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CLIENT SATISFACTION AMONG COMMUNITY BASED HEALTH INSURANCE USERS AND OUT OF POCKET PAYERS VISITING EMERGENCY UNIT OF TIKUR ANBESSA SPECIALIZED HOSPITAL, ADDIS ABABA, ETHIOPIA

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DECLARATION

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ABBREVIATION AND ACRONYMS

AOR	Adjusted Odds Ratio
BEPSS	Brief Emergency Department Patients' Satisfaction Scale
CBHI	Community Based Health Insurance
CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
HCS	Health care service
LMICs	Low and Middle-income countries
OOP	Out-of-Pocket
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
TASH	Tikur Anbessa Specialized Hospital
TEWS	Triage Early Warning Score
UHC	Universal Health Coverage

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ABSTRACT

Background - Community-based health insurance schemes (CBHI) are voluntary systems where community members pool funds to protect themselves from high medical care costs. These schemes, often targeting low-income populations, pool financial resources through regular premiums or contributions. In Ethiopia, the Ethiopian Community-Based Health Insurance Scheme aims to improve healthcare accessibility for low-income individuals and disadvantaged communities. Understanding the satisfaction levels of both CBHI users and Out-of-Pocket payers can offer vital insights regarding care quality and identify areas for improvement.

Objective - To assess client satisfaction among CBHI users and OOP payers and the associated factors who visit the emergency unit in TASH.

Method – An institution-based, cross-sectional study with internal comparison was conducted in the adult emergency unit of Tikur Anbessa Specialized Hospital, Addis Ababa. Two hundred fifty-four patients visiting the Adult Emergency unit were included in the study. After randomized sampling, a structured questionnaire was used by the data collectors to extract information on sociodemographic factors and assess client satisfaction status. In a multivariate logistic regression, variables with $P < 0.25$ in the bivariate analysis were used to find related factors influencing client satisfaction. P-values less than 0.05 were deemed noteworthy.

Result - The majority of respondents - 51.2% of CBHI users and 58.3% of OPP payers were satisfied with the emergency care services they received. Out of the five service categories, the members of both groups expressed great satisfaction with the kindness shown by the emergency department staff but expressed dissatisfaction with the physical setting of the emergency room. Among the CBHI users 68% (AOR=0.03, 95% CI:0.11, 0.91) of patients who visit the ER in the evening report being less satisfied than those who come in the morning and at night.

Conclusion and Recommendation - In both the CBHI and OPP groups, the majority of respondents expressed satisfaction with the emergency care services they received. In terms of the five service categories, the participants in both groups were rather impressed with the courtesy extended by the emergency department personnel, but they were not thrilled with the physical condition of the facility. Hospitals should prioritize hygienic, well-maintained spaces with all necessary equipment to enhance patient satisfaction and ensure high-quality emergency medical treatment.

1 Introduction

1.1 Background

The first thing that comes to mind when someone in Ethiopia thinks about the health industry is Tikur Anbessa Specialized Hospital. The hospital, known as Prince Mekonnen Hospital, was founded in 1964 and was named for Emperor Haileselassie I, the father of the last monarch of the Solomonic Dynasty. Written sources and historical records state that each inhabitant of the nation contributed ETB 1 toward the hospital's building expenses. After the military administration toppled the monarchical monarchy, the hospital's name was subsequently changed from Prince Mekonnen Hospital to Tikur Anbessa Hospital. When the hospital opened in 1972, the population of the nation was 30.1 million, according to the data from that year. Its patient capacity was meant to be extremely limited. One of the greatest accomplishments of the country in terms of closing the gaps in the industry was the creation of a hospital this large and revolutionary.

The hospital has been in operation for over 60 years, and despite the evolution of rival specialty hospitals, TASH continues to stand out for its unique medical offers. The 700-bed Tikur Anbessa Specialized Hospital was administered by the Ministry of Health until 1998, when Addis Abeba University assumed control of the facility. The well-known referral hospital is presently serving as a teaching hospital for preclinical and clinical training for a wide range of professions. Services provided by the hospital are distinct from those of other governmental and private institutions.

Over time, the hospital has modified which departments it operates inside and increased its offerings to address society's basic lack of access to quality treatment. In this regard, it is necessary to emphasize the emergency department, one of the hospital's newest departments. The department was established in 2010 through a collaboration between the University of Toronto, the University of Wisconsin, and Addis Ababa University. According to recent reports, the agency has graduated six batches of emergency professionals who are saving lives around the country.

Community-based health insurance schemes are voluntary systems where community members pool funds to protect themselves against the high costs of medical care. Communities can combine funds to insure themselves against the high expenses of healthcare through voluntary community-based health insurance programs. It operates at the local level and frequently targets people with low incomes. A community-based health insurance program is created by contributing on a regular basis or by paying monthly premiums,

community members pool their financial resources. When these funds are pooled, a fund is created that can be used to pay for scheme members' medical expenses when they need services, and the risk is shared among the participants in the plan[1]

The configuration and policies affect the coverage provided by the CBHI schemes. The majority of CBHI programs offer coverage for primary healthcare services, such as first aid, basic medical care, prescription drugs, and preventative care. Some CBHI programs offer specialized services and recommendations.

To increase healthcare accessibility for individuals and families in Ethiopia, the CBHI initiative was launched in 2011. This program, often referred to as the Ethiopian CBHI system, is thought to be a key step towards providing universal health care, particularly for low-income people and underserved communities.

Patients receive urgent medical attention from the Tikur Anbessa Specialized Hospital's emergency department, which is essential. Understanding the levels of satisfaction among users and OOP payers in this situation might offer insightful information about the standard of care and help pinpoint potential areas for improvement.

Client satisfaction with CBHI programs was found to be around 80% in prior research done at Boru Meda Hospital in Northeast Ethiopia, showing a low percentage [2]. However, there hasn't been any research done specifically on client satisfaction with Tikur Anbessa Specialized Hospital's emergency department services.

Other healthcare services at Tikur Anbessa Hospital, like pharmacy services and teleconsultations during the COVID-19 pandemic, have also been evaluated in earlier research for patient satisfaction [2,3]. These studies emphasize the significance of customer satisfaction as a benchmark for the caliber of service given by healthcare facilities. This paper seeks to add to the body of knowledge by conducting a thorough evaluation of client satisfaction among CBHI users and OOP payers in the emergency department of Tikur Anbessa Hospital. It also seeks to offer insights for improving the quality of care for patients in Ethiopia.

