



**Addis Ababa University
College of Health Science
School of Public Health**

**Patient Satisfaction on Quality of Health Care
Delivery on Private wing of the ALERT Hospital**

Addis Ababa, Ethiopia

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A Thesis submitted to Addis Ababa University School of Public Health, College of Health Science, in Partial fulfillment of the requirement for the Degree of Master in Public Health.

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Addis Ababa University

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Addis Ababa University, College of Health Science, School of
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List of Abbreviations

AAERC	ALERT /Ahri Ethics Review Committee
AAU	Addis Ababa University
ALERT	All Africa Leprosy and Tuberculosis Rehabilitation Training Center
AOR	Adjusted odds ratio
COR	Crude odds ratio
ETB	Ethiopian birr
FMOH	Federal Ministry of Health
HCF	Health Care Financing
HSDP	Health Sector Development Program
Ilep	International Leprosy Eradication Program
MDGs	Millennium Development Goals
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
WHO	World Health Organization

Abstract

Background: To improve the quality of health care, the health care provider needs to know what factors influence patient satisfaction. Many cases of patient dissatisfaction can occur due to inadequate discovery of their needs. There was no adequate study related to patient satisfaction of health care on private wing. Therefore, the objective of this study was to assess patient satisfaction on quality of health care delivery on private wing of the ALERT Hospital, Addis Ababa, Ethiopia.

Methodology: A cross sectional descriptive study was conducted from June 17 to July 6, 2013 in All Africa Leprosy and Tuberculosis Rehabilitation Training Center /ALERT/ Addis Ababa Ethiopia. The data was collected by using structured questionnaire and checklist. Face to face interview was employed. Participants of the study were interviewed after leaving consultation/physician room. The check list was filed by the principal investigator of the study.

Results and discussion: The study has shown that the overall satisfaction level of the patients with the quality of care they received was 238(62.8%). Majority of the clients believed that the hospital compound was clean, quiet (no sound pollution) and not crowded 333(88%), 358(95%), and 319(84 %), respectively. Patient satisfaction with the health care provided was found to have no significant association with the socio- demographic characteristics of clients. More than half (57.5%) of clients from those who are going to pharmacy were not getting the prescribed drug from Hospital's pharmacy. This survey has shown that waiting time for registration and being seen by a health professional, the health service cost, courtesy and respect by nurses, patients who believed will come again and recommends the private wing of the ALERT Hospital to others, were predictors of patient satisfaction after adjusting for other variables.

Conclusion and recommendation: Generally the study revealed that, the overall patient satisfaction on the private wing of the ALERT Hospital was moderate. However their satisfaction with specific elements (indicators) of quality of care was varied. The Hospital responsible body needs to understand the extent of the problem with drugs and supplies and plan to look for different mechanisms to keep adequate stock of essential drugs and standard medical equipments. and effort should be made in different dimensions on reducing waiting time and giving quick service in the Hospital.

Key words: Patient satisfaction, quality of health care delivery, private wing.

1. Background

1.1. Introduction

Many cases of patient dissatisfaction can occur due to inadequate discovery of their needs (1). Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the hospitals. The quality of service in health care service means a type of service with minimum side effects that can cure or relieve the health problems of the patients (2). Evaluation of healthcare provision is essential in the ongoing assessment and consequent quality improvement of medical services (3).

Improved socio-economic status and easier access to medical care has led to high expectations and demands from consumers of hospital services. For health care organizations to be successful monitoring of customer's perception is a simple but important strategy to assess and improve their performance (4).

Patient satisfaction with the healthcare services largely determines their compliance with the treatment and thus contributes to the positive influence on health (5). This study was undertaken with the aim of finding out the level of patient satisfaction in related to quality of health care provided at private wing of All Africa Leprosy and Tuberculosis Rehabilitation Training Center (ALERT) Hospital.

1.2. Statement of the problem

In Ethiopia, health services are limited and of poor quality and the country has relatively sub-optimal health status relative to other low-income countries. To solve this problem, the government has focused on improving the organization and quality of health services delivered to the population. This intention of the government was reflected in the 1993 Health Policy and the Health Sector Development Programam of the Country. In such efforts towards improving quality of health care, patient satisfaction is integral component of health services provided to the population (2).

In August 1998, the Council of Ministers of the Government of the Federal Democratic Republic of Ethiopia approved the Ministry of Health's proposed Health Care Financing Strategy. The Strategy sought to institute a number of policy changes aimed at increasing the resources available for the health sector, improving the efficiency of resource use, and promoting quality and sustainability(6).

The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems (7).

The improvement of quality is central to the reform of health systems and service delivery. All countries face challenges to ensure access, equity, safety and participation of patients, to develop skills, technology and evidence-based medicine within available resources. There is growing interest to measure patient satisfaction and collect the views of patients about the services they use (8). Satisfaction is essential if we have to get people utilize services, comply with treatments and improve health outcomes (9). One of the principal components of the Reform is management and operation of private wings in public hospitals (6). However, there are no sufficient evidences which review the newly established health care service private wing of government hospitals. Therefore this study was undertaken with the aim to find out the level of patient satisfaction related to quality of health care provided at private wing of ALERT Hospital.

2. Literature Review

2.1. Health care service and client expectation/satisfaction

Patient has traditionally been associated with powerlessness against the medical establishment. As is shown in the Norwegian Patients' Rights Act of 1999 Ministry of Health and Care Services, 1999, the patient is no longer looked upon as powerless and passive. Both healthcare authorities and healthcare personnel expect the patients to be actively involved in their own healthcare (10).

According to Harper Petersen, the following aspects of health care services are found in the professional literature as significant components of client expectations /satisfaction:

- Being comfortable;
- Being treated as a mature individual;
- Getting information about what will happen;
- Learning how to participate in care;
- Feeling safe;
- Needing reassurance;
- Feeling more in control;
- Decreasing stress; and
- Having staff available to listen.

According to Donabedian1992, consumer satisfaction plays a tripartite role in health care. It is, firstly, as a judgment on the quality of health care, embodying the patient's expectations and perceptions. Secondly, it is an "outcome" of care: one aspect of the patient's psychological wellbeing and also a consequence that health care systems may strive for as a mark of their success. And, thirdly, patient satisfaction is a contribution to further care, motivating Patients to seek care and to collaborate in enhancing its success. Thus by a subtle transmutation, patient Satisfaction, having been an outcome of care, becomes also a structural feature of the health care enterprise itself (11, 12)

Health care recipients in developing and newly developed nations are particularly sensitive to perceptions of the quality of their health care delivery system when compared with those in advanced economies (13).

A study done in Addis Ababa on determinants of patient satisfaction with outpatient health services at public and private hospitals shows that about 18.0% of the patients at the public hospitals were very satisfied whilst 47.9% were just satisfied with the corresponding proportions a bit higher at private hospitals. Self-judged health status, expectation about the services, perceived adequacy of consultation duration, perceived providers' technical competency, perceived welcoming approach and perceived body signaling were determinants of satisfaction at both public and private hospitals. (1)

2.2. Patient satisfaction assessment on health care delivery

The concept of patient satisfaction is a multifaceted phenomenon; satisfaction comprises both cognitive and emotional facets (14). Several methods of assessing quality of care have been described. However, there is no universally accepted method of measuring quality of care, but there is growing consensus that measuring quality of care should be based at least on patients satisfaction studies(15). It is evidenced that addressing patients' perceptions appropriately leads to improved Health care and this will go a long way in increasing their level of satisfaction. Patient satisfaction has emerged as an increasingly important parameter in the assessment of health care quality (16). Quality work includes investigations that map out patient satisfaction with health care. To improve the quality of health care, the health care provider needs to know what factors influence patient satisfaction (17). One problem with assessing preferences is that patients' decisions about what is important in health care often reflect their individual experience rather than a general view (18).

Several healthcare service studies have used perceived quality as a patient satisfaction measure. They suggest that meeting patient expectations is essential, healthcare providers must know their patients and understand their expectations. Because expectation has been defined as customer desire, service expectations do not represent what service providers' offer in reality, but rather what they should offer (19).

A study done on evaluation of patients' satisfaction with quality of care provided In South-Eastern Nigeria , a total of 400 patients with 100% response rate , Satisfaction was measured from the following domains: accessibility, patient waiting time, patient-provider communication, patient-provider relationship, hospital bureaucracy, and hospital environment. Operationally, patients who scored 50% and above in the assessed domain were considered satisfied while those who scored less than 50% were dissatisfied. Results: The overall satisfaction score of the respondents was 66.8%. Specifically, the respondents expressed satisfaction with patient-provider relationship (81.5%), patient-provider communication (79.9%), accessibility (74.2%), and hospital environment (68.2%) and dissatisfaction with hospital bureaucracy (48.8%) and patient waiting time (48.3%) (15).

It has been thought for some time that patient satisfaction with medical care reflects satisfaction both with how care is delivered (process) and with the results of that care (outcome) (20).

2.3. Quality of health care assessment and its attributes

Patient's perceptions of quality of care affect also their health behavior after discharge, and positive ratings of service quality seem to be correlated with no hesitation about re-visiting the same hospital ward (21).

Achieving Hospital patient satisfaction and the quality patient experience, leads not only to satisfied and cared-for patients and families, but also to positive outcomes for health service organizations (22).

A study on Assessment of Quality of Health Care in jimma Zone, showed that, the studied institutions fulfilled 153(70.4%) of the health human power need. They also fulfilled 86(62.8%) of major equipment requirement against the national standard. The composite average satisfaction level of patients was 122(89.1%). Nevertheless, the respect given to patients by care providers was rated as poor. Thirty nine (48.2%) of the care providers were assessed as low performance (8).

A quality assessment measures the difference between expected and actual performance to identify gaps in the health care system, which would serve as a starting point for quality improvement activities (10).

Professionals have recognized that a systematic and consumer oriented perspective toward patient viewpoints about the level of care can result in feedback useful for promoting higher

quality standards of patient care. Feedback from consumers is required in terms of experiences of health service quality of care received. Feedback from customers will not only improve knowledge of decision makers, but will also facilitate more improved prioritization, improved resource allocation and improved value for money. It will also serve as a platform for providing better services to citizens (23).

Reforming health care delivery system to improve the quality of care is essential. A study produced extensive evidence of inefficiencies in the current system related to the overuse, underuse, and misuse of health care. These findings suggest that reforming the delivery of health care has the potential to substantially improve its value. A reformed system should reward value before volume, quality before quantity, and organized delivery over disorganized care (10).

The improvement of quality is central to the reform of health systems and service delivery. All countries face challenges to ensure access, equity, safety and participation of patients, and to develop skills, technology and evidence-based medicine within available resources. Satisfaction is essential if we have to get people utilize services, comply with treatments and improve health outcomes (24).

Donabedian 1992 believe, that, the best interests of health care practitioners and consumers are congruent and that the political system will be most responsive to quality enhancement when health care professionals and consumers present a united front. It is necessary, therefore, that individual practitioners be always completely open and truthful with their patients about the ways in which public policy shapes what they are able to do (12).

2.4. Private wing health care service provision and patient satisfaction

In Ethiopia, health services are limited and of poor quality and the country has sub-optimal health status relative to other low-income countries (6). To solve this problem, the government has focused on improving the organization and quality of health services delivered to the population. This is because improving the poor quality of care delivered to patients is one of the strategies to reduce the burden of communicable diseases and plays a significant role in attaining the Millennium Development Goals (MDGs). This intention of the government was reflected in the 1993 Health Policy and the Health Sector Development Program of the country. In such efforts towards improving quality of health care, patient satisfaction is integral component of health services provided to the population (25).

The principal components of the Health Care Financing Reform include development of the legal and regulatory provisions related to:

- Local retention and use of facility user fee revenue
- Fee waiver and exemption systems
- Establishing and operation of hospital management boards and related steps toward hospital autonomy
- Outsourcing of non-clinical health services
- Management and operation of private wings in public hospitals (6)

Revenue retention is one of its components. It turns improved citizens' perceptions of health services, improved the performance and satisfaction of health professionals, and enhanced overall functioning and performance of the health system (26).

The private wing is meant to improve the quality and timeliness of services especially on weekends to help reduce the turnover of skilled man power through additional compensation and to motivate staff members to provide more and better service for an additional fee to those who can afford to pay. The quality of services including time lines, access to private or semi private accommodation, availability of specialists, quality and quantity of nursing staff and waiting time for elective surgery is a key issue in the development of private wing services(27).

