Compassionate and Respectful Care From Clients' Perspectives in Wollega Zones Hospitals, Wollega, West Ethiopia

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Abstract

Introduction

: Compassion is a deep awareness of the suffering of another coupled with the wish and action to relieve it. Respecting the patient's right to self-determination—that is, supporting decisions that reflect the patient's personal beliefs, values, and interest's problems. compassionate, respectful and caring (CRC) health workforce initiative in this plan intends to address the concern of Disrespect and Abuse for clients, including laboring mothers.

Objective

Aim of the study is to assess the provision of compassionate, respectful and caring health care services among health care providers based on client's perspective.

Methods and materials:

Hospital-based cross-sectional study was conducted from December 1-25, 2020. A semi-structured interview administered questionnaire was used to collect data from 351 participants. Epi-Data version and Stata version 14.0 were used for data entry and data analysis, respectively. Bivariable and multivariable logistic regression model was fitted to identify the factors associated with compassionate and respectful care from clinical and non-clinical staff of the selected Hospitals. The Adjusted odds ratio with 95% confidence interval and p-value less than 0.06 were used to declare the strength and association of the factors.

Results

of health care providers were reflected by their being patient while providing care. Clients who were from the poor socio status category were 3.70 times to report getting non compassionate and respectful care from the health care professionals than the clients who are at a better position of wealth status [AOR=3.70(95%CI; 1.27,10.81)]. Similarly, clients with lower grade educational status did not receive compassionate and respectful care when compared to patients with higher educational status [AOR=0.32(95%CI;0.10, 0.99)].

Conclusion

Compassionate and respectful care provided to the patients from health care providers in the selected Hospitals of Western Oromia, Ethiopia was high. However, compassionate and respectful care or services rendered from non-clinician staff was low which suggests that immediate actions are necessary to

address compassionate and respectful care at hospitals, and hospital management should adopt mitigation measures and should include non-clinician staff during training on CRC or related topics.

Introduction

Compassion is involves feeling for a person who is suffering and being motivated to act to help the suffering person. Compassion is not only felt for those who know but also for those who we do not know. It is also including the ability to be non-judgmental, tolerate one's own distress and being compassionate for ourselves (1). Compassion feeling is includes being empathic and having motivational behaviors and striving to alleviate the suffering of others. (2).

People unites in the time of the problem in which they show compassionate. Compassion unites building human relationships which can promotes both physical and mental health (3).

Respect for persons is frequently used synonymously with autonomy. However, it goes beyond accepting the notion or attitude that people have autonomous choice, to treating others in such a way that enables them to make the choice. Respecting the patient's right to self-determination—that is, supporting decisions that reflect the patient's personal beliefs, values, and interest's problems (4) .

According to United Nations (UN) the biggest organization declarations that dignity the right that cannot be removed from of all members of the human family is the foundation of freedom, justice and peace in the world (5).

In United States (US) only 53% of patients and 58% of the physician has reported as health care system is providing compassionate care (6).

Compassion is frequently referenced as a hallmark of quality care by patients, health care providers, health care administrators, and policy makers. Despite its putative centrality, including its institution in recent health care reform, an empirical understanding based on the perspectives of patients, the recipients of compassion, is lacking making compassion one of the most referenced yet poorly understood elements of quality care (7). The Ethiopian Ministry of Health, the Health Sector Transformation Plan (HSTP) emphasizes provision of compassionate, respectful patient centered care' to reduce maternal mortality ratio (MMR) as a top priority in efforts to improve quality and equity in service delivery by placing it as one of the agendas of the HSTP. As a means to reach this target, the plan specifies improving quality of health services by transforming how health care providers treat patients and clients. The compassionate, respectful and caring (CRC) health workforce initiative in this plan intends to address the concern of Disrespect and Abuse for clients, including laboring mothers (8).

There is increasing concern worldwide that despite the growing capabilities and sophistication of healthcare systems, there is a failure at a fundamental level with care and compassion (9). Even though it is known that provision of compassionate and respectful care is pivotal for quality health care, studies on CRC are limited.

