HARAMAYA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

MAGNITUDE OF PATIENT SATISFACTION AND ASSOCIATED FACTORS WITH PSYCHIATRIC OUTPATIENT CARE IN HARARI REGION PUBLIC HOSPITALS, EASTERN ETHIOPIA:

MSc Thesis

By: Mubarek Tuna (BSc)

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MAGNITUDE OF PATIENT SATISFACTION AND ASSOCIATED FACTORS WITH PSYCHIATRIC OUTPATIENT CARE IN HARARI REGION PUBLIC HOSPITALS, EASTERN ETHIOPIA:

Research thesis to be submitted to School of Graduate Studies in partial fulfillment of Masters' degree in Integrated Clinical and Community Mental Health

Mubarek Tuna (BSc.)

Major advisor:

Dr. Mekdes Demissie (PHD. Assistant Professor)

Co-advisors:

Mr. Daniel Alemu (MSc. Assistant Professor)

Jerman Dereje (MSc in ICCMH)

APPROVAL SHEET

HARAMAYA UNIVERSITY

POST-GRADUATE PROGRAM DIRECTORATE

I hereby certify that we have read and evaluate this Thesis entitled "**Magnitude of Patient Satisfaction and Associated factors With Psychiatric Outpatient Care in Harari Region Public Hospitals, Eastern Ethiopia:** prepared under our guidance by **Mubarek Tuna**. I recommend that it can be submitted as fulfilling the thesis requirements.

1. Dr. Mekdes Demissie (PHD. , Assistant Professor): _____ _____

Name of major advisor **signature** **date**

2. Mr. Daniel Alemu (MSc, Assistant Professor): _____ _____

3. Mr. Jerman Dereje (MSc in ICCMH) _____ _____

Name of co- advisors **signature** **date**

As a member of the Board of Examiners of the MSc. Thesis Open Defense Examination, we certify that we have read and evaluated the Thesis prepared by **Mubarek Tuna** and examined the candidate. We recommend that the thesis be accepted as fulfilling the Thesis requirements for the degree of Masters of Science in Integrated Clinical and Community Mental Health

_____ _____ _____ Chairperson

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BIOGRAPHICAL SKETCH

I was born on June, 1996 G.C in Oromia region, Arsi Zone, Jeju Woreda, Arboye town. I attended my education from 1-8 at Arboye Primary School, 9-10 at Arboye High School and 11-12 at Arboye preparatory School. I was graduated from Dilla University in 2017 G.C with Bachelor of Science in Psychiatry Nursing. I have worked as Junior Psychiatry Professional at Bacco Hospital for three and half years and as an Assistant lecturer at Madda Walabu University for two years.

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Finally, I would like to thank staffs of Hiwot Fana Comprehensive Specialized Hospital and Jugal General Hospital for their invaluable support as well as study participants for providing necessary information

ACRONYMS OR ABBREVIATIONS

CGI-S: Clinical Global Impressions-Severity

CPOSS: Charleston Psychiatric Outpatient Satisfaction Scale

CHMS: College of Health and Medical Science

CI: Confidence Interval

CSQ – 8: Client Satisfaction Questionnaire - 8

DALY: Disability-Adjusted Life-Year

HFCSH: Hiwot Fana Comprehensive Specialized Comprehensive Hospital

HIC: High Income Country

ICCMH; -Integrated Clinical and Community Mental Health

IHRERC: Institutional Health Research Ethics Review Committee

LMICs: Low- and Medium-Income Country

MHSSS: Mental Health Service Satisfaction Scale

OPD: - Out Patient Department

OSSS: Oslo Social Support Scale

PSQ – 18: Patient satisfaction questionnaire – 18

WHO: World Health Organization

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ABSTRACT

Background: Patient satisfaction is a relative phenomenon, which embodies the patients' perceived need, his /her expectations from the health system, and experience of health care. Furthermore, it stands out as a crucial factor in assessing the effectiveness and success of a healthcare facility. However, there is no study conducted to assess the magnitude of patient satisfaction and associated factors among psychiatric patients in Eastern Ethiopia.

Objective: To determine magnitude of patient satisfaction and associated factors with care given for psychiatric patients at psychiatry outpatient department of public hospitals of Harari Region, Eastern Ethiopia, from June 1 to 30, 2024

Methods: An institution-based cross-sectional study was conducted at Harari Region public Hospitals. Systematic sampling was used to pick 422 study participants. Data was collected using structured interviewer-administered questionnaires and entered to Epi-data and then exported to Stata for analysis. Bivariate and multivariable logistic regression models were performed. A multivariable logistic regression analysis was conducted on variables that had a p-value of less than 0.25 in the bivariate analysis. Statistically significant factors in the multivariable logistic regression analysis were identified using an adjusted odds ratio (AOR) with a 95% confidence interval (CI) and a p-value of less than 0.05

Results: 52.8% of patients were satisfied with care given from psychiatry outpatient department. After adjusting for possible confounders, being diagnosed with MDD AOR=3.12; CI, 1.62-6.02**),** having strong social support (AOR= 3.29; CI, 1.86-5.80), availability of medication (AOR=4.11CI, 2.54-6.67), paying with insurance (AOR= 1.66; CI, 1.04-2.66), waiting time less than 30 minutes (AOR= 4.19; CI, 1.34-13.09) were factors independently associated with patient satisfaction.

Conclusion: More than half of the study participants are satisfied with the outpatient service. Being diagnosed with MDD, having strong and medium social support, paying with insurance, less waiting time and availability of medication were associated with patient satisfaction.

Key words: Key words: Patient satisfaction; Hiwot Fana Specialized University Hospital; Jugal Hospital; Harar; Ethiopia

1. INTRODUCTION

. 1.1. Background

The World Health Organization and other global entities advocate for health for all and propose satisfaction with care as one of the pivotal indicator among several indicators (WHO, 2000). Assessing patient satisfaction is becoming more crucial as there's a heightened emphasis on holding healthcare providers accountable. Conducting regular surveys every six months serves as a valuable managerial strategy aimed at ensuring and upholding high standards of healthcare (Dawar, 2015).

Patient satisfaction is a crucial component in assessing the quality of care received from a hospital and other health facilities. It is characterized as the patient's favorable assessment of various aspects of healthcare quality. Safety of the patient, effectiveness, patient centeredness, timeliness, efficiency and equity are examples of aspects of health care quality (Hannawa et al., 2022) .In addition, if patient satisfaction is very poor, those who are sick may be reluctant to go to health facility (Saini et al., 2013). In healthcare facilities, patients demand convenient and appropriate services (Merkouris et al., 2013).

Satisfaction refers to the extent to which patients believe that the treatment effectively meets their health requirements (Prakash, 2010). It encompasses the expectations and reflections of patients based on their experiences with various aspects of the therapeutic process, including the duration of treatment and the outcomes achieved (Shikiar and Rentz, 2004). Furthermore, it stands out as a crucial factor in assessing the effectiveness and success of a healthcare service (Manzoor and Wei, 2019)

Satisfaction with services has been given increasing attention in the field of mental health services research and evaluation, as it represents a key-component of the patients' perspective in the outcome assessment (Ruggeri et al., 2007).The health system responsiveness in terms of respecting patients' dignity, autonomy, and expectations as well as providing prompt attention improve patients' satisfaction (Hussain and Asif, 2019).

Previous studies have shown that patients are less satisfied with the information they have received during their care and would prefer to receive more information about their disorder and its treatment (Siponen and Välimäki, 2003).

Health services result from the collaborative efforts of both providers and patients, emphasizing the need to view health service provision as a joint effort. Consequently, evaluating the quality of health services goes beyond performance of providers and it can also be improved involvement of patient navigators and provision of comprehensive care enhance healthcare accessibility and foster greater patient diversity within public health programs (Batbaatar et al., 2017). Furthermore, the realization of patients' expectations acts as an intermediary factor between satisfaction and quality (Marimon et al., 2019).

1.2. Statement of problem

Mental illness is one of the primary causes of disability worldwide, as seen by its inclusion in two of the top 10 causes, which together account for a noteworthy 35.6 % of the total disease burden (Vos et al., 2015). Additionally, it is projected that over the next 20 years, the total estimated cost of mental illness in terms of lost productivity would be $16.3 trillion globally (Trautmann et al., 2016).

Mental illness accounts 8.8% from global burden of disease in (low and middle income country)LMIC (Rathod et al., 2017). Despite the high burden of mental illness in LMICs like Ethiopia, mental health services not adequate and well managed (Tahir et al., 2022) and sufficient emphasis has not been placed to address mental health conditions (Mathers, 2008). Additionally, mental healthcare that is effective and aligns with the expectations of individuals with mental disorders poses a significant challenge for mental health facilities (Kessler et al., 2009).

WHO acknowledged that patient satisfaction with treatment was a critical element of healthcare quality assurance programs (Darby et al., 2003). Hence, patient satisfaction is usually used as an indicator for measuring the quality of healthcare; it has impact on medical management condition, patient maintenance, and clinical outcomes. Moreover, it impacts the prompt, effective, and patient- focused provision of high-quality healthcare services (Prakash, 2010), so acknowledging patient satisfaction and factors associated with have critical role in developing many improvement strategies (Khan et al., 2012).

In HIC, outpatient mental health service satisfaction varies from 93.1% (Davy et al., 2009) to 70.6 % (Alkaabi et al., 2019). Meanwhile, in LMICs, satisfaction levels range from 52.6% (Omoronyia et al., 2021) to 91% (Almeida and Adejumo, 2004), and in Ethiopia, it fluctuate between 50.3% (Kassaw et al., 2020) and 81.3% (Goben et al., 2020) .

The perception of a professionally competent physician, staff helpfulness, and convenience of access to care are critical aspects of medical care that are linked to patient satisfaction (Renzi et al., 2002). Research indicates that various elements, including age, gender, and the specific type of mental illness, waiting time for service, availability of medication, information given about treatment, marital status, medical cost, education, confidentiality, occupation, residency, hospital

infrastructure, cleanliness of the hospital, and respect for patient preferences can influence patient satisfaction (Iliyasu et al., 2010)

In psychiatry, high rates of treatment failure and inadequate medication adherence may be reversed by concentrating on patient satisfaction (Barbosa et al., 2012). Individuals who express lower satisfaction with the results of interventions are less inclined to adhere to their treatment plans and utilize available resources effectively (Barbosa et al., 2012). On other way, patients using mental health services experience lower satisfaction, they are less likely to actively participate in treatment and contribute to their recovery (Urben et al., 2015) .

Additionally, patients who are less satisfied with their relationships with the health professionals are less satisfied with the medical decisions (Semyonov-Tal, 2021).

European countries used various strategies to improve patient satisfaction, such as teaching doctors participatory decision-making, enhancing physician communication skills, offering psycho-education, improving community services, training staff, and implementing standard policies (Wasserman, 2022). However, in LMICs including Africa, there are only limited strategies being implemented and as well, there is limited research conducted on mental health patient satisfaction (Semrau et al., 2016).

In Ethiopia, mental health services have been accessible across the majority of regions for the last three decades, and it is recognized that patient satisfaction serves as a dependable measure of healthcare quality (Kassaw et al., 2022). However, measuring patient's satisfaction is uncommon and only few studies focused on the service user satisfaction among psychiatric patient in Ethiopia has been conducted. As far as the search of investigator concerned, there was no study conducted on the patient satisfaction among psychiatric patient in Easter part of Ethiopia. As a result, the goal of this study was to assess the magnitude of patient satisfaction and associated factors with the addition of new variables like privacy and receiving information about treatment and illness among psychiatric patient at HFCSH and JGH psychiatric outpatient department.

1.3. Significance of the study

This study will be useful to the different stakeholders; for instance, HFCSH, Jugal Hospital, mental health professionals, and policy maker for improvement of out-patient psychiatric service and improve service user satisfaction with care.

Also, the result of this study will be an input for Jugal Hospital, Hiwot-Fana hospital, Haramaya University, Harari regional state and health care planners and program managers to consider factors that affect service user satisfaction and address the gaps.

Moreover, the findings of this study will be providing important information for mental health professionals, clinicians to address factors related to provision of care .

As well, it will serve as an awakening tool to initiate holistic service for psychiatric patients.

In addition, the findings from this study will help Harari Regional Health Beraue,Oromia Region Health Beraue, East Hararghe Zone Health Beraue and Haramaya University to work on factors associated with patient satisfaction to maximize the service.

Beside this,it will help patients to get comprehensive mental health care.

It is also hoped that, the finding will serve as a baseline for future research that wants look at the change in patients' satisfaction and similar studies.

1.4. Objectives

1.4.1. General objectives

To assess the magnitude of patient satisfaction and associated factors with care given for psychiatric patients at psychiatry outpatient department of public hospitals of Harari Region, Eastern Ethiopia, from June 1 to 30, 2024

1.4.2. Specific objectives

1. To determine magnitude of patient satisfaction among psychiatric patient attending follow up.
2. To identify factors associated with patient satisfaction among psychiatric patient attending follow up.

2 LITERATURE REVIEW

2.1. Prevalence of Patient Satisfaction with psychiatric Outpatient care

There are studies conducted globally on patients' satisfaction among psychiatric patients. Studies conducted in High Income Countries such as Ireland, Switzerland and Oman, shows the prevalence of patient satisfaction is 90.6% (Lally et al., 2013), 93.1% (Davy et al., 2009) and 70.6% (Alkaabi et al., 2019) respectively.

A cross sectional study done in India to assess patient satisfaction among psychiatric patients using PSQ -18,revealed that the prevalence of patient satisfaction was 57% (Holikatti et al., 2012).

Retrospective studies from South Africa, Nigeria and Egypt showed the prevalence of psychiatric patient satisfaction is 91.%,72.2% and 82.8 % respectively(Almeida and Adejumo, 2004;Bello and Olajubu, 2019) (Shorub et al., 2015).

