



ASSESSMENT OF THE LEVEL OF PATIENTS' SATISFACTION WITH HEALTH SERVICE DELIVERIES AND ITS ASSOCIATED FACTORS AMONG PATIENTS ADMITTED TO SAINT PAUL'S HOSPITAL MEDICAL AND SURGICAL WARDS FROM MAY- JUNE, 2019.

BY

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(INTERNAL MEDICINE RESIDENT)

A THESIS PAPER TO BE SUBMITTED TO THE DEPARTMENT OF INTERNAL MEDICINE OF SAINT PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE SPECIALITY CERTIFICATE IN INTERNAL MEDICINE.

ADDIS ABABA,

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Acronyms

CMS = Center for Medicare and Medicaid services

EHRIG= Ethiopian Hospital Reform Initiative Guideline

ENT= Ear, Nose and Throat

HCAHPS= Hospital Consumer Assessment of Health Providers and Systems Hospital Survey

HSDP= Health Sector Development Program

IRB= Institutional Research Board

Pt. = Patient

Pts. = Patients

SPH= Saint Paul's Hospital

SPHMMC= Saint Paul's Hospital Millennium Medical College

Abstract

Background: Satisfaction has become part of outcome quality measurement, and provides a consumer perspective and evaluation of the structure, process, and outcome of services. Ethiopia has prioritized healthcare access with little attention to the quality of the care because of its low health care coverage. There are only few studies that were conducted on patient satisfaction in health care delivery in Ethiopia in general and at study area, Addis Ababa in particular.

Objective: - To assess the level of patients' satisfaction and associated factors among patients admitted to the Medical and Surgical Wards in Saint Paul's Hospital (SPH).

Method: - A cross-sectional study design was used to assess the level of patient satisfaction and associated factors among a total of 366 patients admitted to Medical and Surgical Wards of SPH. Data was collected using the Hospital Consumer Assessment of Health Providers and Systems Hospital Survey. The collected data was analyzed using SPSS computer software version 16.

Results: - The general patient satisfaction was 50.8%. Patient satisfaction was relatively higher with physician care (59.3%) and least with giving information about medications and their side effects which was 27.5%. satisfaction regarding nursing care, pain management and information on transition of care from inpatient to outpatient is 51.9%, 36.6% and 32.5% respectively. Overall satisfaction with nursing care, overall satisfaction with physician care and giving patients written information on discharge about their condition and future follow up were found to be predictors of general patient satisfaction.

Conclusion and recommendation: - Patient satisfaction was found to be low as compared to different studies done in other places. Overall satisfaction with nursing and physician care as well as giving patients written information were found to be predictors of general patient satisfaction. Further study and attention on improving communication skills as well as creating conducive hospital environment is recommended.

Key Words: - Patient satisfaction, Health care, admission to ward

1. INTRODUCTION

1.1. Background Of The Study

Patient satisfaction is defined as a health care recipient's reaction to salient aspects of his or her service experience. In this formulation, satisfaction consists of a cognitive evaluation and an emotional reaction to the structure, process and outcome of services.(1).However, patient satisfaction suffers from inadequate conceptualization of the construct, and there is no agreed definition. (2)

Identification of various studies investigating methodological issues and the determinants of satisfaction indicated that there is agreement that the definitive conceptualization of satisfaction with healthcare has still not been achieved and that understanding the process by which a patient becomes satisfied or dissatisfied remains unanswered.(3) Satisfaction is a relative concept and that it only implies adequate service. What is agreed is that satisfaction has become an endpoint in outcomes research and the benchmarking of services.(3)

Factors related to patient satisfaction include patient socio demographic characteristics, physical and psychological status, attitudes and expectations concerning medical care, as well as the structure, process and outcome of care. There is no consensus about which of these factors is most important, and results from different studies appear to depend on the type of care rendered and the context in which it was studied. (4) But, there is consistent evidence across settings that the most important determinants of satisfaction are the interpersonal relationships and their related aspects of care. (3)

Patient satisfaction is one of the indicators for quality health care and its outcomes, in addition to clinically orientated 'traditional' outcomes (e.g. mortality and major morbidity), economic measurements (costs), and health-related quality of life, and has become an important endpoint in outcomes research and benchmarking of services. (4-7)

The other problem with patient satisfaction is the absence of generally accepted objective measurement tool. The increasing importance of patient satisfaction data has resulted in the development of thousands of surveys. (8) Selecting or switching to these different

patient satisfaction surveys is a difficult task. As an agreed-upon single standardized measurement tool does not exist, (2, 9) a specific recommendation for the “best survey” cannot be made.

It is also clear that although it may be tempting to create a new survey to individualize questions and decrease costs, the steps required to generate a validated questionnaire are exceedingly time consuming. Therefore existing tools with established psychometric properties should be used to ensure that satisfaction is measured and reported accurately.(10)

Satisfaction may be scored on a global measure or within multiple distinct domains. With a single global dimension or question, it is difficult to determine why a patient rated satisfaction in a certain way. More often, multidimensional measures are used to provide further detail within distinct domains, such as interpersonal manner of the provider, technical quality of care, availability, outcomes of care and the physical environment.(11)

1.2. Statement of the problem

Efforts to improve the health care delivery in 1970s and 1980s have led to increased popularity of measurement of patient satisfaction.(2,12) This increase in popularity was mainly because of three changes in the health care system. First, the role of clinicians has changed from one of helping patients to one who is expected to either cure the patient or alleviate chronic symptoms. Second, the patient centered care movement has changed the belief in patients as benefice of health care to customers who should have autonomy and during medical decision making. Third, patient perspectives are increasingly sought for inclusion in the monitoring of health care and the legitimizing of health policy.

A review of literatures of this period on patient satisfaction identified different key general theories regarding patient satisfaction. (13)

These major patient satisfaction theories were published in the 1980s laid the basis for study of patient satisfaction, with more recent theories being largely “restatements” of those theories. (2)

Factors associated with patient satisfaction could be grouped according to the construct for which they were implicitly intended to measure and there appeared to be ten such constructs: accessibility/convenience, availability of resources, continuity of

care, efficacy/outcomes of care, finances, humaneness, information gathering, information giving, pleasantness of surroundings, quality/competence.(19,20)

However, in developing countries, little or no attention has been given for patient satisfaction. Many countries in sub-Saharan Africa had no published reports on this subject nor have policies that would provide incentives for local researchers on the subject. Furthermore, most of the studies done so far didn't use consistently valid and reliable measures in assessing patient views.(21)

As a developing country, Ethiopia's 20 year Health Sector Development Program (HSDP), which started in 1996/97 emphasized on democratization and decentralization of the health care system; developing preventive, promotive and curative components of health care and assurance of accessibility of health care for all parts of the population (22), with little attention to quality and patient satisfaction.

