Original Article

Implementation of Compassionate and Respectful Health Care Service at Northeast Ethiopia: Patients' Perspective

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Abstract

Background: Compassionate and respectful health care service is the current attention of health care system over the world because it is a means to improve and keep quality health care service. But, despite this fact because of increased health care need, globally it falls at the fundamental level.
Objective: The aim of this study was to assess implementation of compassionate, respectful and caring health care service at South Wollo Zone Public Hospitals.
Methods: Institutional based cross sectional study design with mixed research method was employed from January 1st 2019 to June 2019. All patients who were admitted at South Wollo Zone Public Hospitals were sources of population. The study utilized systematic random sampling technique. By adding 5% non response rate, the total sample size was 400. After taking ethical approval from Wollo University Research and Ethical Approval Committee, permission from selected South Zone Public Hospitals and informed verbal consent from patients, the data were collected by a tool which has 3 parts: Sociodemographic data, implementation of compassionate, respectful and caring health care service and perception towards compassionate and respectful care. Different data presentation tools and binary logistic regression were enrolled by considering 95% confidence level and P value of $\leq$ 0.05.
Result: The overall implementation of compassionate, respectful and caring health care service by health care providers based patients' perspective was 51.55%. Patients' whose educational status is diploma and above experienced poor compassionate, respectful and caring health care service 3 times more likely compared with patients who were illiterate. Family monthly income (P = 0.001) and perception of patients towards health care service (P = 0.001) were other factors. In-depth interview of nearby supervisors showed that characteristics related with health care providers, health facilities, health policy and patient's and/or families/attendants.
Conclusion: implementation of compassionate, respectful and caring health care service based on patients' perspective was low. Educational status, family monthly income and perception towards CRC health care service were factors that make patients to experience poor compassionate, respectful and caring health care service. Therefore, health care providers and policy makers should give great attention to the area.

Key words: implementation, compassionate, respectful, caring, perception, Ethiopia

Background

Compassionate and respectful health care service is the current attention of health care system over the world because it is a means to improve and keep quality health care service not only in the current but also in the future. But, despite this fact because of increased health care need, globally it falls at the fundamental level. Many studies have identified a lack of compassion, respectful health care service in modern health care and nursing (Kvangarsnes, et al., 2013). According to report of JHPIEGO, in many countries, women were mistreated when delivering in the health facilities and unable to make choices or follow practices that put them in control of their own experiences (JHPIEGO, 2017). A growing body of evidence has demonstrated that delivering CRC improves health outcomes, increases patient satisfaction, improves adherence to treatment and reduces malpractice claims and health care expenditure (FDRE, 2017). In addition, CRC health care services can help to prevent health problems and speed up recovery. Compassion and respectful health care service can improve staff efficiency by enhancing cooperation between individuals and teams and between patients and healthcare professionals (Psychiatrist, 2015). Without implementation of CRC health care services, it is impossible to achieve quality health care. Despite quality health care service, implementation of CRC health care service improves satisfaction of health care providers (JHPIEGO, 2017) and patients, retains staffs, decreases health expenditure, and improves the outcome of health institution. In general speaking, a CRC health care service has a benefit to patients, health care providers, medical students and health care institutions (FDRE, 2017). In the context of Ethiopia, although many professionals are compassionate, respectful and caring, a significant proportion of health professionals see their patients as cases and do not show compassion; lack of respect to patients and their families was the common complaint among the community at large and patients in particular. As a result, training of health work force on CRC is taken as a means to improve quality health care by Federal Ministry of Health since 2017. Although studies on implementation of CRC health care services especially after training of health work force are inadequate, the practice of compassionate, respectful and caring health care service is still optimal in Ethiopia (Berhe, et al., 2017).

Thus, this study is aiming to assess the implementation of compassionate, respectful and caring health care services among health care providers based patient's perspective at South Wollo Zone Public Hospitals.