In Ethiopia, there are retrospective studies conducted among psychiatric patients in Jimma, Mekelle, Gondar, Dessie , Dilla , Amanuel mental Specialized Hospital in and St. Paul Hospital . The sample sizes in those investigations varied from 402 to 589. The studies' findings indicate that the prevalence of patient satisfaction varied from 50.3% (Kassaw et al., 2020) to 81.3% (Goben and Abegaz, 2020)

Table 1.Summary of Magnitude of Patient Satisfaction

Author & publication year	Country	Study population	Sample Size	Tool used to measure	Prevalence
Lally *et al.* 2013	Ireland	Psychiatric patient attending follow up	162	CSQ – 8	90.6%
Holikatti *et al.* 2012	India	Psychiatric patient attending follow up	60	PSQ – 18	57%
(Davy *et al.* 2009)	Switzerland	twelve public outpatient psychiatric clinics	707	CSQ – 8	93.1%
(Alkaabi *et al.* 2019	Oman	Psychiatric patient attending follow up	128	(PSQ – 18)	70.6
Almeida and Adejumo 2004	South Africa	Psychiatric patient attending follow up	111	CSQ- 8	91.%
(Bello and Olajubu, 2019)	Nigeria	Psychiatric patient attending follow up	400	CSQ – 8	75.2%
(Shorub et al., 2015)	Egypt	Psychiatric patient attending follow up	206	CSQ – 8	82.8%
Kassaw *et al.* 2020)	Ethiopia	Psychiatric patient attending follow up at Jimma UH	422	24-MHSSS	50.3%
Kibrom *et al.* 2022	Ethiopia	Psychiatric patient attending follow up Amanuel MSH	420	CSQ-8	63.3%
Desta *et al.* 2018	Ethiopia	Psychiatric patient attending follow up at Mekelle public Hospitals	415	(CSQ-8)	70.8%
Melkam and Kassew 2023	Ethiopia	Psychiatric patient attending follow up at Gondar USRH	402	24 item (MHSSS)	65.43%

(Goben and Abegaz 2020)	Ethiopia	Psychiatric patient attending follow up at St Paul hospital	589	CSQ-8	81.3%
Yimer *et al.* 2016)	Ethiopia	Psychiatric patient attending follow up at Dessie RH	454	COPSS	61.2%
Kassaw *et al.* 2022)	Ethiopia	Psychiatric patient attending follow up at Dilla RH	409	24-item MHSSS	55.4%

2.2. Factors associated with patient satisfaction

2.2.1. Socio-demographic factors

A cross sectional study conducted among psychiatric patients in Nigeria revealed that, formal education was associated with lower odds of being satisfied (Bello and Olajubu, 2019). Study conducted in Jimma among psychiatric patients, indicates secondary and above level of education decreases patient satisfaction by 1.25 unit (Kassaw et al., 2020).

A retrospective cross-sectional study conducted among psychiatric patients in Dilla Ethiopia, indicates that distance from the hospital was negatively associated with patient satisfaction. Additionally, living in urban areas and monthly income was positively associated with patient satisfaction respectively (Kassaw et al., 2022).

Another cross sectional study conducted in Dessie referral hospital among psychiatric patient showed that Being male and being widowed, urban resident and being widowed associated with patient satisfaction (Yimer et al., 2016).Another cross sectional study conducted in Switzerland shows that, being single affect patient satisfaction with (Davy et al., 2009).

A cross sectional study conducted in Addis Ababa among psychiatric patients showed that, Being female, being rural residence associated with patient satisfaction (Zienawi et al., 2019). Another study conducted in Addis Ababa, Amanuel Mental Specialized Hospital among psychiatric patient revealed that, being uneducated satisfied with psychiatric outpatient care (Kibrom et al., 2022).

2.2.2. Patient clinical factors

According to cross sectional study conducted in Nepal among psychiatric patients, patients without health insurance were likely to have less satisfaction than those who had health insurance (Adhikari et al., 2021).

There are also studies that predict effects of patient clinical factors on patient satisfaction. A retrospective studies conducted in Ethiopia like Dilla, Dessie, Jimma and Mekelle showed that, having bipolar disorder diagnosis (Kassaw et al., 2022), being diagnosed with schizophrenia (Yimer et al., 2016), having a diagnosis of major depressive disorder and bipolar disorder (Kassaw et al., 2020) and being diagnosed with schizophrenia affects patient satisfaction (Desta et al., 2018).

Another prospective study conducted at Gondar and Jimma showed that ,absence of history of admission and current substance use affects patient satisfaction (Melkam and Kassew, 2023;Kassaw et al., 2020) respectively.

Another survey conducted in America shows that being diagnosed with schizophrenia decreases satisfaction by 1.37 as compared to other mental illness (Kilbourne et al., 2006).

A cross-sectional study conducted among Schizophrenic patient in Poland indicates, duration of illness affects patient satisfaction with β=0.36 (Hat et al., 2022).

2.2.3. Service-related factors

An institution based cross sectional study conducted in Jimma in 2018, Dilla and Mekelle, shows waiting time affects patient satisfaction (Kassaw et al., 2020;Kassaw et al., 2022;Desta et al., 2018).

A cross-sectional study conducted in Saudi Arabia shows increased waiting time is associated with decreased patient satisfaction (Al-Harajin et al., 2019)

Study conducted in Jimma and Dilla also showed that, distance of home from the hospital affects patient satisfaction with (Kassaw et al., 2020;Kassaw et al., 2022).

Another retrospective study conducted among psychiatric patients in Gondar shows that, getting their drugs in the hospital is associated with service satisfaction (Melkam and Kassew, 2023).

A study conducted among psychiatric patients in St. Paul hospital, showed that availability of medicine increase patient satisfaction (Goben et al., 2020).

A cross-sectional study conducted in Hawassa University Teaching hospital, showed that, absence of privacy decrease patient satisfaction (Asefa et al., 2014).

2.2.4. Psychosocial related factors

Study conducted among psychiatric patients in Jimma shows strong social support were significantly associated with patient satisfaction (Kassaw et al., 2020). According to study conducted among psychiatric patients in Gondar, having strong social support were significantly associated with satisfaction (Melkam and Kassew, 2023). Another study conducted in Dessie among psychiatric patients' shows that, patients who had poor social functioning are less likely to be satisfied than those who had good social functioning (Yimer et al., 2016)

Table 2.Summary of Factors associated with Patient Satisfaction

Author & publication year	Country	study population	Sample size	Factors associated	OR/RR [95% CI]
(Adhikari et al., 2021)	Nepal	twelve public outpatient psychiatric clinics	204	Having insurance	(AOR: 0.33 95% CI: 0.16–0.69)
(Bello and Olajubu, 2019)	Nigeria	twelve public outpatient psychiatric clinics	400	Formal education	(OR: 0.32, CI: 0.13 – 0.78)
(Kilbourne et al., 2006)	America	Psychiatric patient	7189	Schizophrenia	AOR=1.37
(Kassaw et al., 2022)	Ethiopia	Psychiatric patient attending follow up at Dilla RH	409	Having bipolar disorder diagnosis	[β = -2.93, 95% CI (-4.33, -1.96),
Yimer *et al.* 2016)	Ethiopia	Psychiatric patient attending follow up at Dessie RH	454	Being male	[AOR] =0.61,95% CI:0.39, 0.94),
Yimer *et al.* 2016)	Ethiopia	Psychiatric patient attending follow up at Dessie RH	454	diagnosed with schizophrenia	(AOR =0.48, 95% CI: 0.28, 0.81)
Kassaw *et al.* 2020)	Ethiopia	Psychiatric patient attending follow up at Jimma UH	422	current substance use	(, 95% CI (-2.015, -1.423),)
(Asefa et al., 2014)	Ethiopia	Hawassa referral hospital medical OPD	475	Privacy	(AOR= 0.52 CI:0.27, 0.78)
(Zienawi et al., 2019)	Ethiopia	Psychiatric patient attending follow up at 2 HC in Addis Ababa	384	being rural residence	(AOR=4.15 95% CI: (1.84- 9.35)
Kassaw *et al.* 2020)	Ethiopia	Psychiatric patient attending follow up at Jimma UH	422	Being diagnosed with MDD	β 1.71 (, 95% CI (1.332, 2.106),)
(Desta et al., 2018)	Ethiopia	Psychiatric patient attending follow up at Public Hospitals Mekelle	415	long waiting time	(AOR = 0.01; 95% CI 0.002, 0.07)
Kassaw *et al.* 2020)	Ethiopia	Psychiatric patient attending follow up at Jimma UH	422	strong social support	AOR 0.456 (,95% CI (0.23, 0.65),

NB:- All Studies included in this literature review are cross sectional

2.3. Conceptual framework

Study shows that multiple factors affect patient satisfaction in mental health setting. Those factors can be classified as patient clinical factors, psychosocial factors, Service-related factors and socio-demographic factors. These factors are listed as follows.

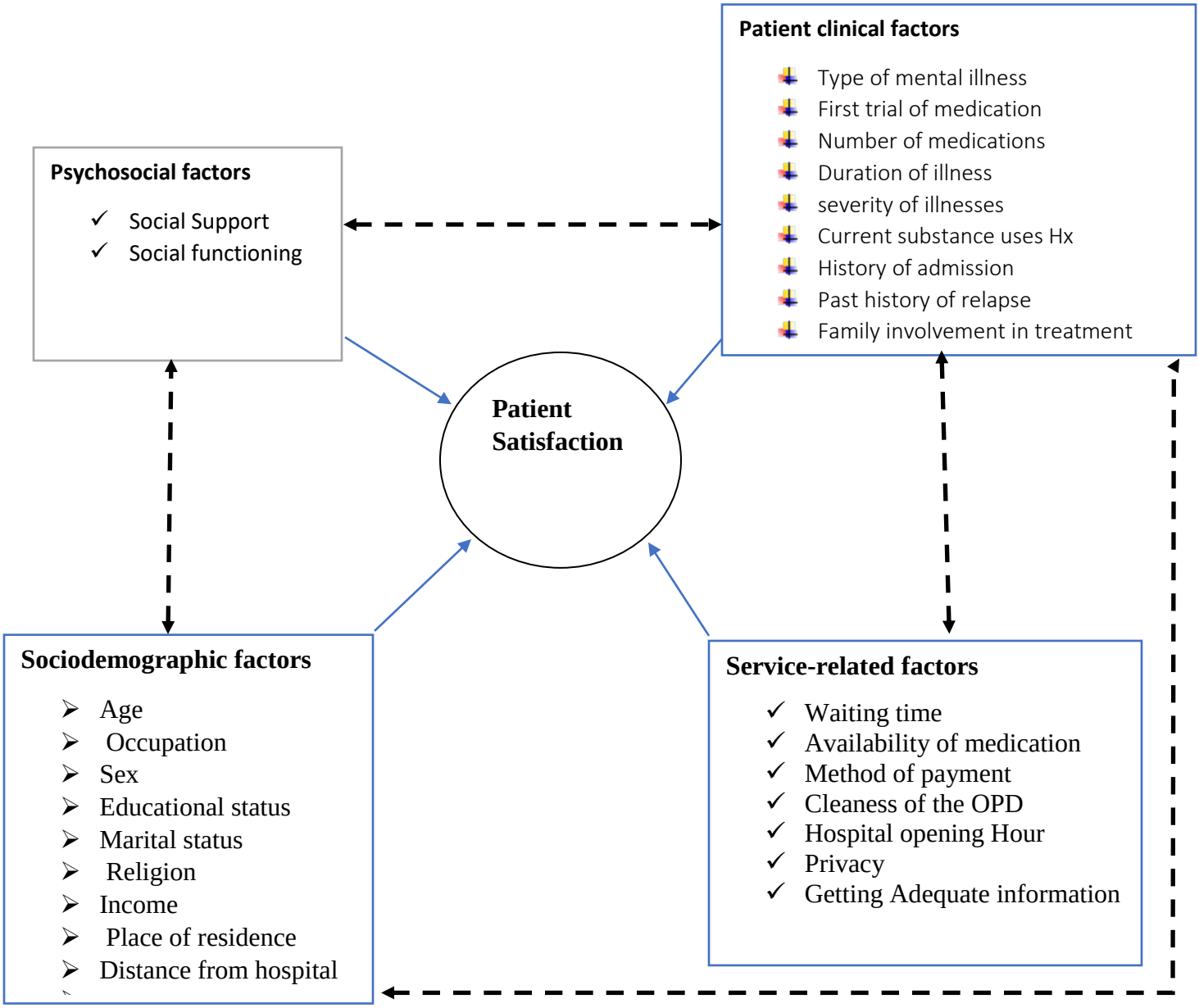

Figure 1.Conceptual frame work showing factors associated with patient satisfaction among psychiatric out patient service. (Developed from literature review) (Batbaatar et al., 2017;Schoenfelder et al., 2011;Kassaw et al., 2020).

3. METHODS AND MATERIALS

3.1. Study area and period

The study was conducted in Hiwot Fana Comprehensive Specialized Hospital and Jugal Hospital, Harari Regional state, from June 1 to 30, 2024. Harar is the capital city of the Harari Regional State which is located 515 km away from Addis Ababa to the south-eastern part with estimated catchment area of 304.5 km^2. The region is divided in to 9 districts and 36 Kebeles.

Harari Region has two public Hospitals. HFCSH is one of the two public Hospitals affiliated with Haramaya University with total of 210 beds and more than 500 health professionals. The Hospital, apart from providing daily medical and serving as a referral center, it also serves as a teaching center for students coming from public and private institutions. The hospital starts providing mental health service since 1979 E.C. It is currently providing both inpatient and outpatient services (HFCSH, 2023).

Jugal General Hospital is the first hospital founded in Harar town in 1956. This hospital has one psychiatric OPD with 2 psychiatry BSc professionals and it gives service to 150 psychiatric clients per month (JGH-CEO, 2023).

3.2. Study design

Cross-sectional study was used.

3.3. Population

3.3.1. Source Population

All patients who received outpatient psychiatric services, at HFCSH and Jugal Hospital, are source of population.

3.3.2. Study Population

Patients who received outpatient psychiatric services during the data collection period from June 1 to 30, 2024

3.4. Eligibility criteria

3.4.1. Inclusion criteria

Patients (aged 18 years and above) who received treatment from the outpatient psychiatry department

Patient who had at least three visits

3.4.2. Exclusion criteria

Patients with disabilities which hinder filling out questionnaires or interviewing with investigators (patient unable to talk and hear).