Therefore to get satisfied patient and to bring quality of care, both health care authorities and health care personnel expect the patient to be actively involved in their own health. Knowing client expectations like; being comfortable, feeling safe, needing reassurance and the likes are more important to success on health care delivery. Health care providers constantly check whether the care offered is effective, human and patient centred understand the request of their patients and provide appropriate care accordingly. The improvement of quality is also central to the reform of health systems and service delivery. This study was also assessing patient satisfaction on the newly established part of health sector reform on private wing of All Africa Leprosy and Tuberculosis Rehabilitation Training Center (ALERT) Hospital Addis Ababa Ethiopia.

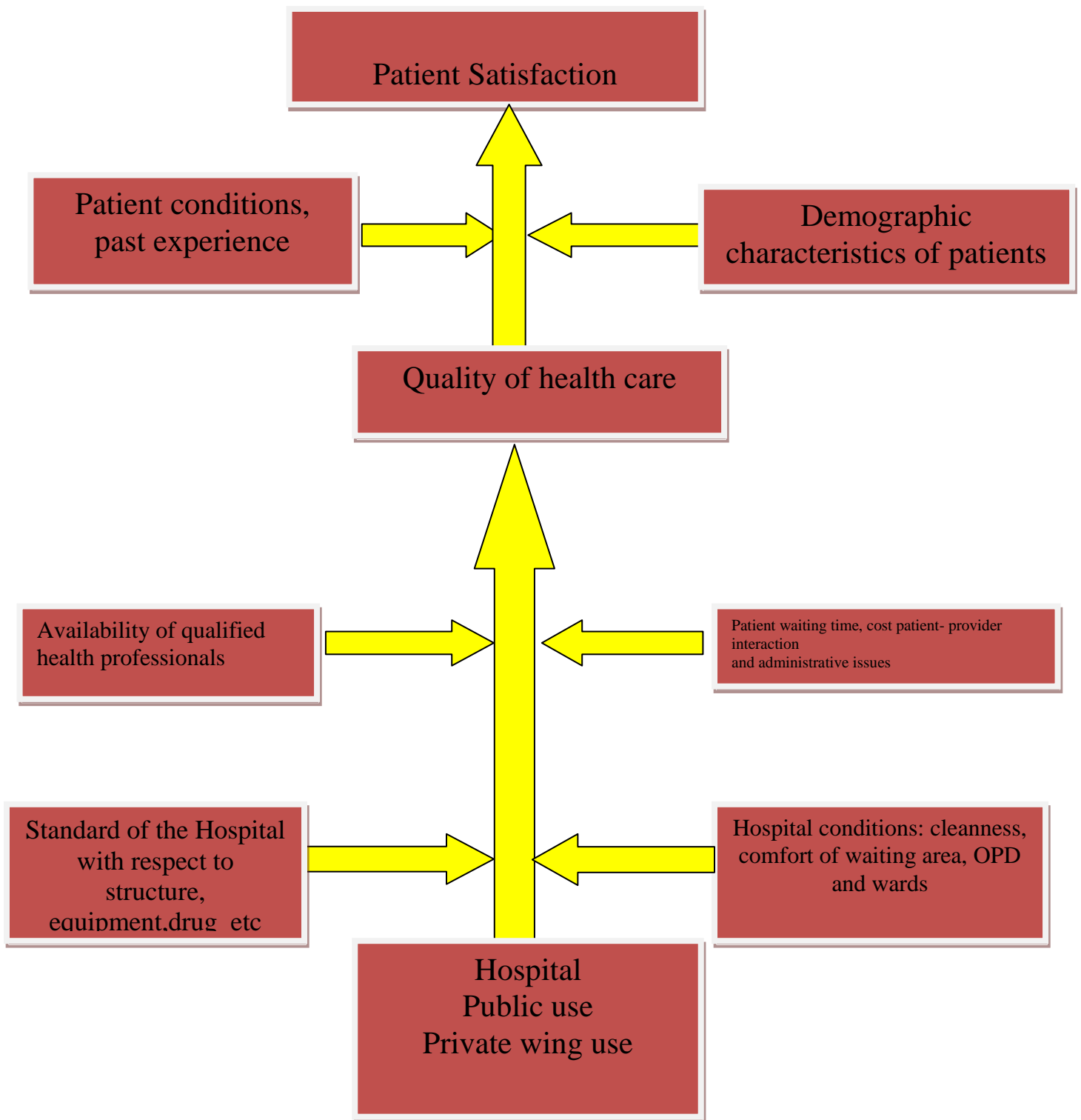


Figure 3. Conceptual framework for patient satisfaction of the private wing of ALERT Hospital, Addis Ababa Ethiopia, July 2013. (Adapted from Bekele C, adult patient satisfaction with nursing care done in public hospitals in Addis Ababa, Ethiopia Jun 2005.)

3. OBJECTIVE

3.1. General Objective

The general objective of this study is to assess patient satisfaction on quality of health care delivery on private wing of the ALERT Hospital, Addis Ababa, Ethiopia.

3.2. Specific objective

To achieve the general objective the research work has the following specific objectives:

- To describe the hospital its physical environment, staffing pattern, flow of patient's and other environmental factors which influence patient's satisfaction
- To identify functional and available services
- To identify specific factors of patient satisfaction in relation to the quality of health care provided and
- To assess the effect of socio demographic variables on client satisfaction

4. Methodology

4.1. Study design

A cross sectional descriptive study was conducted in All Africa Leprosy and Tuberculosis Rehabilitation Training Center /ALERT/ Hospital Addis Ababa Ethiopia.

4.2. Study Area

The study was conducted in All Africa Leprosy, Tuberculosis, Rehabilitation, Research and Training Center (ALERT) Hospital, it is found in southwest of Addis Ababa along the road of 'Jimma'. There are a total number of 1061 staff .Of this 587 are supporting and 326 health professional and 148 contract employee.

ALERT had trained men and women in all aspects of leprosy with special emphasis on control, treatment and rehabilitation as it applies to Africa. Prior to 2002 ALERT was funded by International Leprosy Eradication Program (ILEP) and other donor organizations. Since July 2002, it is administered by The Federal Democratic Ethiopia Ministry of Health. It is a tertiary referral and teaching hospital for leprosy and other skin diseases. The hospital serves as treatment (out patient departments and in patient departments), research and training center. The Hospital gives services approximately for 230-250 clients per day.

In 2009 the hospital has started to provide private wing service in dermatology clinic which was followed by ophthalmology clinic, gynecology/obstetrics and medical departments.

All medical staffs working in these departments, pharmacists, laboratory technologists, the administrative staff (including chief executive officer), finance staffs, transportation staffs (drivers), other supporting staffs (cleaners, runners, registration staffs) are involved in the private wing service of the Hospital. The private wing initiative offers the opportunity to provide benefits for patients, staffs and health facility. This will increase motivation and reduce attrition rate of health workers, mobilize additional resources and subsidize the usual service, Improve the quality of health services; provide alternative care access for clients, provide opportunity for patients to get personal choice of doctors and caring for people with an increased level of patient satisfaction.

4.3. Source population.

The source populations for this study are all patients who were in use of the private wing of government hospitals.

4.4. Study population and study unit

The study populations for this research are patients who fulfill the inclusion criteria and use the private wing of the ALERT hospital during the study period.

4.5. Inclusion criteria

- Patients equal to and above age of 18yrs
- Volunteer to participate in the study.
- Care takers of patients who's Age are less than 18yrs.

4.6. Exclusion Criteria

- Not volunteer to participate in the study.

4.7. Sample size determination

The sample size was determined by assuming satisfied patient proportion of 66% taken from a study done on quality of health care in private and public hospitals situated in Addis Ababa(1), giving any particular outcome to be within 5% marginal error and 95% confidence level of certainty ($\alpha = 0.05$). Based on this the actual sample size for the study is computed using one-sample population proportion formula as indicated below.

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

Where: n = Sample size z = critical value 1.96

p = 66% taken from study conducted on quality of health service in Addis Ababa public and private hospitals

d = precision (marginal error) = 0.05 Thus the sample size will

$$n = \frac{(1.96)^2 \times 0.66(1-0.66)}{(0.05)^2} = 345$$

Considering a non-response rate of 10% the total sample size, the study sample is 379

4.8. Sampling procedures

The study participants were selected from a list of patients in the registration, (patients were registered in the morning and came back for examination at evening) using systematic sampling technique the interval “k” was used to select participants among patients from the sampling frame. It was identified by dividing the total number of patients (p) who have follow up or first visit during that study period to the required sample size(s) that is $k=p/s$; when the selected interval was absent the next subject included. Lottery method was used to identify the first unique number, as a starting point to select study subjects.

4.9. Data collection procedure and quality control

The data was collected by using structured questionnaire and checklist from June 17 to July 6, 2013. Face to face interview was employed. Participants of the study were interviewed after leaving consultation/physician room (those patients who were repeat visit, answer the laboratory and pharmacy questions immediately, from their previous experience those patients who were first visit answer the laboratory and pharmacy questions, after laboratory and pharmacy visits). The questionnaire was contained information on socio-demographic (age, sex, occupation, marital status, and educational level), socio economic variables (income) etc and the check list was filed by the principal investigator of the study, contained information on physical environment , staffing pattern, and type of service provided in the private wing of the ALERT Hospital, Addis Ababa, Ethiopia.

Questionnaire was prepared in English and then translated to Amharic. The Amharic version was retranslated back to English to check for any inconsistencies. Three data collectors and supervisor whose educational qualification is diploma and above were recruited. The selected supervisor and data collectors were trained on data collection procedure. Then pretesting of the questionnaire was conducted on 10 patients in private wing of ALERT hospital then the questionnaire was assessed for its clarity, understandability, completeness and reliability prior to actual data collection. Those participated patients during pre testing were excluded from the actual study. The overall activity was monitored by the principal investigator of the study; data quality was ensured by designing the proper data collection materials and through continuous supervision. All questionnaires were examined for completeness and consistency during data collection. The data was entered using Epi-Info version 6 software by trained data clerk, by principal investigator and cleaned by the principal investigator before analysis.

4.10. Data Analysis Procedures

After data collection the data was cleaned and entered using Epi-Info version 6 software and exported to SPSS Version 16 (Statistical Windows Computer Software Package) for analysis.

4.11. Variables of the study

4.11.1. Response (dependent) variable

The response variable is patient satisfaction (patient satisfaction on general service of the Hospital).

NB:the reported “satisfaction with the overall service” was taken as the main measurement variable and hence predictor factors analyzed in respective accordingly. And the questioner of this study on patient satisfaction was arranged in five point Likert scale (strongly agree, agree, not sure, disagree, and strongly disagree) also has don’t want to answer and (yes, no, not sure, and, and don’t want to answer) as a choice for the questioner. for the purpose of analysis “strongly agree and agree” were merged to “**Agree**” .“ not sure, disagree, strongly disagree and don’t want to answer” were merged to “**Disagree**” and “**Yes**” remains as it is and “ no,notsure,and, and don’t want to answer” were merged to “**No**”

4.11.2. Explanatory variables (independent)

- Age
- Sex
- Ethnicity
- Educational level
- Marital status
- Socio-economic status
- Patient and health care provider relationship
- Religion etc....

4.12. Operational Definition

4.12.1. Quality of health care delivery

Quality of health care delivery means every initiative taken to improve outcomes in health care systems .with this dimensions effective, efficient, accessible, acceptable/patient-centered, equitable, and safe, delivering health care which minimizes risks and harm to service users.

4.12.2. Patient satisfaction

Patient satisfaction refers to the patient's state of being satisfied with health care services in the dimensions of convenience, courtesy, quality of care and physical environment and also satisfaction comprises both cognitive and emotional facets. The Bivariate and Multivariate logistic regression analysis of this study on level of patient satisfaction was estimated by using this dependent variable (patient satisfaction on general service of the Hospital) in relation to other independent variables.

4.12.3. Private wing

The private wing service of the Hospital meant to improve the quality and timeliness of public health facilities especially after the regular working hours and on weekends to help reduce the turnover of skilled man power through additional compensation and to motivate staff members to provide more and better service for an additional fee to those who can afford to pay.

4.13. Ethical Consideration

Ethical clearance was obtained from Research and Ethics Committee of the School of Public Health. Permission from ALERT hospital administration was obtained to perform the intended study. Verbal consent was gained from the study participants after explaining the objective and procedures of the study to be conducted. The information gathered and identity of the study participants were kept confidential and privacy of the respondent was maintained.

4.14. Dissemination and communication of the research result

The result of this study was presented to the School of Public Health of Addis Ababa University College of Health Sciences as partial fulfillment of the requirement for the Degree of Masters of Public Health. Furthermore, the result of this study will get shared with ALERT Hospital responsible bodies and will present at the Hospital research and training unite, moreover, it is aimed to publish this research work in a reputable journal. and any interested organizations which have interest on the issues addressed by the research.