Methods

Study Area and Period: The study was conducted at South Wollo Zone Public Hospitals which are found at Northeast direction of Ethiopia from January 1st 2019 to June 30 2019. There are 10 district hospitals and one referral hospital (Dessie Referral Hospital) in South Wollo Zone. District hospitals include Boru Meda Hospital, Hidar 11 Hospital, Mekane Selam Hospital, Tenta Hospital, Wogdi Hospital, Saint Hospital, Mekedela Hospital, Delanta Hospital, Jamma Hospital, and Woreilu Hospital. The population is now estimated to reach 3,018,102. The largest ethnic group reported in South Wollo Zone is the Amhara (99.33%); all other ethnic groups made up 0.67% of the population. Amharic is spoken as a first language by 98.65%; the remaining 1.35% spoke all other primary languages reported. 70.89% are Muslim, and 28.8% of the populations practice Ethiopian Orthodox Christianity (South Wollo Zone Health Department, 2018).

Study Design: Institutional based cross sectional study design with mixed research method was employed. All patients who were admitted at South Wollo Zone Public Hospitals were sources of population.All patients who were admitted at South Wollo Zone Public Hospitals during data collection period were study populations.

Inclusion Criteria: Patients who were admitted and stay at least 2 days and who were 18 years and above were included.

Exclusion Criteria: Patients who were seriously and critically ill were excluded.

Sample Size Determination: Sample size for the first objective was calculated by using single population proportion formula with 95% confidence level, 5% margin of error and proportion of CRC implementation at Tigray Region, Northern Ethiopia. Proportion, which was 55%, was taken from a study conducted on

patient's experiences of compassionate, respectful and caring at public health facilities of Tigray region.

$N = \frac{(Z_{a/2})^2 (p)(1-p)}{d^2}$; where

N: Sample size,

$Z_{a/2}$ =1.96 (standardized normal distribution curve value for the 95% confidence Interval),

P = 0.55 (proportion of CRC implementation) and

D = 0.05 (degree of margin of error)

$$= \frac{(1.96)^2 (0.55)(0.45)}{(0.05)^2}$$

$$= 380.3 = \sim \mathbf{381}$$

There for, by adding 5% non response rate of 381, the total sample size was 400. For in-depth interview of nearby supervisors of staffs, only eight respondents were selected since the data was saturated.

Sampling Technique and Procedure

The study utilized systematic random sampling technique. Initially, 50% of the total public hospitals were selected randomly by lottery method. Then, the total number patients were allocated proportionally based on number of admitted patients per year. After that study participants were selected by systematic random sampling technique from each hospital in every 2nd patient. The first patient from each hospital was selected through simple random sampling which was the second.

Variables

Dependent Variables

- Implementation of CRC health care service: Good / Poor

Independent Variables

- Socio demographic variable (sex, age, educational level, marital status, resident, occupation, monthly income, previous hospital admission, length of hospital stay)
- Perception towards Compassionate and respectful health care services

Operational Definition

Good CRC health care service: score of CRC health care service which is above the median score of CRC health care implementation

Poor CRC health care service: score of CRC health care service which is above the median score of CRC health care implementation

Good perception towards compassionate care: when the participant's perception score of compassionate care is above the median of compassionate care

Poor perception towards compassionate care: when the participant's perception score of compassionate care is below the median of compassionate care

Good perception towards respectful care: when the participant's perception score of respectful care is above the median of respectful care

Poor perception towards respectful care: when the participant's perception score of respectful care is below the median of respectful care.

Data Collection Tool and Procedures

Data Collection Tool: The data were collected by using structured questionnaire which is adapted from previous research (Berhe, H., et al., 2017) and Federal Democratic Republic of Ethiopia Ministry of Health CRC training for health work force guideline (FDRE, 2017). It has 3 parts. The first part will ask about socio demographic status of study participants. The second part will assess implementation of CRC health care service whose internal reliability is 0.944. The third part is perception of patients towards compassionate care and respectful care whose internal reliability was 0.925. All questions were prepared in 5 items Likert scale. All part of the questionnaire were prepared in English version initially and translated into Amharic then back to English to check their consistency.

Data Collection Procedures

After preparing the questionnaire, 6 BSc nurses for data collection and 3 BSc nurse for supervisor were recruited. Two days training were given for each of them on the meaning of every items of the questionnaire and the techniques of data collection such as ways of greeting, ways of taking consent, ways of data quality monitoring and ways of addressing ambiguous items. After this, data were

collected by face to face interview at patients exit (during discharge time) by data collectors. To avoid repeated interview for patients with repeated visit during data collection period, data collectors asked and verified the patient whether interviewed or not before. In addition, eight nearly supervisors had in depth interview to explore more about implementation and factors associated with CRC health care services. Supervisors and principal investigator monitored closely the data collection process.