Patients with severe mental and other medical disorders who are too ill to communicate were excluded.

3.5. Sample size determination

A sample size was determined by using the single population proportion formula for prevalence of patient satisfaction taken from study done at Jimma University medical center , Ethiopia **(Kassaw et al., 2020).** Prevalence of patient satisfaction was 50.3% and using confidence interval of 95% (Z=1.96) and margin of error 5%.

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

Where n= the minimum sample size required

p=prevalence

d=margin of error expressed in proportion (0.05)

$$n=\frac{(1.96)^2 x 0.503 x (1-0.503)}{(0.05)^2}$$

n= 383.9 ≈ 384

Adding10 % (38.4≈ 38) non-response rate to the above figure

n= 384+38=**422**

For the second specific objective, sample size was calculated using Epi info v.7.2 (table 3).

Table 3. Sample size determination for a study on factors associated with patient satisfaction among patient attending follow up at Harari Region public hospitals, Harar, Eastern Ethiopia, 2024

Factors that associated with patient satisfaction							
Variable	**CI**	**Power**	**Ratio**	**% in exposed**	**% in Un-exposed**	**sample size**	**Reference**
Social support	95%	80	1	50.6%	13.5%	60	(Melkam and Kassew, 2023).
Substance use	95%	80	1	49.9%	16.8%	74	(Melkam and Kassew, 2023).
Being diagnosed with schizophrenia	95%	80	1	49.9%	29.7%	202	(Desta et al., 2018)

3.6. Sampling procedure and technique

From two hospitals the number of study subjects was obtained by stratified proportionally allocation to each hospital. Then the samples are selected by using systematic sampling technique. The individual psychiatric patient was approached through calculating sampling interval (N/n) for each hospital, where N is the total number of psychiatric patients who had appointment during the data collection period which is 720 from Hiwot Fana comprehensive specialized university hospital and 150 from Jugal general hospital and final sample size was calculated (n), which is 422.

According to the report of Health Management Information Systems (HMIS) of HFUSH and JGH, the psychiatry service unit provides service to an average of “720” and “150 people with mental illness (MI) who come for visit per month at HFCSH and JGH respectively. Thus, the total number of patients who seeks service per month in the two hospitals was “870”. Therefore, the sampling interval (K) were determined by dividing the expected number of people with mental illness per month “870” divided by the sample size “422”, to gives a sampling interval

(K) which was “2”. Then the data was collected from each study participant with an interval of “2” until the desired sample size is reached. But the first participant was chosen by lottery method.

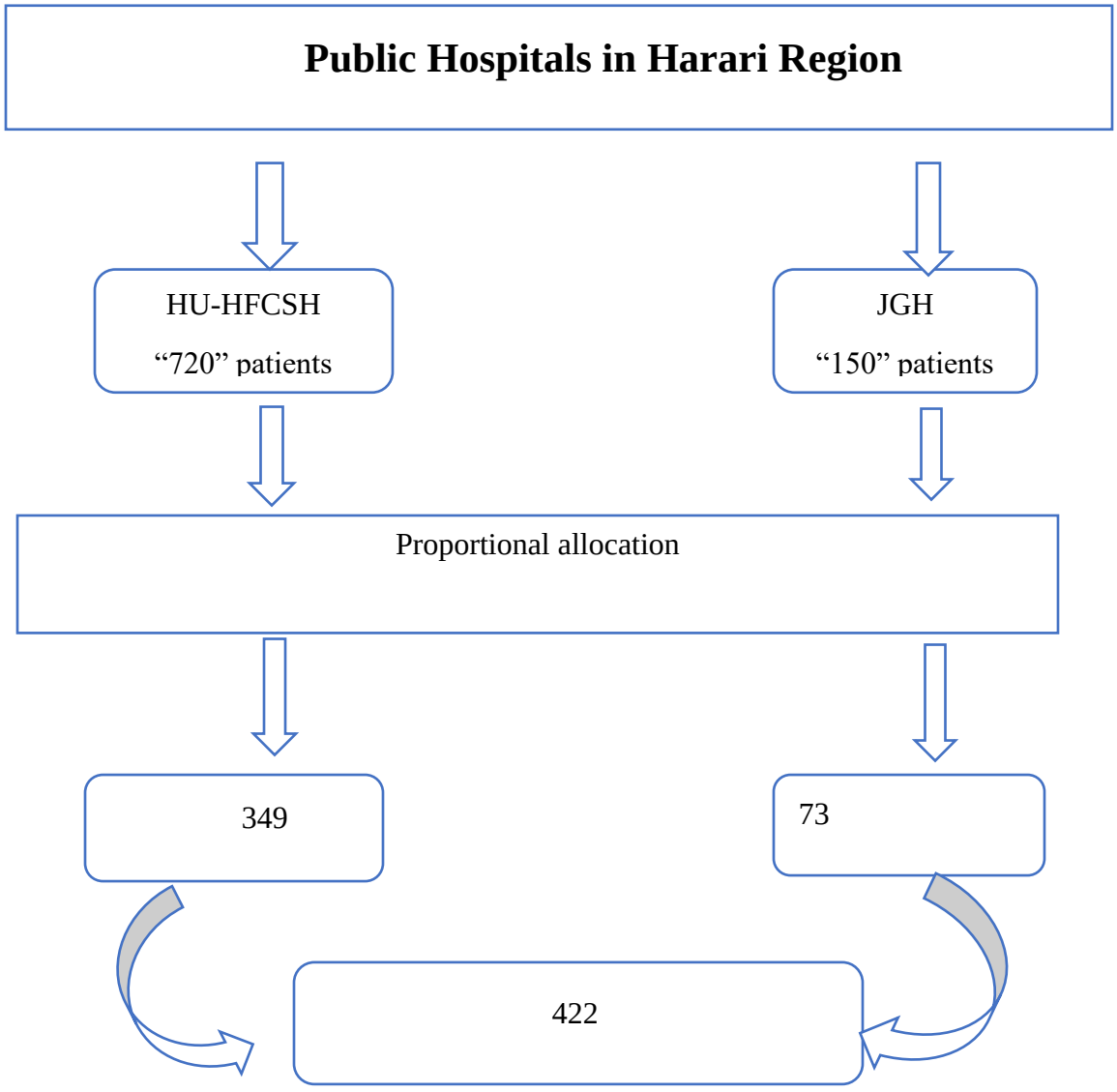

Figure2. Schematic presentation of sampling for the study to assess patient satisfaction and associated factors with psychiatric outpatient care among psychiatric patients in Harari region public hospitals, Eastern Ethiopia, 2024.

3.7. Data collection methods

3.7.1. Data collection instruments

Data was collected by face- to- face exit interviewer administered structured questionnaire consisting socio-demographic factor, clinical factors, ASSIST tool for substance use, OSSS- 3 item social support scale, Social Functioning Questionnaire (SFQ), Clinical Global Impression (CGI), and service-related factors. The outcome variable (Patient Satisfaction) assessed by client satisfaction questionnaire – 8 (CSQ – 8).

Patient satisfaction: We used a standardized Client Satisfaction Questionnaire (CSQ-8), which was adopted from previously conducted studies and has been used to assess patient satisfaction in Ethiopia. The CSQ-8 was validated in Ethiopia and has internal consistency (Cronbach's α=0.89) (Goben et al., 2020). The client satisfaction questionnaires are easily scored by summing the individual item scores depending on each answer. The results of the questionnaire range from a minimum score of 8 up to a maximum score of 32. A score < 16 is regarded as the patient being dissatisfied whereas score greater than or equal to 16 is as satisfied (Kibrom et al., 2022).

Social support: was measured by Oslo social support which had a three-items ;it is validated tool in Africa (Abiola et al., 2013). Oslo 3-item Social Support Scale has the sum score scale ranging from 3 to 14 with three broad categories: 'poor social support' 3–8, 'moderate social support' 9–11 and 'strong social support' 12–14 with Cronbach's =0.88, 86% sensitivity and 67% specificity (Senturk et al., 2011).

Social Functioning Questionnaire (SFQ), an eight-item scale was used to assess social functioning. The tool was developed and used to measure general social functioning in a study done at the University of Virginia. SFQ rated over a scale of 0 (no problem) to 3 (severe problem) according to how patients had been feeling, and the participants were considered as poor for social functioning if they scored ≥10 on SFQ (Oltmanns et al., 2002).

Clinical related factors: current diagnosis, the total duration of illness, history of hospitalization, number of medications, current substance use history, history of relapse, presence of comorbid medical illness, family involvement in treatment, first trial of medication.

Service-related factors: This includes the waiting time, hospital opening hour, cleanness of OPD, privacy, information about diagnosis and treatment, method of payment and availability of medication

Current substance use: is the use of substance since the last 3 months (WHO, 2002).

Clinical Global Impression (CGI): is a 7 items tool used to measure severity of the illness. From CGI severity scale responses 1-3 is taken as mild, 4 is moderate and 5-7 was taken as severe illness for both subjective and objective severity assessment (Kadouri et al., 2007).

Monthly income: World Bank established international poverty line as 1.9 USD. Converting to Ethiopian context as monthly income, (1.9*56.56*30= 3,224 ETB) monthly income (Lakner et al., 2022)

3.7.2. Data collectors and Supervisors

Four data collectors with BSc in Psychiatry and one supervisor with BSc in psychiatry, who are fluent in Amharic and Afaan Oromo and but not working in the same clinic was recruited for data collection and supervision. One day training on the tool and how to administer it in a theoretical and role-play was provided to data collectors and supervisors. The training includes aim of the studies, respondent rights, informed consent, and interview techniques in addition to the training on the questionnaires. The supervisors and principal investigator were closely following the data collection process throughout the data collection period. All questionnaires were reviewed each time for consistency and completeness.

3.7.3. Procedure of data collection

A structured questionnaire, which includes all the relevant information on socio-demographic characteristics, patients' satisfaction with care, patient clinical factors, service-related factors, social support and social functioning, was used.

First, the participants were informed about the study title, purpose, procedure, risk and benefits, rights and confidentiality of the study. For participants who were willing to take part in the study, the data collectors check the eligibility criteria. Those participants who did not fulfill the inclusion criteria were replaced by next eligible participant.

3.8. Study variable

3.8.1. Dependent variable

Patient satisfaction with mental health service (Satisfied/dissatisfied)

3.8.2. Independent variables

Socio-demographic factors: age, sex, marital status, religion, educational status, income, occupational status, area of residence, distance from the hospital

Patient clinical factors: Type of mental illness, duration of illness, and a number of medications, severity of illness, current substance use, hx of admission, history of relapse, Presence of comorbid medical illness, first trial of medication, family involvement in a treatment

Service-related factors: waiting time, availability of medication, access to adequate information, method of payment, cleanness of the OPD, hospital opening hour and privacy

Psychosocial support: social support, social functioning

3.9. Operational Definitions

Patient Satisfaction:

Satisfied : (CSQ - 8, ≥ 16) and **Dissatisfied** if (CSQ – 8, < 16) (Kibrom et al., 2022).

Waiting time: The total time from registration until consultation with a doctor which was measured by recording the time of arrival to consultation (Belayneh et al., 2017).

Prior trial of treatment: The first trial of treatment when the patient becomes mentally ill either it could be traditional or modern.

Family involvement in treatment: Any individuals who are related to the patient through marriage, biology or adoption, friendship and involve in the patients treatment process like encourage engagement with treatment plans, recognize and respond to early warning signs of relapse, assist in accessing services during a period of crisis, giving medication, attending for follow up with a patient, asking clinicians about the possible solutions of disorder and deciding about some issues regarding the treatment which was assessed by yes or no question (Yimer et al., 2016).

Substance use

Current substance use: the use of substance since three last 3 months (WHO, 2002)

Long duration of illness: patients who had more than 5 years ‘duration of illness (Melkam and Kassew, 2023)

Social support: Oslo Social Support Scale (OSSS) -3

Strong social support: (12 to 14)

Intermediate social support: (9 to 11)

Poor social support: (3 to 8) (Abiola et al., 2013).

Social functioning:

Poor social functioning SFQ ≥10

Good social functioning (SF< 10) (Oltmanns et al., 2002)

The severity of the current psychiatric illness: Severity of illness:

Mild: (CGI score1-3)

Moderate: (CGI score =4)

Severe: (CGI score 5-7) (Kadouri et al., 2007).

3.10. Data quality control

Questionnaire was translated to local languages ("Afan Oromo "and Amharic language and back to English language by professional translators to preserve the consistency of the data collection tools. Regular daily supervision was held throughout the data collection period and pre-test was conducted on 5% of sample population one week prior to the actual data collection at Bisidimo Hospital to check for consistency of the tool. The result from pre-test study shows that the tools have good internal consistency as evidenced by Cronbach's alpha, α=0.89 for OSSS, α=0.80 for social functioning and α=0.95 for CSQ – 8.

3.11. Methods of data processing and analysis

The collected data were checked, coded and entered into Epi-data version 4.6, and then data were exported to Stata Ver.14 statistical software for cleaning and analysis. In order to determine the variables connected to patient satisfaction with mental healthcare treatment, binary logistic regression analysis was employed. Model fitness was checked by using the Hosmer and Lemeshow test and the assumption was fulfilled (as the p-value was 0.82). Multicollinearity was checked for the overall model by the variance inflation factor (VIF) and VIF were <5 for all independent variables.

A multivariable logistic regression analysis was conducted on variables that have a p-value of less than 0.25 in the bi-variable analysis. Statistically significant related factors in the multivariable logistic regression analysis have been identified using an adjusted odds ratio (AOR) with a 95% confidence interval (CI) and a p-value of less than 0.05.

Frequency and percentage were used to describe the outcome and independent variables in the study. Finally, the results of the study were summarized by using tables, chart and narrative descriptions.