5. Results

5.1. General description on infrastructure and utility characteristics of the Hospital

The banner carrying the name of the ALERT Hospital is placed at visible area where anyone can see it easily. And also the panel that carries the name and locations of different departments shows the place and direction of the required departments for clients.

The reception which is found in triage/registration room is used to register clients and also serve as a waiting area until patients go to different departments. Most of the time, it is overcrowded. The other waiting areas are located at the respective departments where the patients are going to get medical care. The waiting area at the ophthalmology department is relatively well ventilated and has enough seats for clients. On the other hand, the dermatology department waiting area is crowded. The construction of the hospital has partially incorporated a structural facility that allows easy movement of people with disability with their wheel chair and crutch. However, the newly constructed administrative building doesn't have such kind of infrastructure for people with disability.

The toilets of the Hospital had shortage of water and hence not clean specially the one found near the dermatology department.

The water source of the Hospital was ground water which is available adequately throughout the year. But because of the misdistribution of the water lines among different departments of the hospital, sometimes shortage of water happens at some of the departments. The hospital has 24hour electricity supply from hydroelectric power source of the government, and in addition to which there are two standby generators which are mainly used as an alternative source of electricity when there is power interruption from the main source, but there is a gape which was seen during power interruption that the generator doesn't start automatically.

A number of small dust bins were located in the wards and around the compound of the hospital; and large dust bins are found immediately on the gate of each ward those are used as a temporary waste collector. Cleaners dispose the wastes directly to the incinerator from different area of the

hospital. The hospital has functional incinerator and there is also a burial site for the ashes. For the disposal of tissue wastes there used to be a pit, but currently it is not functional.

There is one open air and two in door cafeterias which serve both clients and patients. In addition, there is one restaurant which exclusively serves staff.

The private wing of the hospital gives service at the Dermatology, Ophthalmology, Gynaecology and Medical departments. The available human resources and working hours of the private wing at different departments are detailed in Table 1.

Table 1. Available human resources and working hours of the private wing of the ALERT Hospital, Addis Ababa Ethiopia, July 2013.

Department	Working Hours		Human Resource		
	Day	Hours	Number of Specialists	Number of Nurses	Number of Supporting Staff
Dermatology	Monday – Friday	After 5:00 PM	5 (Dermatologists)	10	5
	Saturday	8:00AM – 12PM			
Ophthalmology	Monday – Friday	After 5:00 PM	5 (Ophthalmologist)	21	8
	Saturday	8:00AM – 12PM			
Gynaecology	Tuesday and Thursday	After 5:00 PM	1 (Gynaecologist)	13	2
	Saturday	8:00AM – 12PM			
Internal Medicine	Monday – Friday	After 5:00 PM	1 (Internist)	1	2

The health care providers and supporting staff have their own schedule and duty rota to perform their job in the private wing of the Hospital. Other than these departments, the Hospital administrative staffs such as finance, registration, and transport teams are involved directly or indirectly to this task.

The rough estimate of the patient flow at the private wing which was taken from registrar shows that: 7, 13, 94, and 164 patients per day are being attained for Gynaecology, Internal Medicine, Ophthalmology, and Dermatology, departments respectively.

5.2. Socio-Demographic Characteristics of Clients of the Private Wing of the ALERT Hospital

Table 2 illustrates the characteristics of the respondents. A total of 379(100% response rate) study Participants were enrolled after leaving consultation/physician room.out of which 144 (38%) were male and 235(62%) female. Among the interviewed clients, 169 (44.6 %) and 210 (55.4 %) were new and repeat clients, respectively. The median age was 28 years.some75 (19.8%) of the respondents were not willing to tell their age.186 (49.1%) of the respondents were married. Almost half of the respondents 160(42.2%) belong to Amhara. Majority of the clients were orthodox 245 (64.6%). Larger proportion, 172(45.4%), of the respondents were with Grade 7-12 educational status, 74(19.5%) were degree and above holders where as minority of them were illiterate 16(4.2%). Concerning their occupation, 148 (39.1%) was self-employed. The minimum and maximum incomes of the respondents were 200 ETB and 8500 ETB respectively. Larger proportion of the respondents 190(50%) got medical care at the Dermatology and 114 (30%) Ophthalmology departments of private wing of the Hospital.

Table 2. Sociodemographic characteristic of clients at private wing of the ALERT Hospital, Addis Ababa Ethiopia, July 2013.

Variables (n=379)	Frequency (%)
Age	
18-24	96 (25.3)
25-34	123 (32.5)
35-49	63 (16.6)
≥50	22 (5.8)
Don't want to disclose	75 (19.8)
Sex	
Male	144 (38.0)
Female	235 (62.0)
Educational status	
Illiterate	16 (4.2)
Grade 1-6	27 (7.1)
Grade 7-12	172 (45.4)
Diploma	82 (21.6)
Degree and above	74 (19.5)
Don't want to answer	8 (2.1)
Ethnic Group	
Amahara	160 (42.2)
Gurage	74 (19.5)
Oromo	59 (15.6)
Tigre	46 (12.1)
Other	17 (4.5)
Do not want to answer	23 (6.1)
Marital Status	
Single	177 (46.7)
Married	186 (49.1)
Divorced	10 (2.6)
Widowed	4 (1.1)
Don't want to answer	2 (0.5)

Variables (n=379)	Frequency (%)
Religion	
Orthodox	243 (64.0)
Muslim	69 (18.2)
Protestant	50 (13.2)
Other	9 (2.4)
Don't want to answer	6 (1.6)
Occupation	
Unemployed	101 (26.6)
Self-Employed	148 (39.1)
Government Employee	61 (16.1)
NGO Employee	35 (9.2)
Other	10 (2.6)
Don't Want to answer	24 (6.3)
Frequency of visit	
New	169 (44.6)
Repeat	200(55.4)

Continued to next page

5.3. Client Satisfaction on Physical Environment, accessibility and acceptance of the Hospital

The data in table 3 portrays patient satisfaction with physical environment, accessibility and acceptance of the of the hospital. Majority of the clients believed that the hospital compound was clean, quiet (no sound pollution) and not crowded 333 (87.9%),358(94.5%), and 319(84.2 %), respectively). On the other hand, 213(56.2%) couldn't get the medical specialist doctor of their choice. 244(59.1%) of the respondents agreed that the medical specialist spend adequate time for consultation. However, from 379 study participants 259(68.3%) of them had visited the hospital pharmacy and out of them more than half 149(57.5%) of the respondents could not collect the prescribed drugs from the pharmacy.

Table 3. Client satisfaction on physical environment, accessibility and acceptance of health service in private wing of the ALERT Hospital, Addis Ababa Ethiopia, July 2013

Variable	Frequency (n=379)
The compound of the Hospital is clean	
Agree	333 (87.9)
Disagree	12 (3.1)
Not sure	34(9.0)
The compound of the Hospital is quiet	
Agree	358 (94.5)
Disagree	8 (2.1)
Not sure	13(3.4)
The Hospital not crowded	
Agree	319 (84.2)
Disagree	25 (6.6)
Not sure	35(9.2)
The waiting room is comfortable	
Agree	266 (70.2)
Disagree	82 (21.6)
Not sure	31(8.2)
Clear information about service	
Agree	266 (70.2)
Disagree	69 (18.2)
Not sure	44(11.6)
Easy access to medical specialist	
Agree	166 (43.8)
Disagree	116 (30.6)
Not sure	97(25.6)
Convenient working hour of the private wing of the hospital	
Agree	208 (54.9)
Disagree	169 (44.6)

Variable	Frequency (n=379)
Not sure	2(0.5)
Doctor spend reasonable time	
Agree	227 (59.9)
Disagree	99 (26.1)
Not sure	56(14.8)
Availability of prescribed drug	
Yes	110 (42.5*)
No	149 (57.5*)
Visited the pharmacy	259 (68.30)
Not visited the pharmacy	120 (31.70)

Continued to next page

NB *the percentage of availability and in availability of prescribed drug is calculated by subtracting the number of those clients not visiting the pharmacy.

5.4. Client Satisfaction on waiting time to see health care provider, pharmacy and laboratory and the cost of medical services

Data in Table 4 depicts the waiting time to see the health care provider, pharmacy, laboratory and the cost of medical services. More than half of the respondents 213(56.2%) waited more than an hour to see medical providers, the rest 151(40%) get the service in less than and equal to an hour. Patients who waited for longer time were found to be unsatisfied with the time they spent to see health care providers. Most of the respondents 280(73.9%) believe the cost to medical services they received was reasonable.

Table 4. Patient satisfaction with respect to waiting time and cost of medical service in private wing of the ALERT hospital, Addis Ababa Ethiopia, July 2013.

Variable	Frequency (%)
Waiting time to see health care provider	
Immediately	20 (5.3)
Less than half hour	47 (12.4)
Half to one hour	84 (22.2)
Above one hour	213 (56.2)
Don't know	12 (3.2)
Don't want to answer	3 (8.0)
Patient satisfaction on waiting time until to be seen by health care provider	
Yes	180 (47.5)
No	199 (52.5)
Time spent at pharmacy to collect prescribed drug	
Immediately	107 (28.2)
Less than and half an hour	71 (18.7)
Above half an hour and more	20 (5.3)
Don't know	40 (10.6)
Don't want to answer	21 (5.5)
Did not go to the pharmacy	120 (31.7)
Patient satisfaction on waiting time at pharmacy	
Yes	112 (29.6)

Variable	Frequency (%)
No	113 (29.8)
Not sure	1 (0.3)
Don't want to answer	33 (8.7)
Did not go to the pharmacy	120 (31.7)
Waiting time at Laboratory	
Less than an hour	30 (7.9)
One to two hour	18 (4.7)
Above two hour	11 (2.9)
Don't know	20 (5.3)
Don't want to answer	6 (1.6)
Did not go to the laboratory	294 (77.6)
Patient satisfaction on waiting time at laboratory	
Yes	43 (11.3)
No	18 (4.7)
Not sure	13 (3.4)
Don't want to answer	11 (2.9)
Did not go to the laboratory	294 (77.6)
Affordable medical care	
Agree	280 (73.9)
Not sure	28(7.4)
Disagree	71(18.7)

5.5. Patient and health care provider interaction

Table 5 shows client and health care provider interaction. About 302 (80%) and 272 (72%) of the patient felt the nurses and doctors treated them with respect and courtesy respectively. Out of 114 clients who get the prescribed drugs at hospital pharmacy 92(80.7%) of them got

explanation about the drugs by the pharmacists. In addition, more than half of the respondents 239(63.1%) said they had provided the necessary protection to ensure their privacy.

Table 5. Patient and health care provider interaction in private wing of the ALERT hospital Addis Ababa Ethiopia, July 2013.

Variables	Frequency (%)
Enough information by the registration staff	
Agree	298 (78.6)
Disagree	53 (14.0)
Not sure	28(7.4)
Explanation given by the pharmacist to patients	
Yes	92 (24.3)
No	21(5.5)
Not sure	1(0.3)
Nurses provided enough information	
Agree	193 (50.9)
Disagree	125(33.0)
Not sure	61 (16.1)
Respect and courtesy by the nurse	
Agree	302 (79.7)
Disagree	38 (10.0)
Not sure	39 (10.3)
Respect and courtesy by doctor	
Agree	272 (71.8)
Disagree	83 (21.9)
Not sure	24 (6.3)
Doctors are listener and informative	
Agree	272 (71.8)
Disagree	50 (13.2)

Variables	Frequency (%)
Not sure	57 (15.0)
Use of medical terminology by the doctor	
Yes	206 (54.4)
No	119 (31.4)
Not sure	54 (14.2)
Privacy of the patient	
Yes	239 (63.1)
No	72 (19.0)
Not sure	68 (17.9)

5.6. Patient Satisfactions on the Quality of Health Care provided and Patient satisfaction on general service of the private wing of the ALERT Hospital.

Table 6 depicts patient satisfaction on the quality of health care provided and patient satisfaction on general service of the private wing of the ALERT Hospital, out of the 379 respondents, 268(70.7%) felt that doctors were very competent and well trained and also 228(60.2%) of them agree with the nursing staff competency, majority of respondents 290(76.5%) felt that doctors never expose the care seeker to unnecessary risk and expense , 200(52.8%) of respondents think that the examination room was not complete and has no enough equipment to provide quality medical care and treatment. More than half of the clients, 238(62.8%) reported satisfied with the service provided by the private wing of the Hospital. Majority of them 294 (77.6%) were willing to come back in case of illness, and 290(76.5%) of them will recommend the private wing service use to other clients.