Data Quality Assurance

The quality of data were assured by training data collectors and supervisors, carefully designing questionnaire, monitoring the data collection process and checking completeness of data during data collection time. In addition, pre test were conducted to address confusing items at Boru Meda Hospital.

Data Processing and Analysis Procedure

After data collection, completely collected data were entered in to epi data version 3.1 and exported to Statistical Package and Service Product (SPSS) version 25 for analysis. Before analyzing the data, variables which have negative response were reversely coded. After that the three items of Likert scale (strongly disagree, disagree and neutral) were categorized as disagree and the rest two were categorized as agree. The results of study were presented by using text, tables and figures and binary logistic regression model were enrolled by considering 95% confidence level and P value of 0.05. Multivariable binary logistic regression was done by taking variables that have P value of $\leq$ 0.25 from bivariable logistic regression to identify factors associated with implementation of CRC health care services. Qualitative data from key informants were analyzed manually after transcribing. Data analysis for qualitative data was started at field to dote thematic areas.

Results

Sociodemographic status of respondents: From the total of 400 respondents, 386 respondents with 96.5% response rate were participated in the study. Among these, more than half 215(55.7%) of the respondents were female; one third 128(33.2%) did not read and write; 225(58.3%) were from rural areas and 211(54.7%) were farmers. The median age was 32 years (IQR =19.25) and among the total respondents, 222(57.5%) of the respondents were above 30 years of age. In addition, above one fifth of the respondents 92(23.8%) of the respondents had previous hospital admission in similar or different hospitals and 108(28%) of them had family monthly income of 1000 ETB and less (Table 1). To identify other factors that affect implementation of compassionate, respectful and caring health care service, a total of 8 nearby supervisors were interviewed. Among these, all of them were male, honor of degree in nursing, less than 5 years of experience and 7 of them took training on compassionate, respectful and caring health care service. The rest one was induced on the issue of CRC health care service recently. Implementation of compassionate health care service: Patients were asked 15 questions on their experiences to compassionate heath care services performed by health care providers. From the total of respondent, more than half of the study participants 220 (57%) reported that health care providers did not introduce their name and status to their patients properly. Near to one fifth of the respondents reported that health care providers did not call their patients by their name and understand their patients' different need. Over one fourth (26.2%) of the study participants reported that health care providers did not provide holistic care to their patients. One third of the respondents 131(33.9%), did not experience patient centered care and 155(39.6%) of the total respondents reported that health care provider break patients' bad news to their families (Table 2).

Over all implementation of compassionate heath care service: Based on the patients' perspective, the overall implementation of compassionate health care service by the health care providers was 53.9% (Figure 1). Similarly, from in-depth interview of nearby supervisors, it was found that implementation of compassionate health care service was low. For instance, one of the key informants said "implementation of compassionate health care service is not found at all. Another key informant said that "implementation of compassionate health care service is low but some health care providers sometimes provide compassionate health care service until economical support."

Implementation of respectful health care service : Patients were asked 21 questions to assess implementation of respectful health care services.

From the total of study participants, 221(57.3%) of them reported that health care providers did not introduce themselves to their clients. One of the key informants strengthens this by saying "Now health care providers did not introduce themselves to their patients and/or patients' attendants." Near to one third 118(30.1%) and 95(24.6%) of the respondents reported that health care providers did not give adequate time and information to their patients to discuss it respectively.

According to the report of respondents, one fifth of them did not take consent from their patients before examination and procedure. In addition, one fourth of the study participants reported that guards and record officers did not treat and care families and patients with respect (Table 3).

Overall implementation of respectful health care service

Based on the patients' perspective, implementation of respectful health care service by health care providers and other hospital staffs (guards and record officers) was 51.3%. From in-depth interview, it was found that except some health care providers, other health care providers provide respectful health care service. One of the key informant said that "I believe that almost all health care providers provide respectful health care service but some of them disrespect patient's attendants and patients occasionally."