3.12. Ethical considerations

The proposal was ethically approved and ethical clearance with Ref. No. IHRERC/126/2024 was obtained from the Institutional Health Research Ethics Review Committee (IHRERC) of Haramaya University, College of Health and Medical Sciences. The data collectors clearly explained the aim of the study for each study participant. Data were collected after obtaining informed, voluntary, written and signed consent from each participant and heads of the hospitals. Every participant had the right to refuse or discontinue participation at any time they want. For the issue of confidentiality, the participant's name was not being asked and all other personal information was kept secret. Data collectors put their signature for they obtained written consent (fingerprint those unable to read and write) for the interview from the respondents.

4. RESULTS

4.1. Socio-demographic and economic characteristics of study participants

A total of 409 people with mental illness were included in the survey, with a 97% response rate. The median age was 31 years with interquartile range of 12. Among them 51% are females, 45% were between age 18 and 30, and half (51%) were rural residents. About two-third were Muslim religion followers, more than half (56%) of then were married, and 14.4% were illiterate. Regarding occupational status and income, only 7.5% were public employees and 40% had average family monthly income less than 3224 ETB respectively. Concerning access to care, 47.2% of study participant reported travel more than 50 km to access mental health services (Table 4).

Table 4. Socio-demographic and economic characteristics of participants attending Psychiatric follow up at Public Hospitals of Harari Region, Eastern Ethiopia, 2024 (n=409)

Variables	Category	Frequency	Percentage (%)
Sex	1. Male	199	48.66%
	2. Female	210	51.34%
Age group	18-30yrs	183	44.74 %
	31-40yrs	152	37.14%
	41-50yrs	54	13.2%
	>51yrs	20	4.89%
Residency	Urban	200	48.9%
	Rural	209	51.1%
Income	<3224 ETB	162	39.61%
	>3224 ETB	247	60.39%
Occupation	Farmer	74	18.09%
	Public employee	31	7.58%
	Trader/Merchant	98	23.96%
	Student	32	7.82%
	Daily labor	40	9.78%
	Private sector employee	48	11.74%

	Jobless	69	16.87%
	Other*	17	4.15%
Educational status	Unable to read and write	59	14.43%
	Primary school	157	38.39%
	Secondary school	137	33.5%
	Diploma and above	56	13.69%
Marital status	Single	129	31.54%
	Married	230	56.23%
	Divorced	31	7.58%
	Widowed	19	4.65%
Distance from Hospital	>50km	193	47.19%
	<50km	216	52.81%
Religion	Orthodox	109	26.65%
	Muslim	274	66.99%
	Protestant	15	3.67%
	Others**	11	2.69%

Others *: house wife, Retired

Others *: * Catholic, Wakefata

4.2. Clinical and social factors

As described in Table 5, among the total participants, 51% had schizophrenia and 19% had major depressive disorder (MDD). 16.8% of the participants had illness duration of less than one year. 60% of participants had sought traditional treatment. Regarding psychiatric treatment, all participants were on medication, and more than one-fourth of them were taking more than one types of medication. Additionally, 48% had a history of psychiatric admission. Furthermore, 64.3% of the participants had a past history of relapse, and 52% had current substance use. Regarding social support for people with mental illness, more than one-third (37%) reported having poor social support, while 30% reported having strong social support. Concerning their social functioning, one-third (33.25%) had poor social functioning and regarding severity of

illness 47% are moderately ill.Regarding, commorbidty, 45.5% have comorbid medical illness and 57% of participants reported family involved in their treatment.

Table 5. Clinical and social factors of participants at Public Hospitals, Harari Region, Eastern Ethiopia, 2024 (n=409)

Variables	Category	Frequency	Percentage (%)
Diagnosis	Schizophrenia	210	51.35%
	MDD	79	19.32%
	Bipolar I	49	11.98%
	Others*	71	17.35%
Duration of the illness	<1year	69	16.87%
	1-3years	154	37.66%
	4-6years	131	32.02%
	≥7years	55	13.45%
No of medication taken	1	295	72.13%
	>1	114	27.87%
Presence of comorbid medical illness	Yes	186	45.48%
	No	223	54.52 %
History of Admission	Yes	196	47.92%
	No	213	52.08%
Past history of relapse	Yes	263	64.3%
	No	146	35.7%
Severity of the illness	Mildly ill	154	37.6%
	Moderately ill	192	47%
	Sever	63	15.4%
Family involvement in the treatment	Yes	232	56.72%
	No	177	43.28%

First trial medication	Modern	162	39.61%
	Traditional	247	60.39%
Social Support	Poor social support	150	36.67%
	Moderate social support	136	33.25 %
	Strong social support	123	30.07%
Social functioning	Good	273	66.75%
	Poor	136	33.25%

Others * anxiety disorder, epilepsy….

This study found that 213 (52.08%) of the study participants had used tobacco, Khat, alcohol or cannabis in the last three months.Figure (4)

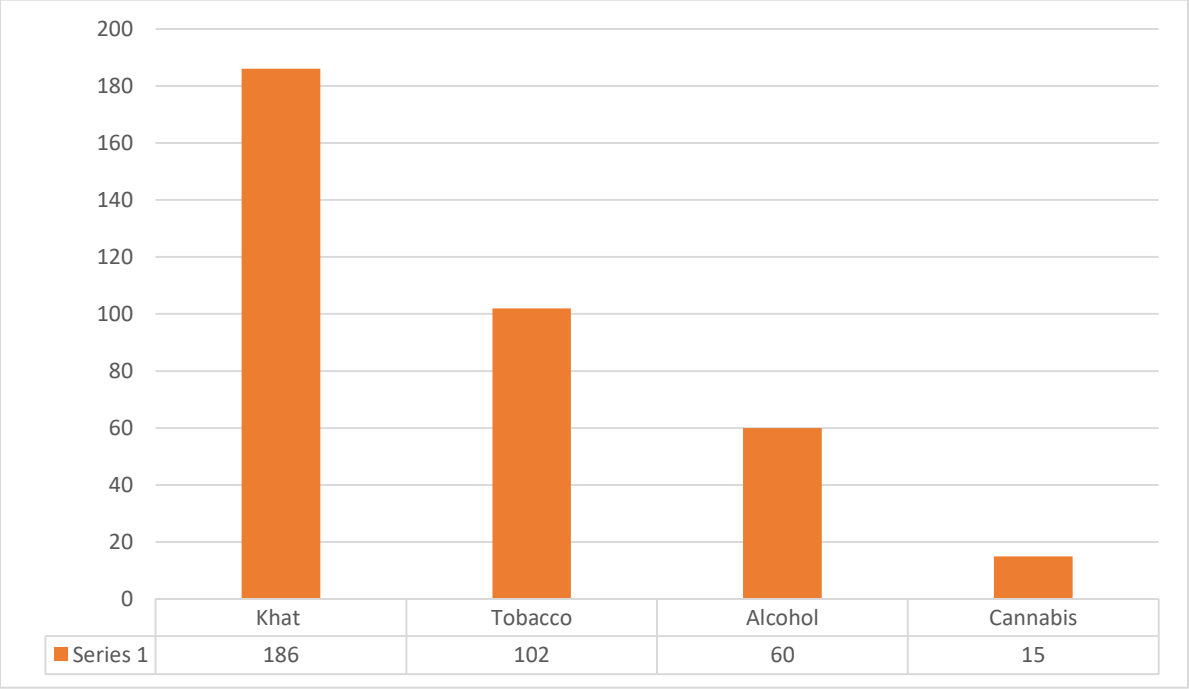

Figure 3. Types of psychoactive substances used by patients attending follow up at Harari region public Hospitals of Eastern Ethiopia, 2024 (n=409)

4.3. Service-related factors

A majority of patients, 45.97%, experienced waiting times between 30 and 60 minutes. Although 63.08% of patients used health insurance, 42.3% encountered issues with medication availability. About three-fourths of participants felt they received adequate information about their illness and treatment. Regarding the clinic environment and privacy, more than 80% of participants reported that the OPD was clean and 83% of participants reported that their privacy was maintained during their visit. Additionally, 75.9% found the hospital's opening hours convenient (Table 6).

Table 6. Service-related factors of patient attending Psychiatric follow up at Public Hospitals of Harari Region, Eastern Ethiopia, 2024 (n=409)

Variables	Category	Frequency	Percentage (%)
Waiting time (in minutes)	<30 minutes	130	31.78%
	30-60 minutes	188	45.97%
	60-120minutes	67	16.38%
	>120minutes	24	5.87%
Is the OPD clean?	Yes	331	80.93%
	No	78	19.07%
Is medication available?	Yes	236	57.7%
	No	173	42.3%
Method of payment	Health Insurance	258	63.08%
	Cash	151	36.92%
Was your privacy maintained?	Yes	342	83.62%
	No	67	16.38%
Hospital opening hour	Convenient	310	75.79%
	Inconvenient	99	24.21%
Did you get adequate information about your illness and treatment?	Yes	297	72.44%
	No	112	27.56%

4.4. Patient Satisfaction

Magnitude of patient satisfaction

Our study finding showed that, 52.8% of participants are satisfied with psychiatric outptient care (52.8%; 95% CI, (47.95%-57.6%).

Table 7. Ranked satisfaction rates (by percentage of those who satisfied /dissatisfied for each item) for the items of the CSQ-8 client satisfaction questionnaire

	Frequency distribution (%)	
Answer	**Dissatisfied**	**Satisfied**
Item 1: Retting quality of service	225(55.01%)	184(44.9%)
Item 2: Kind of service wanted	240(58.68%)	169(41.32 %)
Item 3: met need	235(57.46%%)	174(42..54%)
Item 4: Recomment to a friend	239(58.48%)	170(41.52%)
Item 5: Amount of help	224(54.76%)	185(45.2%)
Item 6: Improvement in self efficiency	249(60.88) %)	160(38.22%)
Item 7: Overall satisfaction	216(52.81%)	193(47.19%)
Item 8: Will you come back?	242(59.17%)	167(40.83%)

CSQ-8, Client Satisfaction Questionnaire-8.

4.5. Factors associated with Patient Satisfaction.

Bivariate logistic regression analysis

In bivariable logistic regression analysis, 11 variables were included in the multivariate analysis. These variables include proximity to the hospital, being diagnosed with MDD, mild severity of illness, no history of admission, absence of comorbid medical condition, medication availability, decreased waiting time, strong social support, payment method (health insurance), receiving adequate information about illness and treatment, and assured privacy (Table 8).

In multivariable logistic regression analysis, being diagnosed with MDD, shorter waiting time, strong social support, payment method (having health insurance), and receiving prescribed medication from the hospital were significantly associated with patient satisfaction. The findings showed that participants diagnosed with MDD were approximately three-times more likely to be

satisfied with psychiatric outpatient service AOR (3.12; CI, 1.62-6.02) compared to those with schizophrenia.

The odds of being satisfied with psychiatric outpatient service were 4 times higher for participants who waited less than 30 minutes compared to those who waited more than 2 hours (AOR= 4.19; CI, 1.34-13.09). Regarding social support, participants with strong social support were 3.29 times more likely to be satisfied with psychiatric outpatient care than their counterparts (AOR= 3.29; CI, 1.86-5.80), and those who have medium social support are 2 times more likely to be satisfied with psychiatric outpatient service than those with low social support (AOR= 2.0; CI, 1.16-3.46).

The odds of being satisfied with psychiatric outpatient services were 1.6 times higher for participants who paid with health insurance compared to those who pay with cash (AOR= 1.66; CI, 1.04-2.66), after adjusting for other variables. Additionally, the odds of being satisfied with psychiatric outpatient services were 4 times higher for participants who received prescribed medication compared to those who didn't receive medication from hospital (AOR=4.11CI, 2.54-6.67)

Table 8. Bi-variable and multi-variable logistic regression analysis of factors associated with Patient Satisfaction among patient attending follow up at Harari region Public Hospitals Psychiatric Units, Eastern Ethiopia, 2024 (n=409)

Variable	Category	Patient Satisfaction		COR [95%CI]	AOR [95%CI]	P-value
		Satisfied **n (%)**	Dissatisfied **n(%)**			
Distance from Hospital	<50km	121(29.58%)	95(23.22%)	1.31[0.88-1.93]	1.31[0.83-2.09]	0.241
	>50km	95(23.22%)	98(23.96%)	1	1	
Diagnosis	Schizophrenia	93(22.73%)	117(28.6%)	1	1	
	MDD	**58(14.18)**	**21(5.13%)**	**3.47[1.96-6.13]**	**3.12[1.62-6.02]**	**0.001***
	Bipolar disorder	26(6.35%)	23(5.62%)	1.42[0.76-2.65]	1.86[0.9-3.85]	0.179
	Others**	39(9.53%)	32(7.82%)	1.53[0.89-2.63]	1.28[0.65-2.48]	0.465
Severity of illness	Mildly ill	87(21.2%)	67(16.38%)	1.42[0.79-2.57]	1.85[0.88-3.87]	0.103
	Moderately ill	99(24.2%)	93(22.7%)	1.17[0.66-2.06]	1.14[0.56-2.29]	0.713
	Severely ill	30(7.3%)	33(8%)	1	1	
History of Admission	Yes	93(22.73%)	103(25.18%)	1	1	
	No	123(30.07%)	90(22%)	1.51[1.02-2.23]	1.5[0.92-2.44]	0.102
Presence of medical illness	Yes	92(22.49%)	94(22.98%)	1	1	
	No	124(30.13%)	99(24.2%)	1.27[0.86-1.89]	1.36[0.85-2.17]	0.188
Medication Availability	**Yes**	**153(37.4%)**	**83(20.29%)**	**3.21[2.13-4.84]**	**4.11[2.54-6.67]**	**0.001***

	No	63(15.4%)	110(26.89%)	1	1	
Waiting Time	**<30min**	**83(19.55%)**	**47(11.47%)**	**5.29[1.96-14.26]**	**4.19[1.34-13.09]**	**0.014***
	30-60min	101(25.42%)	87(21.27%)	3.48[1.32-9.16]	2.46[0.8-7.55]	0.113
	60-120min	26(6.35%)	41(10.02%)	1.9[0.66-5.41]	1.15[0.34-3.88]	0.811
	>2hour	6(1.46%)	18(4.4%)	1	1	
Social Support	**Strong**	**85(20.78%)**	**38(9.29%)**	**3.45[2.08-5.7]**	**3.29[1.86-5.80]**	**0.001***
	Moderate	**72(17.6%)**	**64(15.64%)**	**1.73[1.08-2.77]**	**2.0[1.16-3.46]**	**0.013***
	Low	59(14.42%)	91(22.24%)	1	1	
Payment method	**Insurance**	**150(36.67%)**	**108(26.74%)**	**1.78[1.19-2.68]**	**1.66[1.04-2.66]**	**0.033***
	Cash	66(16.13%)	85(20.78%)	1	1	
Information	Yes	163(39.85%)	134(32.76%)	1.35[0.87-2.09]	1.32[0.79-2.21]	0.279
	No	53(12.95%)	59(14.42%)	1	1	
Privacy	Yes	186(45.47%)	156(38.14%)	1.47[0.86-2.48	1.33[0.72-2.47]	0.356
	No	30(7.33%)	37(9.04%)	1	1	
CI: Confidence interval; COR: Crude odds ratio; AOR: Adjusted odds ratio						

Significant at P < 0.05; COR, Crude Odd Ratio; AOR, Adjusted Odd Ratio; CI, Confidence Interval

5 DISCUSSIONS

The study showed that the diagnosis of major depressive disorder (MDD), shorter waiting times, strong social support, having health insurance, and receiving prescribed medication from the hospital emerged as key determinants of patient satisfaction. These findings are consistent with existing literature on factors influencing patient satisfaction in mental health care.

