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**CLIENT SATISFACTION & ASSOCIATED FACTORS WITH HEALTH
SERVICE DELIVERY AT ARBA MINCH HEALTH CENTER,
SOUTHERN ETHIOPIA, ARBA MINCH, 2020**



DECEMBER, 2020

ARBA MINCH, ETHIOPIA

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Abbreviations

E.C	Ethiopian Calendar
FED	Finance and Economic Development
G.C	Gregorian Calendar
JUSH	Jimma University Specialized Hospital
KM	Kilo Meter
SES	Socio-economic Status
SNNPR	Southern Nations Nationalities and People's Region
SPSS	Statistical Package for Social Sciences

Abstract

Background: Improving client satisfaction with the health service delivery has major effects on health service quality. As one of the health outcome measurements, client satisfaction is directly related with health service utilization and continuity of care. Furthermore, the possible effects of client satisfaction that could bring on improvement of the health service delivery add on the merit of studying the area. However, fewer reports are present on client satisfaction in developing countries like Ethiopia. Thus, this study presented findings on multi-faceatal factors of client satisfaction to be carried at Arba Minch Health Center.

Objective: To determine the level of client satisfaction and associated factors with health service delivery at Arba Minch Health Center.

Methods: A cross-sectional institution-based study was conducted on 586 clients from December 20, 2019 to January 5, 2020 in Arba Minch Health Center. Systematic sampling technique was employed to reach the study units at the service delivery points. The data was collected using pre-tested interview guided semi-structured questionnaire. The responses were scored using Likert scales. Data was analyzed by SPSS version 20. Binary regression was used to determine predictors of client satisfaction.

Results: In this study, the total level of client satisfaction with health service delivery at Arba Minch health center is 66.34% at confidence level of [9.96, 63.98] with 95% confidence interval. Variables having association with client satisfaction were residence, visit to health center for medical care and age of the client.

1. Introduction

1.1. Statement of the Problem

Client satisfaction is the level of satisfaction that clients experience having used a health service. It reflects the gap between the expectation and experience of the service from the clients' point of view. Measuring client satisfaction has become an integral part of hospital management strategies across the world. Moreover, the quality assurance and accreditation process, in most countries, requires that satisfaction of clients be measured on a regular basis (1).

Asking patients what they think about the care and treatment they have received is an important step towards improving the quality of care, and ensure local health services are meeting patients' needs (2). It is an established fact that satisfaction influences whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners (3, 4). Donabedian, arguably the leading theorist in the area of quality assurance, has emphasized that client satisfaction is of fundamental importance as a measure of the quality of care because it gives information on the provider's success at meeting those client values and expectations, which are matters on which the client is the ultimate authority (5, 6).

In the prior years when hospitals were symbols of humanitarian efforts for community welfare, accountability for performance was of little concern. Today, however, people are increasingly concerned about hospital's performance because hospitals use an increasing proportion of scarce community resources and there are increasing questions about quality and effectiveness (7). Furthermore, addressing those service aspects of healthcare that consumers most readily appreciate, such as access, provider relationship, availability of information and opportunity for participation can influence health service outcomes (8, 9).

A recent study from Bangladesh reported that the most powerful predictor of client satisfaction with health services was provider behavior, especially respect and politeness (9).

It is indicated that healthcare systems in most developing countries suffer from serious deficiencies in finance, efficiency, equity and quality, and are poorly prepared to meet these challenges (10).

An in-depth study in the Iringa district of Tanzania showed that patients bypassed low quality facilities in favor of those offering high quality consultation and prescriptions, staffed by more knowledgeable physicians and better stocked with basic supplies (11).

In Ethiopia, the low level of socio-economic development resulting in one of the low standards of living, poor environmental conditions and low level of social services has been the major causes of poor health status of people (12, 13).

Several studies conducted in Out-patient Departments of different hospitals in Ethiopia revealed client satisfaction level ranging from 22.0% in Gondar to 57.1% in Jimma (14, 15, 16). Long waiting hours during registration, visiting of Doctors after registration, laboratory procedures and re-visiting of Doctor for evaluation with laboratory results, failure to obtain prescribed medications from the hospitals' pharmacies and difficulty to locate different sections were the frequently faced problems affecting health service utilization leading to dissatisfaction (17, 18).

Thus, this study has an important input in assessing the level of clients' satisfaction with health care services, identifying the factors affecting client satisfaction, and providing recommendation on improved health service delivery that is helpful to fill knowledge gaps which ultimately contribute to quality of health services and improve the level of client satisfaction in health center.

1.2. Significance of the study

Influenced heavily by findings in developed countries, developing countries have become increasingly interested in assessing the quality of health care in recent years. Outcomes have received special emphasis as a measure of health service quality. Assessing outcomes has merit as a measure of the effectiveness of different interventions and part of a monitoring system directed to improving quality of care.

In developed countries, a lot of studies have been conducted on health service delivery and client satisfaction, but there has been less attention in developing countries.

In Ethiopia, health services are limited and of poor quality and the country has extremely poor health status relative to other low-income countries according to several studies. Data about client satisfaction with health services isn't not abundantly available.

Thus, this study tried to determine client satisfaction with health service delivery and associated factors at Arba Minch Health Center.

2. Literature Review

2.1. General Concept of Patient Satisfaction with Health Service Delivery

Patient satisfaction with health service delivery organization is influenced by how the patient subsequently evaluates the experience. It is also linked to the patient's overall life satisfaction, another subjective determination (23). But it cannot be separated from the social and institutional environment in which both patient and provider are embedded. Patient's SES not only reflects their position in society but influences all aspects of their health care experience: which health resources they can attain, their preferences, and their concerns, all based on prior historical interactions. Thus, although it has not yet been proven that SES has a positive effect on patient satisfaction, most researchers nonetheless use a patient's personal characteristics, including both general demographic information and SES, to explain the patterns and the changes that take place from the expectations prior to service to self-reported recovery and final satisfaction. (24)

Patient satisfaction is regarded as an attitudinal response to value judgments that patients make about their clinical encounter (25), including an assessment of its quality (26) and an evaluation of specific treatments and related providers (27). Thus, satisfaction reflects not only the patients' judgment and assessment of the Health care experience but also their perception of the gap between what they wanted and what they received.