Implementation of Compassionate, Respectful and Caring Health Care Service

The overall implementation of compassionate, respectful and caring health care service by health care providers based patients' perspective had been calculated by using the overall implementation of compassionate health care service and respectful health care service. In this study, implementation of compassionate, respectful and caring health care service was 51.55% (95% CI: 46.6% - 56.7%) (Figure 2). From the in-depth interview, all of the key informants agreed on improvement of implementation of compassionate, respectful and caring health care service.

Perception of patients towards CRC health care service

Patients were asked a total 36 questions on compassionate and respectful health care service to assess their perception towards CRC health care service. From the total 386 study participants, only 197(51%, 95% CI: 45.9 – 56.2) had good perception towards CRC health care service. The two key informants said that "since many of them took training recently, all health care providers have a good perception towards compassionate, respectful and caring health care service"

Factors associated with implementation of CRC health care service

Variables which have an association with implementation of CRC health care service at a P value of $\leq$0.25 in bivariable logistic regression were educational status, resident, occupation, family monthly income and perception of patients towards CRC health care service. These were entered into multivariable logistic regression to control potential confounding factors. However, in multivariable logistic regression, only educational status, family monthly income and perception of patients towards health care service were associated with implementation CRC health care service at P value of $\leq$ 0.05. According to the result, patients' whose educational status is diploma and above experienced poor compassionate, respectful and caring health care service 3 times more likely compared with patients who were illiterate. In addition, patients who had poor perception towards CRC health care service experienced poor compassionate, respectful and caring health care service 5 times more likely compared with their counterpart (Table 4).

According to the in-depth interview, the additional factors were identified into four themes. These are characteristics related to health care providers related, health facility, patient and/or patient's family/attendant and health policy.

Health care providers' minimal awareness towards CRC health care service and inadequate training were identified as inhibiting factors. One key informant expressed this idea "health care providers especially physicians have minimal awareness towards CRC health care service." Workload is another factor. According to the claim of all key informants, patient nurse ratio was one

the most inhibiting factor for implementation of CRC health care service. Insecurity is also another health care provider related factor. One key informant said "when nurses introduce themselves to their patient and patient's families/attendants, they become unsecured." The other key informant supported this idea by saying "unless health care providers are respected and secured, it is impossible to be compassionate and respectful."

The characteristics of health facilities were also other factors that affect implementation of CRC health care services. Unable to have fixed schedule for patient visiting and too many patient attendants is one the main inhibition factor for implementation of CRC health care service. One key informant supported this idea by saying "if patients attendant are too many, it is difficult to be compassionate and respectful because if they come in and out, privacy, the right to have get information, confidentiality, time for discussion and others will be compromised". Inaccessibility and unavailability of equipments, inappropriate arrangement of health services were the other inhibiting factors for implementation of CRC health care service. According to the claim of one key informant, mistreatment and disrespect of health care providers decrease implementation of CRC health care service. One of the key informants said "implementation of CRC health care services in health facilities that did not respect and treat health care providers is poor".

Patients' family/attendants and/ or patients themselves make health care providers uncompassionate and nervous. One key informant said "sometimes patients' attendants or families make the health care uncompassionate".

National health policy is also another inhibiting factor for the implementation of CRC health care providers. One of the key informant reported "we health care providers are serving patients for 24 hours and 7 days of a week but still we are on low socioeconomic status. This makes us to be uncompassionate and negligence". Patient nurse ratio is also another motioned inhibiting factor. One of the key informants supported this idea by saying "how a single nurse listen the feeling and need of 10 - 20 patients? In the current patient nurse ratio, it is difficult to be compassionate and respectful".