1.2 Problem Statement

Tikur Anbessa Specialized Hospital is a renowned healthcare institution that serves a large number of patients, including those with CBHI coverage and OOP payers. The emergency unit plays a vital role in providing critical care services. However, an assessment of client satisfaction among CBHI users and OOP payers at the emergency unit is crucial to understand the effectiveness and impact of CBHI on user satisfaction, as well as to identify areas for improvement in the health care service.

The primary problem is the lack of comprehensive knowledge and understanding of client satisfaction levels among CBHI users and OOP payers visiting the emergency unit at Tikur Anbessa Specialized Hospital. It is unclear how these two groups perceive the quality and delivery of emergency healthcare services, which potentially impacts their overall satisfaction.

There is a need to examine the levels of satisfaction among CBHI users who seek emergency healthcare services at Tikur Anbessa Specialized Hospital. This will help determine their perceptions and experiences related to quality of care, waiting time to receive service, staff responsiveness, communication, and overall satisfaction. Similarly, the satisfaction levels of OOP payers visiting the emergency unit need to be assessed. Comparing their satisfaction levels with those of CBHI users will highlight any disparities in access to care, treatment outcomes, and overall satisfaction.

Identifying the factors that influence satisfaction among CBHI users and non-users is crucial. This could include aspects such as financial concerns, ease of access, quality of medical care, availability of necessary equipment, staff attitudes, and community perceptions of the CBHI scheme. The purpose of the study is to ascertain if CBHI users' and OOP payers' satisfaction levels differ significantly. Understanding these variations will help evaluate the impact of CBHI on user satisfaction and provide insights into potential areas for improvement.

By addressing these considerations, the research will provide valuable insights into client satisfaction levels among CBHI users and OOP payers visiting the emergency unit at Tikur Anbessa Specialized Hospital. The findings will inform strategies to enhance satisfaction, improve healthcare services, and optimize the impact of CBHI on emergency care.

1.3 Literature review

1.3.1 Community Based Health Insurance

A community must have access to high-quality healthcare, whether preventative or curative, in order to achieve health and lead healthy lifestyles. Since 100 million people fall into poverty annually due to catastrophic health expenses, especially in low- and middle-income countries (LMICs), finding solutions is imperative. Direct OOPs for healthcare in 27 of the 48 countries in Sub-Saharan Africa (SSA) are higher than 30%. Despite ongoing global agreement that national health finance mechanisms need to be enhanced to develop comprehensive and sustainable policies, the financing of healthcare in LMICs and people's access to essential medical services are dependent on OOPs. These access limitations are a significant contributor to avoidable mortality [4].

Community-based health insurance is renowned for being a successful technique for helping low-income people improve their health while also increasing productivity and labor supply. Ethiopia has been testing CBHI systems since 2011 to learn from them before implementing them across the entire country. Initial research from the 13districts' schemes has demonstrated positive outcomes. Ethiopia is the second-most populated country in Africa; thus, the impact of its accomplishments will be seen throughout the continent. About 52% of the target population was enrolled overall in the trial districts; 85.0% of them are paying members, and the other 15% have memberships that are subsidized. Because of the program's early successes, the Ethiopian government decided to expand the pilot to 161 woredas in July 2013[5].

The usage of healthcare services and financial stability are improved by membership in CBHI. CBHI members from woredas that implemented the CBHI and those that did not, respectively, 0.36 (95% CI: 0.25, 0.44) and 0.17 (95% CI: -0.04, 0.19), had more annual visits per capita to the outpatient department (OPD) than their comparable non-member households, according to propensity score matching estimates [6].

1.3.2 Client Satisfaction with Health Service provided about CBHI

You are said to be satisfied when you have achieved something or when something that you hoped to happen does happen [7]. Patient satisfaction is defined by patients' attitudes and perceptions toward medical treatments[8]. The response demonstrates how firmly a person believes that healthcare is good, efficient, and helpful based on how highly they appreciate, perceive, and benefit from it[9,10]. As a result, satisfaction is

a psychological state that develops when a customer's previous perceptions of their consuming experience are combined with the emotion associated with unfulfilled expectations[9].

In North Gondar, Northwest Ethiopia, primary hospitals, a study was conducted to evaluate outpatient health service consumers' levels of patient satisfaction and related variables. Based on the various parts of the patient satisfaction measuring items, the study's overall patient satisfaction rating for the provision of outpatient healthcare services was 56.1% (95% CI: 51-61.3%). Patient satisfaction was found to be substantially correlated with the availability of medications within the hospitals, patient wait times in the registration area, wait times to see a doctor following registration, and counseling on treatment alternatives [11]

Client satisfaction with community-based health insurance and associated characteristics was the subject of an institutional-based cross-sectional research at Boru Meda Hospital. The findings indicated that overall customer satisfaction was 80% at a 95% confidence range (76.1 - 83.9 %). In comparison to respondents who believed that medicine prescriptions were completely available, those who believed that they were just partially or not available were 0.09 times less likely to be happy (AOR =0.09; 95% Cl: (0.04, 0.19)). Higher satisfaction levels were observed by participants who contacted service providers within 30 minutes as opposed to those who waited 60 minutes or more (AOR = 3.16; 95% Cl: (1.19, 8.41))[2].

At Deder General Hospital in eastern Ethiopia, facility-based comparative cross-sectional research was conducted to assess the health care satisfaction and associated factors of patients with and without insurance. Patients with insurance scored 68.8% (95% CI: 62.8–74.4) and those without insurance scored 62.4% (95% CI: 56.8–68.0) correspondingly, representing the overall patient satisfaction rate of 65.6% (95% CI: 61.5–69.5) [12].

The average patient satisfaction with insurance was 34.76 points greater than the average patient satisfaction with uninsurance, which was 29.10, according to a cross-sectional study on patient satisfaction conducted using insured and uninsured patients in a public health center in Bantul, Indonesia. The analysis's conclusions indicate that patient satisfaction levels among insured and uninsured patients varied significantly; for the former, the mean ±SD of patient satisfaction with health insurance was 29.10 ± 3.04, while for the latter, it was 34.76 ± 3.61 with a Sig value of 0.000 [13].

1.3.3 Client satisfaction with emergency service care

A cross-sectional study design was used over two months in the study titled "Assessment of Client Satisfaction on Emergency Department Services in Hawassa University Referral Hospital, Hawassa, Southern Ethiopia" to gauge how satisfied patients were satisfied with the care they got there. According to the report, 86.7% of the participants were pleased with the services offered by the Emergency OPD. The survey also looked into how satisfied customers were with other areas of emergency department services [14].