2.2. Associated Factors with Health Service Delivery

A study to assess clients' satisfaction with health service deliveries at Jimma University specialized hospital has revealed that the overall satisfaction level of the clients with the services rendered at JUSH was 77.0 % in July, 2011. and this is higher than reports from other studies conducted in Jimma Hospital and in a Mozambique Hospital which showed 57.1% and 55%, respectively (19, 20). This level of satisfaction is also higher when compared to studies conducted in the hospitals of the Amhara region which showed satisfaction level of 22.0% to 50% (15, 16). Likewise, a report from Tigray zonal hospitals revealed satisfaction level of 43.60% (17). The difference might be attributed to the fact that this study was conducted in a specialized teaching hospital where there are relatively adequate number of health professionals and better diagnostic facilities.

Lack of drugs and supplies in the hospital pharmacies was the major problem, where about 70% of the clients with prescription paper for drugs did not get some or all of the ordered drugs from the Hospital's Pharmacy. This finding is similar with that of the study conducted in Jimma hospital earlier, where 63.7% of the clients lacked drugs from the hospital's pharmacies. It is also a comparable finding with that of study in Tigray Zonal hospitals which reported about 61% of those clients with prescription paper for drugs did not get the ordered drugs from the hospital pharmacies (17). However, our finding is higher than that of the study conducted in the hospitals of the Amhara region where about one third of the clients did not get the prescribed drugs (16).

Failure to obtain the prescribed drugs from the hospital's pharmacy is in line with a report from a study conducted in Manica, Mozambique where it was found to be the most complaint associated with lower satisfaction (20). Another study conducted in South Africa also revealed that access to drugs was one of the most suggested priorities for improvement of public health services (21).

As it has been indicated in the resulted, dissatisfaction because of lack of drugs in the Hospital's pharmacies was statistically significant with payment status, where about 39% of the clients from urban areas and about 47% of the paying clients were dissatisfied because of it. Many studies have also indicated that patients equate availability of drugs with high quality services (7).

Twenty percent of the clients in the study were dissatisfied with the provision of information about the hospital services and their health problems. This is quite a low dissatisfaction rate when compared to the study conducted in Tigray zonal hospitals with 46.7% dissatisfaction rate. The reason for the big difference could be due to the difference in the number and type of health care providers in those mentioned service delivery places and the variety of activities they run in their respective areas (17).

Lack of communication and relevant messages to patients were identified as an important issue impacting on quality thus affecting client satisfaction. Highest satisfaction rate (82.7%) in this study may be attributed the way the doctor examined the clients. This high result could be expected in the study area hospital as it is a teaching center so that health professionals at different level are expected to demonstrate the standard way of patient examination (21).

In contrary the lack of respect and courtesy were among the major reasons for dissatisfaction in Gondar study (15).

In a study conducted in South Africa, the comments made about the poor quality of the relationships with the practitioner included: lack of empathy, mistreatment, lack of respect and lack of communication (21).

In a study, 37.2% of the clients were dissatisfied by the overall waiting time to get the services. This is higher than the finding reported earlier in Jimma hospital which showed 20.4% of the clients have reported long waiting time (19). This higher dissatisfaction rate with waiting time could be attributed to the increased number of clients. However, the dissatisfaction rate with waiting time to receive the services in the study area is lower compared to the waiting time in the study in Tigray Zonal hospitals where 43.2% dissatisfaction rate was reported (17).

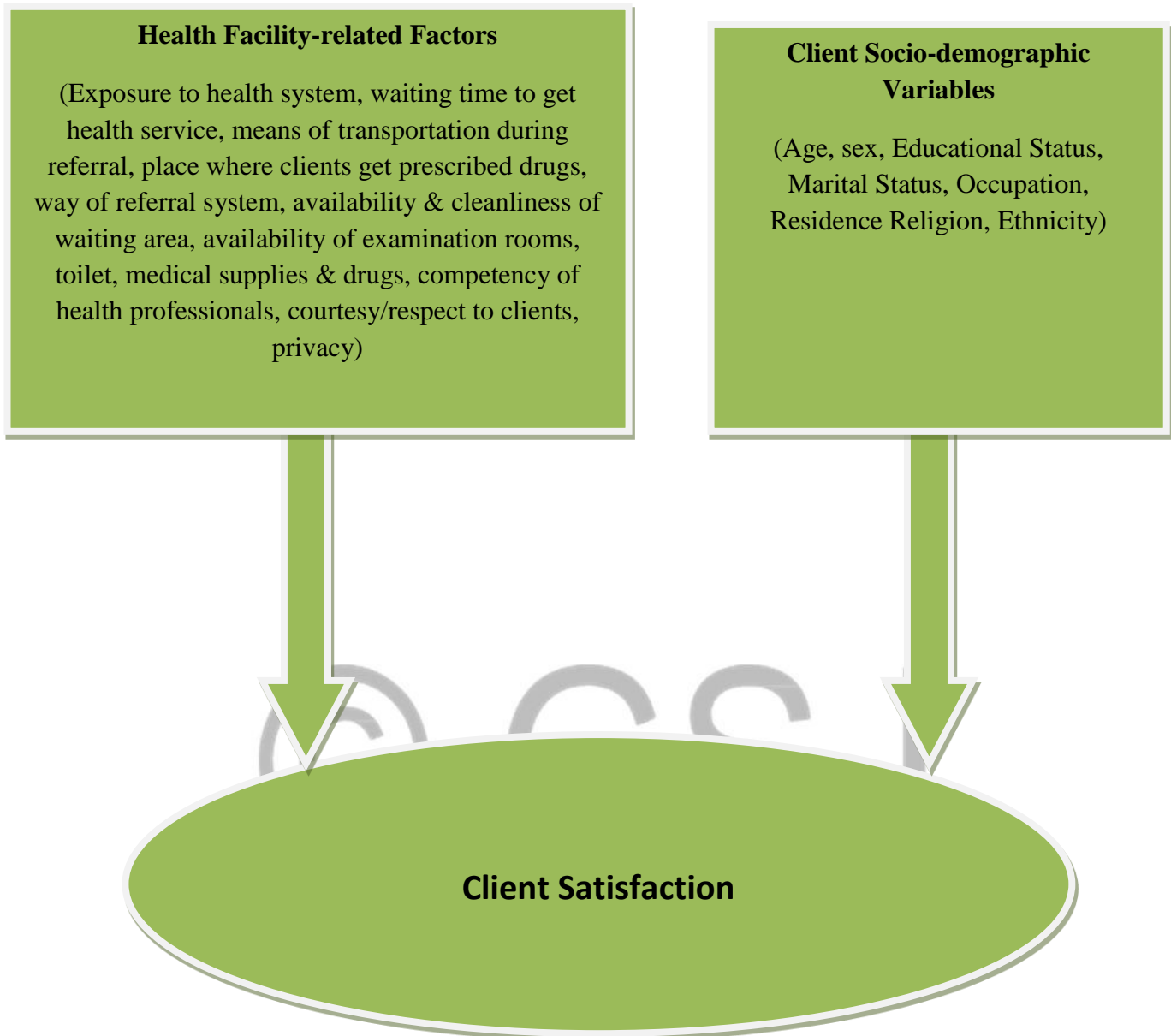
Another study conducted in clients and clinician satisfaction with laboratory services at selected government hospitals in eastern Ethiopia revealed among the study subjects, 53.1% of the patients and 31.5% of the clinical services providers were female.