The magnitude of mental healthcare satisfaction among psychiatric outpatient is found to be 52.8% with 95% CI (47.95%-57.6%).This finding is in line with the study conducted at Jimma (Kassaw et al., 2020) which is 50.3%, Dilla (Kassaw et al., 2022) which is 55.4% and India (Holikatti et al., 2012) which is 57%.

However, this finding is lower than the study conducted in Switzerland (Davy et al., 2009) which is 93.1%, South Africa (Almeida and Adejumo, 2004) which is 91%, Ireland (Lally et al., 2013) which is 90.6%, Egypt (Shorub et al., 2015) which is 82.8%, Nigeria (Bello and Olajubu, 2019)which is 75.2%, Oman (Alkaabi et al., 2019) which was 70.6%, The possible reasons for these discrepancies may be due to sociodemographic characteristics of the study participants, and various methodological approaches (smaller sample size in South Africa and Ireland) and availability of alternative mental health service in those country may be the additional cause for discrepancy.

In addition, this study finding was lower than that of the studies done in Ethiopia for example, Gondar (Melkam and Kassew, 2023) which is 65.4%, Amanuel mental specialized hospital (Kibrom et al., 2022) which is 63.3% and Dessie referral Hospital (Yimer et al., 2016) which was 61.2%. Mekelle public Hospitals (Desta et al., 2018) which was 70.8, St. Paul hospital (Goben et al., 2020) which was 81.3%. The discrepancy may be due to comprehensive mental health services given in St Paul, Mekelle public hospitals and Amanuel mental specialized hospital including follow-up care, counseling, and social support services and having more specialized staff in those hospitals (Desta et al., 2018). Other possible reason for the discrepancy might be difference in assessment tools. For example, CPOSS which is used in Dessie and 24 Item MHSSS used in Dilla and Jimma. The other possible reason could be the difference in the service user characteristics at the hospitals. In this study, more than half of participants are schizophrenic patients who are less likely to be satisfied with service (Jablensky et al., 2000)

In our study, people with schizophrenia three times less likely satisfied with psychiatric outpatient services compared to those with major depressive disorder (MDD). This result is intriguing, given that other studies have found varying satisfaction levels based on psychiatric diagnosis. For instance, a study conducted in Jimma (Kassaw et al., 2020), Dessie (Yimer et al., 2016), Rome (Gigantesco et al., 2002) and America (Kilbourne et al., 2006) noted that patients with depression often report higher satisfaction with mental health services compared to those with more severe conditions like schizophrenia. However, this finding contradict study conducted in Mekelle public hospitals (Desta et al., 2018). The possible reason might be psychotic disorders, as compared with other types of mental illness, are debilitating, which especially affects patients' level of understanding of their external world (Adhikari et al., 2021).The other possible reason might be poor social adjustment, higher rates of functional impairment and disabilities with schizophrenic patient (Jablensky et al., 2000). .

Shorter waiting times were strongly associated with approximately four times higher satisfaction with the care. This aligns with findings from previous studies conducted in Ethiopia, such as the study conducted in Jimma (Kassaw et al., 2020), Mekelle (Desta et al., 2018) and Dilla (Kassaw et al., 2022) and Bangladesh (Mendoza Aldana et al., 2001) , which demonstrated that reduced waiting times significantly enhance patient satisfaction across various healthcare settings. Delays in service can lead patient to leave outpatient department without seen by their physicians (Umar et al., 2011).

Social support also played a critical role, with participants having strong social support being three-times more likely to be satisfied compared to those with low social support, which is consistent with other studies conducted in Ethiopia (Kassaw et al., 2020) (Melkam and Kassew, 2023). This finding is also supported by study conducted in Ghana (Yakubu, 2014). The possible reason may be patients who have a social support network have better living conditions, lower incidence of symptoms and fewer hospital admissions than those who have low social support system (Guedes de Pinho et al., 2018).

The payment method also influenced satisfaction, with participants using health insurance reporting higher satisfaction. This finding is consistent with other studies conducted in Oman (Alkaabi et al., 2019), Gondar (Melkam and Kassew, 2023), Nepal,(Adhikari et al., 2021) and St Paul (Goben and Abegaz, 2020). This finding is also supported by research indicating that

financial barriers can significantly affect patient experiences and satisfaction with care ((Wiysonge et al., 2017)) (Documét and Sharma, 2004). Health insurance often alleviates financial strain, allowing patients to focus more on their treatment rather than financial concerns (Ekman, 2004) (Acharya et al., 2013).

Lastly, receiving prescribed medication from the hospital was associated with a four-time higher likelihood of satisfaction. This emphasizes the importance of medication availability in patient satisfaction. Similar results were found in a study conducted in St. Paul and Gondar University comprehensive hospital (Goben et al., 2020;Melkam and Kassew, 2023), which highlighted that access to necessary medications is a crucial factor in patient satisfaction with mental health services. The likely cause could be non-availability of prescribed medications in public hospitals, which causes issues pushing patients to purchase these prescriptions from outside with expensive cost (Sreenivas and Babu, 2012).

6. CONCLUSION AND RECOMMENDATION

6.1. Conclusion

Conclusion: More than half of the study participants are satisfied with the outpatient service. Being diagnosed with MDD, having strong and medium social support, paying with insurance, less waiting time and availability of medication were associated with patient satisfaction.

6.2. Recommendations

So as to contribute in solving the prevailing problem on psychiatric patient' satisfaction, the following are some recommendations for the stakeholders.

For Harari Regional Health Beraue, Oromia Regional Health Beraue and East Harerghe Zone Health Beraue

It will be better if health insurance is accessible for psychiatric patients who are on follow-up.

It will be better if continuous availability of psychotropic medications are insured and mental health services are accessible.

For Haramaya University- Hiwot Fana Comprehensive Specialized Hospital and Jugal General Hospital:

It will be good if psychiatry clinic has a separated patient card office near by the outpatient clinic to decrease the waiting time.

It is better to have timely report and supervision of drug supply agencies for continuous availability of psychotropic medications**.**

It is better if social support service is estabilished.

Policy Makers

It is better if promote policies that integrate psychiatric services with other healthcare services,reducing barriers to care and ensuring that patients receive holistic care.

It will be better to Advocate for more government investment in psychiatric care including funding for medications,mental health professionals and infrustructure improvement.

Health professionals

It is better if psychoeducation and support is provided for schizophrenic patients to insure they are involved in decision making about their care.

Researchers

Additionally, it will be better if researchers implement other appropriate study design rather than cross – sectional study design to show cause and effect.

It will be better if qualitative study is implemented to include patients' opinion regarding satisfaction.

6.3. Strength and limitations of the study

6.3.1. Strength

Use of standardized assessment tools is one of strength of this study. It also incorporates several factors than previously conducted research to reflect an actual representation of patient satisfaction. Considering local factors such as substance use is additional strength of this study.

6.3.2. Limitations

This study is cross-sectional, which doesn't show cause effect relationship. There may be social desirability bias especially for history of substance use which is sometimes sensitive. Observer bias may also arise, particularly when it comes to the CGI scale, which is used to measure patient severity, because there are no objective measures in place. Recall bias is the other possible bias when participants do not remember their previous experience like duration of the illness.

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8. ANNEXES

8.1. Information Sheet and Informed Voluntary Consent form for head of hospital

Informed Voluntary Consent form for Hospital CEO or Medical Director.

1. Introduction: Good morning/ good afternoon. My name is Mubarek Tuna. I am studying master degree in Integrated Clinical and Community Mental Health at Haramaya University, College of health and medical sciences and I am here to ask your institution voluntariness to participate in the study. Therefore, I kindly requested you to lend me your attention to explain you about the study and your institution being selected as study setting.

2. The study title: Magnitude of Patient satisfaction and associated factors with Psychiatric outpatient care among psychiatric patients in Harari Region public hospitals, Eastern Ethiopia,2024.

3.Purpose/aim of the study: The results of this study can be of paramount importance to improve comprehensive patient care for people with mental disorders at Hiwot Fana specialized Comprehensive University hospital, thereby improving patient quality of life. Moreover, the aim of this study is to write a thesis as a partial requirement for partial fulfillment of a master's degree in Integrated Clinical and Community Mental Health (ICCMH).

4. Procedure and duration: I will be here to collect data on the Patient satisfaction and its associated factors among psychiatric patients attending follow up. So, I kindly request you to spare me this time. I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. The quesstionnaire contains 54 questions. The expected time that the interview take will be vary but expected time will be 30 minutes, in some case based on the situation we can arrange more time based on your willingness.

5. Risks and benefits: The risk of being participating in this study is very minimal, but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

6. Confidentiality: The information that we will be provided will be kept confidential. There will be no information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular of individual

persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

7. Rights: Participation for this study is fully voluntary. The participants have the right to declare to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits which they otherwise are entitled. They do not have to answer any question that they do not want to answer. The Hospital has also the right to stop this study from being conducted if any misdeeds and unethical procedures are observed during the data collection process in the Hospital's premises.

8. Contact address: If there are any questions or enquires any time about the study or the procedures, please contact in this address.

Principal investigator: Mubarek Tuna, **email-mubarektuna2021@gmail.com** or phone number +251912113087

Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P. O. Box 235, Harar, Ethiopia.

9. Declaration of informed voluntary consent:

I have read the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that participants have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the Hospital has the right to stop this study from being conducted if any misdeeds and unethical procedures are observed during the data collection process in the Hospital's premises. Therefore, I declare my voluntary consent on behalf of Jugol General Hospital or Hiwot Fana Specialized Comprehencive Hospital management to allow this study to be conducted in the Hospital with my initials.

Name and Signature of CEO/ Medical Director: _____ Date _____

Name and Signature of the PI: _____ Date _____

8.2. Participant information sheet and voluntary consent form

Participant information sheet and informed voluntary consent form for adult participants (age > 18 years)

My Name is ……. I am working as a data collector for the study being conducted in Harari Region public Hospitals by **Mubarek Tuna,** who is studying Master of Science degree in Integrated Clinical and Community Mental Health at Haramaya University, the College of Health and Medical science. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

1. The study title: Magnitude of Patient satisfaction and associated factors with Psychiatric outpatient care in Harari Region public hospitals, Eastern Ethiopia, 2024.
2. Purpose/aim of the study: The results of this study can be of paramount importance to improve comprehensive patient care for people with mental disorders at Hiwot Fana specialized Comprehensive University hospital, thereby improving patient quality of life. Moreover, the aim of this study is to write a thesis as a partial requirement for partial fulfillment of a master's degree in Integrated Clinical and Community Mental Health (ICCMH).
3. Procedure and duration: I will be interviewing you using a questionnaire to provide me with pertinent data that is helpful for the study. The questionnaire contains 49 questions. It will take 20 - 30 minutes to complete the questionnaire.
4. Risks and benefits: The risk of participating in this study is very minimal, but only taking a few minutes from your time. There would not be any direct payment for participating in the study. But the findings from this research may reveal important information for the local health planners.
5. Confidentiality: The information patients provided will be confidential. There will be no information that will identify you in particular. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. The finding of the study will be general for the study participants and not reflect you in particular. If a report of results is published, only information about the total group will appear. No reference will be made in oral or written report that could link individual participants to the research.

6. Rights: Participation for this study is fully voluntary. You have the right to participate or not in this study, withdraw from the study at any time and this will have no effect now or in the future on services that you or any member of your family may receive from the service providers. If you do agree now, you can change your mind at any time and not take part in the research. You do not have to answer any question that you do not want to answer.

7. Contact address: If you have any questions or enquires any time about the study. Please contact: +251912113087 at mobile phone, email: - mubarektuna2021@gmail.com as well as contact Institutional Health Research Ethics Review Committee (IHRERC) at office phone 025-4662011 or P.O. Box 235, Harar, Ethiopia.

8. Declaration of Informed Voluntary Consent: I have read/was read to me/the participant information sheet. I have clearly understood the purpose of the research, the procedure, risks and benefits, issues of confidentiality, the rights of participating, and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that they do not want. Therefore, I declare my voluntary consent to participate in this study with my initials (Signature) as indicated below.

Name and Signature of participants_____: Date_____

8.3. Name and Signature of Data Collector_____ :

Date_____**English version Questionnaire**

Section I: Questionnaires Regarding to Socio-demographic characteristics of the patient.

