ST. MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES

DEPARTMENT OF SOCIOLOGY

THE ROLE OF ETHIOPIAN MEDICAL ASSOCIATION IN IMPROVING QUALITY HEALTHCARE IN ADDIS ABABA

BY

EDEN ASSEFA DEGEFU

JUNE, 2024

ADDIS ABABA, ETHIOPIA

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A RESEARCH THESIS SUBMITTED TO ST. MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES, INSTITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A MASTER OF ARTS DEGREE IN SOCIOLOGY.

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DECLARATION

I, Eden Assefa Degefu, hereby declare that the paper titled "The role of Ethiopian Medical Association in improving Quality of Healthcare service in Addis Ababa" is an original work. I take full responsibility for the content presented in this paper, and I affirm that all the work, ideas, and findings of other authors or researchers that have been used in the development of this paper are duly and properly cited according to the appropriate referencing standards.

Name of Researcher: Eden Assefa Degefu Signature: Date:

St. Mary's University, Addis Ababa

ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate studies for examination with my approval as a university advisor.

Mosisa Kejela. (Ph.D)	Signature & Date

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Acronyms

EMA	Ethiopian Medical Association
WHO	World Health Organization
JDN	Junior Doctors Network
CPD	Continuous Professional Development
CME	Continuous Medical Education
MOH	Ministry of Health
IOM	Institute of Medicine
GDP	Gross Domestic Product

Abstract

The purpose of this study was to assess the contribution of the Ethiopian Medical Association (EMA) in enhancing the quality of healthcare services in Addis Ababa. The target population included medical doctors and individuals with a health-related background. The study employed a mixed research approach, incorporating both qualitative and quantitative methods. The researcher utilized a descriptive research design. For the sampling, a non-probability purposive sampling technique was used to select medical doctors who are members of the association. A census was applied to select board members and staff members of the association. In total 300 medical doctors, 2 key informants for the in-depth interviews, and 7 board members of the association participated in the study. The data collection methods included questionnaires, interviews, focus group discussions, and document analysis, encompassed both primary and secondary data sources. The findings of the study aim to provide insights into the role and impact of the Ethiopian Medical Association in improving the quality of healthcare services in Addis Ababa.

Key words: *quality, Healthcare service delivery*

CHAPTER ONE

1. INTRODUCTION

1.1.Background of the study

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship. According to Adhanom (2017), good health is also clearly determined by other basic human rights including access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions. The right to health also means that everyone should be entitled to control their own health and body, including having access to sexual and reproductive information and services, free from violence and discrimination.

Considering an issue of quality focus in Healthcare, there is no one common understanding concerning who plays the main role in identifying its quality. It could be argued that the main focus should be made on patients as customers because they could leave "the consumption loop" while their presence in it is essential for a healthcare organization functioning (Owusu-Frimpong, 2010). A study of patients' perspectives was defined as a "meaningful indicator of health service quality" and could depict the most vital perspective. (O' Conner et al. 1994)

Another notion on a quality focus in Healthcare was introduced by Sower et al. (2001, p. 50). They expressed that quality characteristics should be recognized mutually by patients and health service providers as both of them have "valuable insight" on features that create quality in hospitals. So, making comparison with customers-oriented focus in Service Quality, it is visible that Healthcare service quality focus is distinctive to some extent as some authors incorporate not only customers' perception of quality but service providers' perception as well.

It should be remembered that healthcare services as well as general services are existing for customers' satisfaction and even if healthcare service providers have their own essential opinion on healthcare service quality, they should always keep in mind that the core place is allocated to customers and direct their strengthens to deliver their services in line with their expectations and needs as well as it is in general service industry (Scotti et al., 2007, p. 111).

In order to be able to get a deeper knowledge about service quality within the Healthcare industry and be able to deal with the described gap, it is reasonable to take a look at healthcare service itself. First of all, it is obvious that Healthcare industry output is healthcare services, consequently it should incorporate features of the overall service quality. But does it prevail in reality or does quality in the Healthcare industry has specific characteristics? According Kenagy et al. (1999, p. 661) service in the healthcare relates to various characteristics that creates patients' experience of care rather than "the technical quality of diagnostic and therapeutic procedures". However, there are other different notions that take technical side of healthcare service quality as well.

Quality in healthcare is presently at the forefront of occupational, governmental, and administrative attention, primarily because it is seen as a means for accomplishing increased patronage, competitive priority, and long-term gains (Brown & Swartz, 1989; Headley & Miller, 1993) and essentially as a way for achieving better health results for clients (Dagger & Sweeney, 2006; Marshall et al., 1996).

The Ethiopian Medical Association (EMA) is the pioneer professional association in health operating in Ethiopia since 1962. EMA is a membership organization representing Medical Doctors registered to practice in Ethiopia to ensure the right and benefit of medical doctors. Currently, the association has more than 6000 registered members. EMA is member of World Medical Association since 1994, has 12 branch offices, has focal delegates at Hospital level, established Junior Doctors Network (JDN) in 2018 and Network of Ethiopian Diaspora network in 2021 to address special interest groups. Currently EMA is implementing its six years strategic plan (2020-2025).

The association has accredited by the ministry of health (MOH) to accredit course and organization. By recognizing the importance of continuous professional development (CPD) for healthcare professionals, EMA has established a robust CPD program through online and face-to-face modalities to support its members in their lifelong learning and professional growth.

EMA envisions seeing healthy and prosperous Ethiopian community with access to quality health services. EMA, as a leading professional body representing physicians and healthcare practitioners, possesses a wealth of expertise and experience in healthcare. Through its membership and leadership, EMA has the ability to influence healthcare policies, provide guidance on best practices, and facilitate collaboration among healthcare stakeholders.

EMA actively collaborates with governmental and non-governmental organizations to develop and implement initiatives aimed at improving healthcare quality. These initiatives include promoting

evidence-based practices, establishing standards and guidelines for medical professionals, advocating for the adoption of quality improvement strategies in healthcare facilities.

Moreover, EMA conducts regular training programs, workshops, webinars, and conferences to enhance the knowledge and skills of healthcare professionals, fostering continuous learning and professional development.

The organization is driven by three fundamental missions that guide its actions and initiatives. Firstly, it is dedicated to ensuring that the community receives good health services and care. This involves a commitment to delivering quality healthcare, addressing the needs of individuals and communities, and promoting overall well-being.