Table 1: Sociodemographic and economic status of patients at South Wollo Zone Public Hospitals, 2019 (N=386)

Variable	Category	Frequency	Percentage
Sex	Female	215	55.7
	Male	171	44.3
Age	Less than 20 years of age	16	4.1
	Age 20 - 24 years	73	18.9
	Age 25 - 29 years	75	19.4
	Age 30 and above years	222	57.5
Educational status	Unable to read and write	128	33.2
	Able to read and write (informal school)	48	12.4
	Grade 1 – 8	104	26.9
	Grade 9 – 12	60	15.5
	Certificate	6	1.6
	Diploma and above	40	10.4
Marital status	Single	89	23.0
	Married	262	67.9
	Widowed	17	4.4
	Divorced	18	4.7
Resident	Urban	161	41.7

	Rural	225	58.3
Occupation	Farmer	211	54.7
	Merchant	62	16.1
	Student	26	6.7
	Employee (government and non government)	48	12.4
	Others (house wife, retired, no permanent job…)	39	10.1
Family	=<1000	108	28.0
monthly	1001-1800	89	23.1
income (ETB)	1801 – 3000	119	30.8
	>3000	70	18.1
Length of	Less than or equal to 4 days	240	62.2
hospital stay	Above 4 days	146	37.8
Previous	Yes	92	23.8
admission	No	294	76.2

NB: Family monthly income was categorized based on quartile range

Table 2: implementation of compassionate health care service at at South Wollo Zone Public Hospitals, 2019 (N =386)

S. No	Experiences	Strongly disagree N (%)	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly agree N (%)
1.	Health care providers properly introduces themselves and status	46 (11.9)	165(42.7)	9(2.3)	82(21.2)	84(21.8)
2.	Health care provider called the client by name.	19(4.9)	52(13.5)	5(1.3)	154(39.9)	156(40.4)
3.	Health care providers engage themselves with clients (sits on the bedside, making conversation with client, gives proper information).	16(4.1)	54(14)	3(0.8)	167(43.3)	146(37.8)
4.	Health care providers actively listening what client saying.	13(3.4)	60(15.5)	8(2.1)	169(43.8)	136(35.2)
5.	Health care provider showed love and tolerance	11(2.8)	44(11.4)	14(3.6)	168(43.5)	149(38.6)
6.	Health care providers try to understand the client's need.	9(2.3)	58(15)	10(2.6)	183(47.4)	126(32.6)
7.	Health care providers actively understand patient' emotion.	16(4.4)	65(16.8)	11(2.8)	172(44.6)	121(31.3)
8.	Health care providers show relational communication	11(2.8)	52(13.5)	21(5.4)	175(45.3)	127(32.9)
9.	Health care providers show supportive words.	10(2.6)	27(7)	6(1.6)	191(49.5)	152(39.4)
10.	Health care providers respond promptly and professionally when the client asks questions.	20(5.2)	47(12.2)	12(3.1)	183(47.4)	124(32.1)
11.	Health care providers try to address the various need of the client	20(5.2)	56(14.5)	25(6.5)	184(47.7)	101(26.2)

	(psychological, social, spiritual, physical…					
12.	Health care providers involve the client in treatment options.	47(12.2)	67(17.4)	17(4.4)	162(42)	93(24.1)
13.	Health care providers check the client frequently	9(2.3)	26(6.7)	7(1.8)	177(45.9)	167(43.3)
14.	Health care providers frequently communicate and collaborate with the health care team regarding the client treatment	13(3.4)	33(8.5)	40(10.4)	169(43.8)	131(33.9)
15.	Health care providers did not break the bad news when family was present.*	55(14.2)	54(14)	44(11.4)	114(29.6)	119(30.8)

N.B: * indicates reversely coded questions

Table 3: implementation of respectful health care service at South Wollo Zone Public Hospitals, 2019 (N = 386)