The Ethiopian Hospital Reform Initiative Guideline (EHRIG), which was launched in 2010, on its chapter on quality management, it mainly emphasizes on ethical approaches of health professionals to improve quality of health care, with less attention to the patients' subjective evaluation of the health delivery system.(23)

Studies have been done to investigate patients' satisfaction with a global measure of the healthcare system as well as its specific domains to assess and improve the healthcare system. A review of these literatures shows variability in the percent of patients reporting satisfaction with the different aspects of the healthcare system, the respondents' socio-demographic characters, and the geographic location where the studies were done.

Meta-analysis 20 studies in Sub Saharan Africa showed 66% of respondents gave favorable feedback on the healthcare services.(21) Overall, average patient satisfaction rating was found to be 64.7% in Moi Teaching and Referral Hospital in Eldoret, Kenya.(24)

A study done in Jimma University Hospital in 2010 showed that the overall client satisfaction level with the healthcare services was 77%.(25). Another study was also done in the same institution in 2011 showed that the net patient satisfaction was to be 61.9%.(26)

In Addis Ababa, the overall satisfaction with the health care provided at the public hospitals showed that 18.2% of the patients were very satisfied whilst 47.9% of

patients were just satisfied. At the private hospitals the corresponding proportions were 26.5% and 49.2%, respectively.(27)

1.3. Literature Review

A review of literatures shows variability in the percent of patients reporting satisfaction with the different aspects of the healthcare system, with the respondents' socio-demographic characteristics and the geographic location where the studies were done.

A study was done to evaluate the level of patient/relatives' satisfaction in Indian Spinal Injuries Centre, amongst 100 patients and relatives using structured questionnaire. Eighty-two percent people were satisfied with the service at the admission counter while 81% were satisfied with room preparation at the time of admission. The nursing services satisfied 80% of people while 92% were satisfied with explanation about disease and treatment by doctor. The behavior of nurses, doctors and orderlies satisfied 92%, 92% and 83% of people, respectively. The cleanliness of toilets satisfied only 49%, while diet services satisfied 78% of people.(28)

A Meta-analysis was done in sub-Saharan Africa in a total of 20 studies (3 qualitative, 3 mixed method and 14 quantitative) using quantitative findings from facility- and community-based studies of patient evaluation of primary health care.(21) There was low use of validated measures, and the most common scales assessed were humanness (covers staff conduct, respect, courtesy, receptiveness and interpersonal skills) (70%) and access (includes distance to the facility, opening times, availability of appropriate health workers, being able to reach the facility on the phone) (70%). 66% of respondents gave favorable feedback. Relatively, more participants from the facility-based surveys gave favorable feedback than those recruited within the community (67% vs 57%). The effect of recruitment site (0.47, 95% confidence interval (CI): -0.92, 1.77) on subjects' feedback on primary health care was not statistically significant.

In May 2013 a cross-sectional survey focused on patients' satisfaction with medical information and their relationship with staffing and hospital routine was done on the public medical wards of Moi Teaching and Referral Hospital in Eldoret, Kenya. A total of 90 randomly selected patients (45 men and 45 women) were interviewed.

Overall, the average patient satisfaction rating was 64.7. Higher rated satisfaction was associated with higher self-rated general health scores and self-rated health gains during the hospitalization ($p=0.023$ and $p=0.001$). (24)

A cross sectional study was conducted in 2010 in Jimma University hospital on a total of 422 clients. The overall client satisfaction level with the health services rendered at the hospital was 77%. Satisfaction was reported to be highest (82.7%) with the way the doctors examined them and on the other hand dissatisfaction was reported to be least (46.9%) by respondents with the time spent to see a doctor. Satisfaction was found to have a significant association with the age ($p=0.034$) and educational level ($p=0.003$) of the respondents.(25)

A comparative cross-sectional study was conducted from March 27 to April 30, 2010 in Addis Ababa, to compare patient satisfaction in 5 public hospitals and 5 private general hospitals on a total sample size of 668. Concerning the overall satisfaction with the health care provided at the public hospitals, 18.2% of the patients were very satisfied whilst 47.9% the patients were just satisfied. At the private hospitals the corresponding proportions were 26.5% and 49.2%, respectively. Common determinants of patient satisfaction at private and public hospitals were self-judged health status, expectation about the services, perceived health care providers technical competency, perceived welcoming approach and perceived adequacy of consultation duration.(27)

Another cross sectional study design was conducted in 2011 at Jimma University Specialized Hospital on a total of 189 participants. The proportion of overall net patient satisfaction was 61.9%. Majority of the respondents (78.3%) reported that they got the kind of service they anticipated. Cleanliness of the ward (76.7%) and time to get back to home (14.3%) were found to have the highest and the lowest proportion of satisfied respondents, respectively. Patients with no formal education (76.9%) and patients from the rural areas (68.8%) were satisfied higher than those from their counterparts. Patients at medical (61.1%) and ophthalmology (62.5%) wards were less satisfied than patients in other departments. (26)

1.4. Significance of the study

The development and future success of a nation depends on its healthy and productive citizens. Achieving and producing health and satisfaction as defined for its individual members by a particular society or subculture is the ultimate validator of the quality of care. (17) So, assurance of quality healthcare for its citizens should be the first priority for a country. There is increasing pressure on medical care organizations to improve on the quality and focus of their service delivery to meet increasing consumer demands. (29) Therefore, medical care organizations embark on research projects to discover new and better ways of keeping abreast with changing consumer demands and how best to adequately satisfy these demands. (30)

Satisfaction is a part of outcome quality, in addition to clinically orientated ‘traditional’ outcomes (e.g. mortality and major morbidity), economic measurements (costs), and health-related quality of life, and has become an important endpoint in outcomes research and benchmarking of services. (4,6-7).

Assessment of patient satisfaction also provides a consumer perspective that can contribute to a complete, balanced evaluation of the structure, process, and outcome of services. It is also predictive of such health-related behaviors as compliance and switching providers, and is related to self-reported improvement in health.(1)

However, as there is no absolute climax for “quality” healthcare it cannot be achieved over night; rather it is a continuous process which needs continuous evaluation of performance and outcome. This assessment of performance and outcome should involve patients, as they are the primary subjects who involve through the process and are also the ultimate beneficiaries of outcome.