Secondly, the organization strives to uphold the highest standards in medical education, science, art, and practice. By emphasizing excellence in these areas, it aims to advance medical knowledge, enhance professional skills, and foster innovation in healthcare.

Lastly, a key focus of the organization is to protect and advocate for the rights and benefits of medical professionals, particularly doctors. They work diligently to ensure that doctors are afforded the necessary support, resources, and opportunities to thrive in their careers. This includes safeguarding their professional rights, promoting fair working conditions, and advocating for their welfare.

This study aims to assess and analyze the specific roles and contributions of EMA in improving the quality of healthcare services in the case of Addis Ababa. By examining the association's initiatives, collaborations, and impact, this research seeks to provide valuable insights into the effectiveness of EMA's efforts and identify areas for further improvement.

Understanding the role of EMA in enhancing healthcare quality in Addis Ababa is crucial for policymakers, healthcare professionals, and stakeholders involved in healthcare delivery.

1.2.Statement of the problem

Concerning that the healthcare industry relates and shares some common features (e.g. providing service for customers' consumption) with the service industry, general service quality should be studied before going into examining healthcare service quality. Service quality is complex and does not have one common definition. One of the reasons of service quality complexity relates to inseparability. It means that a service arises during an interaction between clients and service providers (Parasuraman et al., 1985, p. 42).

Therefore it is suppose that it is vital to consider perception of healthcare service quality of both parties, in order to deliver services that customers are expected to receive. This idea is supported by findings from the study of Hudelson et al. (2008, p. 33). It was stressed that high quality could be achieved only by satisfying both patients and practitioners as healthcare service quality assessment depended on both parties point of view.

The Ethiopian Medical Association (EMA) holds a position of remarkable authority and influence, driving impactful policy changes, spearheading professional development and training programs, setting stringent quality standards, fostering collaboration among healthcare institutions, and actively engaging in community outreach initiatives. With its unwavering commitment to excellence, the association plays a pivotal role in shaping the healthcare landscape, championing advancements, and uplifting the well-being of communities.

The current state of healthcare services in Addis Ababa reveals a significant gap in the desired level of quality, posing a pressing concern. In light of this, it becomes imperative to critically examine the role of EMA in addressing this issue and spearheading efforts to enhance the delivery of quality healthcare services in Addis Ababa. By delving into the challenges faced by the healthcare system and recognizing the potential of EMA's influence, we can pave the way for transformative improvements that will positively impact the well-being of individuals residing in Addis Ababa.

The healthcare system faces significant challenges in effectively addressing and ensuring high-quality healthcare across various dimensions. Although efforts have been made to improve healthcare quality, there remains a need to address specific dimensions such as access, patient safety, effectiveness, patient-centeredness, and efficiency, continuity of care, equity, and accountability. The lack of comprehensive strategies and interventions to address these dimensions results in suboptimal healthcare outcomes, disparities in access and outcomes, patient dissatisfaction, and inefficient resource utilization. Therefore, there is a pressing need to examine the underlying factors contributing to deficiencies in these dimensions and develop targeted approaches to enhance healthcare quality across all dimensions, ultimately leading to improved patient outcomes, better patient experiences, and a more efficient and equitable healthcare system.

The statement of the problem highlights a crucial area for further research and discussion regarding the specific actions and strategies that the Ethiopian Medical Association (EMA) can undertake to effectively enhance the quality of healthcare services in Addis Ababa. By delving deeper into this topic, exploring the underlying factors contributing to the current state of healthcare services, and

assessing the challenges faced by healthcare providers and patients, we can identify targeted interventions and solutions.

1.3.Objectives of the study

1.3.1. General Objectives

The general objective of this study was to assess the role of the Ethiopian Medical Association (EMA) in improving the quality of healthcare services in Addis Ababa.

1.3.2. Specific Objectives

1. To identify the specific initiatives and interventions undertaken by EMA to improve the healthcare service in Addis Ababa.
2. To evaluate the effectiveness and impact of the EMA's programs and initiatives on the quality of healthcare services in Addis Ababa.
3. To analyze the challenges and barriers faced by the EMA to further enhance its role and contribute to sustainable improvements in healthcare service quality in Addis Ababa.

1.4.Research Questions

1. What specific initiatives and interventions have the EMA implement to improve the quality of healthcare services in Addis Ababa?
2. What is the effectiveness and impact of the EMA's programs and initiatives on the quality of healthcare services in Addis Ababa?
3. What are the challenges and barriers faced by the EMA in fulfilling its role in improving healthcare service quality in Addis Ababa?

1.5.Significance of the study

This study provides evidence-based insights and recommendations to enhance healthcare service quality in Addis Ababa. The findings of the study can contribute to the association's overall effectiveness in addressing the healthcare needs. The insights and recommendations generated by this research can inform the association's decision-making processes, and collaboration efforts with relevant stakeholders.

1.6.Scope of the study

This study was to assess the role of the Ethiopian Medical Association (EMA) in improving the quality of healthcare services in Addis Ababa. Geographically, the study was conducted at the association's main office, located in the Kirkos Sub City of Addis Ababa, specifically in Sarbet area, in front of the African Union. Both qualitative and quantitative research methods were utilized to

collect and analyze the data. This mixed approach allowed for a thorough study of the association's involvement in improving healthcare service quality, incorporating different perspectives and sources of information.

1.7.Limitations of the study

The study does not appear to have outlined any specific limitations or challenges faced by the researcher during the research process, with the researcher able to overcome any potential obstacles that have arisen.