S.No	Experiences	Strongly disagree N (%)	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly agree N (%)
1.	Health care providers greets the client respectfully	13(3.4)	50(13)	2(0.5)	174(45.1)	147(38.1)
2.	Health care providers introduces themselves to the client	50(13)	150(38.9)	21(5.4)	117(30.3)	48(12.4)
3.	Health care providers properly consider patient's social status and age	11(2.8)	41(10.6)	15(3.9)	199(51.6)	120(31.1)
4.	Health care providers actively listen to patients	12(3.1)	54(14)	6(1.6)	200(51.8)	114(29.5)
5.	Health care providers allocates adequate time to the client to discuss issues	20(5.2)	79(20.5)	17(4.4)	170(44)	100(25.9)
6.	Health care providers respect patient's view on treatment	7(1.8)	58(15)	10(2.6)	199(51.6)	112(29)
7.	Health care providers obtain consent before examination and procedures.	13(3.4)	55(14.2)	12(3.1)	192(49.7)	114(29.5)
8.	Health care providers ensure confidentiality of patient information	7(1.8)	20(5.2)	40(10.4)	188(48.7)	131(33.9)
9.	Health care providers maintains privacy in providing clinical care	28(7.3)	38(9.8)	13(3.4)	177(45.9)	130(33.7)
10.	Health care providers did not verbally abuses patients*	29(7.5)	45(11.7)	9(2.3)	129(33.4)	174(45.1)
11.	Health care providers treat patients equally without discrimination.	12(3.1)	36(9.3)	14(3.6)	194(50.3)	130(33.7)
12.	Health care providers respond promptly and professionally when patients ask for help.	10(2.6)	50(13)	16(4.1)	191(49.5)	119(30.8)
13.	Health care providers give adequate information regarding patient treatment and care	18(4.7)	58(15)	19(4.9)	186(48.2)	105(27.2)
14.	Health care providers did not physically abuse clients *	22(5.7)	37(9.6)	7(1.8)	92(23.8)	228(59.1)

15.	Health care providers did not abandon the patient without care for a long time*	29(7.5)	59(15.3)	15(3.9)	142(36.8)	141(36.5)
16.	Health care providers have good communication and collaboration within the team	8(2.1)	24(6.2)	49(12.7)	206(53.4)	99(25.6)
17.	The guards receive patient and families with respect	24(6.2)	63(16.3)	20(5.2)	179(46.4)	100(25.9)
18.	The record officers treat patient and families with respect	11(2.8)	62(16.1)	19(4.9)	195(50.5)	99(25.6)
19.	The record officers treat patient registration in a timely manner	11(2.8)	49(12.7)	25(6.5)	197(51)	104(26.9)
20.	The facility does not detain without their will.*	37(9.6)	55(14.2)	19(4.9)	138(35.8)	137(35.5)
21.	The facility ensures safe and clean care environment for patients	17(4.4)	35(9.1)	8(2.1)	199(51.6)	127(32.9)

N.B: * indicates reversely coded questions

Table 4: Bivariable and multivariable logistic regression output on the association between implementation CRC health care service and factors (N =386)

Variables	Category	CRC health care service Implementation		COR (95%CI)	AOR(95% CI)	P Value
		Good	Poor			
Educational status	Unable to read and write	56	72	1	1	0.001
	Read and write (informal school)	30	18	0.46(0.23-0.92)	0.56(0.26-1.19)	
	Grade 1 -8	63	41	0.50(0.3-0.86)	0.54(0.3-0.97)	
	Grade 9-12	35	25	0.56(0.3-1.03)	0.68(0.34-1.36)	
	Certificate	4	2	0.38(0.69-2.20)	0.6(0.09-3.68)	
	Diploma and above	11	29	2.05(0.94-4.45)	2.99(1.22-7.35)	
Residence	Urban	74	87	1		
	Rural	125	100	0.68(0.45-1.02)		
Occupation	Farmer	120	91	1		
	Merchant	27	35	1.70(0.97-3.02)		
	Student	10	16	2.11(0.91-4.87)		
	Employee	19	29	2.01(1.06-3.81)		
	Others	23	16	0.91(0.45-1.83)		
Family	≤ 1000	71	37	1	1	0.003

monthly	1001 – 1800	37	52	2.7(1.51-4.81)	2.97(1.57-5.64)	
income	1801 -3000	54	65	2.31(1.35-3.95)	3.05(1.67-5.60)	
(ETB)	>3000	37	33	1.71(0.92-3.16)	1.52(0.73-3.17)	
Perception	Good perception	135	62	1	1	0.000
towards CRC health care service	Poor perception	64	125	4.25(2.78-6.50)	4.88(3.07-7.76)	

Notes: Hosmer and Lemeshow test = 0.143; * significant variables at P value <0.05 in Bivariable logistic regression