Ayder Hospital's client satisfaction research on emergency medical treatment found that the majority of patients (81.9%) were happy with the overall emergency medical care they got in the ER. The following criteria were discovered as determinants of patient satisfaction: educational status, waiting time to see the doctor, and time of day visited (morning). The wait time was long for patient discontent [15].

Additionally, a thorough summary of a study done on patient satisfaction with emergency medical treatment in Ethiopia can be found in the systematic review "Client Satisfaction on Emergency department services and quality of emergency medical care in Ethiopia". The results of the study indicated that emergency OPD services were deemed satisfactory by 1177 (56%) of the people who had been included in all of the analyzed papers.[16]

Patients' satisfaction with the emergency department's quality of service was evaluated in cross-sectional research at one of Saudi Arabia's top trauma facilities. The study was influenced by many variables. Nursing care (141; 37.6%) had the most "poor" score in the satisfaction sector, whereas admission (171; 45.8%) had the highest "excellent" score[17]

According to patient satisfaction surveys done in the emergency department of an academic teaching hospital, the average level of satisfaction with nurse treatment was 43%, while doctor care was 36% and follow-up care was 61% [18].

1.4 Rationale of the study

The goal of this study is to assess how satisfied TASH emergency unit patients are with their care and determine whether CBHI enhances patient satisfaction. This type of study has previously been carried out on a national and international scale; however, no research has been done on CHBI-based client satisfaction in emergency units in Ethiopia. CBHI programs aim to provide financial protection and improve healthcare access for people in such situations because emergency care frequently comes with unforeseen cost consequences. Analysis of customer satisfaction will reveal whether CBHI adequately satisfies consumers' needs for emergency care visits.

2 Objective

2.1 General objective

To assess the client satisfaction of patients visiting the TASH emergency unit and the associated factors.

2.2 Specific objective

1. To assess patients' satisfaction among CBHI users visiting the TASH emergency unit
2. To assess patients' satisfaction among out-of-pocket payers
3. To identify factors associated with client satisfaction among patients who visit the adult emergency unit in TASH.

3 Method

3.1 Study Setting

The study took place in the emergency unit of Tikur Anbessa Specialized Hospital (TASH). The study was conducted from October 1, 2023, to November 30, 2023.

TASH has been providing medical services for nearly 60 years since its establishment in 1963. It is a prominent medical facility with a 700-bed hospital and is also the largest teaching hospital in the country, offering various specialty and sub-specialty programs through its medical school.

The emergency department at TASH was established in collaboration with AAU, the University of Wisconsin, and the University of Toronto in 2010. It was the first emergency medicine residency program in Ethiopia and has since graduated thirteen batches of emergency medicine and critical care specialists.

The emergency unit of Tikur Anbessa Specialized Hospital serves more than 20,000 patients per year, making it one of the busiest emergencies in the country[19].

Currently, the Emergency Department at TASH comprises 18 specialists, 53 residents, and 67 nursing staff. On average, it treats around 50 adult emergency patients per day, prioritizing their urgency through a triage system using the Triage Early Warning Scores (TEWS). The emergency unit at TASH offers a wide range of medical care services to address urgent and life-threatening conditions. These services include triage, resuscitation, medical assessment, diagnostic tests, emergency procedures, cardiac and respiratory support, pain management, trauma care, specialist consultations, and referrals.

3.2 Study Design and Study Period

Institution-based cross-sectional with internal comparison study was conducted in the Adult Emergency unit of TASH from October1, 2023 – November30, 2023.

3.3 Source Population

The source population included patients who received services at the adult patient TASH between October 1, – November 30, 2023.

3.4 Study Population

The study population included patients who received services at the Adult Emergency Unit in TASH during the data collection period.

3.4.1 Inclusion Criteria

- Adult patients visiting TASH emergency during the data collection period.

3.4.2 Exclusion Criteria

- Age < 14 years
- Death at arrival
- Critically ill patients without a primary care taker.
- All credit patients other than CBHI
- Patients utilizing third-party insurance
- Patients sponsored by social work
- Patients with mental illness with no primary caretaker

3.5 Study variable

3.5.1 Dependent Variable

- Patient satisfaction

3.5.2 Independent Variable

- Age
- Sex

- Education Level
- Residence
- Time of visit
- Respondent
- Previous visit to TASH
- CBHI User Status
- Waiting Time
- Triage Category
- Length of stay
- Availability of medications
- Frequency of ER visit
- Presence of chronic illness

3.6 Study Population

The study population included patients who received services at the Adult Emergency Unit in TASH during the data collection period.

3.6.1 Inclusion Criteria

- Adult patients visiting TASH emergency during the data collection period.

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3.7 Study variable

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- Age
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- Waiting Time
- Triage Category

- Length of stay
- Availability of medications
- Frequency of ER visit
- Presence of chronic illness

3.8 Data Management

The lead investigator entered and analyzed the data. Prior to analysis, the data was coded and sanitized. Data was entered using Epi info version 7 and analyzed using Statistical Packages for Social Science (SPSS version 27) software.

3.9 Data Analysis

Descriptive analysis was used to characterize the variables' numbers and percentages. The mean was used to characterize the characteristics of participants using continuous variables. Categorical variables were described using frequency or percentages. Logistic regression was used to identify related factors. Model assumption and adequacy tests were performed to examine the fitness of the data's binary logistic regression model. The P-value for the Hosmer and Lemeshow test in the CBHI group is 0.53, whereas in the OOP group it is 0. 13. A bivariate study was conducted to find possible linked factors for client satisfaction. Variables with $P < 0.25$ in bivariate analysis were incorporated into multivariate logistic regression to find independently related factors impacting client satisfaction. The significance of the Odds Ratio (OR) was calculated using 95% confidence interval and P-value < 0.05.

3.10 Ethical consideration

The study was carried out after receiving ethical clearance from the TASH ethics committee, as well as a letter of support from Addis Abeba University granting authorization for data gathering. After receiving legal approval from the college, data gathering began. Participants received an information leaflet outlining the study's aim as well as formal permission. Only patients who volunteered to participate in this study were included, and the anonymity of the information acquired was ensured by removing the participant's identity.

4 Results

4.1 Sociodemographic characteristics

The study's 254 participants, 127 from the CBHI group and 127 from the OOP payers' group responded to the interview 100% of the time. Males accounted for more than half of the participants, including 33(26.0%) CBHI users who were between 36 to 45 years of age and OOP 36(28.3%) were between the ages of 46 and 55 years [Fig 1]. In terms of educational attainment, the majority of CBHI users (32, 25.2%) and OOP payers (31, 24.4%) have a diploma [Tabel 1].