1.8.Operational definition of terms

- **Healthcare providers** – encompass a diverse range of dedicated individuals and entities devoted to delivering exceptional medical care and treatment.
- **Quality** – the degree to which a product, service, or process meets or exceeds the expectations, requirements, and standards set. It involves characteristics such as reliability, effectiveness, efficiency, safety, timeliness, patient-centeredness, and equity.
- **Indicators of quality** - Quality indicators are measurable elements or metrics used to assess and monitor the performance and outcomes of healthcare services. These indicators provide objective data that reflect the quality of care delivered by healthcare providers and organizations. Quality indicators can be categorized into different domains, including clinical effectiveness, patient safety, patient experience, efficiency, and equity. Examples of quality indicators include:

- **Clinical outcome indicators**: These assess the results of clinical interventions or treatments, such as mortality rates, complication rates, readmission rates, or improvement in patient health status.
- **Process indicators**: this measure adherence to evidence-based guidelines and best practices, such as the percentage of patients receiving preventive screenings or the rate of medication reconciliation upon hospital admission.
- **Patient experience indicators**: These capture the patient's perspective and satisfaction with the care they receive, including measures such as patient satisfaction surveys, communication effectiveness, and responsiveness to patient needs.
- **Safety indicators**: These assess the occurrence of adverse events, medical errors, or healthcare-associated infections, such as the rate of surgical site infections or medication-related errors.
- **Efficiency indicators**: These measure resource utilization and cost-effectiveness, such as average length of hospital stay, waiting times for appointments, or utilization of healthcare services.

- **Equity indicators**: These evaluate the fairness and equitable distribution of healthcare services among different population groups, including measures such as access to care, disparities in health outcomes, or demographic representation in clinical trials.

- **Quality Healthcare** – Quality healthcare refers to the provision of effective, safe, patient-centered, timely, efficient, and equitable healthcare services that meet or exceed the expectations and needs of patients and populations. Ultimately, quality healthcare aims to improve health outcomes, enhance patient satisfaction, and promote overall well-being.
- **Medical Services** - Medical services refer to the range of healthcare services provided by medical professionals and organizations to diagnose, treat, and prevent illnesses or injuries and promote overall health and well-being.

1.9.Organization of the study

This thesis is divided into five captivating chapters. The first chapter sets the stage, unveiling an intriguing introduction that delves into the study's background and company context. It boldly presents the statement of the problem, while charting a course towards the general and specific objectives. Guided by thought-provoking research questions, this chapter uncovers the significance of the study, delineates its scope, and acknowledges the limitations. Moreover, it establishes a solid foundation by defining key terms, ensuring a shared understanding for readers.

Chapter two takes us on a captivating expedition through the rich landscape of literature review. Here, readers will be immersed in a conceptual framework, where the research gains depth and breadth, drawing inspiration from scholarly works and expert insights.

Chapter three invites readers to explore the captivating context of the study area. It unravels the intricate tapestry of research design, unveiling the population under scrutiny and the carefully selected sample size. With precision, it unveils the sampling technique, frame, and unit, while shedding light on the meticulous data collection methods. Ethical considerations stand tall within this chapter, ensuring the integrity and trustworthiness of the research.

Chapter four unveils the treasure trove of data presentation and interpretation. With meticulous detail, it unveils the responses collected, painting a vivid picture of the characteristics and perspectives of the respondents. Through skillful analysis and interpretation, the data comes alive, revealing valuable insights into the research topic.

Finally, it falls on this captivating thesis with the fifth and final chapter. Here, the major findings take center stage, shining a spotlight on their significance. The conclusion draws together the threads of the research, weaving a compelling narrative that leaves a lasting impression. And as the grand

finale, practical recommendations emerge, offering actionable insights that pave the way for future endeavors.

CHAPTER TWO

2. REVIEW OF RELATED LITRATURE

2.1. Introduction

Literature review provides background information to address the problem of the study. It helps us to identify the key concepts about health, and how to improve healthcare services quality. The conceptual framework is developed based on literature review to emphasize mainly on the relationship of the variables. This chapter presents the review of related and relevant literatures to lay down, the theoretical, empirical, and conceptual framework of the study.

2.2. Definition of terms

2.2.1. Health Definition and Concept

In a well-established definition still used today, the World Health Organization (WHO 1946, p.100) says that health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Note that the definition of health is based on being well rather than just not having a disease or a problem.

Health is highly subjective concept. Good health means different things to different people, and its meaning varies according to individual and community expectations and context. Many people consider themselves healthy if they are free of disease or disability. However, people who have a disease or disability may also see themselves as being in good health if they are able to manage their condition so that it does not impact greatly on their quality life. (Yazachew & Alem, 2004, p.1).

Physical health – refers to anatomical integrity and physiological functioning of the body. To say a person is physically healthy:

- All the body parts should be there
- All of them are in there natural place and position
- None of them has any pathology
- All of them are doing their physiological functions properly
- And they work with each other harmoniously

Mental health – is the ability to learn and think clearly. A person with good mental health is able to handle day-to-day events and obstacles, work towards important goals, and function effectively in society.

Social health – is the ability to make and maintain acceptable interactions with other people. Eg. To feel sad when somebody close to you passes away.

The absence of health is denoted by such terms as disease, illness, and sickness, which usually mean the same thing through social scientists, give them meaning to each.

- Disease is the existence of some pathology or abnormality of the body, which is capable of defection using, accepted investigation methods.
- Illness is the subjective state of a person who feels aware of not being well.
- Sickness is the state of social dysfunction: a role that an individual assumes when ill. (Yazachew & Alem, 2004, p.2)

2.3. Aspects of Healthcare

Primary healthcare is defined as "essential healthcare based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination". (J.H & Kark, 1983, p.21)

There are aspects of healthcare:

1) **Primary healthcare**: is the fundamental level of healthcare that focuses on providing essential, comprehensive, and accessible care to individuals and communities. It includes preventive services, health promotion, diagnosis, treatment of common illnesses, and coordination of care.
2) **Specialized medical care**: refers to the advanced and specialized services provided by healthcare professionals who have expertise in specific medical fields. These services may include specialized diagnostics, surgeries, therapies, and treatments for complex or rare medical conditions.
3) **Preventive care**: focuses on strategies and interventions aimed at preventing illnesses, detecting diseases at early stages, and promoting overall health and wellbeing. It includes vaccinations, health screenings, counselling, and lifestyle interventions.
4) **Emergency care**: it involves the immediate assessment, stabilization, and treatment of individuals with acute and life-threatening conditions. It is provided in emergency departments and aims to save lives, reduce suffering, and prevent further complications.

5) **Mental healthcare**: focuses on the diagnosis, treatment, and support for individuals with mental health disorders. It includes counselling, therapy, medication management, and rehabilitation services.
6) **Long-term care**: refers to a range of services that support individuals with chronic illnesses, disabilities, or age-related conditions. It includes assistance with activities of daily living, nursing care, rehabilitative services, and support for maintaining quality of life (Doran & Smith, 2004, p.69).