The distribution of patient participants with regard to educational status and residence revealed that 31.9% were illiterate (unable to read) and 58.7% were urban residents. Majority, (40.8%), of patient respondents were also in the age group of 18–27 years, 31.2% were farmer and 62.5% were married.

Most of the patients (87.6%) were satisfied with the laboratory services. Rate of satisfaction was statistically different by the study hospitals. More females than males, urban dwellers than rural residents, illiterates than literates, and clients who visited a laboratory three times were than those who visited less than three times were satisfied. Similarly rate of satisfaction is higher among clients in age group of 18–27 years and farmers compared to other occupation. However, the differences were not statistically significant for all socio-demographic characteristics.

Client satisfaction is a very complex and contextual matter. Understanding how the social structure influences patients' health care concerns is very important to improve the delivery system and ensuring that clients are well treated and satisfied.

Conceptual Framework



3. Objectives of the Study

3.1. General Objective

- To assess client satisfaction and associated factors with health service delivery at Arba Minch Health Center.

3.2. Specific Objectives

- To determine magnitude of satisfaction;
- To identify associated factors for client satisfaction with health service delivery

4. Methodology

4.1. Study Setting

Arba Minch, which was founded in the early 1960s by then Fitawrari Aemeroselasie Abebe, is located in Gamo Zone, SNNPR; South of Ethiopia located 505 KMs from Addis Ababa. Arba Minch has a population of 149'914 people, of which 77' 654 are males & 72'260 are females (Gamo zone department of FED, 2019). The mean annual temperature ranges from 28.7°C. The town's altitude varies from 1'300m to 1'500m above sea level. The mean annual rainfall is 900 mm. Arba Minch town is known to its amazing natural and tourist appealing geographic sites, like Nech Sar National Park, Arba Minch Waterfall and Crocodile Ranch.

There are one general hospital and three health centers rendered to provide preventive, curative and rehabilitative health services in the town.

4.2. Study Design

An institution-based cross-sectional study was conducted.

4.3. Population

4.3.1. Source Population

All Arba Minch town resident adult clients who visited the health center

4.3.2. Study Population

All adult clients who visited the health center during the study period

4.3.3. Study Participants

Randomly selected adult clients from Arba Minch town were included in the study.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

This comprised adult clients who attended the health center for health service

4.4.2. Exclusion Criteria

This comprised clients who were seriously ill at the time of the study

4.5. Sample Size Determination

The sample size was calculated by using the standard formula for estimating a single proportion, $n = Z(\alpha/2)^2 pq/w,^2$ and assuming 57.1% for proportion of client satisfaction in JUSH, 5% margin of error, a non-respondent rate of 10% & 95% confidence interval.

$$n = (1.96)^2(0.571)(0.429)/(0.05)^2 = 376 \text{ where } P=0.571, Z=1.96, d=0.05$$

With the above assumptions, the sample size is calculated using the statcalc program of Epi Info-7 computer software statistical package and the sample size is found to be 586. From the health center visitors, 586 adult clients were randomly selected during service visit.

Sample size for associated factors, OR: 2, Power: 80, CI: 95%,Pr: 50%

S.N	Factors	CI	Power	OR	Prevalence	Contingency	Sample
1	Privacy	95	80	2	13.6	10%	448
2	Competency of health professional	95	80	2	82.4	10%	586

4.6. Sampling Procedure

At the selected service delivery points, 586 adult clients who came to the center for health services during the study period were selected. Systematic sampling technique was employed to reach the study unit at the selected service delivery points.

The average number of client flow per month in AMHC is 1200. The sample size for the study is 586. So, $K=1200/586=2$. So, the first client was selected using lottery method from the first two clients. Then, every other client was selected using k^{th} interval.

4.7. Data Collection Procedure

Data was collected using semi-structured interview guided questionnaire. In-depth interviews were conducted by trained interviewers and note-takers. The interviews were held in Amharic language.

In order to make the environment easy for participation, participants were sex disaggregated. The overall data collection process was thoroughly controlled. The full interviews were note-taken. The principal investigator kept diary of the field experiences and reflections.

Data was collected using semi-structured exit interview-based pre-tested questionnaire. The respondents were Arba Minch town adult residents. The semi-structured questionnaire was prepared in English and translated into Amharic version. Four data collectors who completed grade 12 and one diploma nurse supervisor were recruited for data collection and supervision respectively. Observational collection was employed for service availability.

4.8. Data Quality Control

On the data collection days, the principal investigator and supervisor supervised the data collection process by checking completeness of the data. Data collectors and supervisor were trained on objectives of the study, confidentiality of information, contents of the questionnaire and data quality management by the principal investigator.

The questionnaire was pretested in 5% of respondents in clients at Shelle Health Center for clarity and consistency of the questions. Appropriate amendments were made after the pretest.

On the data collection days, the principal investigator and the supervisor supervised the data collection process by checking completeness of the data.

4.9. Data Analysis

Cross-checking and data cleaning done for accuracy and consistencies were carried out by running frequencies of each variable by the investigators. Data was be entered and cleaned using Epi-Info 3.5.1 and then exported to SPSS 20 for further analysis after checking, correcting & coding. The responses were scored using Likert scales.

Descriptive statistics, like frequency distribution & crosstabs, were computed to determine the magnitude of client satisfaction. Binary logistic regression was used to determine associated of client satisfaction. Multi-variate analysis was done for variables having p-value < 0.2 in bivariate analysis to identify factors associated with client satisfaction. In the final model, 95% CI and 0.05 p-values were used to determine level of significance. The results were presented by tables, figures and narration.