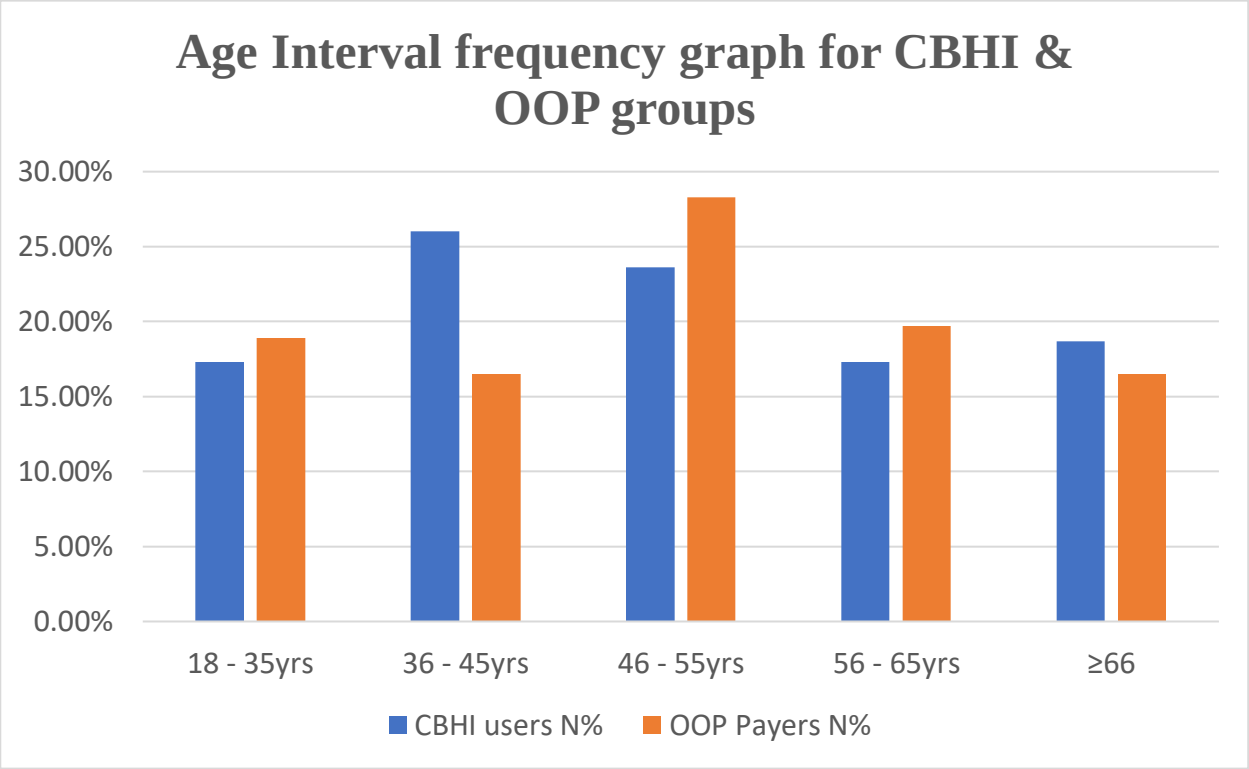

Figure 1Age distribution bar graph

Table 1 Socio-demographic characteristics and health services of the study participants at emergency room TASH (n=254)

Variables		CBHI users Count	N %	Out of pocket payers Count	N%
Gender	Female	54	42.5%	53	41.7%
	Male	73	57.5%	74	58.3%
Age	18 - 25	4	3.1%	7	5.5%
	26 - 35	18	14.2%	17	13.4%
	36 - 45	33	26.0%	21	16.5%
	46 - 55	30	23.6%	36	28.3%
	56 - 65	22	17.3%	25	19.7%
	66 - 75	16	12.6%	15	11.8%
	>75	4	3.1%	6	4.7%
Level of education	Illiterate	8	6.3%	9	7.1%
	Read and write	9	7.1%	13	10.2%
	Elementary	8	6.3%	10	7.9%
	High school	22	17.3%	20	15.7%
	Certificate	14	11.0%	18	14.2%
	Diploma	32	25.2%	31	24.4%
	Degree and above	34	26.8%	26	20.5%
Time of visit	Morning	45	35.4%	44	34.6%
	Evening	48	37.8%	47	37.0%
	Night	34	26.8%	36	28.3%
Frequency of visit to the hospital	No	93	73.2%	92	72.4%
	Yes	34	26.8%	35	27.6%
Respondent	Attendant	32	25.2%	33	26.0%
	Patient	95	74.8%	94	74.0%
Residence	Rural	88	69.3%	77	60.6%
	Urban	39	30.7%	50	39.4%
Waiting Time to be seen by doctor	10min	2	1.6%	3	2.4%
	10 - 30min	18	14.2%	20	15.7%
	40 - 1hr	37	29.1%	36	28.3%
	1hr - 3hr	63	49.6%	61	48.0%
	>3hr	7	5.5%	7	5.5%
	Others	1	0.8%	1	0.8%

Triage Category	Red	10	7.9%	14	11.0%
	Waiting	48	37.8%	42	33.1%
	Orange	21	16.5%	23	18.1%
	Yellow	22	17.3%	20	15.7%
	Green	25	19.7%	27	21.3%
Disposition	Discharged	13	10.2%	18	14.2%
	Admitted	90	70.9%	90	70.9%
	Operative theater	8	6.3%	7	5.5%
	Other	16	12.6%	12	9.4%
Degree of confidence to get good service in the future?	Very Confident	3	2.4%	3	2.4%
	Confident	76	59.8%	76	59.8%
	Somewhat Confident	47	37.0%	47	37.0%
	Not at all Confident	1	0.8%	1	0.8%
Do you feel discriminated	No	127	100.0%	127	100.0%
	Yes	0	0.0%	0	0.0%

4.2 Medical condition of the patients

Of the participants in the study, 56 [44.1%] of the CBHI users and 57 [45.2%] of the OOP payers had never been to the hospital's emergency room before. The majority of research participants 84.3% of the CBHI group and 85.8% of the OOP group have chronic illnesses. After receiving emergency care, the majority of individuals spent 25 to 48 hours in the emergency room. [Table 2]

Table 2 Medical conditions characteristics of patients at the emergency room of TASH (n=254)