2.4. Service Quality

Starting from 1980s a new business trend toward service quality was initiated. As customers became more informed and demanding, companies realized that product quality was not a single key for a competitive advantage and should be combined with service quality (Gupta et al., 2005, p.390).

In order to get better understanding of service quality, it is vital to acquire knowledge about the nature of a service itself. Services could be described by three specific characteristics, namely intangibility, heterogeneity, and inseparability that were suggested by Parasuraman et al. (1985, p.42). Intangibility of services consists in inability to measure value of it before sales occur comparing to products. Heterogeneity is expressed in the way that quality of a service delivery could vary from one day to another. Such deviations could exist due to various factors such as mood of service providers and customers, difficulties in copying the same way of delivering services and other factors. It should be noted that properties and quality of products stay invariable within a prescribed product life. The third characteristic of services, inseparability, stands for a feature that services emerge during an interaction between clients and front-line employees (Parasuraman et al., 1985, p. 42). The latter characteristic could also relate to the simultaneous production-delivery-consumption element of services (Harvey, 1998 cited in Yoo & Park, 2007, p. 911). On the other hand quality of products does not depend on the mentioned type of interactions. Taking into account listed characteristic of services, we could conclude that services are rather complex comparing to products and they embrace considerable amount of subjective issues. Consequently, if the nature of services was defined as complex then service quality could be identified as complex, respectively.

2.4.1. Healthcare Service Quality

Considering an issue of quality focus in Healthcare, there is no one common understanding concerning who plays the main role in identifying its quality. It could be argued that the main focus should be made on patients as customers because they could leave “the consumption loop” while their presence in it is essential for a healthcare organization functioning (Owusu-Frimpong, 2010,

p.204). Also within the study of O'Connor et al. (1994, p.32) patients' perspectives were defined as "a meaningful indicator of health services quality" and could depict the most vital perspective.

Another notion on a quality focus in Healthcare was introduced by Sower et al. (2001, p.50). They expressed that quality characteristics should be recognized mutually by patients and health service providers as both of them have "valuable insight" on features that create quality in hospitals. So, making comparison with customers-oriented focus in service quality, it is visible that Healthcare service quality focus is distinctive to some extent as some authors incorporate not only customers' perception of quality but service providers' perception as well. Moreover, even if we understand that service is created for customers, high level quality cannot be achieved without service providers' involvement in quality comprehension, as service providers are responsible for service delivering while process of service delivering creates impression on customers. Taking such mutual approach toward service quality will cause necessity to deal with a gap that is discrepancy between customers' and service providers' perception of service quality (Miranda et al., 2010, p.2138). It should be remembered that healthcare services as well as general services are existing for customers' satisfaction and even if healthcare service providers have their own essential opinion on healthcare service quality, they should always keep in mind that the core place is allocated to customers and direct their strengthens to deliver their services in line with their expectations and needs as well as it is in general service industry (Scotti et al., 2007, p. 111).

In order to be able to get a deeper knowledge about service quality within the Healthcare industry and be able to deal with the described gap, it is reasonable to take a look at healthcare service itself. First of all, it is obvious that Healthcare industry output is healthcare services, consequently it should incorporate features of the overall service quality. But does it prevail in reality or does quality in the Healthcare industry has specific characteristics? According Kenagy et al. (1999, p. 661) service in the healthcare relates to various characteristics that creates patients' experience of care rather than "the technical quality of diagnostic and therapeutic procedures". However, there are other different notions that take technical side of healthcare service quality as well.

This influential report by the Institute of Medicine (IOM) provides a comprehensive analysis of the quality of healthcare in the United States and outlines a framework for improving healthcare quality. The report emphasizes the need for healthcare services that are safe, effective, patient-centered, timely, efficient, and equitable. It also highlights the importance of integrating evidence-based practices, information technology, and patient engagement in achieving high quality care.

Quality healthcare encompasses several key dimensions that contribute to the overall delivery of effective and patient-centered care. Here are additional details on the dimensions of quality healthcare:

1) **Safety**: refers to the prevention of harm to patients during the delivery of healthcare services. It involves measures to minimize errors, infections, adverse events, and other risks that may compromise patient safety.
2) **Effectiveness**: refers to providing healthcare interventions, treatments, and services that have been demonstrated to achieve desired outcomes. It involves using evidence-based practices, guidelines, and protocols to ensure that patients receive the most appropriate and beneficial care.
3) **Patient-centeredness**: it focuses on meeting the individual needs, preferences, values, and goals of patients. It involves involving patients in their care decisions, respecting their autonomy, providing clear communication, and addressing their physical, emotional, and psychological needs.
4) **Timeliness**: it emphasizes the importance of providing healthcare services in a timely manner, minimizing waiting times, and avoiding delays. Prompt access to care and timely delivery of interventions are crucial for improving patient outcomes and satisfaction.
5) **Efficiency**: refers to the optimal use of resources to deliver high-quality care. It involves minimizing waste, reducing unnecessary procedures or tests, and ensuring that healthcare resources are allocated effectively to provide the best possible outcomes.
6) **Equitable**: it emphasizes fairness and the absence of disparities in the provision of healthcare services. It involves ensuring that healthcare is accessible, affordable, and available to all individuals, regardless of their socioeconomic status, ethnicity, gender, or other factors (Choi et al., 2005, p.140).

2.4.2. Service Providers in healthcare industry

According to the data from the World Bank statistics, the service industry presents a significant part of the world economy that accounted for around 70% percent GDP in the world in 2010 (The World Bank Group, 2012). Hereby, current studies could be directed to investigate the main issues in terms of service industries.

One of the main dimensions in terms of an efficient service organizations' performance is considered to be service quality as quality is vital for market competition, brand name, and customers' satisfaction (Gill, 2009, p.533).

Discussing service quality it should be pointed that it differs from another type of quality, namely quality of products. One cause of difference could be complexity of service quality existing due to several features such as an absence of tangible evidences of service quality, behavioral component of service delivery, close interaction between service organizations and its customers (Parasuraman et al., p.42). Another reason of complexity could be an absence of one common service quality definition (Gill, 2009, p.533). Difficulties in defining a common concept of service quality consist in its ingredients that could be tangible and intangible as well as in subjective nature of humans' evaluation of services that differ for product quality (Yoo & Park, 2007, p.908).