Table 6. Patient satisfactions on the quality of health care provided and on general service of the private wing of the ALERT Hospital, Addis Ababa Ethiopia, July 2013.

Variables	Frequency (%)
Doctors appeared competent	
Agree	268 (70.7)
Disagree	9 (2.4)
Not sure	102 (26.9)
Nurses appeared competent	
Agree	228 (60.2)
Disagree	47 (12.4)
Not sure	104 (27.4)
Have a chance to involve in own medical care decision	
Agree	220 (58)
Disagree	112 (29.6)
Not sure	47 (12.4)
Doctors explain the reason for the indicated medical test	
Agree	250 (66.0)
Disagree	72 (34.0)
Not sure	57 (15.0)
Doctors appeared cost sensitive	
Agree	290 (76.5)
Disagree	45 (11.9)
Not sure	44 (11.6)
Doctors give adequate advice about the disease condition	
Agree	219(57)
Disagree	123 (32.4)
Not sure	37 (9.8)

Variables	Frequency (%)
	Continued to next page
Examination rooms appeared to have enough equipment Agree	179 (47.2)

Variables	Frequency (%)
Disagree	21 (5.6)
Not sure	179 (47.2)
Generally satisfied with the overall service**	
Agree	238 (62.8)
Disagree	71 (18.7)
Not sure	70 (17.5)
Willing to visit again	
Yes	294 (77.6)
No	19 (5)
Not sure	66 (17.4)
Recommend the Hospital private wing service to others	
Yes	290 (76.6)
No	32 (7.4)
Not sure	57 (15.0)

NB: the reported “satisfaction with the overall service” was taken as the main measurement variable and hence predictor factors analyzed in respective accordingly, and the questioner of this study on patient satisfaction was arranged in five point Likert scale (strongly agree, agree, not sure, disagree, and strongly disagree) also has don’t want to answer and (yes, no, not sure, and, and don’t want to answer) as a choice for the questioner. for the purpose of analysis “strongly agree and agree” were merged to “**Agree**” .“ not sure, disagree, strongly disagree and don’t want to answer” were merged to“ **Disagree**” and “**Yes**” remains as it is and “ no,notsure,and, and don’t want to answer” were merged to “**No**”

5.7. Suggestion given for service improvement by clients

Patients were asked to give their suggestions that are important for improving the services. One hundred ninety one (50.4%) of them give suggestion; some gave more than one suggestion,

while others reserved to say nothing. Accordingly, the main ones patients forwarded were depicted on figur2.

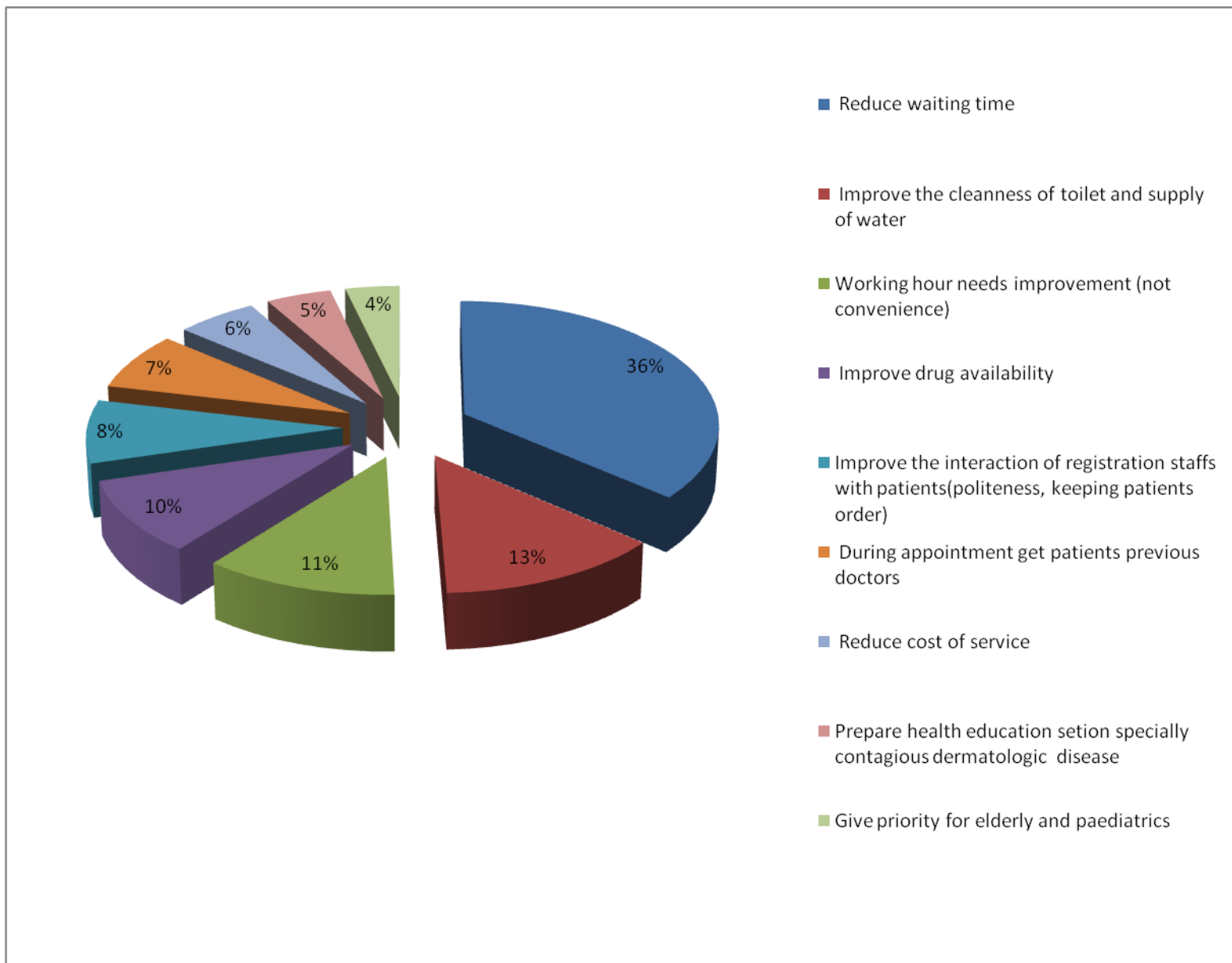


Figure 2. Suggestions given for service improvement by clients of the private wing of the ALERT hospital, Addis Ababa, Ethiopia. July 2013.

Table 7. A Bivariate logistic regression analysis for factor related to client satisfaction in private wing of the ALERT Hospital Addis Ababa Ethiopia, July 2013.

Variable (n=379)	<u>Satisfaction</u>	COR (95%CI)	P-value (<0.05)
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	Yes (%)	No(%)		
Religion				
Muslim	46(66.7)	23(33.3)	10.0(1.10-90.6)	0.04
Orthodox	155(63.3)	90(36.7)	8.61(0.99-74.8)	0.05
Catholic	2(50.0)	2(50.0)	5.00(0.27-91.5)	0.27
Protestant	31(62.0)	19(38.0)	8.15(0.88-75.2)	0.06
Traditional	2(50.0)	2(50)	5.00(0.27-91.5)	0.27
Other	1(100.0)	0(0.0)	8077374329(0.00-	1.00
Don't want to answer	1(16.7)	5(83.3)	1.00	
Ethnic group				
Oromo	36(61.0)	23(39.0)	1.43(0.54-3.78)	0.46
Tigre	32(69.6)	14(30.4)	2.09(0.74-5.87)	0.16
Amhara	103(64.4)	57(35.6)	1.65(0.68-3.99)	0.26
Gurage	45(60.8)	29(39.2)	1.42(0.55-3.64)	0.46
Other	10(58.8)	7(41.2)	1.31(0.36-4.64)	0.67
Don't want to answer	12(52.2)	11(47.8)	1.00	
Patients have privacy				
Yes	172(72.2)	67(28.0)	2.87(1.86-4.45)	0.00**
No	66(47.1)	74(52.9)	1.00	
Doctors spent reasonable time				
Agree	172(76.8)	52(23.2)	4.46(2.86-6.95)	0.00**
Disagree	66(42.6)	89(57.4)	1.00	
Convenient working hour				
Yes	157(75.5)	51(24.5)	3.42(2.21-5.28)	0.00**
No	81(47.4)	90(52.6)	1.00	
Satisfied for waiting time to see health care provider				
Yes	149(82.8)	31(17.2)	5.94(3.68-9.57)	0.00**
No	89(44.7)	110(55.3)	1.00	

Variable

Satisfaction

COP (95% CI) p value (<0.05)

Continued to next page

(n=379)	Yes (%)	No(%)		
The prescribed drugs are available				
	*N=(259)			
Yes	72(65.5)	38(34.5)	1.14(0.68-1.90)	0.16
No	93(62.4)	56(37.6)	1.00	
The pharmacist explained about the drugs				
	*N=(134)			
Yes	64(65.3)	34(34.7)	1.50(0.69-3.27)	0.30
No	20(55.6)	16(44.4)	1.00	
The cost of the medical service was reasonable				
Agree	194(69.3)	86(30.7)	2.82(1.76-4.51)	0.00**
Disagree	44(44.4)	55(55.6)	1.00	
The Hospital has clear sign and information				
Yes	182(68.4)	84(31.6)	2.20(1.40-3.46)	0.001**
No	56(49.6)	57(50.4)	1.00	
The registration staff gave enough information				
Agree	198(66.4)	110(33.6)	2.02(1.23-3.33)	0.005**
Disagree	40(49.4)	41(50.6)	1.00	
Clear information given by nurses				
Agree	144(74.6)	49(25.4)	2.87(1.86-4.43)	0.000**
Disagree	94(50.5)	92(49.5)	1.00	
Curtsey and respect by nurses				
Agree	213(70.5)	89(29.5)	4.97(2.90-8.52)	0.00**
Disagree	25(32.5)	52(67.5)	1.00	

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Variable (n=379)	<u>Satisfaction</u>		COR (95%CI)	p_value(<0.05)
	Yes (%)	No(%)		
Easy access to medical specialist				
Agree	129(77.7)	37(22.3)	3.32(2.11-5.23)	0.00**
Disagree	109(51.2)	104(48.8)	1.00	
Respect and curtsey by doctors				
Agree	222(66.3)	113(33.7)	3.43(1.78-6.61)	0.00**
Disagree	16(36.4)	28(63.6)	1.00	
Doctors appeared competent				
Agree	184(68.7)	84(31.3)	2.31(1.47-3.63)	0.00**
Disagree	54(48.6)	57(51.4)	1.00	
Nurses appeared competent				
Agree	170(74.6)	58(25.4)	3.57(2.30-5.54)	0.00**
Disagree	68(45.0)	83(55.0)	1.00	
Client involves in own medical care				
Yes	165(75)	55(25)	3.53(2.28-5.46)	0.00**
No	73(45.9)	86(54.1)	1.00	
Will come again in case of sickness				
Yes	229(77.9)	65(22.1)	29.75(14.14-62.59)	0.00**
No	9(10.6)	76(89.4)	1.00	
Recommend the private wing to others				
Yes	227(78.3)	63(21.7)	25.55(12.81-50.94)	0.00**
No	11(12.4)	78(87.6)	1.00	

NB *the availability and in availability of prescribed drug and the pharmacist explained about the drugs are calculated by subtracting the number of those clients not visiting the pharmacy.

Data in table 7 portrays the bivariate logistic regression analysis of selected independent variables to dependent variable (patient satisfaction with overall service of the private wing of

the ALERT Hospital). It is found that socio-demographic characteristics have no association with patient satisfaction with overall service of the private wing of the ALERT Hospital, on crude bivariate analysis of this study. On the other hand, patients who believed that they have received ample information about the service by the registration staff and nurses found to be more satisfied than those patients who believe that they did not get enough information by the registration staff and nurses with COR 2.02(1.23-3.33) and COR 2.87(1.86-4.43) respectively. Similarly, patients who felt they were treated with respect and courtesy by the nurses and doctors found to be more satisfied than those patients who didn't felt respect and courtesy by the nurses and doctors with COR 4.97(2.90-8.52) and 3.43(1.78-6.61) respectively. Patients who believe that "doctors and nurses appeared competent" are more satisfied than those who are not believe this, with COR 2.31 (1.47-3.63) and COR 3.57(2.30-5.54) respectively. In addition, patients who had privacy during treatment , got easy access to medical specialist of their choice and were involved in own medical care were found to be more satisfied than those who are not get all of this with COR 2.87(1.86-4.45),COR 3.32(2.11-5.23)and 3.53(2.28-5.46) respectively. Other variables such as cost of medical service, convenient working hours, reasonable consultation time with the doctor and satisfaction with the waiting time to see healthcare provider were also have significant association with reported patient satisfaction with overall service of the private wing of the ALERT Hospital with COR of 2.82(1.76-4.51), 3.42(2.21-5.28),4.46(2.86-6.95) and 5.94(3.68-9.57) respectively. On top of these, patients who believed will come again and recommend the private wing were also having association with patient satisfaction with overall service of the private wing of the ALERT Hospital with COR 29.75 (14.14-62.59) and COR 25.55 (12.81-50.94) of this study.