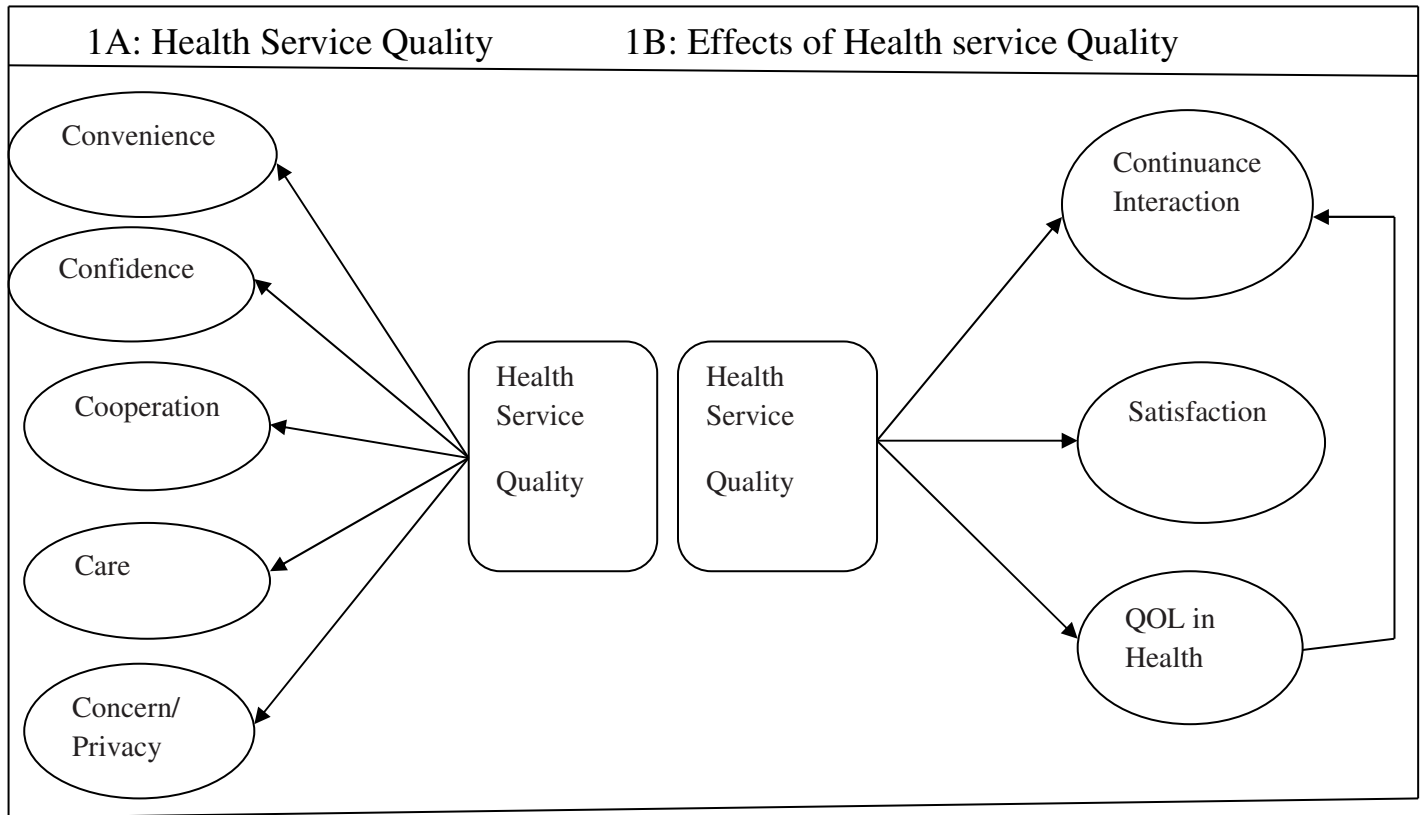
Research on patient views on the quality of primary health care in developing countries especially in sub-Saharan Africa is a developing area. Further research should be done to identify methodological flaws related to the design, measurement tool and selection of participants in previous studies. There is also a need to research appropriate models of

integrating findings from such studies into effective frameworks for quality improvement.(21)

As a developing country, because of poor healthcare coverage, Ethiopia has prioritized healthcare access with no or little attention to the quality of the care. Studies focusing on quality of healthcare, especially, in the context of patient satisfaction done so far in the country are not adequate. Even those small studies done focused mainly on patient satisfaction associated with nursing care.

This study is aimed to investigate patient satisfaction with the general healthcare services given in SPH. It is believed to identify areas of the healthcare service where patients are dissatisfied most. This global assessment of patient satisfaction helps as a benchmarking to prioritize those areas and to conduct further researches on specific domains of patient satisfaction.

1.5. Conceptual frame work



Health service quality model on five dimensions (convenience, confidence, cooperation, care, and concern) and framing its overall impact on satisfaction, continuance interactions (economic outcome) and quality of life (social outcome).(31)

2. Objectives

2.1. General

To assess the level of patients' satisfaction with health service deliveries and its associated factors among patients admitted to Saint Paul's Hospital, Medical and Surgical wards from May-June, 2019.

2.2. Specific

To assess the level of patients' satisfaction with health service deliveries among patients admitted to Saint Paul's Hospital, Medical and Surgical wards from May- June, 2019.

To identify factors associated with patients' satisfaction with health service deliveries among patients admitted to Saint Paul's Hospital, Medical and Surgical wards during the study period.

3. Methods and Materials

3.1. Study area and period

The study was conducted in SPHMMC Medical and Surgical Wards. SPHMMC is located in Swaziland Street of Gullele Sub-city in the northern part of the capital city of Ethiopia, Addis Ababa. Saint Paul's Hospital was established in 1968. It was upgraded to the level of a medical college and named as Saint Poul's Hospital Millennium Medical College, in 2010.(32) The hospital with a medical college currently gives health services in different departments (Department of Internal Medicine, Emergency medicine, Pediatrics and child health, Radiology, Obstetrics and Gynecology, Surgery, Ophthalmology, Dermatology, Psychiatry, ENT, Forensic medicine and Dentistry.). Despite its short age of establishment, it is quickly building its capacity human and material capacity (32) to become national center of excellence in the health sector. Although it provides medical services mainly for patients from Addis Ababa and the surrounding Oromia Region, patients are referred from all over the country.

The medical ward has male (20 beds), female (24 beds) and hematologic ward (3 beds). The surgical ward also has 12 pediatric surgical beds, 21 urologic beds (3-6 beds for females, 15-18 for males), 72 general surgical beds (36 for females, 36 for males) and 14 beds for septic patients (7 for females and 7 for males). Patients in the ward are followed by nurses, interns, and residents. There are general and subspecialty rounds made by Fellows and subspecialty consultants.

Revision of the HMIS of the two wards shows in the month of February, 2019 a total of 417 patients (320 surgical and 97 medical) were admitted. Similarly, in March 2019, a total of 436 patients (331 surgical and 105 medical) were admitted.(33)The study was conducted from May 02- June 26, 2019.

3.2 Study Design

A hospital based cross sectional study design was conducted to assess the level of patients' satisfaction with health service deliveries and factors associated with it among patients admitted to SPHMMC, Medical and Surgical Wards from May- June, 2019.

3.3 Population

3.3.1. Source population:

All patients who were admitted to Saint Paul's Hospital from May- June, 2019

3.3.2. Study population:

All patients who were admitted to medical and surgical wards of Saint Paul's Hospital from May - June, 2019 and who satisfied the eligibility criteria to be included in the study.

3.4. Inclusion and exclusion criteria

3.4.1. Inclusion criteria

All patients who were admitted to Medical and Surgical Wards of SPHMMC from May-June, 2019 and also who are age 18 years or more, stayed in the hospital for more than five days, and those who have no psychiatric or neurologic illness that may hinder communication.