4.10. Variables of the Study

4.10.1. Dependent variable

Client satisfaction (coded as 1: Yes and 0: No)

4.10.2. Independent variables

4.10.2.1. Socio-demographic variables

(Age, sex, residence, educational status, marital status, occupation)

4.10.2.2. Health Facility-related Factors

(Exposure to health system, waiting time to get health service, means of transportation during referral, place where clients get prescribed drugs, way of referral system, availability & cleanliness of waiting area, availability of examination rooms, toilet, medical supplies & drugs, competency of health professionals, courtesy/respect to clients, privacy)

4.11. Operational definitions

Waiting time: The interval between the departure from the proceeding outpatient station and receiving service at the next outpatient station.

Outpatient station: The different parts of outpatient department, registration station, weighing station, examination room laboratory, dispensary and etc.

Service: Any activity undertaken to meet the social needs of clients.

Quality of care: The extent to which health care services provided to clients improve desired health outcomes (WHO).

Clients: Are respondents who filled the questionnaire from study population.

Level of satisfaction: Could be understood as proportion of clients who are satisfied with the variables representing dimensions of client satisfaction.

Client satisfaction: Defined as the client perception towards a service in terms of meeting or even exceeding expectations (Lamb, 2004). Client satisfaction was measured using a questionnaire with a 38-item scale. This instrument has a 5-point Likert scale in which 5 denotes very satisfied and 1 denotes very dissatisfied. Satisfaction level was assessed using a five level Likert scales (1-very dissatisfied, 2-dissatisfied, 3-can't say, 4-satisfied, and 5-very satisfied). For the purpose of analysis, responses for the dependent variable (overall satisfaction with health service delivery) were converted from a 5 item Likert scale to a binary outcome of: dissatisfied (including very dissatisfied, dissatisfied & can't say) versus satisfied (including very satisfied and satisfied). The outcome of interest was being satisfied with health service delivery. When the total score for client satisfaction subscale is greater than or equal to computed mean, it is classified as satisfied; otherwise dissatisfied (Manji K, et al, 2016).

Adult: A client who is aged 18 years to 64 years.

4.12. Ethical consideration

The proposal was submitted to the research ethics committee (REC) of Paramed College. Ethical clearance was obtained from Paramed College. Permission letter was obtained from Arba Minch Health Center and Arba Minch Town Health Office. Verbal consent was taken from each participant after the purpose of the study was explained. Subjects were told to withdraw at any time and/or to refrain from responding to questions they were not interested to respond. Participants were also informed that all the data obtained from them would be kept confidential using codes instead of any personal identifiers. The questions would be kept as file after collection under lock and key, and it would not be revealed to anyone except the investigators.

4.13. Dissemination of findings

The results of the study were submitted to Paramed College, Arba Minch Health Center, Arba Minch Town Health Office, Gamo Zone Health Department and any concerned organization.

The findings of this study were presented for the public, and after incorporating comments from concerned professionals, it was sent for publication in a scientific journal.

5. Results

5.1. Socio-demographic characteristics

Among the 586 study subjects, a total of 572 clients were enrolled in the study making the response rate of 97.6%. There was comparable gender distribution with females composing of 47.6% and all of the clients were between the age group of 18–64 years within which 33.7% (193) were in age group of 18-24 years while 66.3% (379) were ≥ 25 years. Compared to others, larger number of clients 142 (24.8%) were diploma holders, while 379 (66.3%) of clients among the respondents were married.

Considerable number of clients are from rural areas accounting for 54.4% (311). Out of the total respondents, 414 (72%) had a previous history of exposure to health service and 483 (84.4%) came because of illnesses. Concerning the ethnic composition of the clients, 412 (72%) of them belonged to the ethnic group Gamo, and 270 (47.2%) were followers of the religious group protestant Christianity (Table-1).

Table 1: Socio-demographic characteristics of client satisfaction with health service delivery at Arba Minch health center, South Ethiopia, 2020 (n=572).

Variables(n=572)		Frequency	Percentage (%)
Age in year	18-24	193	33.7
	≥ 25	379	66.3
Sex	Male	272	47.6
	Female	300	52.4
Ethnicity	Gamo	412	72.0
	Wolayta	23	4.1
	Amhara	60	10.5
	Oromo	22	3.8
	Tigray	4	0.7
	Other	51	8.9
Religion	Protestant	270	47.2
	Muslim	46	8.1
	Orthodox	225	39.3
	Other	31	5.4
Educational status	Illiterate	70	12.2
	Primary	126	22.0
	Secondary	131	22.9
	Diploma	142	24.8
	Degree & above	103	18.1
Marital status	Single	189	33.0
	Married	379	66.3
	Divorced	1	0.2
	Widowed	3	0.5
Residence	Rural	311	54.4
	Urban	261	45.6

Table 2: Client-related characteristics with health service delivery at Arba Minch health center, South Ethiopia, 2020 (n=572).

Variables(n=562)	Frequency	Percentage (%)
Exposure to health system	483	84.4
Visit to health center for medical care	89	15.6

5.2. Measures of level of satisfaction

Among the 586 clients, 66.34 % patients were satisfied with the service provided. The rating showed the highest satisfaction (57%), 40.2% were very satisfied and only (2.3 %) were neutral.

Table 3: Level of satisfaction of clients with the different components of health service delivery at Arba Minch health center, South Ethiopia, 2020 (n=572)

Characteristics	V.disa		Disa.		Neut.		Sat		V. sat	
	Fre	%	Fre	%	Fre	%	Fre	%	Fre	%
Appropriate chair available in waiting room	14	2.4	115	20.1	13	2.3	289	50.5	141	24.7
Time spent in waiting room appropriate	13	2.3	128	22.4	22	3.8	310	54.2	99	17.3
Operating hour suitability	15	2.6	134	23.4	33	5.8	273	47.7	117	20.5
Health services separately given to mothers, children and youth	4	0.7	52	9.1	25	4.4	268	46.9	223	39.0
Required medical services present at health center	21	3.7	117	20.5	42	7.3	284	49.7	108	18.9
Same health professional present at health center during visit	56	9.8	193	33.7	83	14.5	175	30.6	65	11.4
Referral service to hospital is easily	17	3.0	72	12.6	104	18.2	256	44.8	123	21.5
Access to clients' medical reports is easily	10	1.7	86	15.0	52	9.1	310	54.2	114	19.9
Clients are contacted by health professionals for follow-up	8	1.4	83	14.5	90	15.7	278	48.6	113	19.8
Emergency vaccination is provided	12	2.1	54	9.4	70	12.2	250	43.7	186	32.5
Health professionals treat clients well and with respect	15	2.6	90	15.7	22	3.8	305	53.3	140	24.5
Liaisons treat clients well and with respect	1	0.2	63	11.0	11	1.9	298	52.1	191	33.4
Nursing staff treat clients well and with respect	15	2.6	47	8.2	17	3.0	322	56.3	171	29.9
Laboratory staff treat well and respect	40	7.0	98	17.1	53	9.3	240	42.0	141	24.7