Variables		CBHI Users Count	N%	OOP Payers Count	N%
Frequency of ER visit	**1st**	56	44.1%	57	45.2%
	2	22	17.3%	21	16.7%
	3	29	22.8%	26	20.6%
	4	16	12.6%	17	13.5%
	5	2	1.6%	2	1.6%
	>5	2	1.6%	3	2.4%
Length of stay in the ER	**<6hr**	2	1.6%	2	1.6%
	6 - 12hrs	9	7.1%	8	6.3%
	12 - 24hrs	42	33.1%	39	30.7%
	25 - 48hrs	63	49.6%	65	51.2%
	49 - 72hrs	10	7.9%	11	8.7%
	>72hrs	1	0.8%	2	1.6%
Previous chronic illness	**No**	20	15.7%	18	14.2%
	Yes	107	84.3%	109	85.8%
Type of chronic illness	**Others**	9	8.4%	10	9.2%
	High blood pressure	17	15.9%	17	15.6%
	Cardiac problems	20	18.7%	21	19.3%
	Cancer	36	33.6%	37	33.9%
	Diabetes	15	14.0%	14	12.8%
	Obesity	3	2.8%	3	2.8%
	Asthma	7	6.5%	7	6.4%

4.3 Patients' satisfaction with the emergency care

The majority of respondents 51.2% of CBHI users and 58.3% of OPP payers were happy with the emergency care services they received. Out of the five service categories, the members of both groups expressed great satisfaction with the kindness shown by the emergency department staff but expressed dissatisfaction with the physical setting of the emergency room. [Table3]

Table 3 The Overall satisfaction rate of the study participants toward the emergency medical service in TASH (n=245)

Questions		OOP Payers	OOP Payers	CBHI Users	CBHI Users
		Count	N %	Count	N %
The Overall satisfaction level of the patients towards the ER services	Dissatisfied	53	41.7%	62	48.8%
	Satisfied	74	58.3%	65	51.2%
Satisfaction of Emergency room staff courtesy	Dissatisfied	21	16.5%	19	15.0%
	Satisfied	106	83.5%	108	85.0%
Satisfaction of Emergency room environment	Dissatisfied	126	99.2%	126	99.2%
	Satisfied	1	0.8%	1	0.8%
Satisfaction towards physician's care	Dissatisfied	28	22.0%	27	21.3%
	Satisfied	99	78.0%	100	78.7%
General patient satisfaction	Dissatisfied	80	63.0%	54	42.5%
	Satisfied	47	37.0%	73	57.5%
Satisfaction towards patient's family care	Dissatisfied	109	85.8%	108	85.0%
	Satisfied	18	14.2%	19	15.0%

4.4 Patient Satisfaction with Emergency Medical Care Determinants

4.4.1 Factors associated with patient satisfaction in CBHI users

Factors like time of visit, frequency of hospital visits, waiting time before seeing the doctor, frequency of ER visits, and history of prior hospitalization were significant at 0.25 value of P in the bivariable model and were taken into consideration for the final multivariable analysis to evaluate factors related to user satisfaction with CBHI. Only the time of visit was shown to be significantly associated with patient satisfaction in the multivariant analysis. 68% (AOR=0.03, 95% CI:0.11, 0.91) of patients who visit the ER in the evening report being less satisfied than those who come in the morning and at night.

. [Table 4]

Table 4 Logistic regression analysis of factors associated with patient satisfaction in CBHI users at the emergency room in TASH (n=127)

Variable		P-value for COR	COR (95%CI)	P-value for AOR	AOR (95%CI)
Time of Visit	**Morning**	.063	.394(0.148-1.050)	.062	0.370(0.130-1.053)
	Evening	.043	.372(0.143-0.967)	**.033***	0.328(0.118-0.916)
	Night	.047	2.222		
Waiting time to be seen by a doctor		.148	1.382(0.891-2.144)	**.032***	1.697(1.047-2.753)
Frequency of visit to the Hospital	No	.024	3.009(1.157-7.827)	.064	2.735(0.940-7.958)
	Yes	.429	.855		
History of previous admission	No	.028	2.250(1.090-4.645)	0.230	1.700(0.760-3.803)
	Yes	.127	.645		

4.4.2 Factors associated with patient satisfaction in OPP payers

Once a bivariable model's P value was less than 0.25, factors like age, time of visit, respondent, residence, waiting time for a doctor's appointment, triage category, and frequency of ER visits were considered candidates for multivariant analysis. However, in the multivariate analysis, no statistically significant relationship was found between the variables and satisfaction. [Table 5]

Table 5 Logistic regression analysis of factors associated with patients' satisfaction in OOP payers at emergency room in TASH (n=127)

Variables		P-value for COR	COR (95%CI)	P-value for AOR	AOR (95%CI)
Age		0.064	1.255(0.987-1.597)	0.331	1.141(0.874-1.490)
Respondent		0.085	2.023(0.906-4.514)	0.103	2.121(0.859-5.237)
Residence		0.129	0.571(0.277-1.178)	0.263	0.622(0.271-1.427)
Waiting Time		0.039	1.533(1.022-2.300)	0.153	1.467(0.867-2.481)
Triage category		0.215	1.181(0.908-1.537)	0.709	0.938(0.668-1.315)
Time Of Visit	**Morning**	0.018	0.321(0.125-0.821)	0.422	0.351(0.128-0.965)
	Evening	0.233	0.567(0.223-1.441)	0.175	0.509(0.192-1.350)
	Night	0.010	2.600		

5 Discussion

The purpose of this study was to evaluate client satisfaction and related variables among OOP payers and CBHI users who visited the emergency department at TASH in Addis Ababa, Ethiopia. This research indicates that OOP payer patients had better satisfaction ratings (58.3%) than CBHI patients (51.2%). The multivariable logistic regression analysis results revealed that patient satisfaction among CBHI users and OOP payers was not significantly correlated with variables such as triage of category, residence, or history of prior admission; however, patients from the CBHI group who visited in the morning reported being 68% (AOR=0.03, 95% CI:0.11, 0.91) dissatisfied with the emergency medical service, which may be related to overcrowding. In Deder General Hospital, research found that 68.8% of insured patients were satisfied, compared to 62.4% of uninsured patients[12]. Related variables, such as drug accessibility and educational level, have little impact on satisfaction.