3.4.2. Exclusion criteria

All patients who are age less than 18, stayed in the hospital only for less than five days (considering that clients should stay for adequate time to evaluate the services given), unable to communicate because of underlying psychiatric or neurologic illness, and also those who are not volunteer to take part in the study.

3.5. Sample Size determination and Sampling technique

3.5.1. Sample size determination:

A comparative cross-sectional study conducted in 2010 in Addis Ababa, to compare patient satisfaction in 5 public and 5 private hospitals showed that the overall satisfaction with the health care provided at the public hospitals, was 66.1%. (27)

Considering similar patient and facility characteristics between Saint Paul's Hospital (SPH) and other public hospitals in Addis Ababa, the prevalence (p) was taken to be 66.1%.

At a confidence level of 95% and a 5% level of statistical significance for accepting a chance of getting a finding that is not actually in the population, and considering 10% non-response rate, the final sample size is calculated as follows:

$$n = (z\alpha/2)^2 p (1-p)/d^2$$

Where n=total sample size

p=prevalence (proportion), i.e. p=66.1%

d=margin of error, i.e d=5%

z=level of confidence interval=95% CI

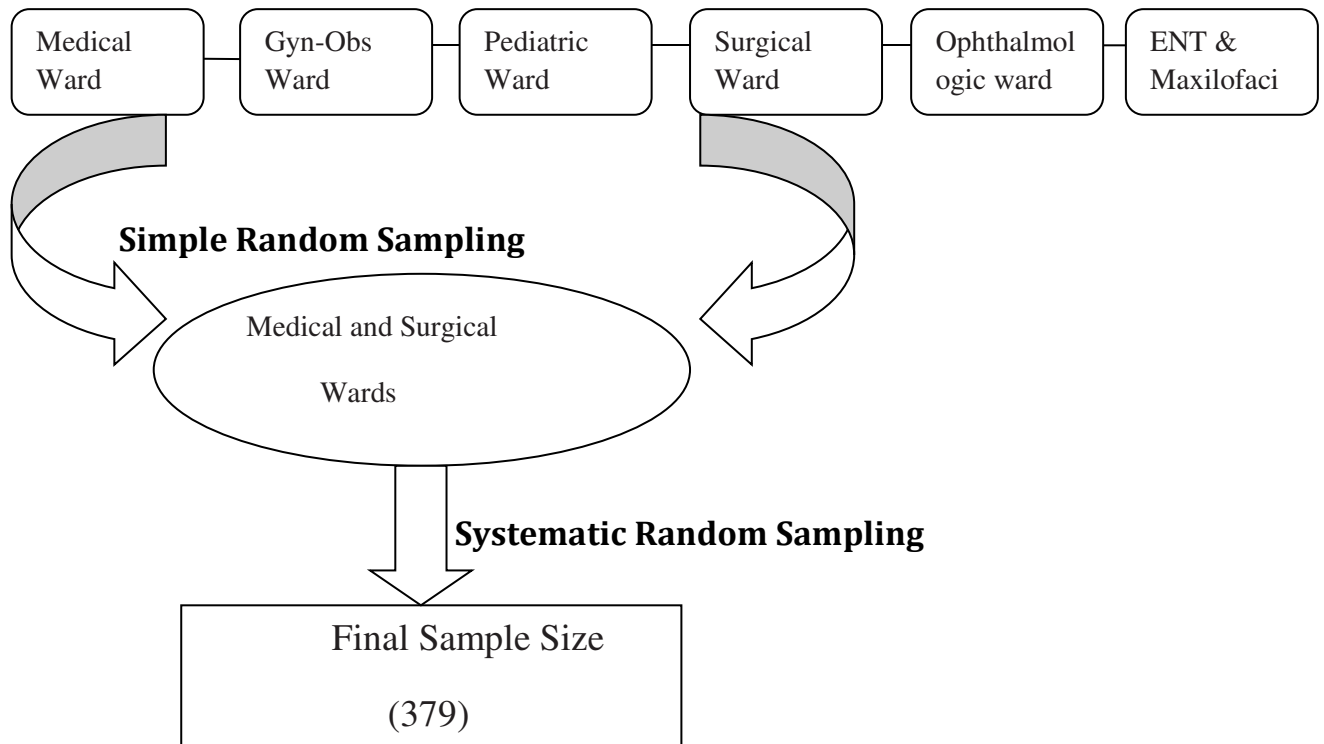
$$Z\alpha/2=1.96$$

$$n = (1.96)^2 (0.661) (1-0.661)/0.05 = 344.33 \Rightarrow 344$$

Finally, after considering a 10% non-response rate; $384.16 + 38.416 = 378.76 \Rightarrow 379$ will be the final sample size.

3.5.2 Sampling technique:

A multi-stage cluster random sampling was used. Initially, simple random sampling was applied to choose wards, taking the specialty wards as clusters from which medical and surgical wards are selected. In the two months prior to the study, the average patient admission in medical and surgical wards per month was 426 (medical=101 patients and surgical= 325 patients).(33) Assuming similar admission rates in the study period, systematic random sampling was applied to include every other discharged patient from each ward until the final sample size was achieved.



3.6 Instrument and study variables

3.6.1 Instrument

Data was collected using the Hospital Consumer Assessment of Health Providers and Systems Hospital Survey (HCAHPS), a standardized survey that measures patient perspectives on hospital care. It was developed by the Center for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality and is currently used in hospitals throughout the United States.(34)

The HCAHPS has been psychometrically tested and validated across various demographic groups of patients, hospital services and types of hospitals.(35,36)

Internationally, it is held up as ‘gold standard’ for use in jurisdiction administered patient survey programs, primarily due to the robust methodologies used in its development.(37)

The 2018 updated HCAHPS survey, which is used in this study, is 32 questions in length. It contains 21 patient perspectives on care and patient rating items that encompass nine

key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes.(38)

The questionnaire was prepared in English then translated to Amharic and back to English to check for accuracy and consistency of the translation. Pretest was done on 19 (5% of total sample size) at Obstetrics and gynecology ward and corrective measures were taken.

3.6.2 Study variables

3.6.2.1 Dependent variables

- Total patient satisfaction with health service deliveries

3.6.2.2 Independent variables

- age,
- Gender,
- Ethnicity,
- Income,
- educational levels,
- Marital status,
- Previous admission
- Length of stay in the hospital.
- Communication with doctors and nurses
- Patients' general mental and physical health,
- responsiveness of hospital staff
- pain management

- communications about medicines
- the hospital environment
- discharge information

3.7 Operational Definition

Inpatient: - patients who were admitted for medical care at Saint Paul’s Hospital during the study period.

Patient satisfaction:-the patients’ feeling of pleasure that come when the expected need or desires for healthcare service is received;

Satisfied (for individual items):- refers to a proportion of patients who responded the most positive response, “Top-box”, response, as shown in the following table.

Not satisfied (for individual items):- refers to patients who responded middle or lower proportion answers as shown below.