The Ethiopian government has already established a CRC program and initiatives of health care services that are expanded beyond disease and death prevention activities. It must encompass respect for patients and fundamental human rights, including respect for patients 'autonomy, dignity, feelings, preferences, and choice of friendship. Thus, this study aimed to assess the provision of compassionate, respectful and caring health care services among health care providers based on client's perspective at western Ethiopia, Wollega zones.

Health care providers must have the qualities of compassion to provide compassionate care for their clients and families. A virtue which is noble quality embodied in the character of the health care provider that indicates compassion is predicated on health care provider virtues, and virtuous response independent of patient behavior, relatedness, or deservedness. Relational space is another quality that must exist from health care providers to be compassionate and respectful. In relational space the professional creates rapport between themselves and patients so that the client recognizes need of compassionate care and involve in the decision making. Eighty five percent of patients has agreed that compassionate care is necessary for successful medical outcomes and quality of care(6).

Regarding patient experience about compassionate care, Louise and Milika Nottingham UK showed that compassion was experienced by patients as caring attitude to people as people and not as a thing. When health care providers look attentively, touch gently on your shoulder it makes patients feel like human being. Such things show that they/health care providers/ are caring. The clients also stressed that even though some patients behave wrongly the patience of health care providers indicates respect for patients (10) .

The review of theoretical and empirical literatures indicated that respect for clients, family, and visitors is a fundamental human right, including respect for autonomy, dignity, feelings, choices, and health care preferences(11).

A study from United States of America (USA) showed that 35% of health care providers have poor listening skills(12) .

The overall implementation of compassionate, respectful and caring health care service by health care providers based on patients' perspective in North East Ethiopia 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 and perception of patients towards health care service were other factors (13).

In modern health care, lack of compassionate and respectful care was identified in many areas of the world (14).

A study conducted in the Tigray region revealed that fifty five percent of the patients claimed health care providers were good at providing care with respect and compassionate manner. However, the remaining

forth five of the clients who were served at the institutions complained health professionals are bad regarding respectful and compassionate care provision (15).

From the study which was conducted in Northern part of Ethiopia Bahir Dar 57% of the participants have received compassionate and respectful care while 43% of them have experienced at least one form of disrespectful care (16).

From the reports of patient complaints in Addis Ababa regarding not getting compassionate respectful care from health care providers, use of bad language or insulting, shouting at patients, mistreatment and hitting clients were un ethical practices by health care providers (HCPs) (17).

Methods And Materials

Study area and period

This study was conducted in hospitals found in East Wollega, West Wollega, Horo Guduru Wollega zones of Oromia, Western Ethiopia. East Wollega zone is found in west part of Oromia located at latitude 80^0 31 “52 South and longitude 360^0 07 “51 East. Nekemte is capital city of East Wollega zone, which is located at a distance of about 331km to the west of capital city, Addis Ababa. East Wollega is administratively managed into 17 woredas, 1 special woreda, 43 town and 287 rural kebeles. According to Population projection values of 2017 east Wollega has 795,618 male and 803,191 females and total of 1,598,809 population with an area of 12,579.77(19). East Wollega zone on the southwest is bounded by Illubabor zone, on the west by Didessa River which separate it from west Wollega zone, on the northwest and north by the Benishangul-Gumuz region, on the northeast by Horo Guduru Wollega zone, and on the east by west Shewa zone. The study was conducted from December 1- 25/2020.

Study design

Hospital based cross-sectional study design was utilized

Source Population

All patients getting care and treatment at hospital outpatient and inpatient department during the study period.

Study population

Randomly selected patients getting care and treatment at hospital outpatient and inpatient departments during the study period.

Inclusion Criteria

Clients older than 18 years and in good health to communicate at outpatient or inpatient departments.

Exclusion Criteria

Clients who are less than 18 years of age and clients who are not in a good health to participate in the study.