Also one common definition cannot be detected within such a case of the service industry in healthcare. The lack of one common definition in the healthcare could be explained by an existence of various patients and healthcare employees (Zabada et al., 1998, p.58) with their own perceptions of quality. Despite the fact that healthcare as well as other service industries provides services for customers, it could be seen as specific cases of service industries. One of the reasons is that quality of healthcare services is obviously essential part of healthcare industry as it directly deals with human health and bears responsibility for their lives. (Natarajan, 2006, p.573)

Other reason could be argued to be complexity of healthcare service owing to a sophisticated nature of the healthcare industry. It reflects not only by existence of various patients with their own perceptions of healthcare service quality but also in patients, their involvement into curing process and their influence on care quality outcome (Natarajan, 2006, p.578). It means that outcome of healthcare service depends not only on healthcare service providers but also on patients' cooperation and their compliance to treatments. Besides this within healthcare organizations there are different subcategories of employees which affect healthcare service quality and have their own perception of it (Zabada et al., 1998, p.58).

The healthcare is one of the service industry representatives that have been trying to implement listed three manufacturing quality management initiatives (Kollberg & Dahlgaard, 2007, p.11). However within several studies it was revealed that applications of these quality management initiatives encountered some problems and did not provide considerable quality improvement (Joosten et al., 2009, p.341). These facts could indicate that healthcare organizations applied quality management models inefficiently. One issue that could have provoked inability to apply quality management models efficiently could be doubts about quality definition and its measurement that were expressed by healthcare administrators and healthcare service providers (Natarajan, 2006, p.573). Another possible issue of unsuccessful application of quality management model could relate to initial

development of these quality management initiatives for the manufacturing industry (Andersson et al., 2006, p.286).

Therefore, it could be noticed that within presented ideas about service quality the main role is given to customers and their perception of service quality. In its turn, service quality perception is concerned with customers' expectation and perception of received services. So, for the purpose of our research we will treat service quality with emphasis on customers. In spite of our awareness that customers' satisfaction could be achieved through eliminating gap between customers' expectations and perception of actually delivered services, we do not consider this approach within our research as we are not intended to study purely customers' perception of service quality. According to the research purpose, namely the first research question, we will take into consideration that high service quality could be achieved or improved by bearing in mind that customers' perspective about quality should be treated as more central than healthcare service providers' as services were created particularly for customers and providers deliver healthcare services in order to satisfy them (Dagger et al., 2007, p. 124).

2.4.3. Healthcare service quality: Patients vs. Health service providers

As it considered that both patients' and health service providers' opinions were essential, it intended to derive an aligned or combined perception of healthcare service quality. Mutual approach toward this perception will provide possibility to have "a complete view of the care provided" (Pallis et al., 2009, p.94).

First, patients' perception of healthcare service quality could depend on various aspects such as previous experience, social and cultural norms, health specifications, patient demographics (e.g., age, gender), patients' knowledge about procedures, medicine etc (Sofaer & Firminger, 2005, p.520). patients could be affected by word-of-mouth which takes part in building reputation of a healthcare organization (Lee et al., 2006, p. 565; Chilgren, 2008, p.223).

Second, health service providers' perception of healthcare service quality could be heterogeneous due to existence of various sub-cultures within healthcare organizations. According to HEALHQUAL model there are two types of health service providers, namely physicians and staff. This division could be continued further. Additionally to physicians, there could be pointed out healthcare managers and front-line staff which including nurses, laboratory technicians, and receptionists (Chilgren, 2008, p.224). The overall perception of healthcare service quality will be by incorporating perspectives of various representatives of healthcare service providers.

In healthcare organizations' employee in terms of the purpose of the study, all of them will play a significant role within achieving high quality of health service. Physicians deliver directly medical treatment. Healthcare managers are responsible for ensuring that patients receive services that would make them to continue treatment within their healthcare organization by focusing on managing healthcare employees (Chilgren, 2008, p. 224). Front-line staff creates the first and the last impression of a healthcare organization what could be vital for forming customers' perception of quality (Chilgren, 2008, p. 224).

CHAPTER THREE

RESEARCH METHODOLOGY

3. Introduction

This chapter addresses the methodology and procedures employed during the study. It encompasses various aspects, such as the research design, the sampling methodology and procedures, data sources and collection methods and tools, types of data collected, data analysis techniques utilized, considerations of reliability and validity, as well as ethical aspects of the research.

3.1. Description of the study area

The primary focus of this study centers, the examination and analysis of the roles and impact of the Ethiopian Medical Association (EMA) within the healthcare system of Addis Ababa. The research aims to explore the extent to which EMA's initiatives, policies, and interventions contribute to and influence the overall quality of healthcare delivery in Addis Ababa.

This study was entailed in evaluating the extent of the Ethiopian Medical Association's (EMA) involvement with healthcare providers, policymakers, and various stakeholders in Addis Ababa. The aim is to identify the strategies, challenges, and achievements associated with enhancing healthcare quality. Additionally, the study will assess the influence of EMA's initiatives on patient outcomes, healthcare practices, and the healthcare environment in Addis Ababa.

The scope of this study encompasses the city of Addis Ababa, with a specific emphasis on examining the role of the Ethiopian Medical Association (EMA) in enhancing the quality of healthcare services. By concentrating on this particular context, the research aims to gain insights into the contributions and impact of EMA within the healthcare landscape of Addis Ababa.

The Ethiopian Medical Association (EMA) is the pioneer professional association in health operating in Ethiopia since 1962. EMA is a membership organization representing Medical Doctors registered to practice in Ethiopia to ensure the right and benefit of medical doctors. Currently, the association has more than 6000 registered members. EMA is member of World medical Association since 1994, has 12 branch offices, has focal delegates at Hospital level, established Junior Doctors Network (JDN) in 2018 and Network of Ethiopian Diaspora network in 2021 to address special interest groups. Currently EMA is implementing its six years strategic plan (2020-2025).

The association has accredited by the ministry of health (MOH) to accredit course and organization. By recognizing the importance of continuous professional development (CPD) for healthcare

professionals, EMA has established a robust CPD program through online and face-to-face modalities to support its members in their lifelong learning and professional growth. EMA envisions a vibrant and thriving community, where the health and well-being of its people are paramount. Its vision transcends boundaries and embraces the collective aspiration of a society that is healthy, prosperous, and equipped with access to quality health services. EMA's mission is the unwavering commitment to ensure that every individual in the community receives exceptional health service and care. The association believes that quality healthcare is not a privilege, but a fundamental right that should be accessible to all. By tirelessly advocating for equitable access and promoting the highest standards in medical education, the association strive to create a healthcare landscape that leaves no one behind.