Table 8. Multivariate logistic regression analysis for factors related to client satisfaction in private wing of the ALERT Hospital, Addis Ababa, Ethiopia, July 2013.

Variable (n=379)	<u>Satisfaction</u>		AOR(95%CI)	P-value
	Yes (%)	No (%)		
The Hospital has clear sign and information				
Yes	182(68.4)	84(31.6)	1.27(0.66-2.44)	0.47
No	56(49.6)	57(50.4)	1.00	
The registration staff gave enough information				
Agree				
Disagree	198(66.4)	110(33.6)	1.14(0.54-2.40)	0.72
	40(49.4)	41(50.6)	1.00	
Clear information by Nurses				
Agree	144(74.6)	49(25.4)	1.31(0.67-2.52)	0.42
Disagree	94(50.5)	92(49.5)	1.00	
Courtesy and respect by Nurses				
Agree	213(70.5)	89(29.5)	2.55(1.18-5.49)	0.01**
Disagree	25(32.5)	52(67.5)	1.00	
Easy access to medical specialist				
Agree	129(77.7)	37(22.3)	1.76(0.93-3.30)	0.07
Disagree	109(51.2)	104(48.8)	1.00	
Respect and curtsey by Doctors				
Agree	222(66.3)	113(33.7)	1.55(0.59-4.05)	0.36
Disagree	16(36.4)	28(63.6)		
Doctors appeared competent				
Agree	184(68.7)	84(31.3)	0.79(0.40-1.57)	0.51
Disagree	54(48.6)	57(51.4)	1.00	
Nurses appeared competent				
Agree	170(74.6)	58(25.4)	1.25(0.67-2.33)	0.47
Disagree	68(45.0)	83(55.0)	1.00	

Variable (n=379)	Satisfaction		AOR(95%CI) No (%)	P-value
	Yes (%)	No (%)		
Doctors spent reasonable time				
Agree	172(76.8)	52(23.2)	1.44(0.76-2.71)	0.25
Disagree	66(42.6)	89(57.4)	1.00	
The cost of medical service was reasonable				
Agree	194(69.3)	86(30.7)	2.55(1.31-4.95)	0.006**
Disagree	44(44.4)	55(55.6)	1.00	
Client involves in own medical care				
Yes	165(75)	55(25)	1.10(0.57-2.12)	0.77
No	73(45.9)	86(54.1)	1.00	
Patients have privacy				
Yes	172(72.2)	67(28.0)	1.83(0.98-3.40)	0.05
No	66(47.1)	74(52.9)	1.00	
Convenient working hour				
Yes	157(75.5)	51(24.5)	1.52(0.82-2.79)	0.17
No	81(47.4)	90(52.6)	1.00	
Satisfied for waiting time to see health care provider				
Yes	149(82.8)	31(17.2)	2.30(1.20-4.40)	0.01**
No	89(44.7)	110(55.3)	1.00	
Will come again in case of sickness				
Yes	229(77.9)	65(22.1)	5.00(1.65-15.10)	0.004**
No	9(10.6)	76(89.4)	1.00	
Recommend the private wing to others				
Yes	227(78.3)	63(21.7)	4.39(1.49-12.91)	0.007**
No	11(12.4)	78(87.6)		

The multivariate logistic regression analysis result in table 8 shows that patients who are satisfied for waiting time to be seen by health care provider are more satisfied with the general service of the private wing of the ALERT Hospital than those who are not satisfied for waiting time to be seen by health care provider with AOR 2.30(1.20-4.40).one of the predictor of patient satisfaction with the general service of the private wing of the ALERT Hospital is the cost of the medical service with AOR 2.55(1.31-4.95).Another predictor of patient satisfaction with the general service of the private wing of the ALERT Hospital is courtesy and respect by nurses, patients who had get courtesy and respect by nurses are 2.55 times more satisfied than those who had not get courtesy and respect by nurses with AOR 2.55(1.18-5.49).patients who are recommend the private wing of the ALERT Hospital to others are 4.39 times more satisfied than those who are not recommend the private wing of the ALERT Hospital to others with AOR 4.39(1.49-12.91).On top of these factors patients will come again in case of sickness is another most power full predictor of patient satisfaction with the general service of the private wing of the ALERT Hospital with the multivariate logistic regression analysis after adjusting for other variable with AOR 5.00(1.65-15.10).

6. Discussion

A private wing initiative offers the opportunity to provide benefits for patients, staff and health facility. It improves quality health services, thereby improving patient satisfaction (6).

The aim of this study was to assess patient's satisfaction with quality of care provided at the private wing of the ALERT Hospital. The study has shown that the overall satisfaction level of the patients with the quality of care they received was 62.8%. This percentage is very low compared to other studies in Jimma University Specialized Hospital (77%) (28) and in Jimma Zone, Southwest Ethiopia (89.1%) (8), but it is comparable with the findings of the study done in Central Ethiopia (62.6%) (5) and in public hospitals Addis Ababa, Ethiopia (65.9%)(1) and also higher than the result of the study conducted in Eastern Ethiopia (54.1%)(9) and Indonesia(23%)(29). This variation may be because of a real difference in quality of services provided, or expectation of patients about private wing or may be the type of health facilities.

Regarding to the studies conducted in Jimma University Specialized Hospital(28),in private hospitals of Addis Ababa, Ethiopia(1) and in Eastern Cape of South Africa(23) age and educational level, sex, occupational and educational status respectively have a statistically significant association with the patient satisfaction score. However including this study and studies conducted in eastern Ethiopia(9) and in public hospitals of Addis Ababa, Ethiopia(1) show that patient satisfaction with the health care was found to have no significant association with the socio demographic variables like age,sex,educational level and the likes.

The result of this survey shows that, majority of the clients believed that the hospital compound was clean, quiet (no sound pollution) and not crowded (88%, 95%, and 84 %, respectively).and a study conducted in south eastern Nigeria shows that patients were satisfied with the sanitation and cleanness of the Hospital service windows and environment (15). Another study conducted in six regions of Ethiopia satisfaction with cleanliness ranged from 76.50% to 90.57 % (25).but a study done in Eastern Ethiopia patients were least satisfied with the cleanness of the health facility. This finding has supports the fact that environmental factors may influence perception of quality of care and patient's satisfaction (9).

According to the findings of this study patient waiting time to get medical service is one of the predictor of patient satisfaction. The actual waiting time was measured quantitatively and also patient's perception of the waiting time at the service was subjectively assessed. The result of this study (on patient's comment to improve the quality of the hospital) shows that Patients came to the private wing of the ALERT Hospital two times per day for a single service (one, in the morning time to get registered on waiting list and the other, at evening for actual health service) and also Patients came long before opening hours and waiting for long hours before accessing care in the Hospital that is why they get dissatisfied with long waiting time. Simillar to this finding, studies conducted in Botswana(16), India(2), Amhara Region Ethiopia (30), and in Eastern Ethiopia(9) shown that short waiting time for registration and being seen by a health professional associated with high satisfaction scores. Time is a scarce resource which should not be wasted; excessive patient waiting time undermines the quality of care and leads to patient dissatisfaction and Hospitals that cannot offer quick service might loss customers. There for effort should be made in different dimensions on giving quick service in the Hospital.

The result of this study revealed that, cost of the medical service is one of the predictor of patient satisfaction, as increased paying statues of patients lead to less satisfaction with the overall quality of the service. This result is comparable to studies conducted in Eastern Ethiopia (9), Amhara Region Ethiopia (30), Jimma University Specialized Hospital (28) and in 12 countries in Europe and the United States (31). Now a day's most clients preference to get medical services were the private wing of the government Hospitals than nongovernmental private hospitals the reason may be related to the cost of the health service of the private wing of the government Hospitals. In fact that their expectation of the service may raise when they pay certain costs to the service.

This survey shows that courtesy and respect by nurses is another predictor of patient satisfaction. Satisfaction comprises both cognitive and emotional aspects (14). almost all patients expected respect and politeness from the provider, the study conducts in rural Bangladesh shows that most

powerful predictor for client satisfaction with government health services was the provider's behavior towards the patient, particularly respect and politeness. This aspect was much more important than the provider's technical competence (32).one study conducted in Dar Es Salaam, Tanzania describes that Patient dissatisfaction with the attitudes of health personnel is an important weakness that needs to be addressed (29).on the other hand studies done in Jimma Zone, South west Ethiopia and Eastern Cape of South Africa, Regarding to respect and compassion shown by the care providers, 91% of the patients reported that the behavior of the care providers was "good/fair". More than 75% of the respondents are pleased with the way they were treated at the clinic respectively (8, 23).

The multivariate analysis of this study revealed that, patients who believed will come again and recommend the private wing of the ALERT Hospital to others, were the most powerful predictor for client satisfaction. The study finding in Amhara Region Ethiopia showed that nearly two-thirds of the study participants were very likely to recommend the health care facility to friends and family (30). Another study conducted in the Eastern Cape of South Africa, shows that Three fourth of the respondents will also recommend the clinic to friends and family when they are sick (23).but the study conducted in Chinese healthcare system revealed that perceived quality improvement does not lead directly to customer loyalty (recommend hospital to someone who seeks their advice) it depends on the level of patient satisfaction. This implies that the measurement of patient experiences should include topics of importance for patients' satisfaction with health care services (19).so further studies on this regard should be needed.

The result of this study revealed that, more than half (57.5%) of the respondents from those who are going to pharmacy were not collected the prescribed drugs because of the in availability of the drugs. the aim of the health care facility is to identify the health problem of patients and find the solution for the health problems. health care providers are the key persons to identify the health problems and the availability of the prescribed drug is the immediate solution of the health problem.the in availability of this drug is the main source of patient dissatisfaction. hospital management and the responsible body needs to understand the extent of the problem with drugs and supplies and plan to look for different mechanisms to keep adequate stock of essential drugs and Standard medical equipment. similar to this finding, a study conducted in Dar

Es Salaam, Tanzania, two thirds of the patients (62.1%) did not get the drugs prescribed for them, mainly because the drugs were out of stock (29) and a study conducted in Trinidad and Tobago the drug supply at the health centers was considered poor by 45% of study participants (33) .but a study conducted in Jimma University Specialized Hospital, only 23.5% of the clients were dissatisfied with the lack of drugs and supplies in the hospital (28).

On the process of this study, patients were asked to give suggestions that they believed important for improving the services.191 (50.4%) of them give suggestion, the most redundant suggestion forwarded from patients from top to bottom were about reducing waiting time, followed by on improving the cleanness of toilet and improve supply of water, the working hour needs improvement (not convenience) and lastly improving the availability of drugs. Those suggestions need more emphasis to promote good patient-centered quality Service delivery, which will boost the image of the facility, ensure increased facility utilization and aid in maintaining and improving the health and satisfaction of patients.

7. Strength and Limitation of the study

7.1. *Strength of the study*

- It dealt with newly emerging component of health care services, the quality dimension of the private wing service of the Hospital; that would be an input in this regard.
- Hundred (100%) response rates were found.
- Selection bias was minimized by application of systematic random sampling technique.

7.2. *Limitation of the study*

- The sample was selected from only one health care facility and one section of the Hospital (private wing), and the generalizability of our findings may be limited.
- Qualitative design was not conducted it may use as back up to the main study finding from quantitative method.
- The possibility of the social desirability bias.

8. Conclusion

Regarding to this study the predictors of patient satisfaction were waiting time, cost of the medical service, respect and curtesy by nurses, willing to come again and recommend to others in case of sickness. Generally the study revealed that, the overall patient satisfaction on the private wing of the ALERT Hospital was moderate. However their satisfaction with specific elements (indicators) of quality of care was varied. The study demonstrated that majority of Patients were satisfied with the cleanness of the compound of the Hospital and clear information about the service, and with the competency of the doctors. However almost equal to half of the patients were not satisfied with easy access to medical specialist, convenience of working hour, spending reasonable time with doctors, patient - health care provider interaction. Beside to this more than half of the patients were dissatisfied on waiting time to get medical service and with the in availability of drugs and equipments.