Sample Size and Sampling techniques

To generate data from clients we will perform exit interview using a single population proportion formula, to determine the sample size for the study the following assumption was considered: No previous similar study was carried out in the area and to get maximum sample size P is taken as 0.5. Level of confidence, 95%, (Zα/2) = 1.96, A 5% margin of error (d=0.05). Then sample size was calculated by using the formula estimate of single population proportion:

$$n = \frac{(z \propto /2)2\, p(1-p)}{d2}$$

$$n = \frac{(1.96)2(0.5)(0.5)}{(0.05)2}$$

n=384

Sampling techniques and Procedure

Four referral and teaching hospitals in the three Wollega zones, East Wollega, Horoguduru Wollega and West Wollega purposively selected since they all referral hospital we have in these zones. The number of participants was determined by patient load of the hospitals and proportionally allocated to inpatients and outpatient departments.

Data collection procedure

Data was collected by face-to-face interview using a structured and pre-tested questionnaire first prepared in English and translated to Afaan Oromo (official language of the region) prior to the start of the field work. Twelve Bachelor degree health officers/Nurses who are fluent in the official language of the region have collected data from December 1-25/2020. One supervisor per Hospital was assigned to supervise the data collection process and perform quality checks.

Data quality control

The quality of data was assured by proper designing and pre-testing of the questionnaires in Arjo Hospital. Both the data collectors and supervisors have given two days comprehensive training before the actual work about the aim of study, procedures, and data collection techniques going through the interview guides by question, art of interviewing, and clarification was made by the investigators. To ensure that the questions are clear and understandable by both the interviewers and the respondents, the questionnaire was pretested and further refined based on the results.

Study variables

Dependent /Outcome variable

Compassionate and respectful care from clients' perspectives

Independent variables

Sociodemographic characteristics, Hospital stay, age, marital status, level of Education, occupation, working unit/area, Patient load

Operational definition

Respectful care: Culturally acceptable manner from health care providers, spending time with their clients, active listening and participating parents in the decision making.

Data Processing and analysis

Data was entered by using Epi-data version 3.1 and exported to SPSS version 25 for analysis after cleaning data for inconsistencies and missing values. Descriptive statistics was used for describing data. Multi co-linearity test was carried out to see the correlation between independent variables by using variance inflation factor (VIF) and no variable was found to be collinear. Bi-variate analysis was carried out to see the association of each of the independent variables with the outcome variable (Compassionate and respectful care). Then after, multivariable logistic regression method was used and p-value of <0.05 was considered as statistically significant. The odds ratio at 95% confidence interval was computed to measure the strength of association between the outcome and the explanatory variable. Finally, results were compiled and presented by using tables, graphs and texts and it was discussed using odds ratio and 95% confidence level. P-values less than 0.05 at 95% confidence interval were considered as statistically significant.

Ethical considerations

Ethical clearance was obtained from the Institutional Health Research Ethics Review Committee of Inistitute of health sciences of Wollega University, and then formal letter was written to Hospital selected to be part of the study. After detailed explanation about the objectives of the study, informed voluntary, oral consent was taken from all study participants. All the participants were reassured of the anonymity, and as personal identifiers were not used. Then, after obtaining informed consent from every participant, the data collectors continued the task by giving due respect to the norms, values, beliefs, culture, and ensured the confidentiality in both before and after the data collection.

Results

Sociodemographic characteristics of the participants

Out of 384 total sample size, 351 clients have participated making response rate of 91.4 percent. Mean age of the respondents was 36.6 (SD± 0.71) years with a minimum and maximum age of 18 and 80 years respectively. Majority of the participants 339(96.58%) were from Oromo ethnic group and 177(50.43%) of the participants were protestant religion followers. Only 82(23.63%) of the respondents had attended college education. More than half (54.42%) of the participants were Urban resident (Table 1).