Males made up the majority of study participants: 57.5% of CBHI users and 58.3% of OOP payers. Compared to OOP payers (20.5%), CBHI users had a higher level of education (26.7%). For both research groups 37.8% (CBHI) and 37% (OOP) the majority of patients arrived during the evening shift, and the results showed that while they were generally more content, the morning shift was favored in Mekelle[15]. This may be related to the institution's several subspecialties, which nearly exclusively provide services during the evening and night shifts. In both research groups, patients from the rural region made up the majority (69.3% CBHI and 60.6%)

In addition to other relevant characteristics, this study assessed the overall satisfaction with emergency medical treatment among CBHI consumers and OOP payers. According to the study's findings, 58.3% of patients who pay OOP and 51.2% of patients who utilize CBHI are usually satisfied with the emergency medical service. Which makes it lower than Hawassa 86.7%, Mekelle 81.9% and Jimma 78%[14,15,20] Equivalent to the systemic review conducted on client satisfaction on emergency department service and quality of care 56%[16]. The disparity in satisfaction levels may be attributed to the subpar physical conditions of the emergency department and the overcrowding of the room as a result of the larger patient population that the hospital must care for[19]. This highlights a possible area of vulnerability in order to deliver high-quality service and improve care.

Among the five domains used to measure satisfaction towards the emergency medical service Emergency room staff courtesy (CBHI users 85% & OOP payers 83.5%) and satisfaction toward physician care (CBHI users 78.7% and OOP payers 78%) were highest in both study groups. This is more than the leading trauma center in Saudi Arabia (37.6% and 43%, respectively)[17] and the country's teaching hospital (43% and 36%, respectively)[18]. This has the benefit of raising the standard of emergency treatment, which is crucial and top priority in the medical field.

The research groups' overall satisfaction with the emergency room physical environment (0.8%) and patients' family satisfaction (14.2 percent for the CBHI group and 15% for the OOP group) had the lowest ratings across the five domains. This might be a factor in the declining overall satisfaction ratings. To close these gaps and provide proper and transparent communication with the patient's family, changes must be made to the emergency room's atmosphere.

6 Limitation

6.1 Limitation of the study

The size of the participant sample may limit the study's findings and conclusions, influencing the results' generalizability to a broader population. It's possible that the scope of factors assessed overlooked certain important variables in favor of concentrating on a few key aspects affecting patient satisfaction. The ability to establish causal links between variables may be limited by the research design. The study's reliance on patients' self-reported data raises the possibility of response bias or inaccurate patient satisfaction ratings. The results of the study might only apply to the TASH context and not be entirely transferable to other healthcare environments.

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7 Conclusion and Recommendation

7.1 Conclusion

The majority of respondents 51.2% of CBHI users and 58.3% of OPP payers were satisfied with the emergency care services they received. Out of the five service categories, the members of both groups expressed great satisfaction with the kindness shown by the emergency department staff, but expressed dissatisfaction with the physical setting of the emergency room. Between the two groups under study, there was no overstated level of satisfaction. The time of visit has a role in the dissatisfaction of patients who come in the evening in the CBHI users.

7.2 Recommendation

Patient satisfaction was shown to be significantly influenced by the hospital's physical surroundings. Hospitals should thus make sure that their spaces are hygienic, well-kept, and furnished with all the equipment required to deliver high-quality emergency medical treatment. According to the survey, one of the main factors influencing patient satisfaction was contact with healthcare practitioners. As a result, healthcare professionals have to receive training to hone their communication abilities and guarantee that patients understand the nature of their treatment.

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9 Annex 1: Consent form

I hereby consent to participate in the study named "Client Satisfaction among Community-Based Health Insurance Users and Non-Users Visiting Emergency Unit at Tikur Anbessa Specialized Hospital Addis Abeba Ethiopia, Institution-Based Comparative Cross-sectional Study." I understand that participation in this study is totally voluntary. I've been informed that my responses to the questions and the patient's findings would not be shared with anyone else, and that no results from this research will ever identify me in any way. I've also been told that my participation, non-participation, or refusal to answer questions will have no impact on me. I knew that participating in this study has no risks.

Do you agree to proceed?

If yes continue, if no stop, Thank you!

10 Annex 3: Information Sheet

Addis Ababa University, Tikur Anbessa Specialized Hospital

Research Project: To assess Client Satisfaction among Community-Based Health Insurance Users and Out-of-Pocket payers visiting the Emergency Unit of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia

Name of Principal Investigator: Kidest Melaku

Introduction: This information sheet and permission form are developed by the investigator whose main purpose is to analyze client satisfaction among community-based health insurance users and out-of-pocket visitors to the Emergency Unit of Tikur Anbessa Specialized Hospital, Addis Abeba, Ethiopia.

Purpose: This research will assess Client Satisfaction among CBHI users and Out-of-Pocket payers visiting the Emergency unit of TASH. Inaddition, by identifying factor associated with Client Satisfaction.

Procedures: We ask you to participate in our research because we feel you can supply the required knowledge. Participation in the study is completely optional. If you agree to participate in this study, you must first understand and sign the consent form, after which the data collectors will ask you some personal questions. All participant replies and findings will remain anonymous and confidential. Your replies will be kept private from anybody other than the study team.

Risk and/or Discomfort: Participating in this research has no risk, however it may take some of your time (15 to 30 minutes).

Benefits: You might not directly benefit from this study but your participation in this study will help in improving quality health care and policy making.

Incentives: it is a voluntary participation. Therefore, there will not be any incentives or payments concerning this study.

Confidentiality and Anonymity: The information gathered from this research endeavor will be kept secret. Information about you gathered throughout the study will be kept in a file that will not bear your name, and it will not be disclosed to anyone other than the primary investigator.

Right to decline: You have the entire right to refuse to participate in this research if you do not want to, and this will not impact you.

Persons to contact for more information: If you have any queries, please contact the primary investigator at the following address:

Name: Kidest Melaku

Tel: + 251913675346

Email: kidestmelaku113@gmail.com

Are you willing to participate in this study?

Yes [ ] No [ ]

Date _____

Signature of caregiver Signature of data collector

If yes, continue to the next part; if no, do not go further

11 Annex 2: Questionnaire

Date:/____/_____

Questionnaire on assessing patient satisfaction towards the EU care

- Sociodemographic characteristics of the patients
- What is your gender

A. Female

B. Male

- Age_____ in years

A. 18 – 25

B. 26 – 35

C. 36 – 45

D. 46 – 55

E. 56 – 65

F. 65 – 75

G. >75

- What is your Level of education?

A. Illiterate

B. Read and write

C. Elementary

D. High School

E. Certificate

F. Diploma

G. Degree and above

- Please indicate your time of visit?