Health center head listen to your complaints	19	3.3	60	10.5	205	35.8	205	35.8	83	14.5
Health center staff respect your privacy	14	2.4	56	9.8	99	17.3	262	45.8	141	24.7
Health center staff treat you appropriately	14	2.4	99	17.3	34	5.9	304	53.1	121	21.2
File data is appropriate and comprehensive	26	4.5	148	25.9	69	12.1	254	44.4	75	13.1
Clients can have medical check-up in need	16	2.8	119	20.8	85	14.9	241	42.1	111	19.4
There are appropriate number of staff to perform all required tasks	37	6.5	153	26.7	78	13.6	211	36.9	93	16.3
Temperature, weight and blood pressure are measured during check-up	42	7.3	157	27.4	43	7.5	200	35.0	130	22.7
Health professionals provide comprehensive medical examinations	43	7.5	179	31.3	44	7.7	224	39.2	82	14.3
Health professionals answer all your questions	32	5.6	138	24.1	77	13.5	230	40.2	95	16.6
Pharmacists explain how to take your medication	25	4.4	31	5.4	31	5.4	270	47.2	215	37.6
Health center provides health education materials	39	6.8	82	14.3	82	14.3	249	43.5	120	21.0
Health education videos are watched at health center	103	18	178	31.1	87	15.2	141	24.7	63	11.0
The nurses provide helpful education and advice	39	6.8	102	17.8	54	9.4	277	48.4	100	17.5
Medical files are promptly delivered to the health professionals	15	2.6	70	12.2	31	5.4	326	57.0	130	22.7
The time spent with the health professional is appropriate	16	2.8	113	19.8	20	3.5	316	55.2	107	18.7
Laboratory tests are reported promptly	33	5.8	114	19.9	34	5.9	282	49.3	109	19.1

Health professionals prescribe medications obtained at your local pharmacy	34	5.9	125	21.9	45	7.9	279	48.8	89	15.6
Health professionals working in the health center are competent	22	3.8	159	27.8	105	18.4	221	38.6	65	11.4
Clients trust and appreciate the care you receive from health professionals	24	4.2	181	31.6	74	12.9	227	39.7	66	11.5
Medical equipment at the health center work properly	31	5.4	127	22.2	128	22.4	209	36.5	77	13.5
Waiting time spent for card is acceptable	23	4.0	83	14.5	23	4.0	305	53.3	138	24.1
Waiting time spent for laboratory is acceptable	54	9.4	128	22.4	24	4.2	258	45.1	108	18.9
Waiting time spent for OPD visit is acceptable	11	1.9	68	11.9	66	11.5	307	53.7	120	21.0
There is ambulance service for referral to hospital	19	3.3	29	5.1	99	17.3	260	45.5	165	28.8

V. sat = very satisfied Sat = Satisfied Neut = Neutral Dissat = Dissatisfied V. dissat = Very dissatisfied

5.3. Factors associated with client satisfaction

In this study, variables having association with client satisfaction were identified. These were residence, visit to health center for medical care and age of the client. Visiting the health center for medical care increased client satisfaction than medical check-ups with AOR (95% CI) = 1.54(1.05, 2.25). Being in age group between 18 -24 increased client satisfaction than being above 25 years with AOR (95% CI) = 1.5(1.2, 2.1). Rural residence increased client satisfaction three times with AOR (95% CI) = 1.3(1.2, 2.1) than urban residence.

Table 4: Association of client satisfaction with health service delivery with selected background characteristics in Arba Minch health center, South Ethiopia, 2020 (n=572)

Variable		Client satisfaction with		Odd Ratio (95% CI)	
		Unsatisfaction	Satisfaction	Crude OR	Adjusted OR
Age	18-24	57(9.96)	136(23.77)	1.45(1.0,2.14)*	1.5(1.2,2.1)*
	≥25	85(14.86)	294(51.39)	1	1
Sex	Male	74(12.93)	198(34.61)	0.78(0.53,1.14)	0.75(0.5,1.1)
	Female	68(11.88)	232(40.55)	1	1
Educational status	Illiterate	18(3.14)	52(9.07)	1.02(0.51,2.05)	1(0.5,2)
	Primary	34(5.9)	92(16.08)	0.96(0.5, 1.7)	1(0.5,1.73)
	Secondary	31(5.41)	100(17.48)	1.14(0.6, 2.0)	1.13(0.6,2.0)
	Diploma	32(5.59)	110(19.23)	1.22(0.67, 2.2)	1.2(0.6,2.24)
	Degree & above	27(4.72)	76(13.28)	1	1
Residence	Rural	71(12.41)	249(43.53)	1.26(1.0,2.0)*	1.3(1.2,2.1)*
	Urban	71(12.41)	190(33.21)	1	1
Exposure to health system	Yes	117(20.45)	366(63.98)	1.22(0.7, 2.02)	1(0.62,1.8)
	No	25(4.37)	64(11.18)	1	1
Visit to health center for medical care	Yes	68(11.88)	252(44.05)	1.5(1.05, 2.25)*	1.54(1.05,2.25)*
	No	74(12.93)	178(31.11)	1	1

6. Discussion

In this study, the total level of client satisfaction with health service delivery at Arba Minch health center is 66.34% at confidence level of [9.96, 63.98] with 95% confidence interval. This is very much in line with many local studies done elsewhere in the country; a study in Jimma University Specialized Hospital revealed 77.0 % satisfaction level (15); studies conducted in the hospitals of the Amhara region showed satisfaction level of 22.0% to 50% (16, 18); and a report from Tigray zonal hospitals revealed satisfaction level of 43.60% (17). However, the differing rate of satisfaction might be attributed to Arba Minch health center being a lower level health facility and a difference in study settings.