Table 1
Socio demographic characteristics of respondents in Wollega zonal Hospitals, Western Ethiopia, 2020 (n=351)

Variable	Frequencies	Percentage
Residence	191	54.42
Urban	160	45.58
Rural		
Sex	158	45.01
Male	193	54.99
Female		
Religion	177	50.43
Protestant	95	27.07
Orthodox	79	22.51
Muslim		
Ethnicity	339	96.58
Oromo	12	3.42
Amhara		
Educational status	72	20.75
Not educated	45	12.97
Grade 1-4	74	21.33
Grade 5-8	74	21.33
Grade 9-12	82	23.63
College and above		
Occupation	109	31.5
House wife	60	17.09
Government employee	48	13.68
Merchant	47	13.39
Student	12	3.42
House maid	32	9.12
Daily laborer	43	12.25
Others		

Variable	Frequencies	Percentage
Relative wealth compared to neighbor	38	10.89
Very poor	97	27.79
Poor	186	53.30
Medium	22	6.30
Rich	6	1.72
Very rich		

Compassionate Respectful And Care From Clients' Perspectives

In out study of compassionate and respectful care, we have assessed CRC from clients' perspective from clinical professionals and non-clinical staff of the hospitals. We have used the same tool with scale ranging from bad to very good. For professionals different cadre like nurses, laboratory professionals, radiologist, doctors, pharmacists and midwifery were included since at this level of hospitals these are most available and active professionals. Clients reported that they have given CRC from nurses, doctors, laboratory professionals, pharmacist, radiologist and midwifery 89%, 88%,74%, 67%, 50% and 47% respectively (Table2).

Compassionate and respectful care is given only when all staff play their roles. We have assessed CRC from non-clinician staff of the selected hospitals. From the clients' perspective they have received more CRC from cleaners (74%) followed by runners (65%) and security personnels (64%) respectively (Table 3).

Table 2
Compassionate and respectful care from specific health professionals (n=351)

Variable	Professional category, n (%)					
	Nurses	Laboratory professionals	Radiologist	Doctors	Pharmacists	Midwifery
I have received compassionate and respectful care during my hospital visit						
Very good	89(27.64)	74(21.57)	50 (19.69)	88(25.07)	67(19.14)	47(13.39)
Good	100(31.06)	131(38.19)	114(44.88)	128(36.47)	129(36.86)	110(31.34)
Medium	87(27.02)	96(27.99)	54(21.26)	75(21.36)	88(25.15)	149(42.45)
Poor	40(12.42)	35(10.20)	33(12.99)	48(13.68)	56(16.00)	32(9.12)
Bad	6(1.86)	7(2.04)	3(1.18)	12(3.42)	10(2.86)	13(3.70)
Scale 1 very good to 5 bad						

Table 3
Compassionate and respectful care from specific non-clinician staff (n=351)

Variable	Professional category, n (%)			
	Security	Runners	Cleaners	Others
I have received compassionate and respectful care during my hospital visit from non-clinicians				
Very good	64(18.23)	74(21.08)	65(18.52)	73(20.80)
Good	141(40.17)	143(40.47)	149(42.45)	176(50.14)
Medium	93(26.50)	92(26.21)	94(26.78)	67 (19.09)
Poor	35(9.97)	28(7.98)	27 (7.69)	18(5.13)
Bad	18(5.13)	14(3.99)	16(4.56)	17(4.84)
*Others include record room and hospital food suppliers *Scale 1 very good to 5 bad				

One of the factors that affects care is waiting time spent to get the intended care. We have assessed the waiting time to get the care using five scaled questions ranging from bad to very good in which it is termed as bad if appointed for afternoon or for the next day and very good if care was given within 30 minutes. Accordingly, 12% of the patients have received care within half an hour and 5% of the patients reported the waiting time as bad they were appointed for after noon or for the next day. Eighteen percent, thirty four percent and thirty one percent of the patients have reported their waiting time as good, medium and poor respectively (figure 1)

Categories and indicators of compassionate and respectful care (CRC)

This study revealed that the prevalence of compassionate and respectful care from the clients' perspectives is 66.95%.

The three categories of CRC were identified in the study and the most common indicator identified for compassionate care is sensing the pain and suffering of the patients 90.60% followed by provision of sufficient information regarding their care 88.03%. Regarding respectful care, showing respectful facial expression 88.4, communication with respect 71.22% followed by communicating plan of care to patient 71.3%. Caring of health care providers were reflected by their being patient while providing care 89.19%, followed by allowing the family to participate in the care 66.95%. However, only 57% of the health care providers were motivated to provide the needed care (Table 4).