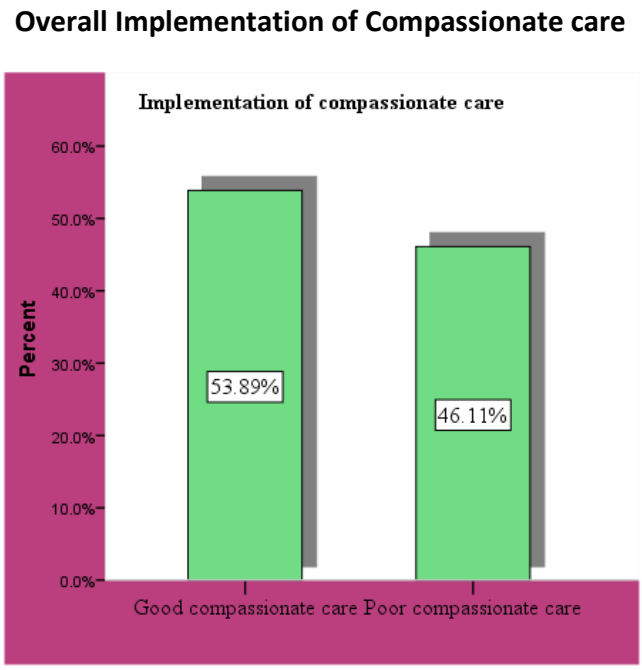

Figure 1: overall implementation of compassionate health care service at South Wollo Zone Public Hospitals, 2019

Implementation of Compassionate, Respectful and Caring Health Care Service

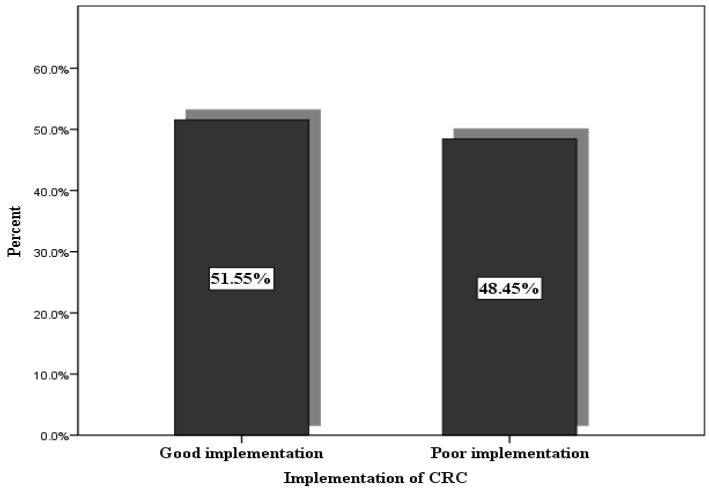

Figure 2: implementation of CRC at South Wollo Zone Public Hospitals, Northeast Ethiopia, 2019

Discussion

Compassionate, Respectful and Caring Health Care Service is one of the most important means for ensuring quality health care service. However, its implementation in both developed and developing countries including Ethiopia fall at fundamental level. Thus, this study was aiming to assess implementation of compassionate, respectful and caring health care service and its associated factors based on patients' perspective with mixed research method.

Implementation of compassionate, respectful and caring health care service in this study was 51.55% (95% CI: 46.6% - 56.7%). This finding is in line with the study conducted in Bahir Dar Public Hospitals among women during child birth (57%) (Wassihun, et al., 2018). In addition to this, implementation of CRC in this study is comparable with the pooled prevalence of respectful maternity care (51.6%) (Kassa, and Husen, 2019).

The finding of this study is lower than study conducted in Addis Ababa Public Hospitals (82.4%) (Kitaw, and Tessema, 2019) and Ethiopian Public Hospitals (64%) (Sheferaw, E.D., et al., 2017). In addition, the finding of this study is lower than the finding of studies conducted in Tanzania (82.11%) (Kujawski, et al., 2015) and South west Nigeria (81%) (Ijadunola, et al., 2019). The reason for discrepancy could be the difference in source population and study setting. In this study, patients who were admitted were included from different wards. Additionally, in this study, only patients from hospitals were included.