Visiting the health center for medical care was among the factors associated with client satisfaction in nearly four times than medical check-ups at Arba Minch health center. This might be due to the health center staff were more motivated in helping sick clients coming to the health center than apparently-well individuals.

Age was another factor associated with client satisfaction. Being in the age group of 18 -24 years increased client satisfaction than being above 25 years of clients who came to the health center for health services. As age is one of the key socio-demographic variables in health and health-related studies like client satisfaction with health service delivery, the finding is somewhat similar to another study done in Jimma University Specialized Hospital (15).

Residence has been found to be one of the factors associated with client satisfaction. Rural residence increased client satisfaction three times more than urban residence at Arba Minch health center. This is because urban residents might have higher expectation and perception for health services as opposed to rural residents.

Some other important factors like waiting time, failure to get the prescribed drugs from health center's pharmacy, client-provider communication, and lack of diagnostic facility as having association with client satisfaction in other studies haven't been found to have association in the study. This might be due to other studies were done in higher level public hospitals, not health centers, as a study setting difference (15-22).

Socio-demographic characteristics like: female sex, urban residence, and educational status (illiteracy) didn't have statistically significant association with client satisfaction. This finding is similar to a study done in Jimma University Specialized Hospital (15).

7. Strengths and Limitations of the Study

7.1. Strengths of the Study

(i) Participation of patients was generally high with a 97.6% response rate.

7.2. Limitations of the Study

(i) Since patients were interviewed in the health center setting, they might give responses favoring the care provider resulting in social desirability bias.



8. Conclusion

The findings from the study showed the observed satisfaction rate (66.34%) of clients who came to Arba Minch health center on outpatient and inpatient bases for health services was found to be high. Clients were satisfied with the majority of tools used to measure the satisfaction rate. However, concerning health center staff informing to clients how take a medicine in ways clients could understand before giving a medicine, waiting time to get health services, competency of health professionals, keeping privacy and confidentiality, cleanness of toilet, and latrine availability were some of the areas in which clients were dissatisfied.

Rural residence, being in 18-24 age group, and visiting the health center for medical care were factors associated with client satisfaction among clients who came to Arba Minch health center on outpatient and inpatient bases for health services.

Thus, health policymakers, stakeholders, health center staff, the town health office and community leaders should work together in improving the health services at Arba Minch health center.

9. Recommendations

Generally, health institutions should work to improve the ability of their health professionals, win the interests of the clients and have a physical structure that better fits the expectations of the patients as indicated by the identified determinants of client satisfaction in many studies.

After assessing the health center's level of satisfaction with health service delivery, it can be recommended that the health center needs to improve the healthcare services for urban residents with courtesy and privacy, provide age-friendly health services (for youth, elderly and special age groups), and provide health services for clients with interest of medical check-ups upon arrival.

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11. Annexes

Annex I: Information Sheet and Consent Form

Title: Client satisfaction and associated factors with health service delivery at Arba Minch health center, south Ethiopia.

Name of the Principal Investigator: Belay Abera

Name of the organization: Paramed College

Name of the sponsor: College

Introduction

This information sheet and consent form is prepared by the investigator whose aim is to assess Student satisfaction and associated factors with health service delivery at Arba Minch health center. The investigator is research team at the college.

Purpose: The main purpose of the research is to fill the information gap and provide pertinent evidence for decision makers and OIs prevention and control program implementers on the client satisfaction and associated factors with health service delivery at Arba Minch health center.

Procedure: In order to conduct this research, we invite you to take part in the study. If you are willing to participate in this study, you need to understand and give consent to participate. Then, you were be asked to give your responses to the data collectors. Participants for this study are Arba Minch town residents. All the responses given by the participants and the results obtained was be kept confidential, as coding system, which does not allow anyone to have access to your responses, was be used.

Risk and/or Discomfort: By participating in this research you may feel that it has some discomfort but this may not be too much comparing its potential benefits. It contributes to the overall improvement of the health status of the community. There is no risk in participating in this research.

Benefits: If you participate in this research, you may not get direct benefit. But the correct information that you provide us in combination with information we obtain from other sources

have great importance in designing and implementing effective and quality service at residents of Arba Minch town.

Incentives: You was not be provided any incentives to take part in this study.

Confidentiality and Anonymity: The information that was collected from this research be kept confidential. Information that was be collected for this study was be stored in a file, which was not have your name on it, but a code number assigned to it. Which number belongs to which name was be kept under lock and key, and it was not be revealed to anyone except the principal investigator.

Right to Refuse or Withdraw: You have the full right to refuse from participating in this research (you can choose not to respond some or all of the questions) if you do not wish to participate; and this was not affect the health services you get from this health facility. You have also the full right to withdraw from this study at any time you wish to, without losing any of your rights to use services at health center.

Persons to contact: If you have any question regarding this study you can ask the principal investigator at any time you want with the following address.

Name	Mobile	E-Mail
Bela Abera	+251 926112584	belayabera2@gmail.com
Molalegn Dawit	+251910206287	emimolalegn@gmail.com
Zinabu Mesele	+251913838327	zinabugomba@gmail.com

Annex-II: Questionnaire

Introduction

My name is I am working in research team, which is conducted by Paramed College. We are interviewing students who visit Arba Minch health center to assess clients' satisfaction on health service delivery and its associated factors.

I am going to ask you some questions that are not difficult to answer. Your name was not be written in this format and never be used in connection with any of the information you are going to tell me. You are not obliged to answer any question that you do not want to answer and you may end this interview at any time you want to. However, your honest answers to these questions was help us to improve client satisfaction with health service delivery in the future. We would appreciate your help in responding to these questions, and the interview will not take more than 30 minutes. This study will not cause any harm to you.