Table 4
Categories and indicators of compassionate and respectful care from clients' perspectives in Wollega zones hospital, western Ethiopia, 2020, (n=351)

Category of CRC	Indicators	Yes (%)	No (%)
Compassionate	Called me by my name	232(66.10)	119(32.90)
	Provided me sufficient information	309(88.03)	42(11.97)
	Has sensed my pain and suffering	318(90.60)	33(9.40)
Respectful	Communicated with me with respect	250 (71.22)	101(28.78)
	Showed me respect with facial expression	310(88.33)	41(11.67)
	Maintained my privacy	173(49.29)	178(50.71)
	Plan of my care was communicated to me	250(71.23)	101(28.77)
Care	Cared for me with motivation	201(57.26)	150(42.74)
	Provided me care with patience	313(89.17)	38(10.83)
	Cared for me without discrimination	233(66.38)	118(33.62)
	My family allowed to participate in my care	235(66.95)	116(33.05)

We have also assessed types of care that did not fulfilled the criteria of CRC. The clients have reported verbal abuse (77), care without respect (72), deprived of care (46) followed by care without keeping privacy (44), care without consent(35) and physical abuse by 30 clients(Figure2)

Factors associated with compassionate and respectful care

The result of multiple logistic regression analysis showed that wealth of the participants, educational status, respect from runners, security personnels, janitors and other non-clinical staff were the factors that associated with compassionate and respectful care from clients' perspectives at p-value <0.005. Clients who were from the poor socio status category were 3.70 times to report getting non compassionate and respectful care from the health care professionals than the clients who are at a better position of wealth status [AOR=3.70(95%CI; 1.27,10.81)]. Similarly, clients with lower grade educational status did not receive compassionate and respectful care when compared to patients with higher educational status grade 1-4 [AOR=0.13(95%CI; 0.04-0.44)] and grade 5-8 with [AOR=0.32(95%CI;0.10, 0.99)]. In the study we have included the role of non-clinician staff in provision of compassionate and respectful care. Patients who had received respect welcome from security personnels reported getting compassionate and respectful care from health care providers than patients who did not received respect from security personnels with [AOR= 7.37(95%CI;3.71,14.62)]. Patients who have received respectful welcome from sanitary workers have also received compassionate and respectful care when compared to patients who did not get good welcoming by sanitary workers by 5.77 times [AOR=(95%CI;2.79,11.94)] (Table 5).

Table 5
Bivariate and multivariate analysis of compassionate and respectful care from clients' perspectives in Wollega zones hospital, western Ethiopia,2020.

Predictor	Compassionate and respectful care		COR at CI 95%	p-value	AOR	p-value
	Yes	No				
Wealth relative to neighbor	38	313	5.06(1.66-15.43)	0.025*	4.03(1.26-12.89)	0.019*
Very poor	97	254	2.76(1.13-6.72)	0.002*	3.70(1.27-10.81)	0.016*
Poor	186	165	3.64(1.60-8.29)	0.062	5.02(1.89-13.35)	0.001*
Medium	22	329	4.61(.92-23.00)	0.004*	11.91(1.27-111.16)	0.030
Rich	71	280	1		1	
Very rich						
Educational status of the participants	67	5	1	0.002*	1	0.001*
Not educated	34	14	0.18(0.06-0.54)	0.084	0.13(0.04-0.44)	0.048*
Grade 1-4	61	12	0.37(0.12-1.13)	0.445	0.32(0.10-0.99)	0.366
Grade 5-8	68	8	0.63(0.19-2.03)	0.279	0.57(0.17-1.89)	0.130
Grade 9-12	72	10	0.53(0.17-1.65)		0.40(0.13-1.30)	
College and above						
Respect from non-clinicians	283	33	7.22(3.39-15.38)	0.000	6.58(3.05-14.20)	0.000
Treated with respect	19	16	1		1	
Treated with no respect						
Respect from janitors	277	25	6.43(3.16-13.09)	0.000	5.77(2.79-11.94)	0.000
Treated with respect	31	18	1		1	
Treated with no respect						