Table 3.7: classification of patients’ rating of satisfaction based on CMS (Center for Medicare and Medicaid services)

Response Scale Type	Lower Proportion (“Bottom Box”)	Middle Proportion	Top Box
Dichotomous	No	-	Yes
Global rating	0-6	7-8	9-10
3-point response scale	No	Yes, somewhat	Yes, definitely
4-point response scale	Never, Sometimes or Definitely no, Somewhat no	Usually or Somewhat yes	Always or Definitely yes

Satisfaction for a composite of items: - Based on the above definition, point score of 1 was given for satisfied and 0 for unsatisfied responses. To determine the composite satisfaction from the individual subcomponents, the score for each question was summed-up and the composite satisfaction was defined as satisfied if the summation is greater than the mean and unsatisfied if it is less than the mean.

General satisfaction: - refers to patients' satisfaction regarding all aspects of services given in the hospital. It is a composite of all items after excluding the missed items for the individual subjects. Point score was 1 given for satisfied and 0 for unsatisfied responses. To draw the final conclusion, the composite scores were summed-up and subjects were categorized as satisfied if the score was greater than or equal to their respective mean and unsatisfied if less than their respective mean.

3.8. Pre-test

By taking 5 % of the total sample size (19), pretest was done on patients who are admitted in Obstetrics and gynecology ward two weeks before actual data collection date to check its variability and the questionnaire was assessed for its clarity, length and completeness and corrective measures were taken accordingly. The respondents involved in pretest were also excluded from the study.

3.9. Data collection procedure

Five data collectors (two nurses and three runners) were selected and trained by the investigator. They were bilingual Amharic and Oromifa speakers so that they can easily communicate with subjects who have difficulty of speaking Amharic. Interviewing was conducted after all the discharging procedure was completed, so that subjects have complete assessment of all the hospital services from admission to discharge.

After in depth and clear discussion on the relevance and objective of the study, confidentiality of the information and their inviolable right not to participate, subjects were requested for their consent. Volunteer subjects were given the questionnaire to be filled. Clients who can't read and write or those who can't understand Amharic were interviewed by the data collectors in a language they understand. Data collectors were not wearing gown while interviewing to avoid bias.

3.10. Data quality management

Data quality was managed through training the data collectors, getting a written consent from the subjects to be interviewed and assuring them with full confidentiality, investigator supervision of the data collection procedure. Pre-test was also done two weeks prior to the study to assess the clarity and the completeness of the questionnaire.

3.11. Ethical issues

Ethical clearance was obtained from the Institutional Review Board (IRB) of SPHMMC. Letter of co-operation was also obtained from each level as necessary. Though the study incurs no harm to the subjects of the study no information was taken from them without their informed consent. Patients' name was not written on the questionnaire. Appropriate measures were taken to protect confidentiality of the patients' clinical data.

3.12. Data processing and analysis

The data collected was checked for completeness, cleared and entered into a computer using Statistical Package for Social Science (SPSS) software version 16. The data was summarized and described using tables. Descriptive statistics was used to put results of the study in the form of findings (numbers) and percentages. Bivariate and multivariate logistic regression analyses were utilized to identify variables which have association with patient satisfaction and P-value < 0.05 was considered as statistically significant. The results were discussed in reference to results of previous local, regional, national and international studies of similar content in a way that it can be interpreted for policy making, provide benchmark for further studies.

3.13. Dissemination of result

Finally, the result of this research will be reported to all concerned bodies, like the Ministry Of Health and SPHMMC, and documented in the library of SPHMMC. The finding will be presented to staffs and students of SPHMMC and others, as needed.

4. Results

A total of 379 subjects were interviewed with response rate of 96.6% (366). Among these 265 (72.4%) were from surgical ward. 203 (55.5%) were females and the age range 34-48 years accounts for 36.9% of the subjects. Most (71.9%) are Christians and from Addis Ababa (59.6%)

Table 4.1: - Patients' socio-demographic characteristics

Age (in years)	.	Frequency	Percent
	18 – 33	105	28.7
	34 – 48	135	36.9
	49 – 63	87	23.8
	> 63	39	10.7
Sex	Male	163	44.5
	Female	203	55.5
	Total	366	100.0
Religion	Christian	263	71.9
	Muslim	90	24.6
	Other	13	3.6
Ethnicity	Tigre	26	7.1
	Amhara	116	31.7
	Oromo	128	35.0
	Guraghe	72	19.7
	Others	24	6.6
	Total	366	100.0
Residence	Addis Ababa	218	59.6
	Other town	82	22.4
	Rural	66	18.0

	Total	366	100.0
Marital status	Married	264	72.1
	Singe	58	15.8
	Divorced	17	4.6
	Widowed	27	7.4
	Total	366	100.0

Level of education	Illiterate	78	21.3
	Primary Education	92	25.1
	Secondary Education	100	27.3
	Higher Education	96	26.2
	Total	366	100.0
Occupation	Farmer	45	12.3
	Civil Servant	88	24.0
	Merchant	65	17.8
	Housewife	113	30.9
	Student	55	15.0
	Total	366	100.0

Income (in Ethiopian Birr)	< 600	70	19.1
	600 – 1500	92	25.1
	1500 – 3000	94	25.7
	> 3000	90	24.6

	No Income	20	5.5
	Total	366	100.0

Table 4.2:- Patients' admission and health related characteristics

Ward	Medical	101	27.6
	Surgical	265	72.4
	Total	366	100.0
Previous admission	Yes	107	29.2
	No	259	70.8
	Total	366	100.0
Duration of hospital stay	5 - 14 days	210	57.4
	15 - 21 days	91	24.9
	22 - 30 days	36	9.8
	> 30 days	29	7.9
Admitted through emergency	Yes	137	37.4
	No	229	62.6
	Total	366	100.0

Table 4.3:- patients' subjective rating of their condition

		Frequency	Percent
Overall health rating	Excellent	78	21.3
	Very good	161	44.0
	Good	89	24.3
	Fair	38	10.4
	Total	366	100.0

Overall Mental and emotional health	Excellent	111	30.3
	Very good	144	39.3
	Good	85	23.2
	Fair	26	7.1
	Total	366	100.0

General satisfaction with the health care deliveries in the hospital

After removing out the missed items for each subject (items which are not filled by patients because it doesn't concern them, e.g patients who have no complaint of pain during their hospital stay jumped the next two questions which are concerned on pain management) the total no of items in which patients are satisfied are added for each individual subject and the average value was taken. As shown in table 4.4, the minimum average is 8(meaning this subject has skipped all the five items having the possibility to be missed, and answered 16 questions).