9. Recommendation

To improve the satisfaction of patients and the quality of the private wing of the ALERT Hospital, the hospital management and responsible body needs to give attentions and take proper measure on the findings of this study.

- The Hospital responsible body needs to understand the extent of the problem with medication and supplies and plan to look for different mechanisms to keep adequate stock of essential drugs and Standard medical equipments.
- Effort should be made in different dimensions on reducing waiting time and giving quick service in the Hospital.
- Patients have a right on choosing their care givers so attention should be given on easy access to medical specialists.
- The working hour of the private wing of the Alert Hospital needs some sort of arrangement specially in the evening time there is shortage of transportation and patients are exposed to unnecessary risks, the responsible body has to find some sort of solutions to make the working hour more convenient, suggestions were forwarded on the availability of more working hours at weekends than weekdays.
- Patients were very satisfied with the cleanness of the compound of the Hospital, but many suggestion were forwarded that there is no responsible body on looking after the hospital's toilet, emphasise should be given on improving the cleanness and providing more water for twenty four hours.
- Patient-health care provider interaction is the key component to patient satisfaction so everybody in the compound of the Hospital that gives service for patient is responsible on providing proper health care, understanding the patient's right, preventing patients from becoming ill and helping patients to live quality of life that brings satisfied patient with quality of care and healthy citizen.

References

1. Tateke T, Woldie M, Ololo S. Determinants Of Patient Satisfaction With Outpatient Health Services At Public And Private Hospitals In Addis Ababa, Ethiopia. *Afrjprm Health Care Fam Med.* 2012; 4(384-390)
2. Kumari, *Et Al.* Study on Patient Satisfaction in the Government Allopathic Health Facilities of Luck Now District India. *Indian Journal Of Community Medicine:* 2009; 34(35-39)
3. C Jenkinson, A Coulter, S Bruster, N Richards, T Chandola .Patients' Experiences And Satisfaction With Health Care. *Doi Qual Saf Health Care:* 2002 ;11(335-339)
4. Kulkarni1 M, Dasgupta S, Deoke1 R. Study Of Satisfaction Of Patients Admitted In A Tertiary Care Hospital In Nagpur. *National Journal Of Community Medicine :2011; 2 (37-39)*
5. Zewdie B, Tsion A, Merkuzie W, Sudhakar M.Determinants Of Satisfaction With Health Care Provider Interactions At Health Centers In Central Ethiopia. *Biomed Central Research :2010;10(78)*
6. MOH.Establishing Private Wings in Public Health Facilities (Operational Manual) Health Sector Financing Reform Project October, 2009.Addis Ababa (unpublished).
7. Andaleeb S. Service Quality Perceptions and Patient Satisfaction: A Study of Hospitals in A Developing Country. *Soc Sci Med:*2001; 52(1359-1365)
8. Waju B, Challi J, Morankar S .Assessment Of Quality Of Health Care In Jimma Zone, Southwest Ethiopia. *Ethiopia J Health Sciences :2011; 21 (45-50)*
9. Birna A. The Quality Of Hospital Services In Eastern Ethiopia:Patient'sPerspective.*Ethiop.J.Health Development:* 2006;20(199-200)
10. Reabody j, Taquiwalo M, Frenk J. Improving the Quality of Care in Developing Countries. *Disease Control Priorities in Developing Countries:* 2006; 2(1293-1307).
11. Carol M.Measuring Client Satisfaction. *ASHA In The Winter:* 1990;32(41-44) (WWW.Asha.Org) Accessed On 29.12.2012
12. Avedis D. The Lichfield Lecture Quality Assurance in Health Care: Consumers' Role. *Quality In Health Care .1992;1(247-251)*

13. Stephen A et al. Patient Satisfaction In Primary Health Care Services In United Arab Emirates. International Journal For Quality In Healthcare :2003;15(241-249)
14. Na Zirah. Patient's Satisfaction With Health Services At Kula Blang Health Center In Biriven District ,Nanggroe Aceh Darussalam Province, Indonesia .2008 ;11(30-35)
15. GUP I, et al. Evolution Of Patient Satisfaction With Quality Of Care Provided At The National Health Insurance. Scheme Clinic of Tertiary Hospital in South Eastern Nigeria. Nigerian Journal Of Clinical Practice: 2012; 115 (4) In Healthcare: 2003; 15 (241-249)
16. Bamidele A, Hoque M, Vander H. Patient Satisfaction With The Quality Of Care In A Primary Health Care Setting In Botswana. S Afr Fam Pract: 2011; 53(170-175).
17. Johansson P, Oléni M, Fridlund B. Patient Satisfaction With Nursing Care In The Context Of Health Care Scand J Caring Sci: 2002 Dec;16(337-44)
18. Theodosopoul E, et al. A Study To Ascertain The Patients' Satisfaction Of The Quality Of Hospital Care In Greece Compared With The Patients' Satisfaction In Poland. Advances In Medical Sciences: 2007; 52(1)
19. Ping L and Alain J. A Three-Model Comparison Of The Relationship Between Quality, Satisfaction And Loyalty. BMC Health Services Research: 2012, 12(436)
20. J Gen. Patient Satisfaction with Health Care. General Internal Medicine: 1998 ; 13(4)
21. Abrahamsen G. Patients' Perceptions of Actual Care Conditions and Patient Satisfaction with Care Quality in Hospital Vigdis. Karlstad University Studies : 2012;2(17-24)
22. John M, Fachevp A, Leebov Golde Group. Hospital Patient Satisfaction And Hospitality Patient Experience , Chambersburg .2012
23. N. Phaswana-Mafuya, A. S. Davids, I. Senekal and S. Munyaka. Patient Satisfaction with Primary Health Care Services in a Selected District Municipality of the Eastern Cape of South Africa. ISBN:2011;4(89-94)
24. Mark S, Aaron M, Lawrence K. Improving Quality And Value In The U.S. Health Care System .August (<http://bipartisanpolicy.org/sites/default/files/pdf>) accessed on 21/01/2013

25. Abebe B, Girum T, Yared M, Woldemariam G, Ambaye D, Asnakech M, Amare D. Levels of Outpatient Satisfaction at Selected Health Facilities in Six Regions of Ethiopia. *Ethiop.J.Health Dev* :2008;22(43-47)
26. Hailu Z. WHO Health Care Financing Reform in Ethiopia Improving Quality and Equity of Health Systems. *The Path to Universal Coverage*. Geneva20/20:2012;208
27. Gorge P,Abebe A,And Wendwosen F. Ethiopia Health Sector Financing Reform Midterm Project Evaluation.Gh Tech Web Site Library:2011;11(29-30)
28. Fekadu A, Andualem M, Yohannes H/M.Assessment Of Clients' Satisfaction With Health Service Deliveries At Jimma University Specialized Hospital.*Ethiop J Health Sci*:July 2011;21(101-109)
29. Muhondwa E, Leshabari M, Mwangu M, Mbembati N.Patient Satisfaction At The Muhimbili National Hospital In Dar Es Salaam, Tanzania. *East African Journal of Public Health*: August, 2008;5(67-73)
30. Azmeraw T, Desalegn T , Yigzaw K.Mothers' satisfaction with referral hospital delivery service in Amhara Region,Ethiopia.*BMC Pregnancy Childbirth*:2011; 11(78-82)
31. Bruyneel A,Marie R, Peter G, Maria T.Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States.*BMJ*: 2012; 10 (344-348)
32. Jorge M, Helga P, Ahmed A. Client satisfaction and quality of health care in rural Bangladesh. *Bulletin of the World Health Organization*: 2001; 79 (512-516)
33. Singh H, Haqq E, Mustapha N. Patients' perception and satisfaction with health care professionals at primary care facilities in Trinidad and Tobago. *Bulletin of the World Health Organization*:1999; 77 (356-360)

Annexes

Annex 1. English version information sheet and consent form

English version information sheet and consent form for the questionnaire developed for the assessment of patient satisfaction in the private wing of the ALERT Hospital Addis Ababa, Ethiopia.

A. Information Sheet

Good morning/good after noon, my name is _____. I am data collector on behalf of Zeyneba Abdella a Masters Student in AAU, college of health sciences school of public health, who want to conduct this survey in this institution. We would like to interview few questions about private wing service of this hospital. The objective of this study is to assess the level of clients' satisfaction with the private wing service of the hospital and to identify the factor affecting the satisfaction of the clients. We believe that this study will help us to bring change in quality of health service delivery in the hospital. You are selected to be one of the participants in this study and you will help us by answering the questions we ask you. We ask you to participate voluntarily and that there will not be any negative consequences on the services you get if you refuse to participate. Your name will not be written in the form and we assure you that whatever answer you give us will be kept strictly confidential. We also inform you that you have full right to withdraw from the study or stop the interview at any time and/or skip any questions that you don't want to answer. You will not get/receive direct benefit for your cooperation. The interview takes approximately 25_30 minutes. Your cooperation and willingness for the interview is very helpful in identifying the problems related to the issue.

Do you have any question to ask?

Thank you very much!!

Are you willing to participate in this study?

Yes_____ No_____

If yes go to next page

Contact address PI: Zeyneba Abdella

Tel:0911 88 79 72

AAERC Secretary

Tel 0113_481 285

ALERT Hospital, Addis Ababa Ethiopia

B. Consent form

I the undersigned have been informed that the purpose of this study is to assess the level of client satisfaction in the private wing service of the ALERT hospital.

- I have been informed that I am going to respond to these questions by answering what I know about the issue.
- I have also been informed that the information I give will be used only for the purpose of this study
- My identity and the information I give will be confidentially
- I have also been informed that I can refuse to participate in the study or not to respond to questions I am not willing to answer. Furthermore I have been informed that I can stop responding to the questions at any time in the process.

Based on the above information I agree to participate in the study voluntarily.

Signature _____

Date _____

Contact address PI: Zeyneba Abdella

Tel:0911 88 79 7

AAERC Secretary

Tel 0113_481 285

ALERT Hospital, Addis Ababa Ethiopia

Annex 2. English version questionnaire

Questionnaire for data collection on the assessment of patient satisfaction on private wing of ALERT Hospital Addis Ababa, Ethiopia.

Circle the response in the response column that best matches the answer of the respondent.

PART ONE: Socio-demographic characteristics

S.N°	QUESTIONS	RESPONSE	CODE	Skip to
1	Sex	1. Male 2. Female		
2	Age(in completed years)	_____ 9.Don't want to answer		
3	Educational status	1.Illiterate 2.Grade 1-6 3.Grade7-12 4.Diploma 5.Degree and above 9.Don't want to answer		
4.	Ethnic group	1.Oromo 2.Tigre 3.Amhara 4.Gurage 5.Other specify _____ 9.Don't want to answer		
5	Marital status	1.Single/unmarried 2.Married 3.Divorsed/separated 5.Widowed 9.Don't want to answer		
6	Religion	1. Muslim 2. Orthodox. 3.Catholic 4.Protestant 5.Traditional 6. Other (specify) _____ 9. Don't want to answer.		
7	Average monthly income in Ethiopia birr	_____ 9. Don't want to answer.		
8	Occupation	1.Unemployed 2.Self employed 3.Government Employee 4.Non Governmental organization employee 5. Other (specify) _____ 9.Don't want to answer		

PART TWO: QUESTIONS ON RESPONDANT SATISFACTION

S.N°	QUESTIONS	RESPONSE	CODE	Skip To
9.	How frequent do you use the private wing of the Hospital for your health care (including this visit)?	1.1 st visit 2.2 nd -3 rd visit 3.4 th and above 9.Don't want to answer		
10.	Where do you get the information about the private wing of the Hospital?	1.Mass media/ TV, radio, newspaper/ 2.Friends/other patients 3.Hospital billboard/banner 4. Other specify _____ 9.Don't want to answer		

11.	For what type of service you came today?	1.Dermatology 2.Eye clinic 3.Internal medicine 4.Appointment for surgery(eye) 5. Other specify _____ 9.Don't want to answer		
12.	I feel the Hospital has clear signage and information that describes the scope of services provided	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 6.Not Recognized 9.Don't want to answer		
13.	The compound of the Hospital is clean	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
14	The compound of the Hospital is quit (no sound pollution)	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
15	The compound of the Hospital have enough space /not crowded/	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
16.	The waiting room of the Hospital was clean, comfortable and has enough seats.	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
17.	The registration staff made me feel welcome and the services(telling about where to pay ,where to waited my turn, where the private wing of the Hospital examination rooms are) are skillful and systematic	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
18	I get proper respect and courtesy by the Nurses during my visit of the private wing of the Hospital	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
19.	The Nurses explain to me about the steps which I follow before visiting the Doctor	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree		