Are you willing to participate in the study? Agree ☐ Disagree ☐

Name of health center: Arba Minch health center

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Annex II: Questionnaire in English language

Closed-ended Block

Section 1: Socio-Demographic Characteristics

No	Variables	Coding categories	Remark	Chosen Code
101	Age of the patients	_____		
102	Sex	1. Male 2. Female		
103	Ethnicity	1. Gamo 4. Oromo 2. Wolayta 5. Tigray 3. Amhara 6. Other_____		
104	Religion	1. Protestant 4. Other 2. Muslim 3. Orthodox		
105	Educational status	1. Illiterate 2. PrimarySchool 3. SecondarySchool 4. Diploma 5. Degree and above		
106	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated		
107	Place of birth	1. Rural 2. Urban		
108	Do you have exposure with the health system in your residence before?	1. Yes 2. No		
109	Do you only visit this health center for medical-based care?	1. Yes 2. No		

Section-2. Health-center related questions

S.N.	Characteristics	Strongly Agree	Agree	Can't say	Disagree	Strongly disagree
201	Are appropriate chairs available in the waiting room?					
202	Is the time spent in the waiting appropriate?					
203	Are the operating hours of the clinic suitable?					
204	Does the physical separation of the health center into mothers, children and youth areas is done appropriately?					
205	Are all the medical services you require present at the health center?					
206	Do you see the same health professional at each visit?					
207	Do you find it easy to be referred from the health center to the hospital?					
208	Can the health professionals at the health center easily access my medical reports?					
208	Are you contacted by the health center if you fail to attend for a follow-up appointment?					
209	Does the health center provide emergency vaccination needs?					
210	Do the health professionals at the health center treat you well and with respect?					

211	Do the liaisons at the health center treat you well and with respect?					
212	Do the nursing staff at the health center treat you well and with respect?					
213	Do the laboratory staff at the clinic treat you well and with respect?					
214	Do the health center head in the health center listen to your complaints?					
215	Do the health center staff at the health center respect your privacy?					
216	Do the staff at the health center respect the traditions of our country?					
217	Do the staff at the health center mistreat the patients?					
218	Is the data on your file comprehensive and accurate?					
219	Do clients with a file at the health center can have a 'medical check-up' when in need?					
220	Do you think there are appropriate numbers of staff to perform all the tasks you require at each visit?					
221	In your every medical checkup, are your temperature, weight and blood pressure measured?					
222	Do the health professionals provide comprehensive medical examinations?					

223	Do the health professionals answer all your questions?					
224	Do the pharmacists explain how to take your medication?					
225	Does the health center provide health education materials that allow you to understand diseases, their treatment, and prevention?					
226	Can you watch health education videos at the health center?					
227	Does the nurse provide helpful education and advice?					
228	Is your medical file promptly delivered to the health professionals for your visit?					
229	Is the time spent with the health professional appropriate?					
230	Are laboratory tests provided promptly?					
231	Does your health professional prescribe medications you can obtain at your local pharmacy?					
232	Do you think health professionals working in the health center are competent?					
233	Do you trust and appreciate the care you receive from health professionals working in the health center?					
234	Does the medical equipment at the health center work properly?					

235	Is the waiting time spent for card acceptable?					
236	Is the waiting time spent for laboratory acceptable?					
237	Is the waiting time spent for OPD visit acceptable?					
238	Is there ambulance service for referral to hospital?					

Thank you for cooperation

የስምምነት ቅጽ

አኔክስ 1፣ መጠይቅ

ማብራሪያ

እኔ እባላለሁ፡፡ የፓራሜድ ኮሌጅ የምርምር ቡድን አባል ነኝ፡፡ በአርባ ምንጭ ጤና ጣቢያ አገልግሎት አግኝተው የሚወጡ ታካሚዎችን ቃለ-ምልልስ በማድረግ በጤና ጣቢያው የአገልግሎት አሰጣጥ እና ተዛማጅ ጉዳዮች ዙሪያ ዳሰሳ ጥናት አናደርጋለን፡፡

እኔ እርስዎን ለመመለስ አስቸጋሪ ያልሆኑ ጥቂት ጥያቄዎችን እጠይቃለሁኝ፡፡ ስምዎ በየትኛውም መልኩ በዚህ ቅጽ ላይ አይፃፍም፡፡ እርስዎ ከሚነግሩን ክፍሎች መረጃ ጋራ እንዲገናኝ አይደረግም፡፡ መመለስ የማይፈልጉትን እንዲመልሱ አይገደዱም፡፡ ይህን ጥያቄ መልስ በየትኛውም ጊዜ ማቆም ይችላሉ፡፡ ነገር ግን የእርስዎ ታማኝነት ያላቸው መልሶች ለእነዚህ ጥያቄዎች ለጤና ጣቢያው የአገልግሎት አሰጣጥ እና ተዛማጅ ጉዳዮች ዙሪያ ወደፊት ይረዳናል፡፡ እኛም እርስዎ ለጥያቄዎቻችን ለሚያደርጉት ምላሽ ከወዲሁ እያመሰገንን መጠይቁም ከ30 ደቂቃ በላይ አይፈጅም፡፡ ይህ ጥናት ምንም አይነት ጉዳት እርስዎ ላይ አይፈጥርም፡፡

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት? እስማማለሁ አልስማማም ☐

☐

የጤና ጣቢያ ሥም፦ አርባ ምንጭ ጤና ጣቢያ

አኔክስ II፣ መጠይቅ በአማራጭ ቋንቋ

ትዕዛዝ I፣ ካለው ዝርዝር መልሶች የሚመለሱ

ተ.ቁ 1፣ የማህበራዊና ስነ-ህዝባዊ የተመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	የመልስ መስጫዎች	ምርመራ	የተመረጠው መልስ
100	ኮድ		
101	የታካሚው ዕድሜ	_____		
102	ጾታ	1. ወንድ 2. ሴት		
103	ብሄር	1. ጋሞ 2. አማራ 3. ወላይታ 4. አሮሞ 5. ትግሬ 6. ሌላ		
104	ሀይማኖት	1. ፕሮቴስታንት 4. ካቶሊክ 2. ሙስሊም 5. ሌላ 3. ኦርቶዶክስ		
105	የትምህርት ደረጃ	1. ያልተማረ 4. ዲፕሎማ 2. 1 ^ኛ ደረጃ 5. ዲግሪና ከዛ በላይ 3. 2 ^ኛ ደረጃ		
106	የጋብቻቸው ንብረት	1. ያላገባ 2. ያገባ 3. የፈታ 4. የሞተበት 5. የተለያየ		
107	የተወለዱበት ቦታ	1. ገጠር 2. ከተማ		
108	ከዚህ ቀደም ከጤና ተቋም አገልግሎት አግኝተው ያውቃሉ?	1. አውቃለሁ 2. አላውቅም		
109	ይህን ጤና ጣቢያ የሚጎበኙት ለህክምና አገልግሎት ብቻ ነው?	1. አውቃለሁ 2. አላውቅም		