S/Nº	**Questions Response**	**Questions Response**
SD1	Sex	1. Male 2. Female
SD2	Age	……. In year
SD3	Residence	1. Rural 2. Urban
SD4	Marital status	1. Single

		2. Married 3. Divorced 4. Widowed
SD5	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Other specify…..
SD6	Education Level	1.Unable to read and write 2.Primary school 3.Secondary school 4.Diploma and above
SD7	Occupation	1. Farmer 2.Publical employed 3.Merchant 4.Student 5.Daily laborer 6.Self-employed 7.Specify other …
SD8	Family monthly income	……in Birr
SD9	Distance from hospital	1.<50Km. 2.>50Km

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Section II. Client Satisfaction Questionnaire 8

S.N.	**CSQ-8: items**	
CSQ1	How would you rate the quality of service you have received	Poor (1) Fair (2) Good (3) Excellent (4)
CSQ2	Did you get the kind of service you wanted?	No, definitely not (1) No, not really (2) Yes, generally (3) Yes, definitely (4)

CSQ3	To what extent has the service met your needs?	None of my needs have been met (1) Only a few of my needs have been met (2) Most of my needs have been met (3) Almost all of my needs have been met (4)
CSQ4	If a friend were in need of similar help, would you recommend the service to him or her?	No, definitely not (1) No, I don't think so (2) Yes, I think so (3) Yes, definitely (4)
CSQ5	How satisfied are you with the amount of help you have received?	Quite dissatisfied (1) Indifferent or mildly dissatisfied (2) Mostly satisfied (3) Very satisfied (4)
CSQ6	Have the services you received helped you to deal more effectively with your problems	No, they seemed to make things worse (1) No, they really didn't help (2) Yes, they helped somewhat (3) Yes, they helped a great deal (4)
CSQ7	In an overall general sense, how satisfied are you with the service you have received?	Quite dissatisfied (1) Indifferent of mildly dissatisfied (2) Mostly satisfied (3) Very satisfied (4)
CSQ8	If you were to seek help again, would you come back to the service?	No, definitely not (1) No, I don't think so (2) Yes, I think so (3) Yes, definitely (4)

Section III: Patient clinical Related Questionnaire

S/No	**Questions**	**Response**	
PQ1	Diagnosis of the patients	**……..**	
PQ2	Duration of illness of the patients	**……**	
PQ3	Number of medications taken	**……**	
		Yes	**No**
PQ4	Presence of comorbid medical illness in the patients?	**1.Yes**	**2.No**
PQ5	History of admission	**1.Yes**	**2.No**
PQ6	Family involvement in the treatment	**1.Yes**	**2.No**
PQ7	First trial of medication	**Modern**	**Traditional**
PQ8	History of relapse	**1.Yes**	**2.No**

Section IV: Substance use assessment

S/No.	In the past 3 months, have you used any of the following substances?	Alternative response	
SU1	Alcoholic's beverages (beer, wine, talla, tej, katikalla etc.)	1. Yes	2. No
SU2	Khat	1. Yes	2. No
SU3	Tobacco products (cigarettes, chewing tobacco, etc.)	1. Yes	2. No
SU4	Others specify_____		

Section V: Severity of illness Questionnaire

S.N.	Question	Response
SI01	By considering your total clinical experience with this particular patient, how mentally ill is the patient at this time	**1.**Normal Not at all ill, symptoms of disorder not present past seven days
		2.Borderline ill Subtle or suspected pathology
		3.Mildly ill Clearly established symptoms with minimal, if any, distress or difficulty in social and occupational function
		4.Moderately ill Overt symptoms causing noticeable, but modest, functional impairment or distress; symptom distress
		5.Markedly ill—intrusive symptoms that distinctly impair social/occupational function or cause intrusive levels of distress
		6.Severely ill Disruptive pathology, behavior and function are frequently influenced by symptoms, may require assistance from others
		7.Most extremely ill Pathology drastically interferes in many life functions; may be hospitalized

Section VI: Social support Questionnaire

S/N^{O}	Question	Response

SS1	How many people are so close to you that you can count on them if you have great personal problems?	1) None 2) 1-2 3) 3-5 4) 5+
SS2	How much interest and concern do people show in what you do?	1) None 2) Little 3) Uncertain 4) Some 5) A lot
SS3	How easy is it to get practical help from neighbors if you should need it?	1) Very difficult 2) Difficult 3) Possible 4) Easy 5) Very essay

Section VII. Social functioning questionnaire

SFQ1	I complete my tasks at work and home satisfactorily.	Most of the time □ 0 Quite often □ 1 Sometimes □ 2 Not at all □ 3
SFQ2	I find my tasks at work and at home very stressful.	Not at all □ 3 Sometimes □ 2 Quite often □ 1 Most of the time □ 0
SFQ3	I have no money problems.	No problems at all □ 0 Slight worries only □ 1 Definite problem □ 2 Very severe problems □ 3
SFQ4	I have difficulties in getting and keeping close relationships.	Severe difficulties □ 3 Some problems □ 2 Occasional problems □ 1 No problems at all □ 0
SFQ5	I have problems in my sex life.	Severe problems □ 3 Moderate problems □ 2 Occasional problems □ 1 No problems at all □ 0
SFQ6	I get on well with my family and other relatives	Yes, definitely □ 0 Yes, Not usually □ 1 No, some problems □ 2 No, severe problems □ 3
SFQ7	I feel lonely and isolated from other people.	Almost all the time □ 3 Much of the time □ 2 Not usually □ 1 Not at all □ 0
SFQ8	I enjoy my spare time	Very much □ 0 Sometimes □ 1 Not often □2 Not at all □ 3

Section VIII. Service-related Questionnaire

S1	Waiting time to see doctor (in minutes)	

S2	Is the OPD clean?	1.Yes	2.No
S3	Hospital opening hour	1.Convenient	2. Inconvenient
S4	Availability of medication	1.Yes	2.No
S5	Method of payment	.1 Cash	2.Insurance
S6	Was your privacy assured	1.Yes	2.No
S7	Did you get adequate information about your illness and treatment	1.Yes	2.No

8.4. Participant Information Sheet and Informed Voluntary Consent Form (Afaan Oromoo version)

1. Nagaa bultanii/nagaa ooltanii: Maqaan koo_____. Ammaan kana Hospitaala kana keessatti **Mubaarak Tunaa** kan Yunivarsiitii Haramayaa, Kolleejjii Saayinsii Fayyaa keessatti digrii lammaffaa barachaa jiruun qorannoo gaggeeffamaa jiruuf hojjechaa jira. Waa'ee qorannoo kanaafi akka hirmaataa qorannoof filatamuu keessan isinitti himuuf xiyyeeffannoo keessan akka naaf kenniitan kabajaan isin gaafadha.
2. Mata duree qorannichaa/pirojektichaa: Itti quufinsa maamilaa fi wantoota isa waliin wal qabatan dhuksattoota dhukkuba sammuu qaban Hospitaalota mootummaa Naannoo Hararii, Harar, Ethiopia, 2024.
3. Kaayyoo qorannichaa: Kaayyoon qoranichaa itti quufinsa maamilaa dhukkubsattoota dhibee sammuu hordoffii hospitaalota mootummaa naannoo Hararriitti qaban kan fi wantoota Itti quufinsa maamilaa irratti dhiibaa qaban madaalu. Dabalataanis dhukkubsattonni dhibee sammuu Hospitaalota kanneenitti hordoffii qaban tajaajila qindaa'aa ta'e akka argatan taasisuufi. Akkasumas qorannoon kun digrii lammaffaakoo (ICCMH) gartokkoon guutuuf kan qophaa'edha.
4. Adeemsaa fi yeroo: Har'a itti quufinsa maamilaa fi wantoota isa waliin wal qabatan dhuksattoota dhukkuba sammuu qaban irratti ragaa walitti qabuuf as argama. Kanaaf, yeroo kana akka naaf kennitan kabajaan isin gaafadha. Ragaa barbaachisaa ta'ee fi qorannichaaf gargaaru naaf argachuuf gaaffilee fayyadamee isin gaafadha. Ragaa kana sassaabnee xumuruuf yeroon fudhatu garaa garummaa qaba garuu yeroon eegamu daaqiiqaa 20-30 ta'a, haala tokko tokko irratti hunda'uun fedhi keessan irratti hunda'uun yeroo dabalataa qopheessuu ni dandeenya.
5. Balaa fi faayidaa: Balaan qorannoo kana irratti hirmaachuu baayyee xiqqaa dha, garuu yeroo keessan irraa daqiiqaa muraasaqofa fudhachuudha. Qorannoon kun hirmaachuuf kaffaltiinkallattiin hinjiraatu ture. Garuu argannoon qorannoo kana arraa argamu karoorsitootaa fayyaa n aannoo sanaafodeeffannoo barbaachisaata'emul' isuu mala.
6. Iccitii: Odeeffannoon isin nuuf kennitan iccitii ta'a. Odeeffannoon nama biroo irraa itti si adda baasu hin jiraatu. Argannoon qorannichaa hawaasa qorannichaa waliigalaaf kan ta'u yoo ta'u, namoota dhuunfaa ykn fii dhaabbataa adda ta'e kan hin calaqqisiifne ta'a. Gaaffiin maqaa agarsiisu akka hin dabalamneef koodiin ni kennama. Gabaasa afaaniin ykn barreeffamaan hirmaattoota qorannicha waliin wal qabsiisuu danda'u irratti hin kennamu.

7. Mirga: Qo’annoo kanaaf hirmaanna anguutummaatti fedhi iofii tiin kan kennamudhaa. Qo’annoo kana irrattihirmaachuu fi dhiisuukeelabsuuf mirga qabda. Yoo hirmaachuuf murteessite yeroo barbaadetti qorannicha keessaa ba’uuf mirga qabda kunis faayidaa kasaaraa karaa biraatiin siif malu kamiyyuu si hin mallatu. Gaaffii deebii kennuu hin barbaanne kamiyyuudeebisuunsihin barbaachisu.
8. Teessoo quunnamtii: Waa'ee qorannichaa ykn hojii maata yeroo kamiyyuu gaaffiin yoo jiraate teessoo kanaan qunnamaa.

   Qorataa muummee: Mubaarak Tunaa,

   Email: - mubarektuna2021@gmail.com

   Lakkoofsa bilbilaa: - +251912113087

   Koreen gamaaggamaa naamusa qorannoo fayyaa dhaabbilee (IHRERC) bilbila waajjiraa 0254662011 ykn PO Box 235, Harar, Ethiopia.
9. Ibsa hayyama tola ooltummaa beekumsa qabu: Waraqaa odeeffannoo hirmaattotaa dubbiseera/ naaf dubbifameera. Kaayyoo qorannichaa, hojimaata, balaa fi faayidaa, dhimmoota iccitii, mirga hirmaachuufi teessooquun namtii gaaffii kamiifuusirrii tti hubadheera. Wantoota ifa hin taan e ta’uu danda’aniif gaaffii akkan gaafadhu carraan naaf kennameera. Yeroo barbaadetti qo’annoo keessaa ba’uuf ykn gaaffii ani hin barbaanne kamiyyuu deebisuuf mirga akka qabu naaf himameera. Kanaafuu, qorannoo kana irratti hirmaachuuf fedhi akkan qabu mallatto kootin nan ibsa.

   Maqaa fi mallattoo hirmaataa: _____ Guyyaa _____

   Maqaa fi mallattooWalittiqabaa Odeeffannoo: _____ Guyyaa _____

8.5. Afaan Oromo version Quesstionnaire

Kutaa 1ffaa: Gaaffiiwwan Amaloota hawaas-dimoogiraafii dhukkubsataa ilaalchisee.

T.L.	Gaafii	Deebii
SD1	Saala	1. Dhiira 2. Dubartii
SD2	Umurii	…….
SD3	Mana Jireenyaa	1. Baadiyyaa 2. Magaalaa
SD4	Haala gaa'elaa	1. Qophaa'e 2. Fuudhaa fi heeruma 3. Hiikkaan 4. Dubartii abbaan manaa irraa du'e
SD5	Amantii	1. Ortodoksii 2. Muslima 3. Pirootestaantii 4. Kan biroo ibsu.....
SD6	Sadarkaa Barnootaa	1. Barreessuu fi dubbisuu hin danda'u 2. Kutaa 1-8 3. Kutaa 9-12 4. Dippiloomaa kan eebbifame 5. Digirii fi isaa ol
SD7	Hojii	1. Qonnaan bulaa 2.Qaxara mootummaa 3. Daldalaa 4.Barataa 5. Hojjataa homnaa 6.Hojii dhunfaa 7. Kanneen biroo ibsi...
SD8	Galii ji'aa	……Maallaqaan
SD9	Fageenya Hospitaalarraa	1.<50Km 2.>50Km

Kutaa 2ffaa. Iskeelii Itti quufinsa Tajaajila Fayyaa Sammuu

T.L.	**CSQ – 8**	
CSQ1	Qulqullina tajaajila argattanii akkamitti madaaltu?	Gadi aanaa (1) Homaa hin jedhu (2) Gaariidha (3) Baay'ee gaariidha (4)
CSQ2	Tajaajila barbaaddan argattanii?	Lakki, akka hin taane beekamaadha (1) Lakki, dhuguma miti (2) Eeyyee, walumaa galatti (3) Eeyyee, beekamaadha (4)
CSQ3	Tajaajilli kun hangam fedhii keessan guuteera?	Fedhiin koo tokkollee hin guutamne (1) Fedhiin koo muraasa qofatu guutame (2) Fedhiin koo harki caalaan guutameera (3) Fedhiin koo hundi jechuun ni danda'ama guutameera (4)
CSQ4	Hiriyaan keessan tokko gargaarsa wal fakkaatu yoo barbaade tajaajila sana ni gorsitaa?	Lakki, akka hin taane beekamaadha (1) Lakki, akkas natti hin fakkaatu (2) Eeyyee, akkas natti fakkaata (3) Eeyyee, beekamaadha (4)
CSQ5	Hamma gargaarsa argattaniitti hangam quuftanii jirtu?	Baayyee itti hin quufne (1) Dhimma kan hin qabne ykn salphaatti kan hin quufne (2) Irra caalaa kan quufe (3) Baayyee itti quufe (4)
CSQ6	Tajaajilli argattan rakkoo keessan haala bu'a qabeessa ta'een akka hiiktan isin gargaareeraa?	Lakki, waan hammeesse fakkaata ture (1) Lakki, dhuguma isaan hin gargaarre (2) Eeyyee, hamma tokko gargaaraniiru (3) Eeyyee, gargaarsa guddaa godhaniiru (4)
CSQ7	Walumaagalatti tajaajila argattettanitti hangam itti quuftan?	Baayyee itti hin quufne (1) kan salphaatti quufa hin qabne (2) Irra caalaa itti quufe (3)