Predictor	Compassionate and respectful care		COR at CI 95%	p-value	AOR	p-value
	Yes	No				
Respect from runners	274	28	4.31(2.09-8.88)	0.000	3.95(1.89-8.25)	0.000
Treated with respect	34	15	1		1	
Treated with no respect						
Respect from security	272	30	8.02(4.07-15.76)	0.000	7.37(3.71-14.62)	0.000
Treated with respect	26	23	1		1	
Treated with no Respect						

Discussion

This study investigated compassionate and respectful care from clients' perspectives from the three referral hospitals of Wollega zones. The compassionate and respectful care is human centered care and one factor to increase health care seeking behavior of our community. This study revealed that the prevalence of compassionate and respectful care from the clients' perspectives is 66.95%. This finding is higher than the study conducted in northern Ethiopia in which the CRC was reported by 51.55%. The difference in this discrepancy could be the study time since ministry of health is providing trainings in recent times (14).

The three categories of CRC were identified in the study and the most common indicator identified for compassionate care is sensing the pain and suffering of the patients 90.60% followed by provision of sufficient information regarding their care 88.03%. Regarding respectful care, showing respectful facial expression 88.4, communication with respect 71.22% followed by communicating plan of care to patient 71.3%. Caring of health care providers were reflected by their being patient while providing care 89.19%, followed by allowing the family to participate in the care 66.95%. The review of theoretical and empirical literatures indicated that respect for clients, family, and visitors is a fundamental human right, including respect for autonomy, dignity, feelings, choices, and health care preferences (12).

In this study the patients with lower grade of educational status (grade 1-4) were treated with poor compassionate and respect 0.32 times more likely compared to patients with no formal education [AOR=0.13(95%CI; 0.04-0.44)]. The possible justification for this could be the participants with who are not with formal education are elderly and the health care providers tend to provide compassion and

respect for elderly patients than the younger patients. This finding is in line with the study conducted in northern Ethiopia (14)

Patients who categorized themselves as poor economically related to their neighbor has experienced poor compassionate and respectful care compared to the patients with good wealth status [AOR=3.70(95%CI; 1.27-10.81)]. This finding is in line with the finding from the northern part of Ethiopia in which patients with relatively improved income has poor compassionate and respectful care (14). This might be because the patients with improved income expect more compassionate and respectful care from health care providers. And this finding is inconsistent with the finding from Bahir Dar Ethiopia. (17)

Similar proportion of males and females have good experience of compassionate and respectful care from health care providers, there is no difference between male female in getting compassionate and respectful care. This finding is similar with the finding from Tigray regional state of Ethiopia which showed as there is no difference between the sexes of the patients(16).

As the study regarding Compassionate and respectful care among outpatient clients at public health facilities in Northwest Ethiopia showed 72.8% and 82.6% of the respondents experienced compassionate and respectful care, respectively. The findings from our study have revealed similar magnitude. However, we have also included non-clinical staff since they have contribution in one or another way for the care of the patients (20).

From the study conducted in Northwest Amhara region of Ethiopia, 56.3% of the delivering women have received respectful care. Our finding is higher when compared with this study of Northern part of Ethiopia. This discrepancy might be due to time of the study as our study is done recently after implementation of CRC as one of transformational agenda by ministry of health of Ethiopia (21) .

In this study, 31% of patients reported waiting time to get the desired care as poor in which they have waited for more than an hour. This result was supported by the study from Northwest part of Ethiopia. This might be due to the fact that clients relate their satisfaction in the time they have waited to get the treatment (20).

Conclusion

Compassionate and respectful care provided to the patients from health care providers in the selected Hospitals of Western Oromia, Ethiopia was high. However, compassionate and respectful care or services rendered from non-clinician staff was low which suggests that immediate actions are necessary to address compassionate and respectful care at hospitals, and hospital management should adopt mitigation measures and should include non-clinician staff during training on CRC or related topics. While receiving care, patients evaluate both clinical and non-clinical staff how they are giving services in the Hospitals. It all matters how both clinical and non-clinical staff treat them during their stay in the institutions. Educational status and wealth of the patients are very important factors that affects how the clients receive compassionate and respectful care from health care providers.