		9. Don't want to answer		
20.	I have easy access to the medical specialists I need during my visit of the private wing of the Hospital	1. Strongly Agree 3. Uncertain 5. Strongly Disagree 9. Don't want to answer	2. Agree 4. Disagree	
21	I think the examination room has everything needed to provide complete medical care (availability, cleanliness&tidy)	1. Strongly Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 9. Don't want to answer	2. Agree	
22.	I get proper courtesy and respect by the Doctor during my visits of the private wing of the Hospital	1. Strongly Agree 3. Uncertain 4. Disagree 5. Strongly Disagree 9. Don't want to answer	2. Agree	
23.	I feel the Doctor listened to my concerns/fears/complaints attentively during my visit of the private wing of the Hospital	1. Strongly Agree 3. Uncertain 5. Strongly Disagree 9. Don't want to answer	2. Agree 4. Disagree	
24	The Doctor does not use medical terms without explaining what they mean during my visit of the private wing of the Hospital	1. Yes 2. No 3. Not sure 9. Don't want to answer		
25	The Doctor is good about explaining the reason for medical test during my visit of the private wing of the Hospital	1. Strongly Agree 3. Uncertain 5. Strongly Disagree 9. Don't want to answer	2. Agree 4. Disagree	
26	Do you feel that you offered A chance to ask questions and be involved in your treatment and follow up during your visit of the private wing of the Hospital	1. Yes 2. No 3. Not sure 9. Don't want to answer		
27.	I found the Doctors are very competent and well trained	1. Strongly Agree 3. Uncertain 5. Strongly Disagree 9. Don't want to answer	2. Agree 4. Disagree	
28	I feel the Doctors never expose me to unnecessary risk and expenses during my visit of the private wing of the Hospital	1. Strongly Agree 3. Uncertain 5. Strongly Disagree 9. Don't want to answer	2. Agree 4. Disagree	
29	Doctors give me advice about my disease prognosis, ways to avoid illness and stay health during my visit of the private wing of the Hospital	1. Yes 2. No 3. Not sure 9. Don't want to answer		

30	I feel the nursing staff were competent professional & skillful in using medical equipment & giving nursing care. during my visit of the private wing of the Hospital	1.Strongly Agree 3.Uncertain 5.Strongly Disagree 9.Don't want to answer	2.Agree 4.Disagree	
31	When you receive medical care do doctors or nurses give more attention to your privacy? During your visit of the private wing of the Hospital?	1.Yes 2.No 3.Not sure 9.Don't want to answer		
32.	Doctors spend reasonable time with me. during my visit of the private wing of the Hospital	1.Strongly Agree 3.Uncertain 5.Strongly Disagree 9.Don't want to answer	2.Agree 4.Disagree	
33.	The working hours when I can get medical care in private wing of the hospital are convenient(good)for me	1.Yes 2.No 3.Not sure 9.Don't want to answer		
34.	How long did you stay to see healthcare providers after you register at reception/triage?	1. No wait 2. Less than half hour 3. Half to one hour 4. one hour &above 5. Don't know 9.Don't want to answer		
35.	Are you satisfied for waiting time spent to be seen by health care provider?	1.Yes 2.No 3.Not sure 9.Don't want to answer		
36.	How long did you wait to get your laboratory result?	1. Less than an hour 2. one to two hour 3. two to four hour 4. above four hour 5. Don't know 6. Not applicable 9.Don't want to answer		Skip Q.36

37.	Are you satisfied for the waiting time in Laboratory?	1.Yes 2.No 3.Not Sure 9.Don't want to answer		
38.	Is the drug that prescribes for you are available in the pharmacy?	1.Yes 2.No 3.Not Sure 4.Not applicable 9.Don't want to answer		Skip to →Q.40
39.	How long did you wait to get your prescribed drug?	1. No wait 2.half an hour 3.Above an hour 4. Don't know 9.Don't want to answer		
40.	Are you satisfied for the waiting time in pharmacy?	1.Yes 2.No 3.Not Sure 9.Don't want to answer		
41.	Does the pharmacist explain to you about the medication/drug that prescribed to you?	1.Yes 2.No 3.Not Sure 9.Don't want to answer		
42.	The cost of the medical services you received is reasonable.	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
43.	All things considered the medical care I received was satisfying.	1.Strongly Agree 2.Agree 3.Uncertain 4.Disagree 5.Strongly Disagree 9.Don't want to answer		
44.	Would you visit the private wing of hospital again in case of sickness?	1.Yes 2.No 3.Not Sure 9.Don't want to answer		
45.	Would you recommend the private wing of the hospital to other person /family/friend?	1.Yes 2.No 3.Not Sure 9.Don't want to answer		

46. Would you please mention other comment or suggestion to improve the quality of the private wing of the Hospital?

1. _____

2. _____

Annex 3. Amharic version information sheet and consent form

የመረጃ መስጫ እና የስምምነት ቅጽ (ውል)

አዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የሕብረተሰብ ጤና ት/ቤት በአለርት ሆስፒታል የግል ህክምና ክፍል ላይ የተገልጋዮችን እርካታ ለመመዘን ለተዘጋጀው መጠይቅ የመረጃና የስምምነት ቅጽ

ሀ/ የመረጃ ቅጽ

ጤና ይስጥልኝ ስሜ _____ ነው። ይህንን መረጃ የምንሰበስበው ለዘይነባ አብደላ በአዲስ አበባ ዩኒቨርሲቲ የህክምና ሳይንስ ህብረተሰብ ጤና ት/ቤት በሚደረግ ጥናት የማስተር ትምህርታቸውን በማጠናቀቅ እንዲረዳቸው ሲሆን እኔ የመረጃ ሰብሳቢ ነኝ። የጥናቱም ዓላማ በአለርት ሆስፒታል የግል ህክምና ክፍል ስለሚሰጣቸው አገልግሎት የተገልጋዮችን እርካታ መመዘን ነው። ይህንን አስመልክቶ ጥቂት ጥያቄዎችን እጠይቃለሁ።

ይህ ጥናት በአለርት ሆስፒታል የግል ህክምና ዘርፍ የተገልጋዮችን እርካታ መመዘን እና የተገልጋዮችን እርካታ የሚቀንሱ ጉዳዮችን አውቆ የሆስፒታሉን የግል ህክምና አገልግሎት ለማሳደግ የሚረዳ ይሆናል። እርስዎ በዚህ ጥናት እንዲሳተፉ ከተመረጡት ውስጥ አንዱ ስለሆኑ መጠይቆቹን በመመለስ እንዲተባበሩን እጠይቃለሁ። በጥናቱ ላይ በፍቃደኝነት እንዲሳተፉ እንጠይቃለን። ነገር ግን በጥናቱ ለመሳተፍ ፍቃደኛ ባይሆኑ በሆስፒታሉ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተጽዕኖ አያሳድርም። የሚሰጡኝ መረጃ ሙሉ ሚስጥራዊነቱ የተጠበቀ ነው። በዚህ ጥናት የእርስዎ ስምና አድራሻ አያስፈልግም። በዚህ ጥናት መሳተፍ ካልፈለጉ እምቢ ማለት ይችላሉ። ወይም በቃለ መጠይቁ መሀል ማቋረጥ ይችላሉ። አለበለዚያም መመለስ የማይፈልጉት ጥያቄ ካለ መዘለል ይችላሉ።

በጥናቱ በመሳተፍዎ ምንም ዓይነት ክፍያ አይሰጠትም። ቃለመጠይቁ ከ25-30 ደቂቃ ሊፈጅ ይችላል።

ሊጠይቁን የሚፈልጉት ጥያቄ አለዎት?

በጣም አመሠግናለሁ።

በዚህ ጥናት ለመሳተፍ ፍቃደኛ ናት? አዎ አይደለም

መልስዎ አዎን ከሆነ ወደሚቀጥለው ክፍል ይለፉ።

የምንገኝበት አድራሻ:- ጥናት አድራጊዎ ዘይነባ አብደላ ስልክ ቁጥር 0911 88 79 72

AAERC (ALERT HOSPITAL) ፀሐፊ አድራሻ:- ስ.ቁ 011 348 12 85

ለ/ የስምምነት ቅጽ

እኔ ፊርማዬ ከዚህ በታች የተመለከተው ግለሰብ የዚህ ጥናት ዓላማ በአለርት ሆስፒታል የግል ህክምና ክፍል ስለሚሰጠው አገልግሎት የተገልጋዮችን እርካታ መመዘን እንደሆነ ተገልጾልኛል። በዚህም መሠረት፡-

- ስለሁኔታው የማውቀውን መመለስ እንዳለብኝ ተብራርቶልኛል።
- የምሰጠው መረጃ ለዚህ ጥናት ዓላማ ብቻ እንደሚውል ተነግሮኛል።
- ማንነቴና የሰጠሁት መረጃ ሚስጥራዊነት የተጠበቀ እንደሚሆን ተነግሮኛል።
- በተጨማሪም በጥናቱ ያለመሳተፍ ወይም መመለስ የማልፈልገው ጥያቄ ካለ መተው እንደምችል ተረድቻለሁ።

ከላይ በተሰጠኝ መረጃ መሠረት በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነኝ።

ፊርማ -----

ቀን:-----

የምንገኝበት አድራሻ፡- ጥናት አድራጊዋ ዘይነባ አብደላ ስልክ ቁጥር 0911 88 79 72

AAERC (ALERT HOSPITAL) ፀሐፊ አድራሻ፡-ሲ.ቁ 011 348 12 85

አዲስ አበባ

Annex 4. Amharic Version Questionnaires

የጥያቄዎቹ አማርኛ ትርጉም

አዲስ አበባ ዩኒቨርሲቲ የህክምና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ቤት

በአለርት ሆስፒታል የግል ህክምና ክፍል ላይ የተገልጋዮች እርካታን ለማወቅ ለመፈተስ) የተዘጋጀ መረጃ መሰብሰቢያ መጠይቅ

አዲስ አበባ ኢትዮጵያ

መልስ መስጫው ክፍል ውስጥ መላሱ የመለሳቸው መልሶች አክብቡ

ክፍል አንድ የተገልጋዮች አጠቃላይ መረጃ

የተጠያቂውን መልሶች በመልስ መስጫው ቦታ ላይ አክብብባቸው

የመጀመሪያ ክፍል:-

ተ.ቁ.	ጥያቄ	መልስ	ኮድ	
1.	ፆታ	1.ወንድ 2.ሴት		
2.	እድሜ (በአመት)	_____ 9,ለመመለስ ፈቃደኛ አይደለሁም		
3	የትምህርት ደረጃ	1. ያልተማረ 2.ከ1ኛ - 6ኛ ክፍል 3.ከ7ኛ-12ኛ 4.ዲፕሎማ 5.ዲግሪ እና ከዚያ በላይ 9,ለመመለስ ፈቃደኛ አይደለሁም		
4.	ብሔር	1.አሮሞ 2.ትግሬ 3.አማራ 4.ጉራጌ 5.ሌላ ይጠቀስ===== 9, ለመመለስ ፈቃደኛ አይደለሁም		
5.	የጋብቻ ሁኔታ	1.ያላገባ 2.ያገባ 3.የተፋታ/የተለያየ 4.ባሏ የሞተባት/ሚስቱ የሞተችበት 9,ለመመለስ ፈቃደኛ አይደለሁም		
6.	ሀይማኖት	1. ሙስሊም 2.ኦርቶዶክስ 3.ካቶሊክ 4.ፕሮቴስታንት 5.ባህላዊ 6. ሌላ ካለ ይጠቀስ _____ 9,ለመመለስ ፈቃደኛ አይደለሁም		
7.	አማካኝ የወር ገቢ በኢትዮጵያ ብር	1. _____ 9,ለመመለስ ፈቃደኛ አይደለሁም		

8.	የሥራ ሁኔታ	1.ሥራ የሌለው 2.የግል ሥራ 3.የመንግስት ሥራ 4.መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 5.ሌላ ይጥቀሱ _____ 9.ለመመለስ ፈቃደኛ አይደለሁም		

