ ሲሆን ስሜን እና የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ ተነግሮኛሌ:: ፍሊጎት ከላሇኝ በጥናቱ ያሇመሳተፍ ፤ጥያቄ ያሇመመሇስ እና በጥያቄው ወቅት ምሊሽ መስጠት ማቋረጥ እንደምችሌ ተነግሮኛሌ::

በዚህ መሰረት በጥናቱ ሇመሳተፍ ፇቃደኛ መሆኔን በፉርማዬ አረጋግጣሇሁ::

ፉርማ _____

ቀን _____

Annex IV የአማርኛ መጠይቅ

ክፍሌ አንድ፣ስሇ እርስዎ መጠይቅ

1. ፆታ

   ሀ. ሴት ሇ. ወንድ

2. ዕድሜ፡ _____

3. የትምህርት ደረጃ

ሀ. መፃፍ አና ማንበብ የማይችለ ሇ.ማንበብ እና መፃፍ የሚችሌ

ሏ. ሁሇተኛ ደረጃ ያጠናቀቁ መ.ዲፕልማ እና ከዛበሊይ

4. የጋብቻ ሁኔታ

   ሀ. ባሇትዳር ሇ.ያሊገቡ

   ሏ. የተፊቱ መ. የትዳር አጋር በሞት የተሇዩ

5. የወር ገቢ፡ _____

6. ከህመምተኛው ጋር ያልት ዝምድና

   ሀ.ወሊጅ ሇ. የትዳር አጋር

   ሏ. እህት/ወንድም መ. ሴት/ወንድ ሌጅ

   ሠ. ላሊ

7. ህመምተኛው በዚህ ክፍሌ ስንት ሇሉት አሳሇፆ/ች _____

8. የመጡበት የመኖሪያ አካባቢ ሁኔታ

   ሀ.አዲስ አበባ ሇ.ከአዲስ አበባ ውጪ

9. ከዚህ በፉት በፅኑ የታመሙ ህሙማን ክፍሌ ሰው አስታመው ያውቃለ

   ሀ. አውቃሇሁ ሇ.አሊውቅም

   ካሊወቁ ወደ ጥያቄ ቁጥር ሁሇት ይሇፈ

10. አስታመው ካወቁ በባሇፆው በተደረገው ህክምና እረክተዋሌ

ሀ. ሙለ በሙለ አሊስደስተኝም ሇ. አሊስደስተኝም

ሏ. አስደስቶኛሌ መ. በጣም አስደስቶኛሌ

ሠ .ሙለ በሙለ አስደስቶኛሌ

ክፍሌ 2 መጠይቅ

ተ ቀ.		ሙለ በሙለ አሊስደሰተኝም	አሊስደሰተኝም	አስደስቶኛሌ	በጣም አስደስቶኛሌ	ሙለ በሙለ አስደስቶኛሌ
14	የቤተሰብዎን ትክክሇኛ ያለበትን የጤና ሁኔታ ባሇሙያዎች ሇርስዎ መግሇፅ	1	2	3	4	5
15	በፅኑ የታመሙ ህሙማን ክፍሌ ውስጥ ቆይታዎ `በጤና ባሇሙያዎች የሚሰጠው ድጋፍና ማበረታቻ	1	2	3	4	5
16	ሇህመመውተኛው የሚሰጠው ጥራቱን የጠበቀ ህክምና	1	2	3	4	5
17	ሇህመምተኛው የሚሰጠው አክብሮትና እንክብካቤ	1	2	3	4	5
18	ታማሚው እገዛ ሲፇሌግ የሃኪሞች በቦታው መገኘት	1	2	3	4	5
19	ነርሶች በህመም ሊይ ያሇን ህመምተኛ የመከታተሌና የመንከባከብ ሁኔታ	1	2	3	4	5
20	የአስታማሚዎች መጠበቂያ ቦታ ሁኔታ እና ንፅህና	1	2	3	4	5
21	የመጠበቂያው ቦታ ፀጥታ እና መረጋጋት	1	2	3	4	5