Table 4.4:- Proportion of patients with their respective frequency of average no, of items they respoded

Average no, of items responded	Frequency of patients who responded the corresponding average	Percent of patients who responded the corresponding average
8(answered 16 questions)	35	9.6
9 (answered 17-18 questions)	135	36.9
10 (answered 19-20 questions)	154	42.1
11(answered 21 questions)	42	11.5
Total	366	100.0

The final composite outcome of patient satisfaction, then, was defined as satisfied if patients are satisfied in at least in individual items greater than or equal to the average of their respective total items. From this it was found that the total patient satisfaction was found to be 50.8% as shown in the following table

Table 4.5:- Proportion of patients who fulfilled the final criteria for satisfaction

Final Satisfaction Score		
	Frequency	Percent
Unsatisfied	180	49.2
Satisfied	186	50.8
Total	366	100.0

Satisfaction with individual component items

Among the total 366 patients, 56% reported that they are satisfied (always response) with the respect and dignity provided by the nurses while 51.9% are satisfied with the nurses readiness to listen their problems. 45.4% of them are also satisfied by the nurses' effort to explain the patients' condition. This gives us a composite patients' satisfaction of 51.1% with respect to the general nursing care practice in the hospital.

Table 4.6: patients satisfaction with nursing care

Nursing care	Never		Sometimes		Usually		Always	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Respect for patients	4	1.1	61	16.7	96	26.2	205	56
Listen to patients			68	18.6	108	29.5	190	51.9
Explain for patients	9	2.5	73	19.9	118	32.2	166	45.4
Composite overall satisfaction with nursing care services								51.9

As is shown in table 4.7, 62.8% of patients are satisfied by their physicians' respect as are 60.4 % with regard to their tendency to attentively listen their complaints. Similarly, 56.4% are satisfied with respect to their physicians' effort to explain the patients' problems. This implies a composite patient satisfaction score of 59.7% with respect to physicians care.

Table 4.7:- Satisfaction with physician care.

Doctors care	Never		Sometimes		Usually		Always	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
With respect			29	7.9	107	29	230	62.8
Listen to Pts.	4	1.1	29	7.9	112	30.6	221	60.4
Explain for Pts.	5	1.4	50	13.7	106	29	205	56
Composite overall satisfaction with physician care								59.3

Among the total 366 patients only 37.7% of patients are satisfied by the speed at which the hospital staffs arrive after patients call them for complaints or help. Similarly, 93 patients wanted help from the staffs to help them reach to toilet; but only 37.6% of them are satisfied with the commitment of the staffs.

Table 4.8:- Satisfaction with staffs' response for help.

Staff response for help	Never		Sometimes		Usually		Always	
	No,	%	No,	%	No,	%	No,	%
Arrive soon	14	4.4	105	28.7	98	26.8	138	37.7

Staff helpful	8	8.6	28	30.1	22	23.7	35	37.6
composite								37.4

Among the total 366 patients who were asked whether they had pain and the health professionals' behavior regarding pain management, 284(77.6%) say that they were experiencing pain. Out of these only 126 (42.6%) are satisfied by the professionals' behavior towards asking the patients whether they have pain and its impact. Even worse, only 86(30.6% of) patients are satisfied by the way health professionals explain the severity and implication of the pain of the pain as well as how it is managed.

Pain management	Never		Sometimes		Usually		Always	
	Frequen	Percent	Frequen	Percent	Frequen	Percent	Frequen	Percent
Staff asks if pt feels pain	8	2.8	57	20.2	97	34.4	120	42.6
How to Rx	25	8.9	75	26.7	95	33.8	86	30.6
Composite satisfaction with overall pain management								36.6

Table 4.9: satisfaction with pain management

Subjects were also interviewed whether they were taking a new medication. 220 patients (60.1%) replied that they took a drug which they haven't ever taken. Out of these 67 (30.5%) were satisfied by the way they were told why the drug was being given, while only 54 (24.5%) were satisfied in that they were clear with the side effects of drugs they were given.

Table 4.10:- Satisfaction with information about drugs given

About medications	Never		Sometimes		Usually		Always	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Why given	51	23.2	49	22.3	53	24.1	67	30.5
Side effects	68	30.9	55	25	43	19.5	54	24.5
Composite								27.5

Patients were also asked if their health professionals told them that they can cooperate with them if there is a need upon discharge. 266 (72.7%) responded that they are satisfied by the staffs' willingness to cooperate after discharge, but only 163 (44.5%) were given written information as where and how to continue follow up.

Table 4.11:- Satisfaction with staffs' cooperation after discharge

Information on discharge	No		Yes	
	Frequency	Percent	Frequency	Percent
Help after discharge	100	27.3	266	72.7
Written information	203	55.5	163	44.5

Regarding patients' satisfaction with respect to transition of care from inpatient to outpatient, 111 patients (30.3%) were satisfied because they are involved in decision making as how and where to follow their illness. On the other hand 121(33.1%) patients said that they are satisfied as they are told the discharging condition very well, whereas 141(38.5%) were satisfied by the information given about their medications on discharge. This provides a composite satisfaction of 32.5% regarding the discharging process and transition of care from inpatient to outpatient set up.

Table 4.12: Satisfaction with care transition from inpatient to out patient

Care Transition	Satisfied		Unsatisfied	
	Frequency	Percent	Frequency	Percent
Shared Decision	111	30.3	255	69.7
Understand	121	33.1	245	66.9
Good under about meds	141	38.5	225	61.5
Composite	119	32.5	247	67.5

With regard to assessment of patients' satisfaction with the friendly nature of the hospital environment, only 127 patients (34.4%) were satisfied with the cleanliness of the hospital rooms, toilets and compounds, whereas 169(46.2%) are satisfied by the quietness of the hospital rooms.

Table 4.13:- Satisfaction with hospital environment

		Satisfied		Unsatisfied	
		Frequency	Percent	Frequency	Percent
Hospital Env't	Cleanliness	127	34.7	239	65.3
	Quietness	169	46.2	197	53.8
Rating & rec. hospital	Rating	195	53.3	171	46.7
	Recommend	271	74	95	26

***Regression Analysis of Patients' Satisfaction with the health Care deliveries with Selected Variables**

In this study, bivariate analyses showed that marital status, general physical and mental health, satisfaction with nursing care, satisfaction with physician care and giving patients written information on discharge about their condition and future follow up were found to be associated with the general patient satisfaction with the health care deliveries.

Further analysis using multivariate analysis, satisfaction with nursing care, satisfaction with physician care and giving patients written information on discharge about their condition and future follow up were found to be predictive of general patient satisfaction. Accordingly, patients who were given written information about their condition and follow up on discharge were three times more likely to be satisfied (P-value=0.001, AOR=3.142, 95%CI=1.57- 6.288) than those who are not given. Similarly, patients who are not satisfied with the overall nursing care have 92% reduced general satisfaction (P-value=0.00, AOR=0.080, 95%CI=0.041-0.157) as compared to those who are satisfied with the overall nursing care. In addition, patients who are not satisfied with the overall physician care have 93.9% reduced general satisfaction (P-value=0.00, AOR=0.061, 95%CI=0.029-0.128) as compared to those who are satisfied with the overall physician care.