		Baayyee quufe (4)
SSQ8	Amma booda deeggarsi yookaan waldhaansi yoo isin barbaachise deebitanii dhuftuu?	Lakki, akka hin taane beekamaadha (1) Lakki, akkas natti hin fakkaatu (2) Eeyyee, akkas natti fakkaata (3) Eeyyee, sirriitti(4)

Kutaa 3ffaa:- Madaalli waa'ee yaala dhukkubsataa

T.L	**Gaaffilee**	**Deebii**	
PQ1	Qorannoon dhukkuba keessanii maali?	**……..**	
PQ2	Dhukkubni kun hagam isinitti ture?	**……**	
PQ3	Baay'inni qoricha fudhattanii meeqa?	**……**	
	Gaaffii	**Eeyyee**	**Lakki**
PQ4	Dhukkuba keessoo biroo qabdu?	1. Eeyyee	2. Lakki
PQ5	Waldhaansa ciisichaa gootanii beektuu?	1. Eeyyee	2. Lakki
PQ6	Maatiin keessan wal'aansa keessatti Hirmaannaa godhaa?	1. Eeyyee	2. Lakki
PQ7	Yaaliin jalqabaa yaaltan maal ture?	1.Aadaa	2.Ammayyaa
PQ8	Dhibeen isinitti ka'ee beekaa?	1. Eeyyee	2. Lakki

Kutaa 4ffaa: Madaallii itti fayyadama wantoota araada nama qabsiisanii

T. L	**Baatiiwwan sadan darban keessatti wantoota armaan gadii keessaa tokko fayyadamteettaa?**	**Deebii filannoo**	
SU1	Dhugaatii alkoolii (biiraa, wayinii, Farshoo, Daadhii, katikallaa fi kkf)	1. Eeyyee	2. Lakki
SU2	Khat	1. Eeyyee	2. Lakki
SU3	Bu'aalee tamboo (sigaaraa, tamboo daakuun fi kkf)	1. Eeyyee	2. Lakki
SU4	Kaan immoo yoo jiraate		

Kutaa 5ffaa : Gaaffii cimina dhukkubaa

T.L	Gaaffii	Deebii
SI01	Muuxannoo yaalaa waliigalaa dhukkabsataa waliin qabdu ilaalcha keessa galchuun, dhukkubsataan kun hammam sammuudhaan akka dhukkubsate	1. Tasumaa dhukkubsataa hin jiru, mallattoon dhukkubaa guyyoota torba darban hin mul'anne
		2. Dhukkuba daangaa irra jiru.
		3. Dhukkuba salphaa. Dhiphina ykn rakkina hojii hawaasummaa fi hojii irratti yoo jiraates xiqqaa ta'e
		4. Dhukkuba giddu galeessaa Mallattoolee ifa ta'an kan mul'atan fi hanqina ykn dhiphina muraasa hojii guyya guyyaa irratti kan fidan
		5. Dhukkuba cimaa rakkolee hawaasummaa/hojii guyyaa guyyaa kan miidhan
		6. Dhukkuba cimaa.Amalli fi hojiin guyyaa guyyaa sababaa mallattoolee dhibeetin kan hubamu yommuu ta'uu gargaarsi nama biroos barbaachisuu danda'a.
		7. Baay'ee kan dhukkubsate fi hojiiwwan / jireenyaa dhukkubsataa hedduu haalaan kan jeequ.darbees hospitaala ciibsuu danda'a

Kutaa 6ffaa : Gaaffii deeggarsa hawaasummaa

T/L	Gaaffilee	Deebii
SS1	Namoota dhihoo yeroo rakkoon cimaan isin muudate waamachuu dandeessan meeqatu jiru?	1) Hin jiru 2) 1-2 3) 3-5 4) 5+
SS2	Hagam tokko namoonni waan isin hojjataniratti feedhii argisiisufi dhimmamuu?	1) Hin jiru 2) Xiqqoo 3) Mirkanaa'aa hin taane 4) Tokko tokko 5) Baay'ee
SS3	Yoo gargaarsi isin barbaachise ollaa keessan irraa gargaarsa argachuun hangam takka salphaadha?	1) Baayyee rakkisaa 2) Rakkina 3) Ni danda'ama 4) Salphaa 5) Baay'ee barreeffama

Kutaa 7ffaa: Gaaffilee akkaataa raawwii hawasummaa qoratan

SFQ1	Hojii koo manaa fi alaa haala quubsaa ta'een xumura.	Yeroo Hundaa □ 0 Yeroo baay'ee □ 1 Yeroo tokko tokko □ 2 Tasumaa miti □3

SFQ2	Olmaan kiyya iddoo hojii fi mana keessaa baay'ee na dhiphisa.	Tasumaa miti □3 Yeroo tokko tokko □ 2 Yeroo baay'ee □ 1 Yeroo Hundaa □ 0
SFQ3	Rakkoo maallaqaa hin qabu.	Rakkoon tokkollee hin jiru □ 0 Yaaddoo xiqqoo qofa □ 1 Rakkoo murtaa'aa □ 2 Baay'ee cimaa □ 3
SFQ4	Hariiroo cimaa argachuu fi eeguu irratti rakkoo qaba.	Rakkoo cimaa □ 3 Rakkoolee Muraasa □ 2 Rakkoo darbee darbee □ 1 Rakkoon tokkollee hin jiru □ 0
SFQ5	Jireenya saalqunnamtii koo keessatti rakkoo qaba.	Rakkoo cimaa □ 3 Rakkoolee Muraasa □ 2 Rakkoo darbee darbee □ 1 Rakkoon tokkollee hin jiru □ 0
SFQ6	Maatii koo fi firoota koo biroo wajjin akka gaariitti jiraadha	Eeyyee □ 0 Eeyyee, yeroo baay'ee □ 1 Lakki, yeroo tokko tokko □ 2 Lakki, rakkoolee ciccimoo □ 3
SFQ7	Kophummaa fi nama irraa adda baafamuun natti dhagahama.	Yeroo hundumaa □ 3 Yeroo baay'ee □ 2 Yeroo baay'ee miti □ 1 Tasumaa miti □ 0
SFQ8	Yeroo boqonnaa kootti nan bashannanna.	Baay'ee □ 0 Yeroo tokko tokko □ 1 Yeroo baay'ee miti □2 Lakki gonkumaa □ 3

Kutaa 8 ffaa. Gaaffii Tajaajila waliin walqabatu

T.L.	**Gosa gaaffilee**	**Deebii**

S1	Yeroo turtii ogeessa bira seenuun duratti (daqiiqaan)	----------	
S2	Keessii kutaa yaalaa qulqulluudhaa?	1.Eeyyee	2.Lakki
S3	Sa'aatiin hospitaalli itti banamu mijataadhaa?	1.Mijatadhaa	2.Mijataamiti
S4	Qoricha isinii ajajamuu argattanii?	1.Eeyyee	2.Lakki
S5	Akkaataan kafaltii akkami?	1.Qarshiin	2.Inshuraansii fayyaa
S6	Iddoon itti wal'aanamtan kan iccitiin keessan itti eeggame ture?	1.Eeyyee	2.Lakki
S7	Waa'ee dhibee keessaniifi qoricha fudhattanii odeefannoo gahaa argattaniittuu?	1.Eeyyee	2.Lakki

8.6. Participant Information Sheet and Voluntary Consent Form (Amaharic version)

1.መግቢያ፡ እንደምን አደሩ/ ዋሉ። የኔ ስም_____በ ሀረማያ ዩኒቨርሲቲ ህክምና እና ጤና ሳይንስ ኮሌጅ ሁለተኛ ዲግሪውን በመማር ላይ ባለው መርሀ ግብር ቱና በዚህ ሆስፒታል እየተካሄደ ላለው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ስለ ጥናቱ እና የጥናት ተካፋይ ሆነ ዉመመረጥዎን ለማስረዳት ትኩረትዎን እንዲሰጠኝ በአክብሮት እጠይቃለሁ።

2.የ ጥናቱ ርዕስ፡ በሐረሪ ክልል የመንግስት ሆስፒታሎች የስነ -ኣአምሮ ክፍል በተመላላሽ ህክምና የአገልግሎት የአእምሮ ሕመምተኞች አርካታ እና ተያያዥ ምክንያቶች

3.የ ጥናቱ ዓላማ፡ ይህ ፕሮፖዛል በሐረሪ ክልል በሚገኙ የመንግስት ሆስፒታሎች የአእምሮ ሕመማን በተመላላሽ ኣአምሮ ህክምና ክፍል የአገልግሎት አርካታ እና ተያያዥ ጉዳዮችን ይገመግማል። በስነ ኣአምሮ ህክምና ክፍል ለኣአምሮ ህመማን የሚሰጠዉን አገልግሎት ለማሻሻል ያግዛል። ይህ በእንዲህ እንዳለ የማስተርስ ዲግሪዬን በ (ICCMH) በ ከፊል ለማሟላት ያገለግላል።

4.የ አሰራር ሂደት እና የቆይታ ጊዜ፡ ዛሬ፣ የአእምሮ ሕመማን በተመላላሽ አአምሮ ህክምና ክፍል የአገልግሎት እርካታ እና ተያያዥ ጉዳዮችን መረጃ ለመሰብሰብ እዚህ እገኛለሁ። ስለዚህ ጊዜያቹን እንድትሰጠኝ በአክብሮት እጠይቃለሁ። ለጥናቱ አጋዥ የሆኑ ተዛማጅ መረጃዎችን ለመስጠት መጠይቁን ተጠቅሜ ቃለ መጠይቅ አደርግልዎታለሁ። የቃለ መጠይቁ የሚጠፀቀው ጊዜ ይለያያል ነገር ግን የሚጠፀቀውጊዜ ከ20-30 ደቂቃዎች ይሆናል, በአንዳንድ ሁኔታዎች ሁኔታውን መሰረት በማድረግ በፍላጎትዎ ላይ ተጨማሪ ጊዜ ማዘጋጀት እንችላለን። መጠይቁ ባጠቃላይ 49 ጥያቄዎችን አካቷል።

5.ስጋቶች እና ጥቅማጥቅሞች፡ በዚህ ጥናት ወስጥ የመሳተፍ ዕድሉ በጣም አናሳ ነው፣ ነገር ግን ጊዜያችሁ ጥቂት ደቂቃዎችን ብቻ ነው የሚወስደው። በዚህ ጥናት ወስጥ ለመሳተፍ ምንም አይነት ቀጥተኛ ክፍያ አይኖርም። ነገር ግን የዚህ ጥናት ግኝቶች ለአካባቢው የጤና እቅድ አውጪዎች ጠቃሚመረጃን ሊያሳዩ ይችላሉ.

6.ምስጠራዊነት፡ እርስዎ የሚያቀርቡልን መረጃ ሚስጥራዊ ይሆናል። በተለይ እርስዎን የሚለይ መረጃ አይኖርም። እርስዎን የሚገልፅ ምንም አይነት መረጃ አይኖርም። የተሳታፊዎችን ስም ለመደበቅ ሲባል ለሁሉም ተሰታፊ ኮድ የሰጣል። የጥናቱ ግኝቶች የጥናቱን ተሳታፊዎች በአጠቃላይ የሚገልፅ እንጂ የግለሰብን ወይም የእርስዎን ብቻ የሚያንፀባርቅ አይሆንም። አንድ ገለሰብ/ተሳታፊ/ በቻ ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይደረግም።

7.ሙከቶች፡ የዚህ ጥናት ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በዚህ ጥናት ለመሳተፍ ወይም ላለመሳተፍ ሙበት አሎት። በማንኛውም ጊዜ ከጥናቱ መወጣት ይችላሉ እና ይህ አሁን ወይም ወደፊት እርስዎ ወይም ማንኛውም የቤተሰብዎ አባል ከአገልግሎቱ አቅራቢ ሊቀበሉት በሚቸሉት አገልግሎት ላይ ምንም ተፅእኖ አይኖረውም። አሁን ከተስማሙበማንኛውም ጊዜ ሃሳብዎን መቀየር እና ምርምሩን ማቋረጥ ይችላሉ። መልስ መስጠት የማትፈልጉትን ማንኛውንም ጥያቄ አለመመለስ ይችላሉ ።

8.አድራሻ፡ ስለ ጥናቱ ወይም አሰራሮቹ ማንኛውም አይነት ጥያቄ ወይም አስተያየት ካለዎት በዚህ አድራሻ ያግኙ። ዋና መርማሪ፡ - Mubarek Tuna, email-mubarektuna2021@gmail.com ወይም ስልክ ቁጥር +251912113087

የተቋማዊ ጤና ጥናትና ምርምር ስነ ምግባር ገምጋሚ ኮሚቴ ቢሮ በስልክ ቁጥር 0254662011 ወይም P.O. Box 235, Harar, Ethiopia.