However, the finding of study is higher than a study conducted in Tigray Region (45%) (Berhe, et al., 2017), another study in Bahir Dar (32.9%) (Wassihun, et al., 2018), Addis Ababa Public Hospitals (21.4%) (Asefa, and Bekele, 2015), Western Ethiopia (25.2%) (Bobo, et al., 2019), Arba Minch (1.1%) (Ukke, Gurara, and Boynito, 2019) and Jimma University Medical Center (2.9%) (Siraj, Teka, and Hebo, 2019). The possible

justification for this difference might be mainly source population because in all these studies only women during child birth were included. In addition, study setting, area of interview and other methodological differences could be the reason for the discrepancy. For example, in study conducted at Bahir Dar, women were interviewed at their home after discharge. The other reason for this could be the difference in service improvement and arrangement.

In the current study, patients' whose educational status is diploma and above experienced poor compassionate, respectful and caring health care service 3 times more likely compared with patients who were illiterate(AOR - 2.99; 95% CI(1.22-7.35); P – 0.016). The possible justification for this could be higher expectation of compassionate, respectful and caring health care service from the health care providers and the facility. This is in line with study conducted in Kano, Northern Nigeria (Amole, T., et al. (2019), Addis Ababa public health facilities (Kitaw, and Tessema, 2019) and Arba Minch (Ukke, Gurara, and Boynito, 2019).

The odds of experiencing poor compassionate, respectful and caring health care service are increased family monthly income. Patients whose family monthly income between 1801 and 3000ETB experienced poor health compassionate, respectful and caring health care service 3 times more likely compared with patients whose family monthly income is below 1000ETB (AOR = 3.05; 95% CI= 1.67-5.60; P – 0.000). The possible reason for this finding was might because of higher expectation of compassionate, respectful and caring health care service from the health care providers and the facility. In addition to this, patients who had higher family monthly income might have experience the care private health institutions and expect with that level. This is inconsistent with the finding of study conducted at Bahir Dar (Wassihun, et al., 2018) and Addis Ababa (Kitaw, and Tessema, 2019).

In this study, patients' perception towards compassionate, respectful and caring health care service was 51% (95% CI: 45.9 – 56.2). As a result, patients who had favorable perception towards compassionate, respectful and caring health care service experienced poor compassionate, respectful and caring health care service 5 times more likely compared to their counterpart. The possible justification for this could be patients who had poor perception towards CRC health care service may not raise and express their need, emotion and concerns.

Limitation of the study: Although this study has its own methodological strengths, it has its own limitations. One of these is since it is based on patients' perspective, it will have recall bias. Being a cross sectional study is also another limitation.

Conclusions : In this study, implementation of compassionate, respectful and caring health care service based on patients' perspective was low. Not only implementation, perception of patients towards compassionate, respectful and caring health care service was poor. Educational status, family monthly income and perception towards CRC health care service were factors that make patients to experience poor compassionate, respectful and caring health care service. Health care providers should give adequate time and information to their patients. In addition, health care providers should introduce themselves and have a good rapport to their patients. They also involve in the care/treatment plan to make it patient centered and increase adherence. Health facilities should serve patients with respect and timely. Not only this, health care facilities should motivate and empower health care providers towards compassionate and respectful health care service. Policy makers should follow and exercise policies that improve implementation of compassionate, respectful and caring health care service. Researchers should study inhibiting factors further with qualitative research method. And, it is better to study it with observatory or participatory data collection method.

Abbreviations

AOR: Adjusted Odds Ratio
CRC: Compassionate, Respectful and Caring
COR: Crude Odds Ratio
ETB: Ethiopia Birr
GTP II: Growth and Transformation Plan II
JHPIEGO: an Affiliate of Johns and Hopkins University
HSTP: Health Sector Transformational Plan
IQR: Inter Quartile Range
SPSS: Statistical Package for Service Product

Declarations

Ethics approval and consent to participate: Before data collection period, ethical clearance and approval was obtained from Wollo University College of Health Science Research and Ethical Committee. A supportive letter was given to the South Wollo Zone Public Hospitals and permission was obtained from Hospital Managers to implement the study. Prior to interviewing the respondents, the aim and objectives of the study were clearly explained to the participants and oral informed consent was obtained. Additionally, participants were informed about the right to ask questions and stop response in anywhere.

Acknowledgement: We are deeply indebted to South Wollo Zone Health Department for their valuable information regarding the hospitals and South Wollo Zone. Lastly, our heartfelt thank is forwarded to participated hospital staffs and study respondents.

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