Table 4.14: Regression analysis of socio-demographic and respondent related variables, and patient satisfaction

Variable	P-Value *BLR	COR (95% CI)	P-Value **MLR	AOR (95% CI)
Marital status				
Married	1	1	1	1
Single	0.007	3.429* (1.402-8.384)	0.071	3.336(0.901-12.35)
Divorced	0.132	2.165(0.792-5.916)	0.178	2.803(0.625-12.580)
Widowed	0.033	4.082*(1.119-14.883)	0.651	1.555(0.23-10.513)
Overall health status				

Excellent	1	1	1	1
Very good	0.001	3.857*(1.706-8.722)	0.769	1.254(0.278-5.665)
Good	0.031	2.229*(1.075-4.620)	0.759	1.239(0.319-4.858)
Fair	0.473	0.747(0.336-1.66)	0.247	0.434(0.106-1.781)
Overall mental and emotional status				
Excellent	1	1	1	1
Very good	0.003	3.935*(1.599-9.683)	0.060	5.476(1.182-25.366)
Good	0.106	2.053(0.859-4.909)	0.127	3.105(0.724-13.317)
Fair	0.786	0.879(0.348-2.224)	0.192	2.717(0.605-12.208)
Written information given at discharge about condition and follow up				
Not given	1	1	1	1
Given	0.00	2.159*(1.418-3.289)	0.001	3.142**(1.57-6.288)
Overall satisfaction with nursing care				
Satisfied	1	1	1	1
Unsatisfied	0.00	0.56*(0.033-0.094)	0.00	0.08**(0.041-0.157)
Overall satisfaction with physician care				
Satisfied	1	1	1	1
Unsatisfied	0.00	0.048*(0.027-0.084)	0.00	0.061**(0.029-0.128)

1= constant variable

BLR=Binary Logistic Regression

MLR=Multiple Logistic Regression

*statistically significant in bivariate analysis **
statistically significant in multivariate Analysis

5. Discussion

This institution-based cross-sectional study is conducted to assess the level of patients' satisfaction and some contributing factors for patient satisfaction with the medical care delivered for patients in SPH, Addis Ababa, Ethiopia. The study tried to draw conclusions about patient satisfaction from different aspects of the health care delivery.

Accordingly the findings of this study revealed a general patient satisfaction of 50.8% with the hospital services. This is much less than findings of a studies done in Addis Ababa public hospitals (18.2% were very satisfied and 47.9% were just satisfied) (22), in Jimma, (61.9%), (21) in Kenya (64.7%) (19), and also from Sub-Saharan average which is 66%. (16)

Examining individual items of the satisfaction scale showed that satisfaction with general nursing care was 51.9%. This is relatively better than in Felege Hiwot (44.9%), (36) but similar with that of public hospitals in Eastern Ethiopia (Harar and Dire Dawa which was 52.75%), (37) and less than that in Mizan Aman (61.3%). (35)

On the other hand the general patient satisfaction with regard to physician care was found to be 59.7%. This is much lower than that of a study in Jimma 2010 (82.7%). (20)

Pain renders patients discomfort which may reduce satisfaction. Patient dissatisfaction with pain management practices is also high. (38) Only 42.6% of patients are satisfied by the professionals' behavior towards asking the patients whether they feel pain. This is lower than that of a study found in Hong Kong (80%). (39) Even worse, among patients who were complaining pain only 30.6% were satisfied by the way health professionals explain the severity and implication of the pain as well as how it is managed. This is lower than that of a study done on postoperative patients in Jimma (50%) (40) as well as in Hong Kong (65%). (39)

Informing patients about the benefits of drugs they are taking and their possible side effects not only increases patients' adherence but also increases patient-physician interaction. But in this study only 30.5% were satisfied by the way they were told why the drug was being given, while only 24.5% were satisfied in that they were clear with the side effects of drugs they were given. This finding is lower than in Netherlands (42%). (41)

Shared decision making is positively associated with patient satisfaction. In this study, the composite satisfaction regarding patients' involvement in decision making at

discharge, understanding of their condition and scheduling of their future follow up, as well as about their medications is 32.5%. this may be because of higher patient physician proportion.(42) Although 72.7% of patients responded that they are satisfied by the staffs' willingness to cooperate after discharge, only 44.5% were given written information as where and how to continue follow up.

With regard to assessment of patients' satisfaction with the friendly nature of the hospital environment, only 34.4% of patients were satisfied with the cleanliness of the hospital rooms, toilets and compounds, whereas 46.2% are satisfied by the quietness of the hospital rooms. This is much lower than that of Jima 2011(21) which shows 76.7% of satisfaction with cleanliness of the wards and Felege Hiwot private wing with reported satisfaction of 93.2%.(43) This may be because of higher patient expectation in this study, as many of the subjects are from Addis Ababa and other larger cities.

Patients usually tend to recommend a hospital where they are satisfied by its services. In this study, 53.3% rate the hospital as the best to have satisfactory services, but in this study, 74% of the total said that they recommend the hospital for other patients despite lower satisfaction. This finding is similar to the study done in Taiwan which showed 64% satisfaction with the hospital care over all hospital recommendation was 71.5%. In this Taiwanese study, interpersonal skills were more influential than clinical competence on patient satisfaction where as technical competence was a more influential predictor for recommendation of the hospital.(44)

Analysis using multivariate logistic analysis shows, overall satisfaction with nursing care, overall satisfaction with physician care and giving patients written information on discharge about their condition and future follow up were found to be predictive of general patient satisfaction. Accordingly, patients who were given written information about their condition and follow up on discharge were three times more likely to be satisfied than those who are not given. Similarly, patients who are not satisfied with the overall nursing care have 92% reduced general satisfaction as compared to those who are satisfied with the overall nursing care. In addition, patients who are not satisfied with the overall physician care have 93.9% reduced general satisfaction (P-value=0.00, AOR=0.061, 95%CI=0.029-0.128) as compared to those who are satisfied with the overall physician care.

6. Conclusion

This study has tried to assess patient satisfaction on a global base. It may serve as a bench mark to do further studies on specific aspects of patient satisfaction. Aspects which are usually neglected in our health delivery practices, like environmental conditions of the hospital, shared decision making, providing adequate information for patients, sustainable care after the patient is discharged. This makes the study one of few studies done in the country so far in such a way. Because of the fact that apparently different aspects of the health care delivery system are included; there is a wide difference in the obtained results for individual items.

Generally, the level of patient satisfaction in almost every aspect of satisfaction scales is low. Even though, this can partially be explained by the fact that this study used higher cut off point to define satisfaction, it couldn't explain this degree of low findings.

Overall satisfaction with nursing care, overall satisfaction with physician care and giving patients written information on discharge about their condition and future follow up were found to be predictors of general patient satisfaction.