A. Morning

B. Evening

C. Night

- Is it the first visit to this Hospital (frequency of visit)?

A. Yes

B. No

- Who has completed the questionnaire

A. Patient

B. Attendant

- From where you came?

A. Urban

B. Rural

- Waiting time before getting service

A. 10 min

B. 10 – 30 min

C. 40 – 1hr

D. 1hr – 3hr

E. >3hr

- ER site visited

A. Red

B. waiting

C. Orange

D. Yellow

E. Green

F. Others

- Subsequent decision made

A. discharged

B. admitted

C. operative theater

D. others specify_____

- Degree of confidence to get good service in the future

A. Very confident

B. Confident

C. Somewhat confident

D. Not confident at all

12. Do you feel discriminated?

A. Yes

B. No

13. Do you have CBHI?

    A. Yes

    B. No

14. Availability of Medication?

    A. Yes

    B. No

15. Emergency visit before

    A. Yes

    B. No

16. Number of emergency room visits

    A. 1st

    B. 2nd

    C. 3rd

    D. 4th

    E. 5th

    F. >5

17. Duration of stay in the emergency room

    A. <6hr

    B. 6 – 12hr

    C. 13 – 24hr

    D. 25 – 48hrs

E. 49 – 72hrs

F. >72hrs

18. History of previous admission to the hospital

A. Yes

B. No

19. Previous chronic illness

A. Yes

B. No

20. If yes

A. High blood pressure

B. Cardiac problem

C. Cancer

D. Diabetes

E. Obesity

F. Asthma

G. Others _____specify

o Brief Emergency Department Patients' Satisfaction Scale (BEPSS)	1	2	3	4	5
Emergency department staff (EDS)					
1. Nurses care about my treatment					
2. Nurses inform me about the remaining of the treatment					
3. Nurses attended to me patiently					
4. Nurses relieved me of the pain well					
5. Admission staff guided me appropriately					
6. The behavior of the admission staff was suitable					
Emergency department environment (EDE)					
7. The environment of the emergency room was calm and quiet					
8. Emergency room was well equipped					
9. The environment of the emergency room was hygienic					
Physician care satisfaction (PCS)					
10. The physician told me about my treatment course					
11. The behavior of the physician was respectful					
12. The physician's explanation about the remaining of treatment was enough					
13. The physician spent a sufficient time examining me					
General patient satisfaction (GPS)					

o Brief Emergency Department Patients' Satisfaction Scale (BEPSS)	1	2	3	4	5
14. The waiting time before seeing the doctor was appropriate					
15. The waiting time before admission process was appropriate					
16. I would recommend this hospital to my acquaintances					
17. I am satisfied with the quality of services in the emergency room					
18. The emergency room of this hospital is well functioning					
Patient's family satisfaction (PFS)					
19. The family of the patient are respected in this hospital					
20. Family can spend an appropriate amount of time besides the patient					

1-very dissatisfied, 2-dissatisfied, 3-fair/indifferent, 4-satisfied and 5-very satisfied.

ቅጥያ 1

የስምምነት ማረጋገጫ ቅፅ

በዚህ ቅፅ መሰረት በአዲስአበባ ኢትዮጵያ በሚገኘው የጥቁር አንበሳ ሆስፒታል ድንገተኛ የህክምና ክፍል ስለሚሰጠው የማህበረሰብ አቀፍ የጤና መድህን ሽፋን ተጠቃሚ በሆኑና ተጠቃሚ ባልሆኑ ተገልጋዮች ላይ የሚታየውን በአገልግሎት የመርካት በሚዳስሰው ጥናት ላይ ለመሳተፍ ፍቃደኝነቴን እገልፃለሁ

በዚህ ጥናት ላይ ከህመምተኛውም ሆነ ከተገልጋዩ የሚገኙ ምላሾች ለሶስተኛ ወገን ተላልፈው እንደማይሰጡ እንዲሁም በጥናቱ መሰረት የሚገኙ ውጤቶች ቢኖሩ ማንነቴ እንደማይገለፅ ከጥናት አድራጊዎቹ በግልፅ ተነግሮኛል

እንዲሁም በዚህ ጥናት ላይ ለመሳተፍ ባልፈልግወይም ብሳተፍ አልያም አንዳንድ ጥያቄዎችን ለመመለስ ፈቃደኛ ባልሆን ምንም አይነት ተፅእኖ እንደማይደርስብኝ በግልፅ ተነግሮኛል