ክፍል 2፣ የተገልጋዩን እርካታ የሚመዘኑ ጥያቄዎች

9.	ያሁኑን ጨምሮ ለምን ያህል ጊዜ የሆስፒታሉን የግል የህክምና ክፍል (ለመታከም) ተጠቅመውባቸዋል ?	1.ለመጀመሪያ ጊዜ 2.ከ 2ኛ - 3ኛ ጊዜ 3.ከ 4 ጊዜ በላይ 9. ለመመለስ ፈቃደኛ አይደለሁም		
10.	ስለ ሆስፒታሉ የግል የህክምና ክፍል መረጃውን ከየት አገኙ?	1.ከመገናኛ ብዙሀን/ ቴሌቪዥን/ ራዲዮ/ጋዜጣ 2.ከጓደኞቼ እና ሌሎች በሽኞች 3.ከሆስፒታሉ ማስታወቂያዎች 4.ሌሎች ይጥቀሱ _____ 9. ለመመለስ ፈቃደኛ አይደለሁም		
11.	ዛሬ ለምን አይነት የህክምና አገልግሎት ነው የመጡት?	1.ለቆዳ ህክምና 2.ለአይን ህክምና 3.ለውስጥ ደዌ ህክምና 4.ለኦፕሬሽን ቀጠሮ (ለአይን) 5.ሌሎች ይጥቀሱ _____ 9.ለመመለስ ፈቃደኛ አይደለሁም		
12.	ሆስፒታሉ ህክምና የሚሰጥበትን ክፍሎች የሚገልፁ ግልፅ አቅጣጫ ጠቋሚ ምልክቶች እንዳሉት ይሰማኛል	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም 6. አላስተዋልኩትም 9 ለመመለስ ፈቃደኛ አይደለሁም		
13.	የሆስፒታሉ ቅጥር ግቢ ፅዱ ነው	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
14.	የሆስፒታሉ ቅጥር ግቢ በድምፅ የማይረብሽ ነው	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለሁም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
15.	የሆስፒታሉ ቅጥር ግቢ በቂ ቦታ (ያልተጨናነቀ) ነው::	1.በጣም እስማማለሁ 2.እስማማለሁ		

		3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
16.	በሆስፒታሉ ውስጥ ያለው የታካሚዎች ተራ መጠበቂያ ክፍል ንፁህ፤ ምቹና በቂ ወንበላች ያሉት ነው።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
17.	የሆስፒታሉ ካርድ ክፍል ሰራተኞች ጥሩ አቀባበል አድርገውልኛል በተጨማሪም የት መክፈል እንዳለብኝ፣የት ተራዬን መጠበቅ እንዳለብኝ፣የግል ህክምና መመርመሪያ ክፍሎቹ የት እንደሆኑ በአግባብና ዘዴ በተሞላው መልኩ ነግረውኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
18.	በሆስፒታሉ የግል ህክምና ክፍል ያሉት ነርሶች አክብሮትና በትህትና አስተናግደውኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
19.	ነርሶች ወደ ህኪሙ ከመግባቴ በፊት ምን ማድረግ እንዳለብኝ አብራርተውልኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
20.	በሆስፒታሉ የግል ህክምና ክፍል በምገለገልበት ጊዜ የምፈልገውን የህክምና እስፔሻሊስት ህኪም በቀላሉና በምርጫዬ ማግኘት ችያለሁ።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
21.	በሆስፒታሉ የመመርመሪያ ክፍሎች ውስጥ ለህክምና የሚረዱ የተሟሉ መሳሪያዎች ንጥህናቸውን በጠበቀ መልኩ እንዳሉ አስባለሁ።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለም		
22.	በሆስፒታሉ የግል ህክምና ክፍል ያሉ ህኪሞች አክብሮትና በትህትና አስተናግደውኛል።	1.በጣም እስማማለሁ 2.እስማማለሁ 3.እርግጠኛ አይደለም 4.አልስማማም 5.በጣም አልስማማም		

		9. ለመመለስ ፈቃደኛ አይደለሁም		
23.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም (ትኩረቴን /ፍርሀቴንና ችግሮቹን) በአግባቡ እንዳዳመጠኝ ይሰማኛል።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
24.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም የህክምና ቃላቶችን ትርጓሜዎቹን ሳያስረዳኝ አልተጠቀመም።	1. አዎ 2. አይመስለኝም 3. እርግጠኝ አይደለሁም። 9. ለመመለስ ፈቃደኛ አይደለሁም		
25.	በሆስፒታሉ የግል ህክምና ክፍል ያለው ሀኪም የህክምና ምርመራዎችን ምክንያት በአግባቡ ነግሮኛል።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
26.	በሆስፒታሉ የግል ህክምና ክፍል አገልግሎት ሲያገኙ ጥያቄዎችን ለመጠየቅና በህክምናው እንዲሳተፉ እድል የተሰጠት ይመስሎታል።	1. አዎ 2. አይመስለኝም 3. እርግጠኝ አይደለሁም። 9. ለመመለስ ፈቃደኛ አይደለሁም		
27.	ሀኪሞቹ በህክምና በጣም የሰለጠኑና ብቃት ያላቸው ናቸው።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
28.	በሆስፒታሉ የግል የህክምና ክፍል ያሉት ሀኪሞች ለአላስፈላጊ ስጋትና ወጪ እንደማይዳርጉኝ ይሰማኛል።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
29.	በሆስፒታሉ የግል የህክምና ክፍል አገልግሎት ሳገኝ ሀኪሞች ስለ በሽታዬ ሁኔታ፣ ህመምን እንዴት ማጥፋት እንደምችል እና ጤነኛ ሆኜ ለመቆየት የሚረዱ መንገዶችን መከረውኛል።	1. አዎ 2. አልመከሩኝም 3. እርግጠኝ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
30.	በሆስፒታሉ የግል ህክምና ክፍል አገልግሎት ሳገኝ ያሉት ነርሶች ሙያዊ ብቃት ያላቸው የህክምና እቃዎችን ሲጠቀሙ በጥንቃቄና የህክምና እርዳታ ሲያደርጉ ጥበብ በተሞላው መልኩ እንደሆነ ይሰማኛል።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		

31.	በሆስፒታሉ የግል የህክምና ክፍል የህክምና አገልግሎት በምትገኝበት ጊዜ በሀኪሞች ና የነርቶች አላስፈላጊ የአካል መጋለጦችን ወይም መራቆትን እንዳይኖር ትኩረት የሰጡ ይመስሎታል?	1. አዎ 2. አይመስለኝም 3. እርግጠኛ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
32.	በሆስፒታሉ የግል ህክምና ክፍል አገልግሎት ሳገኝ ሀኪሞች በቂ የሆነ ጊዜ ከኔ ጋር አሳልፈዋል።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
33.	የሆስፒታሉ የግል ህክምና ክፍል የስራ ሰአት ለኔ ምቹ ነው።	1. አዎ 2. አይደለም 9. ለመመለስ ፈቃደኛ አይደለሁም		
34.	የህክምና ካርድ ካወጡ በሃላ በህክምና ባለሙያ ለመታየት ምን ያህል ጊዜ ጠብቀዋል/ቆይተዋል?	1. ምንም አልጠበኩም 2. ከግማሽ ሰአት በታች 3. ከግማሽ ሰአት እስከ አንድ ሰአት 4. አንድ ሰአትና ከዚያ በላይ 5. አላውቅም 9. ለመመለስ ፈቃደኛ አይደለሁም		
35.	በህክምና ባለሙያ ለመታየት በቆዩበት ሰአት ረከተዋል?	1. አዎ 2. አልረከሁም 3. እርግጠኝ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
36.	የላቦራቶሪ ውጤት ለማግኘት ምን ያህል ጊዜ ጠብቀዋል?	1. ከአንድ ሰአት በታች 2. ከአንድ እስከ ሁለት ሰአት 3. ከሁለት እስከ አራት ሰአት 4. ከአራት ሰአት በላይ 5. አላውቅም 6. ወደ ላቦራቶሪ አልሄድኩም 9. ለመመለስ ፈቃደኛ አይደለሁም		ወደ 38ኛ ጥያቄ ይሂዱ
37.	የላቦራቶሪ አገልግሎት ለማግኘት በቆዩበት ሰአት ረከተዋል?	1. አዎ 2. አልረከሁም 3. እርግጠኝ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
38.	የታዘዘሎትን መድሀኒት በሆስፒታሉ ውስጥ በሚገኘው መድሃኒት ቤት አግኝተዋል?	1. አዎ 2. አላገኘሁም 3. ወደ ፋርማሲ አልሄድኩም 9. ለመመለስ ፈቃደኛ አይደለሁም		ወደ 42ኛ ጥያቄ ይሂዱ
39.	የታዘዘሎትን መድሀኒት ለማግኘት ምን ያህል ጊዜ ቆዩ ?	1. ምንም አልቆየሁም 2. ግማሽ ሰአት 3. ከአንድ ሰአት በላይ		

		4. አላወኩም 9. ለመመለስ ፈቃደኛ አይደለሁም		
40.	በመድሀኒት ቤቱ አገልግሎት ለማግኘት በቆዩበት ሰዓት ረክተዋል?	1. አዎ 2. አልረካሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
41.	ፋርማሲስቱ ስለታዘዘልህ መድሀኒት ገለጻ አድርገውልህል?	1. አዎ 2. አላደረጉልኝም 9. ለመመለስ ፈቃደኛ አይደለሁም		
42.	ለህክምና አገልግት ለማግኘት የከፈልከው ክፍያ ተመጣጣኝ ነው።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
43.	ሁሉም ነገር የህክምና አገልግሎቱን በተመለከተ አርኪ ነው።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. እርግጠኛ አይደለሁም 4. አልስማማም 5. በጣም አልስማማም 9. ለመመለስ ፈቃደኛ አይደለሁም		
44.	ወደፊት ለመታከም ቢፈልጉ የሆስፒታሉን የግል ህክምናን ክፍልን ይጠቀማሉ?	1. አዎ 2. አልጠቀምም 3. እርግጠኛ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		
45.	የሆስፒታሉን የግል ህክምና ክፍል ለሌላ ሰዎች/ለጓደኛ/ለቤተሰብ እንዲመጡ ያበረታታሉ?	1. አዎ 2. አላበረታታም 3. እርግጠኛ አይደለሁም 9. ለመመለስ ፈቃደኛ አይደለሁም		

46. ሌሎች አስተያየቶች እና ሀሳቦች የሆስፒታሉን የግል ህክምና ክፍል አገልግሎትን ሊያሻሽሉ ይችላሉ የሚሉት ካለ እባክዎን ቢገልጹልን።

1. _____
2. _____
3. _____

Annex 5. Checklist for Assessment of Private wing of the ALERT hospital Addis Ababa, Ethiopia

Instruction: put “X” “Mark in the corresponding box containing the correct answer.

I. Check list for physical location and general description of the private wing of The ALERT Hospital.

1. Dose the banner caring the name of the Hospital placed on the visible place so that the users can see it easily?

YES NO

2. Dose the names and the location of the departments prepared in the written form and placed at visible area?

YES NO

3. Is there waiting area available for patients?

YES NO

4. Is the waiting area suffocated by patients?

YES NO

5. Dose the design of the building allows easy movement for people with disability?

YES NO

6. If no what are the problems that hinder easy movement?

7. Dose the building construction incorporate ways of preventing excessive heat and cold?

8. If no why?

9. Is there recreation area?

YES NO

10. If yes, write the number and the user

Patient _____ Staff _____

11. What is the main source of light to the Hospital?

A. Electricity B. Mention if there is any other _____

12. If the above main source mentioned on question No 11 is interrupted, what are the alternative source does the hospital has?

13. Are dust bins positioned at the proper places?

YES NO

14. Is there functional incinerator?

YES NO

15. Is there a pit to collect tissues wastes?

YES

NO

16. Is there a burial site of burnt substance at the incinerator?

YES

NO

17. What departments are functional for the private wing of the Hospital?

II. Check list for manpower distribution of private wing of the ALERT Hospital.

1. How many health care providers are available for the private wing of the Hospital?

For each departments

A. _____ Specialists _____ Doctors _____ Health Officers _____ Nurses _____ other supporting staffs for _____ Department.

B. _____ Specialists _____ Doctors _____ Health Officers _____ Nurses _____ other supporting staffs for _____ Department

C. _____ Specialists _____ Doctors _____ Health Officers _____ Nurses _____ other supporting staffs for _____ Department.

D. _____ Specialists _____ Doctors _____ Health Officers _____ Nurses _____ other supporting staffs for _____ Department.

III. Check list for patient flow of private wing of the ALERT Hospital

1. How many estimated patients are seen at each department on each day?

2. What are working day and working time of the private wing of the ALERT Hospital?

NB: Is there any other comment related to the above issue? If yes please mention in the space provided below;