ተ.ቁ 2. ከጤና ጣቢያው አገልግሎት ጋር የሚገናኙ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	በጣም እስማማለሁ	እስማማለሁ	መልስ የለኝም	አልስማማም	በጣም አልስማማም
201	ጤና ጣቢያው በተራ መጠበቂያው ቦታ ምቹ ወንበሮች አሉት?					
202	ተራ የመጠበቂያው ጊዜ ምቹ ነው?					
203	የጤና ጣቢያው የሥራ ሠዓታት ምቹ ናቸው?					
204	ጤና ጣቢያው በአግባቡ ለእናቶች፣ ለህፃናትና ለወጣቶች አገልግሎት ለይቶ ይሰጣል?					
205	ጤና ጣቢያው እርስዎ የሚፈልጉት አገልግሎት አሉት?					
206	በጤና ጣቢያው ለህክምና አገልግሎት ሲሄዱ ተመሳሳይ ባለሙያ ነው የሚያገኙት?					
207	ወደ ሆስፒታል ለመሄድ ያለው የበሽተኛ ሽግግር በቀላሉ ነው?					
208	በጤና ጣቢያው ባለሙያዎች የህክምና አገልግሎት መረጃዎችን በቀላሉ ያገኛሉ?					
208	በጤና ጣቢያው ለህክምና አገልግሎት ክትትል የተቀጠሩ ታካሚዎች ከባለሙያዎች ጋር ግንኙነት ያደርጋል?					
209	ጤና ጣቢያው የድንገተኛ በሽታዎች የክትባት አገልግሎት ይሰጣል?					
210	በጤና ጣቢያው የሚሰሩ ባለሙያዎች በአግባቡና በአክብሮት የህክምና አገልግሎት ይሰጣሉ?					
211	በጤና ጣቢያው የሚሰሩ የካርድ ክፍል ሠራተኞች በአግባቡና በአክብሮት ያስተናግዳሉ?					
212	በምርመራ ክፍል የሚሰሩ የጤና ባለሙያዎች በአግባቡና በአክብሮት ያስተናግዳሉ?					
213	የላብራቶሪ ባለሙያዎች በአግባቡና በአክብሮት ያስተናግዳሉ?					
214	የጤና ጣቢያው ኃላፊ ለእርስዎ ቅሬታዎች ምላሽ ይሰጣል?					

215	በጤና ጣቢያው ያሉ የጤና ባለሙያዎች የእርስዎን በምርመራ ወቅት ምስጥሮን ይጠብቃሉ?					
216	በጤና ጣቢያው ያሉ የጤና ባለሙያዎች የሀገራችንን ባህልና ወግ ጠብቀው ይሠራሉ?					
217	በጤና ጣቢያው ያሉ የጤና ባለሙያዎች በአግባቡ ያስተናግዳሉ?					
218	በጤና ጣቢያው የህክምና አገልግሎት መረጃዎች በቂና አስተማማኝ ናቸው?					
219	በጤና ጣቢያው መረጃዎች ያላቸው ታካሚዎች ለህክምና አገልግሎት ክትትል ሲፈልጉ በቀላሉ ማግኘት ይችላሉ?					
220	የህክምና አገልግሎት ለመስጠት የሚያስችል በቂ የጤና ባለሙያዎች ቁጥር አለ ብለው ያስባሉ?					
221	በህክምና ክትትል ወቅት የሰውነትዎ የሙቀት መጠን፣ ክብደትና የደም ግፊት ይለካል?					
222	የጤና ባለሙያዎች የተሟላ የህክምና ምርመራ ያደርጋሉ?					
223	የጤና ባለሙያዎች ሁሉን ጥያቄዎችን ይመልሳሉ?					
224	የመድሃኒት ባለሙያዎች መድሃኒት እንዴት እንደሚወሰድ በአግባቡ ያስረዳሉ?					
225	ጤና ጣቢያው በሽታዎችን፣ ህክምናቸውንና የበሽታዎችን መከላከያ ለማወቅ የሚያስችል የጤና አጠባበቅ ትምህርት ይሰጣል?					
226	የጤና አጠባበቅ ትምህርት ሺዲዮዎች በጤና ጣቢያው ይታያሉ?					
227	የጤና ባለሙያዎች የጤና አጠባበቅ ትምህርትና ምክር ይሰጣሉ?					
228	ለአገልግሎት በሚመጡ ጊዜ የእርስዎ የህክምና መረጃ ለባለሙያዎች ጋር በአግባቡ ይደርሳል?					

229	አገልግሎት ከሚሰጡ የጤና ባለሙያዎች ጋራ የሚደረገው ቆይታ ምቹ ነው?					
230	ለላብራቶሪ አገልግሎት ምርመራዎች በአግባቡ ይሰጣሉ?					
231	በጤና ጣቢያው አገልግሎት የሚሰጡ ባለሙያዎች በጤና ጣቢያው የሚገኙ መድሃኒቶችን ያዛሉ?					
232	በጤና ጣቢያው አገልግሎት የሚሰጡ ባለሙያዎች በቂ እውቀት አላቸው ብለዉ ያስባሉ?					
233	በጤና ጣቢያው አገልግሎት የሚሰጡ ባለሙያዎችን ያምናሉና ያደንቃሉ?					
234	የህክምና መገልገያ መሳሪያዎች በአግባቡ ይሰራሉ?					
235	ካርድ ለማውጣት ተራ የመጠበቂያው ጊዜ ምቹ ነው?					
236	ለላብራቶሪ አገልግሎት ተራ የመጠበቂያው ጊዜ ምቹ ነው?					
237	ለተመላላሽ የህክምና ክፍል ተራ የመጠበቂያው ጊዜ ምቹ ነው?					
238	በጤና ጣቢያው የአምቡላንስ አገልግሎት ይሰጣል?					

ለትብብርዎ በቅድሚያ እናመሰግናለን!

Assurance of the Principal Investigator(s)

We, the undersigned, agreed to accept all responsibilities for the scientific and ethical conduct of the research project. We provided timely progress report to the college and seek the necessary advice and approval from the college.

<u>Name</u>	<u>Signature</u>	<u>Date</u>
Belay Abera Gebregziabher	_____	_____
Molalegn Mesele	_____	_____
Zinabu Dawit	_____	_____

Approval of the college

<u>Status</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>
Department Head	_____	_____	_____
College Dean	_____	_____	_____
College Manager	_____	_____	_____