3.2. Target Population/ Population of the study

According to Polit and Hunger (1999), the concept of population refers to the entirety of subjects who meet a specific set of specifications. It encompasses the entire group of individuals that is of interest to the researcher and to whom the research findings can be generalized. Additionally, as per the sampling guidelines provided by Bobbie and Mouton (2001), the population refers to an aggregation of elements from which the sample for the study is selected. The target population consists of both younger and older individuals within the age range of 25 to 65 who are doctors. Specifically, members of the association which are selected based on purposive sampling considering their years of experience, area of specialty and gender, board members of the association and other relevant stakeholders such as staff members are chosen as the target population because the researcher's belief that they possess the necessary capabilities to provide insightful answers to the research questions.

Table 1. Population of the study

Category	Population
Age 25 – 65/ Members of the association	300
Staff Members of the Association	14
Board Members of the Association	7
Total	321

3.3. Research Design and Approach

A descriptive research design was used. The researcher has relied on a mixed research design, employed both qualitative and quantitative approaches. According to Kruger & Neuman (2006) because using the combination of the two approaches can help the researchers to obtain the desired information in a given time and be more suitable to attain the objectives of the research. This combination of approaches is advantageous as it allows the researcher to gather the desired information within a designated timeframe, while also being well-suited to achieve the research objectives. Qualitative research involves recording interviews, documenting observations, and incorporating visual image. On the other hand, quantitative research method involves the interpretation and analysis of numerical data obtained from the study participants.

3.4. Sample Technique

Sampling can be defined as the statistical procedure employed to choose a subset from a larger population of interest, enabling researchers to make observations and draw statistical inferences about that population (Bhattacherjee, 2012). The process of sampling begins by defining the target population, followed by determining the sampling unit, establishing the sampling frame, selecting appropriate sampling techniques, and determining the sample size. It involves the selection of a relatively small proportion of the population, which is then analyzed to draw conclusions and make generalizations about the larger population.

The sampling methods employed for the research included a purposive sampling of non-probability sampling and selected medical doctors and used census or complete enumeration for staff members and board members.

By using a purposive sampling approach for doctors and a census for staff members and board members, the researcher can obtain a representative sample for the doctors while collecting data from the entirety of the staff members and board members. This combination of sampling methods helps to ensure a comprehensive and well-rounded understanding of the research topic.

3.5. Source of data

Both primary and secondary data were used to analyze perceptions. To ensure the collection of reliable and valid information, the researcher contacted with active doctors who are members of the association, as well as staff members. Additionally, focus group discussions with the board members were conducted to gather valuable input. These sources of data were selected based on their potential to provide reliable and trustworthy information for the research analysis.

3.6. Method of data collection

A variety of instruments and data sources were utilized to collect both primary and secondary data for this research. These instruments include focus group discussions, in-depth interviews, questionnaires, observations, and document analysis. Primary data were gathered through direct interaction with participants, including focus group discussions and in-depth interviews. Questionnaires were administered to obtain structured responses from the participants. Additionally, observations were conducted to capture real-time information and document analysis were carried out to examine relevant records and documents. Secondary data, on the other hand, were collected from existing sources such as published articles, reports, and other relevant documents.

3.6.1. Interview

The interview, including open-ended interviews, is a research tool that involves a series of questions designed by the researcher or trained enumerator. Its purpose is to gather information that aligns with the study's objectives and research questions. As described by Creswell (2012), a qualitative interview involves the researcher posing open-ended questions to one or more participants and recording their responses. In contrast, closed-ended questions are prepared to specifically meet the data collection objectives of the study.

3.6.3. Open-Ended questionnaire

The study utilized open-ended questionnaires for medical doctors who were members of the association. The open-ended questionnaire format allowed the researcher to gather in-depth information from the healthcare professionals.

3.7. Data collection procedure

Data were collected in accordance with the study's objectives, utilized appropriate data collection tools and procedures. Ethical considerations were taken into account to ensure the acquisition of high-quality data. As described by Burns and Grove (2007), data collection involves the identification of subjects and the systematic gathering of relevant information that aligns with the research purpose, specific objectives, questions, or hypotheses. In this study, the researcher was established contact with the selected doctors and staff members to facilitate the data collection process. By adhering to established protocols and ethical guidelines, the researcher aims to gather reliable and valuable data for analysis.

The participants were received an orientation regarding the purpose and significance of the study before they had provided with questionnaires. Only those who give their consent to participate in the study were given the questionnaires to complete. Participants were assured of the confidentiality of their responses, both during and after the study. All interviews were conducted with the participants' free and informed consent, ensuring they have a clear understanding of the research process and their role in it.

3.8. Methods of data analysis

As stated by Joubert and Katzenllenbogan (2007), prior to conducting any analysis, a thorough examination of the dataset is performed to identify any anomalous values or errors that may have arisen from the source documents, transcription process, or data entry. This checking process ensures the data's integrity and accuracy, mitigating any potential issues that may affect the validity of the analysis.

In this study, the quantitative data collected undergo a series of steps to ensure its quality. These steps include checking for completeness, coding, entering the data and conducting statistical analysis. This rigorous process ensured that the quantitative data is valid, reliable, and ready for interpretation.

On the other hand, the qualitative data collected from the participants undergo a different set of procedures. The qualitative data were carefully edited to ensure accuracy and clarity. It then be categorized and organized to facilitate analysis. Throughout the analysis and interpretation phase, the qualitative data were continually checked to ensure its meaningfulness and relevance to the research objectives.

3.9. Ethical considerations

In order to ensure ethical considerations in this study, all participants were informed about the purpose and nature of the research. They were made aware that the study is conducted for educational purposes and does not involve any form of payment for their participation. The researcher was emphasized the confidentiality of the information provided specifically for this study and were strictly refrain from engaging in any unnecessary solicitation of participants, such as offering monetary incentives in exchange for information. Participants were requested to provide their oral consent to participate in the research. These measures ensure the ethical treatment of participants and uphold the principles of informed consent and confidentiality.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.Introduction

In this chapter the data collected through both primary and secondary methods have been analyzed, discussed and presented.