በዚህ ጥናት ላይ ተሳታፊ መሆን ምንም አይነት ችግር እንደማያስከትልብኝ ተረድቻለሁ

መቀጠል ይሻሉ

ምላሾ አዎን ከሆነ መቀጠል ይችላሉ የማይስማሙ ከሆነ አይቀጥሉ አመሰግናለሁ

ቅጥያ 2 መጠይቅ

ቀን _____/___/_____

Questionnaire on assessing patient satisfaction towards the EU care

መጠይቅ : በድንገተኛ ህክምና ክፍል ያሉ ታካሚዎች በአገልግሎት መርካት ምዘና

የታካሚ ማህበረሰባዊ ደረጃ

1 ፆታ

ሴት

ወንድ

2 እድሜ -------- አመት

3 የትምህርት ደረጃ

ሀ) ያልተማረ

ለ) ማንበብና መፃፍ የሚችል

ሐ) የመጀመሪያ ደረጃ

መ) ሁለተኛ ደረጃ

ሠ) ዲፕሎማ

ረ) ዲግሪ እና ከዚያ በላይ

4 እባክዎ ለህክምና የመጡበትን ጊዜ ያሳውቁ

ሀ) ጠዋት

ለ) ከሰአት

ሐ) ማታ

5 ወደ ሆስፒታል ሲመጡ የመጀመሪያ ጊዜዎ ነው

6 በምን ያህል ጊዜ ወደ ሆስፒታል ይመጣሉ

7 ይህን መጠይቅ የሞላው ማን ነው

ሀ) ታካሚ

ለ) ሌላ ሰው

8 የመጡበት አካባቢ የት ነው

ሀ) ከከተማ

ለ) ከገጠር

9 አገልገሎት ለማግኘት ምን ያህል _____ደቂቃ/ሰዓት ጠብቀዋል

10 በየትኛው የድንገተኛ ክፍል ነው ህክምና የተደረገሎት

ሀ) በቀይ

- ለ) ቡርትካናማ
- ሐ) በቢጫ
- መ) በአረድ
- ሠ) ማቆይ ሰፍራ

11 የተሰጠ ውሳኔ

ሀ) መውጣት ይችላሉ

ለ) ተኝተው ይታከሙ

ሐ) ቀዶ ህክምና ይደረግላቸዋል

መ) ሌላ ካለ በግልፅ ያስቀምጡ

12 በቀጣይ ጥሩ ህክምና ስለማግኘት ያለዎት መተማመን

- ሀ) በጣም እተማመናለሁ
- ለ) እተማመናለሁ
- ሐ) በመጠኑ እተማመናለሁ

13 የተገለሉ መስሎ ይሰማዎታል

- ሀ) አዎ
- ለ) አይ

14 ማህበረሰብ አቀፍ የጤና መድህን ዋስትና አለዎት

- ሀ) አዎ
- ለ) አይ

በድንገተኛ የህክምና መስጫ ክፍል ያለ የታካሚ የህክምና ሁኔታ

15 የቀደመ የህመም ታሪክ አሎት

- ሀ) አዎ
- ለ) የለም

16 ከዚህ ቀደም ድንገተኛ የህክምና መስጫ ክፍል መጥተው ያውቃሉ

- ሀ) አዎ
- ለ) አላውቅም

17 የተመለከቷቸው የድንገተኛ ህክምና መስጫ ክፍሎች

18 በድንገተኛ የህክምና መስጫ ክፍል የቆዩበት _____ ሰዓት

19 በሆስፒታል ውስጥ ተኝተው ታክመው ያውቃሉ

- ሀ) አዎ
- ለ) አላውቅም

20 የቀደመ ስር የሰደደ ህመም አለዎት

- ሀ) አዎ
- ለ) የለኝም

21 ምላሾት አዎ ከሆነ

ሀ) ከፍተኛ የደም ግፊት

ለ) የልብ ህመም

ሐ) ካንሰር

መ) ከመጠን ያለፈ ውፍረትና አስም

ሠ) ሌላ ካለ በግልጽ ያስቀምጡ

○ Brief Emergency Department Patients' Satisfaction Scale (BEPSS) የድንገኛ ህክምና ክፍል የተገልጋዩችን የአገልግሎት መመዘኛ	**1**	**2**	**3**	**4**	**5**
Emergency department staff (EDS)					
1. Nurses care about my treatment ○ ነርሶች ስለ ሚሰጠኝ ህክምና ይጨነቃሉ					
2. Nurses inform me about the remaining of the treatment ○ ነነርሶች ስለ ቀረኝ ህክምና መረጃ ይሰጡኛል					
3. Nurses attended to me patiently ○ ነርሶች በትእግስት ይከታተሉኛል					
4. Nurses relieved me of the pain well ○ ነርሶች የሚሰማኝ ህመም እንዲታገስልኝ ይጥራሉ					
5. Admission staff guided me appropriately ○ ሰስራተኞች ተገቢውን ቦታና ህክምና እንዳገኝ አግዘውኛል					
6. The behavior of the admission staff was suitable 7. ሰራተኞች ተገቢውን ባህሪና መስተንግዶ ሰጥተውኛል					
Emergency department environment (EDE) **የድንገተኛ ህክምና ክፍል ከባቢ ሁኔታ**					
8. The environment of the emergency room was calm and quiet ○ የድንገተኛ ህክምና መስጫ ክፍል ንፁህና ሰላማዊ ነው					

○ Brief Emergency Department Patients' Satisfaction Scale (BEPSS) የድንገኛ ህክምና ክፍል የተገልጋዩችን የአገልግሎት መመዘኛ	**1**	**2**	**3**	**4**	**5**
9. Emergency room was well equipped ○ ድንገተኛ ህክምና መስጫ ክፍሉ በተገቢው መገልገያ የተሟላ ነው					
10. The environment of the emergency room was hygienic ○ የድንገተኛ ህክምና መስጫ ክፍሉና አካባቢው ንፁህ ነው					
Physician care satisfaction (PCS) **የጤና ባለሞያው እንክብካቤ መለኪያ**					
11. The physician told me about my treatment course ○ ሀኪሙ ስለህክምናዬ ሂደት ነግሮኛል					
12. The behavior of the physician was respectful የሀኪሙ ባህሪ አክብሮት የተሞላበት ነው					
13. The physician's explanation about the remaining of treatment was enough ○ ስለ ቀጣይ የህክምናው ሂኔታ በሀኪሙ የተሰጠኝ መረጃ በቂ ነው					
14. The physician spent a sufficient time examining me ○ ሀኪሙ በቂ ጊዜ ሰጥቶ ምርመራ አድርጎልኛል					
General patient satisfaction (GPS) **ጠቅላላ የታካሚው በአገልግሎት ያገኘው እርካታ**					
15. The waiting time before seeing the doctor was appropriate					

○ Brief Emergency Department Patients' Satisfaction Scale (BEPSS) የድንገኛ ህክምና ክፍል የተገልጋዩችን የአገልግሎት መመዘኛ	**1**	**2**	**3**	**4**	**5**
○ ሀኪሙን ለማየት የጠበቅኩት ጊዜ ተገቢ ነው					
16. The waiting time before admission process was appropriate ○ ተኝቼ ለመታከም የጠበቅኩት ጊዜ ተገቢ ነው					
17. I would recommend this hospital to my acquaintances ○ ስለዚህ ሆስፒታል ለወዳጆቼ ልመሰክር እችላለሁ					
18. I am satisfied with the quality of services in the emergency room 19. በድንገተኛ የህክምና ክፍሉ በተሰጠኝ ግልጋሎት ተደስቻለሁ					
18. The emergency room of this hospital is well functioning የዚህ ሆስፒታል የድንገተኛ የህክምና ክፍል በአግባቡ ግልጋሎት እየሰጠ ነው					
Patient's family satisfaction (PFS) **የአስታማሚ በአገልግሎት መደሰት መመዘኛ**					
20. The family of the patient are respected in this hospital ○ አስተማሚና የታካሚ ቤተሰቦች በሆስፒታሉ ውስጥ ተገቢውን አክብሮት አግኝተዋል					
21. Family can spend an appropriate amount of time besides the patient ○ ቤተሰብ ተገቢውን ያህል ጊዜ በታመሙ ጋር ማሳለፍ ይችላል					

1-very dissatisfied, 2-dissatisfied, 3-fair/indifferent, 4-satisfied and 5-very satisfied.

a. በጭራሽ አልተደሰትኩም

b. አልተደሰትኩም

c. ደህና ነው

d. ተደስቻለሁ

e. በጣም ተደስቻለሁ