7. Recommendation

- It is recommended for health care professionals to exercise communication with patients, involve them in decision as those of giving medications.
- Hospitals are recommended to provide written information for patients at discharge about their condition and subsequent follow up schedule.
- Hospitals had better pay attention to conditions like cleanliness and quietness of the environment that improve patients' satisfaction.
- It is also important that medical schools and nursing care training institutions to include ethical training about patient approach and satisfaction.
- It is also recommended to improve patient- physician proportion so that physicians have adequate time to involve patients in decision making.
- It is suggested to conduct further detailed studies on specific aspects of the health care system to identify specific associated factors and possible solutions.

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Annex 1: Questionnaire for data collection

I. Patient demographic Characteristics

1. Ward A. Medical B. Surgical
2. Age (years) A. 18- 33 B. 34- 48 C. 49- 63 D. >63
3. Sex: A. Male B. Female
4. Ethnicity A. Tigre B. Amhara C. Oromo D. Guraghe E. Other
5. Religion A. Christian B. Muslim C. other
6. Area of residence A. Addis Ababa B. Other town C. Rural
7. Marital status A. Married B. Single C. Divorced D. Widowed
8. Level of education A. Illiterate B. 1-8 C. 9-12 D. Higher education
9. Occupation A. Farmer B. Civil Servant C. Merchant 4.Housewife
D. Student E. Other
10. Income (Birr) A. <600 B. 600- 1500 C. 1500- 3000 D. >3000
11. Have you been admitted previously?
12. Yes B. No
13. For how long have you been here (in the hospital)?
A. 5-14 days B. 15-21 days C. 22-30 days D. >30 days

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always
2. During this hospital stay, how often did nurses listen carefully to you?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

4. During this hospital stay, after you call the health professionals, how often did you get help as soon as you wanted it?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

5 ☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

1 ☐ Yes 2 ☐ No

☐ If No, Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

12. During this hospital stay, did you have any pain?

1 ☐ Yes 2 ☐ No

☐ If No, Go to Question 15

13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

14. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

15. During this hospital stay, were you given any medicine that you had not taken before?

1 ☐ Yes 2 ☐ No

☐ If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

1 ☐ Own home 2 ☐ someone else's home 3 ☐ another health facility

□ If Another, Go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

1 ☐ Yes 2 ☐ No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

1 ☐ Yes 2 ☐ No

OVERALL RATING OF HOSPITAL

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

0 □ 0 Worst hospital possible

1 □ 1

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5 ☐ 5

6 ☐ 6

7 ☐ 7

8 ☐ 8

9 ☐ 9

10 ☐ 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?

1 ☐ Definitely no 2 ☐ Probably no 3 ☐ Probably yes 4 ☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

1 ☐ strongly disagree 2 ☐ Disagree 3 ☐ Agree 4 ☐ strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

1 ☐ Strongly disagree 2 ☐ Disagree 3 ☐ Agree 4 ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

1 ☐ Strongly disagree 2 ☐ Disagree 3 ☐ Agree 4 ☐ Strongly agree

5 ☐ I was not given any medication when I left the hospital

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?

1 ☐ Yes 2 ☐ No

27. In general, how would you rate your overall health?

1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

28. In general, how would you rate your overall mental or emotional health?

1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor

Annex 2: Information Sheet for Study Subjects

My name is _____. I am working with the research team of SPHMMC. We would like to assure you that your name will not be mentioned in the questionnaire and the information that you will give us will be kept confidential and used only for research purpose. You have the full right to refuse to take part or to interrupt the interview at any time. But the information that you will give us is quite useful to achieve the objective of the study.

You are kindly invited to participate in this study, which involves patients who are admitted to Medical Ward of SPHMMC from February- March, 2019.

A. Purpose: the purpose of this study is to assess the level of satisfaction of patients on the service provided here in SPHMMC and identifying factors related with patient satisfaction, so as to further improve the services given in our institution in particular, and in the country in general.

B. Duration: the study will be conducted from February- March, 2019.

C. Procedures to be carried out: it only involves an interview for data collection using a standardized questionnaire by a trained interviewer. It does not involve any procedure to take a sample from the study participants.

D. Risk and discomfort: there will be no risk associated with the data collection procedure.

E. Expected benefits: the findings of this research will be useful for the health personnel, stake holders, institutional and national policy makers involved in improving quality of health services based on evidence based practice. No reward will be provided for participating in this study.

F. Confidentiality: all your personal information will be kept confidential.

G. Termination of the study: participation in the study is absolutely voluntary, and refusal to participate involves no penalty or loss of benefits to which you are otherwise entitled. The study participants have a right to keep hold information, or decline to cooperate in the study and to refuse provision of data.

I would also like to inform you that this study will be approved by the Department of Internal medicine and IRB of SPHMMC. If you have any questions about the study, the name and contact information of the principal investigator (PI) is given below.

Name of PI: Dr. Ahmed Seid

Tel: +251942817154/ +251913427143 E- mail address: jajate56@gmail.com

Annex 3: Individual Consent Form

SPHMMC Department of Internal medicine individual consent form for the study

on: Assessment of the level of patients' satisfaction and associated factors in patients admitted in Medical and Surgical Wards, St. Paul's Hospital, from February- March, 2019, Addis Ababa, Ethiopia.

My name is _____. I am working with the research team of SPHMMC. We would like to assure you that your name will not be mentioned in the questionnaire and the information that you will give us will be kept confidential and used only for research purpose. You have the full right to refuse to take part or to interrupt the interview at any time. But the information that you will give us is quite useful to achieve the objective of the study and to improve our services and our patients' satisfaction....

Are you willing to participate in the study? A- Yes B - No

If the answer is yes, thanks! Conduct the interview. If the answer is no, Thanks!

Don't force or reinforce an individual to participate in the survey

Interviewer's: name ----- signature -----

Date of interview ----- date -----month/2019.

Checked on ----- date-----month/2019

Complete 1 Incomplete 2 other (specify) -----

Annex 4: Interview Guide and Questionnaire Format

SPHMMC, Department of Internal medicine individual guide for the study on:

Assessment of the level of patients' satisfaction and associated factors in patients admitted in Medical and Surgical Wards, St. Paul's Hospital, from February- March, 2019, Addis Ababa, Ethiopia.

INSTRUCTION:

This questionnaire is designed to assess the level of patients' satisfaction and associated factors in patients admitted to Medical and Surgical Wards, St. Paul's Hospital. The study is for academic purpose with an ultimate goal of drawing conclusions and recommendation that would be helpful to SPHMMC, policy makers of the hospital and the country, and finally to the patients. The information you provide will be kept confidential. This is not a test and there is no right or wrong answer. So, please, try to answer all the questions completely based on your opinion and knowledge.

Note:

1. This questionnaire is to be filled by a volunteer client selected for the study.
2. We would like to assure that the information you provide is confidential.
3. The interview does not require your name to be filled in the questionnaire.

Thank you in Advance!

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Annex 6: Amharic version of information sheet for study subject

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Annex 7 □ Amharic version of individual consent form

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Annex 8 Amharic Interview guide and questionnaire format

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3. የሰነድ ስርዓት ስርዓት ስርዓት ስርዓት ስርዓት ስርዓት ስርዓት ስርዓት

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