4.1. Quantitative Survey

4.1.1. Demographic Background of the Participants

Below is a summary chart outlining the demographic profile of respondents based on age.

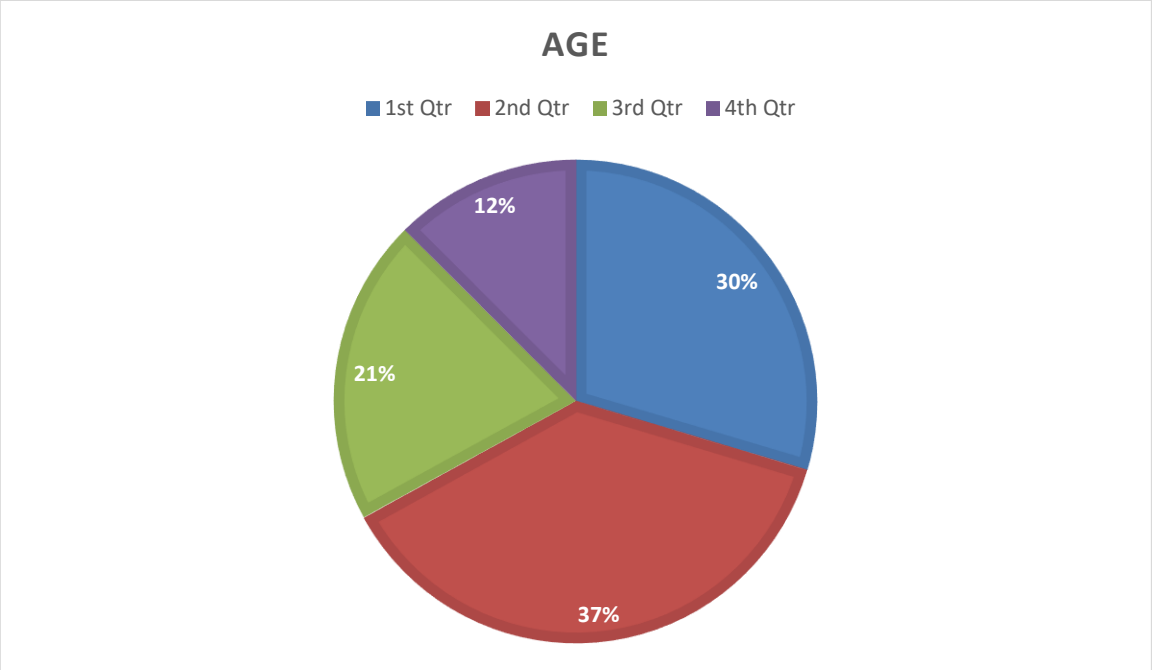

Figure 1. Age of Participants

Source: Own Survey, 2024

Figure 4.1. illustrates the distribution of participants across different age groups. It shows that out of the total participants (population), 30% fall into the age range of 25-35, 37% fall into the age range of 35-45, 21% fall into the age of 45-55, 12% fall into the age range of 55-65.

The chart below provides an overview of the respondents' demographics based on sex:

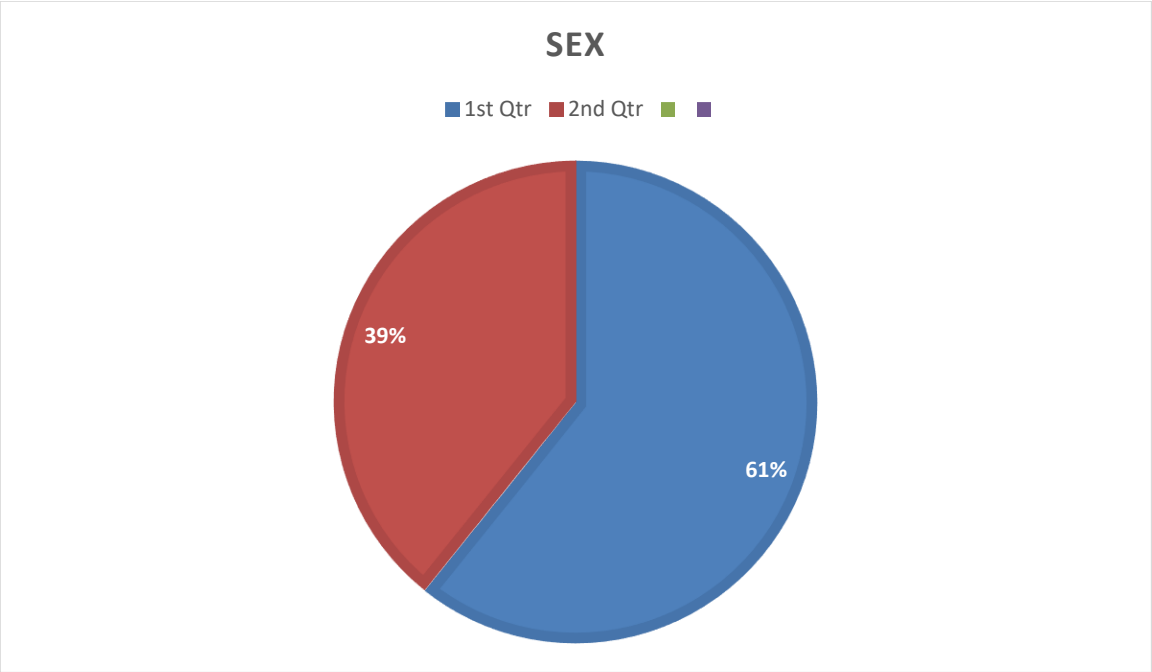

Figure 2. Participants by Sex

Source: Own Survey, 2024

The chart presented in Figure 4.2. illustrated the Sex distribution among the study participants. Out of the total participants, 61% were males, while females accounted for 39% of the sample.