Abbreviations

AOR: Adjusted Odd Ratio, CRC: Compassionate Respectful Care, HCPs: Health Care Providers, HSTP: Health Sector Transformation Plan, SPSS: Statistical Package for Social Science

Declarations

Ethical approval and consent to participate

This study was approved by Institutional Health Research Ethics Review Committee of Inistitute of health sciences of Wollega University, and then formal letter was written to Hospital selected to be part of the study. After detailed explanation about the objectives of the study, informed voluntary, oral consent was taken from all study participants. All of the study participants has also provided written consent. The study was conducted in accordance with ethical guideline of Institute of Health Science of Wollega University.

Consent for publication

Not applicable

Competing interests

The authors declared that they have no competing interests

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Availability of data and materials

On reasonable request, the corresponding author can provide the materials and dataset of this manuscript.

Authors' contributions

Jote Markos contributed from inception to manuscript preparation and finalization. Tahir Hasen, Tariku Tesfaye and Worku Dechasa, participated in planning, analysis, manuscript preparation.

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Figures

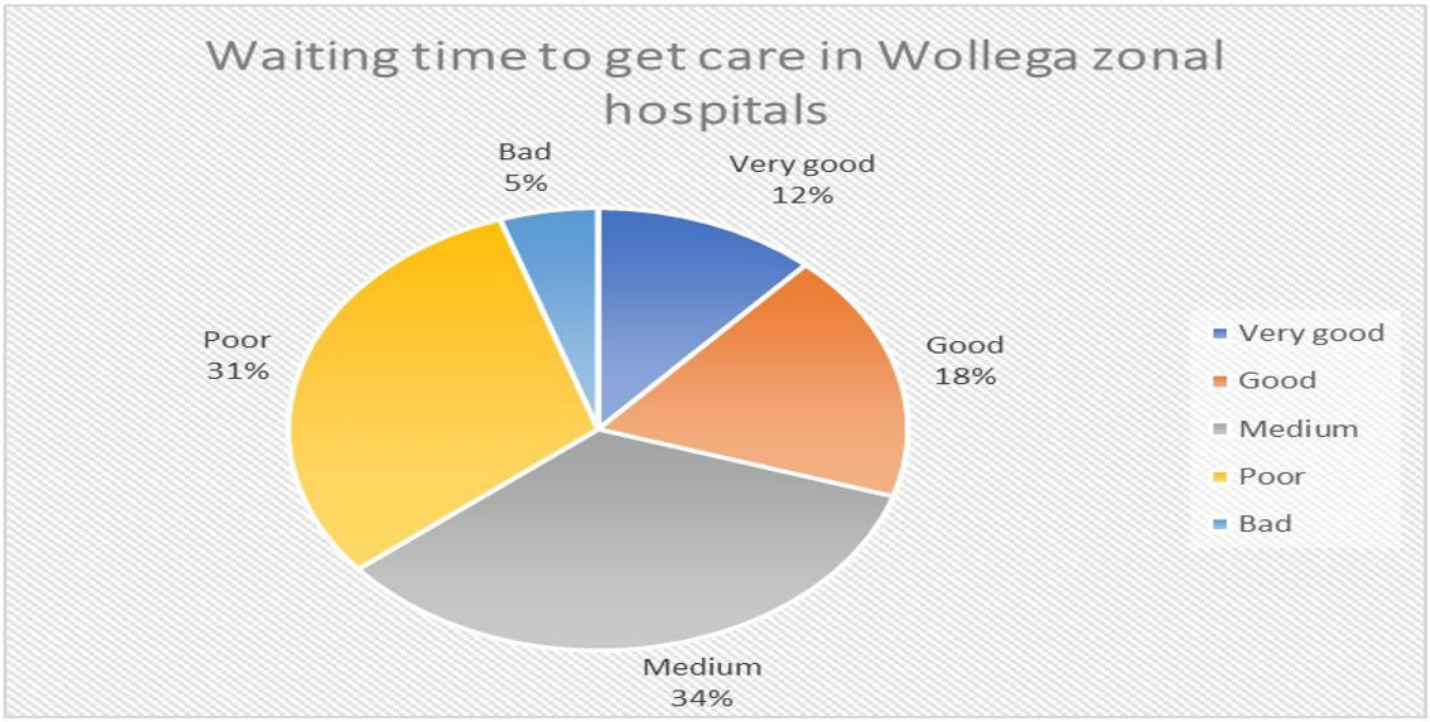

Figure 1

Waiting time to get the care are selected hospitals of Wollega zones.

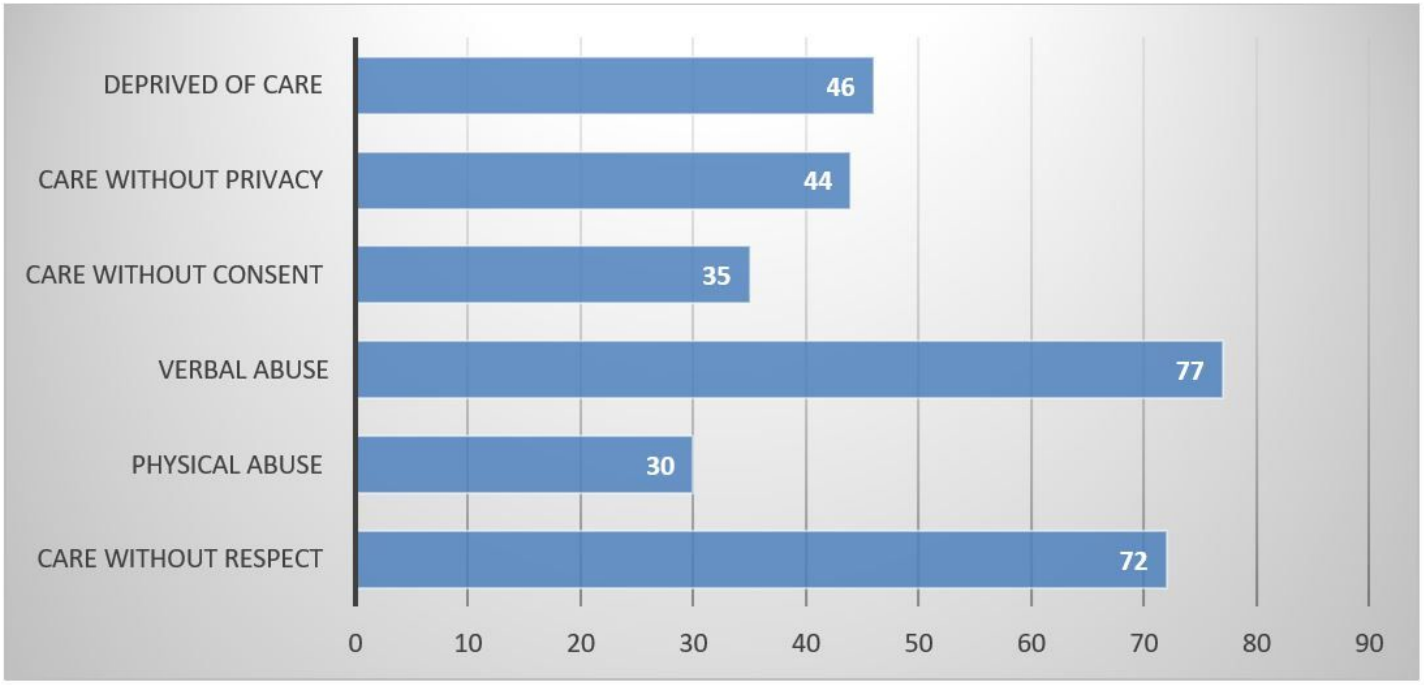

Figure 2

Disrespectful care types against clients in Wollega zones Hospitals, western Ethiopia.