9. በመረጃ ላይ የተመሰረ ተየፈቃደኝነት ስምምነት መግለጫ የተሳታፊውን የመረጃ ወረቀት አንብቤአለሁ/ ተነቦልኛል። የጥናቱን አላማ፣ አካሄዶች፣ ስጋቶች እና ጥቅሞች፣ ሚስጥራዊነት ጉዳዮች፣ የመሳተፍ ሙበቶችን እና ለማንኛውም መጠይቆች አድራሻውን በግልፅ ተረድቻለሁ። ግልጽ ባልሆኑ ጉዳዮች ላይ ጥያቄዎችን እንድጠይቅ እድል ተሰጥቶኛል። በማንኛውም ጊዜ ከጥናቱ የመውጣት ወይም የማልፈልገውን ማንኛውንም ጥያቄ ላለመመለስ ሙበት እንዳለኝ ተነግሮኛል። ስለዚህ በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛ መሆኔን በፊርማዬ አወጃለሁ።

የተሳታፊውስምእና ፊርማ፡ - _____ ቀን _____

የመረጃ ሰብሳቢዉስምእና ፊርማ፡ - _____ ቀን _____

8.7. Amharic language Quesstionnaire

ክፍል 1:- የ ታካሚየ ግልና የ ማህበራዊ አኗኗር መጠይቆች

ተ.ቁ	ጥያቄዎች	ምላሽ
SD1	ጾታ	1. ወንድ 2. ሴት
SD2	ዕዴሜ	_____በአመት
SD3	ማኖርያ	1. ገጠር 2. ከተማ
SD4	የ ጋብቻ ሁኔታ	1.ያላገባ 2. ያገባ/ች3. የ ተፋታ 4. ባል/ሚስት የ ሞተባት/በት
SD5	ሃይማኖት	1.አርቶዶክስ 2. መስሊም 3. ፕሮቴስታንት 4. ሌላ ……
SD6	የ ትምህርት ደረጃ	1.መጻፍ እና ማንበብ የ ማይችል 2.ከ1-8 ክፍል 3.ከ 9-12 ክፍል 4. ዲፕሎማ 5. ዱግሪ እና ከዚያ በላይ
SD7	የ ስራሁኔታ	1ኣርሶ ኣደር 2. የ መንግስት ሰራተኛ 3.ነጋዴ 4. ተማሪ 5.የ ጉልበት ሰራተኛ 6.የ ግል ሰራ 7.ሌላ ------
SD8	የ ቤተሰብ ወራዊ ገቢ	……በብር
SD9	ከሆስፒታል ርቀት	ኣ . > 50 ኪ.ሜ ለ . < 50 ኪ.ሜ

ክፍል 2. የ ታካሚዉ እርካታ መመዘኛ ቅጽ

ተ.ቁ	**CSQ – 8**	
CSQ1	የ ገኙትን የ አገልግሎት ጥራት እንዴት ይመዝኑታል?	ደካማ (1) ምን ም ኣ ይልም (2) ጥሩ (3) እጅግ በ ጣም ጥሩ (4)
CSQ2	የ ሚፈልጉትን አይነት አገልግሎት አግኝተዋል?	አይ ፣ በ ጭራሽ አላገኘሁም (1)

		አላገኘሁም (2) አዎ፣ በአጠቃላይ (3) አዎ በእርግጠኝነት (4)
CSQ3	አገልግሎቱ ፍላጎቶዎን ምን ያህል አሟልቷል?	የትኛውም ፍላጎቶቼ አልተሟሉም (1) ከፍላጎቶቼ መካከል ጥቂቶቹ ብቻ ተሟልተዋል (2) አብዛኛዎቹ ፍላጎቶቼ ተሟልተዋል (3) ፍላጎቶቼ በሙሉ ማለት ይቻላል ተሟልተዋል (4)
CSQ4	የኛን አገልግሎት ሌላ ስዉእንዲጠቀም ይመክራሉ?	አይ ፣ በእርግጠኝነት አይደለም (1) አይ፣ አይመስለኝም (2) አዎ ይመስለኛል (3) አዎ በእርግጠኝነት (4)
CSQ5	በተቀበሉት የእርዳታ መጠን ምን ያህል ረክተዋል?	በጣም አልረካሁም (1) በመጠኑ አልረካሁም (2) በብዛት ረክቻለሁ (3) በጣም ረክቻለሁ (4)
CSQ6	በጥቅሉ ሲታይ፣ ያገኟቸውአገልግሎቶች ከችግሮችዎ የበለጠ ወጤታማ በሆነ መንገድ እንዲቋቋሙረድተዋቸዋል	አይደለም፣ ነገሮችን የሚያባብሱ ይመስላሉ (1) አይ፣ አልረዱኝም (2) አዎ፣ በመጠኑ ረድተዉኛል (3) አዎን ፣ በጣም ረድተዋል (4)
CSQ7	ባገኙት አገልግሎት ምን ያህል ረክተዋል?	በጣም አልረካሁም (1) መለስተኛ አለመርካት (2) በብዛት ረክቻለሁ (3) በጣም ረክቻለሁ (4) ϒ
CSQ8	እንደገና እርዳታ ቢፈልጉ ለአገልግሎቱ ይመለሳሉ?	አይ ፣ በጭራሽ አይመስለኝም (1) አይ፣ አይመስለኝም (2) አዎ ይመስለኛል (3) አዎ በእርግጠኝነት (4)

ክፍል 3፡ የታካሚዉየህክምና ታሪክ እና ተዛማጅ ጉዳዮች መጠይቅ

ተ.ቁ	**ጥያቄዎች**	**ምላሽ**	
PQ1	የ ህ*መም* ኣ ይነ ት	.....	
PQ2	የ ታካ ሚዉ የ ህ*መም* ቆ ይታ	.....	
PQ3	የ ሚወሰ ዱት *መ*ድ*ኃ*ኒ ቶች ብዛ ት	.....	
		1. አ ዎ	2. አ ይደ ለ ም
PQ4	ሌላ ተጓ ዳኝ ህ*መም* ኣ ለ ብዎ?	1. አ ዎ	2. አ ይደ ለ ም
PQ5	በ ህ ክ ምና ተቋ ም የ ተኛ ቶ ህ ክ ምና ታክ መዉ ያ ዉ ቃሉ?	1. አ ዎ	2. አ ይደ ለ ም
PQ6	በ ሕክ ምና ው ወሳ ጥ የ ቤተ ሰ ብዎ ተሳ ትፎ ኣ ለ በ ት?	1. አ ዎ	2. አ ይደ ለ ም
PQ7	የ መድሃ ኒ ት የ መ*ጀ*መሪ ያ መ*ክ*ራዎ ምን ነ በ ር?	1.ዘ መና ዊ	2.ባ ህ ላ ዊ
PQ8	ህ*መ*ሙአ ገ ር ሽ ቶ ቦ ት ያ ዉ ቃል?	1. አ ዎ	2. አ ይደ ለ ም

ክ ፍ ል 4፡ የ ኣ ደ ን ዛ ዥ እ ፅ ኣ ጠ ቃ ቀ ም ግ ም ግ ማ

ተ. ቁ	**ባ ለ ፉ ት 3 ወ ራ ት ከ ሚ ከ ተ ሉ ት ን ጥ ረ ነ ገ ሮ ች ው ስ ጥ እ ን ዱ ን ተ ጠ ቅ መ ዋ ል?**	**አ ማ ራ ጭ ም ላ ሽ**	
SU1	የ አ ል ኮ ል *መ*ጠ ጦ ች (ቢ ራ፣ ወ ይ ን ፣ ጠ ላ ፣ ጠ ጅ፣ ካ ቲ ካ ላ ወ ዘ ተ)	1. አ ዎ	2. አ ይደ ለ ም
SU2	ጫ ት	1. አ ዎ	2. አ ይደ ለ ም
SU3	የ ት ም በ ሆ ም ር ቶ ች (ሲ ጋ ራ፣ የ ማ ኘ ክ ተ ም በ ሆ፣ ወ ዘ ተ)	1. አ ዎ	2. አ ይደ ለ ም
SU4	ሌ ሎ ች	1. አ ዎ	2. አ ይደ ለ ም

ክ ፍ ል 5፡ የ ህ*መም* ክ ብ ደ ት *መመ*ዘ ኛ *መ*ጠ ይ ቅ

ተ.ቁ	ጥ ያ ቄ ዎ ች	*መ*ል ስ
SI01	ከ ዚ ህ ነ ፊ ት ከ ታ ካ ሚ ጋ ር ያ ለ ዎ ትን አ ጠ ቃ ላ ይ የ ህ ክ ምና ል ም ድ ግ ም ት ው ስ ጥ በ ማ ስ ገ ባ ት የ ታ ካ ሚ ዉን የ አ እ ም ሮ ህ*መም* ክ ብ ደ ት እ ን ደ ሚ ከ ተ ለ ዉ ይ ለ ዩ ።	1. በ ፍ ፁ ም አ ል *ታመመም*, የ *መ*ታ ወ ክ ም ል ክ ቶ ች ባ ለ ፉ ት ሰ ባ ት ቀ ና ት አ ይ *ታ*ዩ ም
	2.ህ*መም* እ ን ዳ አ የ ሚ ያ ስ ጠ ረ ጥ ር *መ*የ *መ*በ *መ*ታ*መመ*ምእ ና ባ ለ *መ*ታ*መመ*ም *መ*ሃ ል ላ ይ ያ ለ
	3.በ ግ ል ፅ የ ሚ ታ ዩ ም ል ክ ቶ ች ኖ ሮ ት *መ*ሃ በ ራ ዊ እ ን ዲ ሁ ም የ እ ለ ት ከ እ ለ ት ኑ ሮ ዉ ላ ይ ኣ ነ ስ ተ ኛ ች ግ ር *መ*ፍ ጠ ር የ ሚ ች ል ቀ ለ ል ያ ለ ህ*መም*
	4 በ ገ ል ፅ የ ሚ ታ ዩ *መ*ሃ በ ራ ዊ እ ን ዲ ሁ ም የ እ ለ ት ከ እ ለ ት

		ኑሮዉላይ መጠነኛ እክል የሚፈጥር መጥነኛ ምልክቶች
		5 መሃበራዊ እንዲሁም የእለት ከእለት ኑሮዉየሚነዳ ወይም ጣልቃየሚገባ ጉልህ የሆነ ህመም
		6. የታካሚን ባህርይ ወይም ስራ በተደጋጋሚየ ሚያዉክ ከፍተኛ ህመም፤ የሌሎችን እርዳታ ሊያስፈልግ ይችላል።
		7በብዙ የሕይወት/የእለት ከእለት/ተግባራት ዉስጥ ጣልቃ የሚገባ ሆስፒታል ሊያስተኛ የሚችል እጅግ በጣም ከፍተኛ ህመም

ክፍል 6፡ የማህበራዊ ድጋፍ መጠይቅ

ተ.ቁ	**ጥያቄ**	**ምላሽ**
SS1	ትልቅ የግል ችግሮች ካጋጠመዎት ከነንዎ ሊሆኑ የሚችሉ ስንት የቅርብ ሰዉ አለዎት?	1) የለም 2) 1-2 3) 3-5 4) 5+
SS2	ሰዎች በምታደርጉት ነገር ምን ያህል ፍላጎት እና አጋርነት ያሳያሉ?	1) የለም 2) ትንሽ 3) እርግጠኛአይደለሁም 4) አንዳንድ 5) ብዙ
SS3	እርዳታ ባሻዎት ጊዜ ከጎረቤትዎ እርዳታ ማግኘት ምን ያህል ቀላል ነው?	1) በጣም ከባድ 2) አስቸጋሪ 3) ይቻላል 4) ቀላል 5) በጣም ቀላል

ክፍል 7: የማህበራዊ አተገባበር መጠይቅ

SFQ1	ስራዎቼን በስራ ቦታ እና በቤት ዉስጥ በአጋቢ ሁኔታ አጠናቅቄአለሁ	አብዛኛዉን ጊዜ □0 ብዙ ጊዜ □1 አንዳንድ ጊዜ □2 በጭራሽ □3
SFQ2	በሥራ ቦታ እና በቤት ዉስጥ ተግባሮቼን በጣም አስጨናቂ ሆኖ አግኝቼዋለሁ።	በጭራሽ □3 አንዳንድ ጊዜ □2 ብዙ ጊዜ □1 አብዛኛዉን ጊዜ □0
SFQ3	የገንዘብ ችግር የለብኝም።	ምንም ችግር የለም □0 ትንሽ ችግር ብቻ □1 ግልጽ ችግሮች □2 በጣም ከባድ ችግሮች □3
SFQ4	ከሰዉጋር ጠንካራ ግንኙነት ለመፍጠር እና	ከባድ ችግር □3 አንዳንድ ችግሮች □2

	ለማስቀጠል ችግሮች አሉብኝ።	አልፎ አልፎ □1 ምንም ችግር የለም □0
SFQ5	በወሲብ ህይወቴ ውስጥ ችግሮች አሉብኝ	ከባድ ችግር □3 አንዳንድ ችግሮች □2 አልፎ አልፎ □1 ምንም ችግር የለም □0
SFQ6	ከቤተሰቤ እና ከሌሎች ዘመዶቼ ጋር በደንብ እስማማለሁ	አዎ፣ በሚባባ □0 አዎ፣ አብዛኛውን ጊዜ □1 አይ፣ አንዳንድ ጊዜ እቸገራለሁ □2 አይ፣ በጣም እቸገራለሁ □3
SFQ7	ብቸኝነት እና ከሌሎች ሰዎች መገለል ይሰማኛል።	ሁልጊዜ ማለት ይቻላል □3 ኣብዛኛውን ጊዜ □2 ብዙውን ጊዜ አይደለም □1 በፍፁም □0
SFQ8	የትርፍ ጊዜዬን በመዝናናት ኣሳልፋለሁ?	በጣም □0 አንዳንድ ጊዜ □1 አልፎ አልፎ □2 አይ አላሳልፍም □3

ክፍል 8. ከአገልግሎት ጋር የተያያዘ መጠይቅ

ት.ቁ	**የጥያቄ አይነት**	**ምላሽ**	
S1	ለህክምና የመጠባበቂያ ጊዜ	---------- (በደቂቃ)	
S2	ሆስፒታሉ ንጹህ ነው?	1.አዎ	2.አይደለም
S3	የሆስፒታል መኳፈቻ ሰኣት ምቹ ነው?	1. ምቹ ነው	ምቹ አይደለም
S4	የመድሃኒት አቅርቦት አለ?	1.አዎ	2.አይደለም
S5	የክፍያ ሁኔታ	1.ካሽ/በብር/	2. ጤና መድህን
S6	ከሌላ ሰዉኣይታ መጭበሆነ ቦታነዉየታከዉት?	1.አዎ	2.አይደለም
S7	ስለ ህመምዎ እና ሚወስዱት መድሃኒት በቂ መረጃ ኣግኝተዋል?	1.አዎ	2.አይደለም