The chart below provides an overview of the respondents' demographics based on educational qualifications:

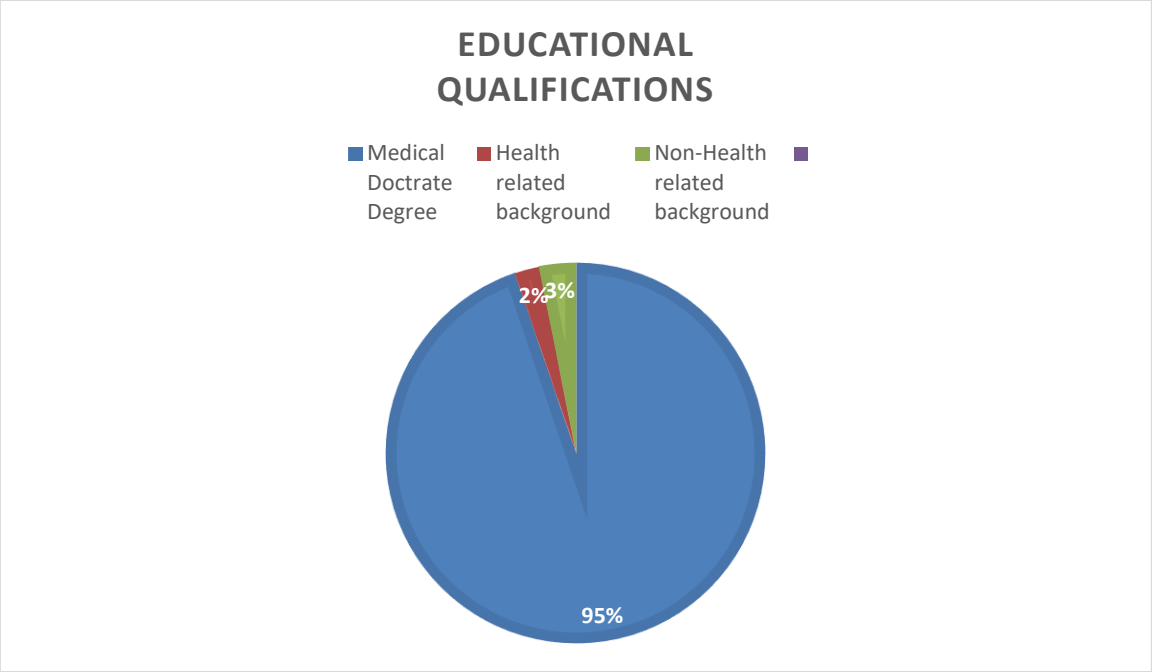

Figure 3. Participants by Educational Qualifications

Source: Own Survey, 2024

The chart depicted in Figure 4.3 showcases the educational qualifications of the study participants. Among the total participants, 95% held a Medical Doctorate Degree, 3% had non-health related backgrounds, and the remaining 2% possessed health-related qualifications other than being medical doctors.

The data highlights that most participants, comprising 95%, were medical doctors. This indicates a strong representation of individuals with extensive medical training and expertise within the study. Additionally, 3% of the participants came from non-health related backgrounds. The remaining 2% possessed health-related qualifications distinct from holding a Medical Doctorate Degree, further enriching the study with varied expertise.

These findings emphasize the prominence of medical doctors in the participant pool while acknowledging the inclusion of individuals with diverse educational backgrounds, both within and beyond the medical field. The diversity in qualifications can contribute to comprehensive insights and a well-rounded analysis of the study's focus on improving healthcare quality.

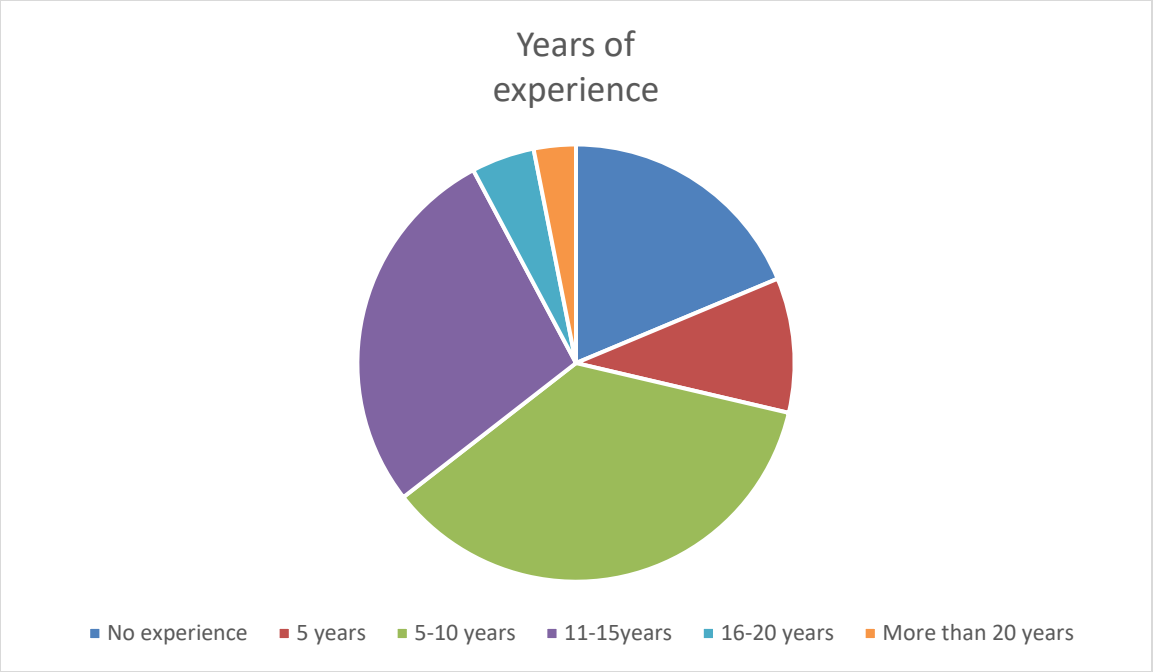

Figure 4. Participants by years of Experience

Source: Own Survey

Based on the provided chart, we can observe the distribution of professional work experience among the study participants, primarily focusing on medical doctors. The data highlights the following key findings:

- Non-experienced medical doctors, constituting 19% of the study participants, form a significant portion of the sample.

- Another significant group comprises medical doctors and other administrative staffs of the association with 5 years of experience, accounting for 10% of the participants.

- The largest percentage, making up 36% of the participants, falls within the range of 11-15 years of work experience.

- Additionally, 28% of the participants possess work experience ranging from 16-20 years.

- A smaller percentage of 3% consists of individuals with more than 16 years of work experience.

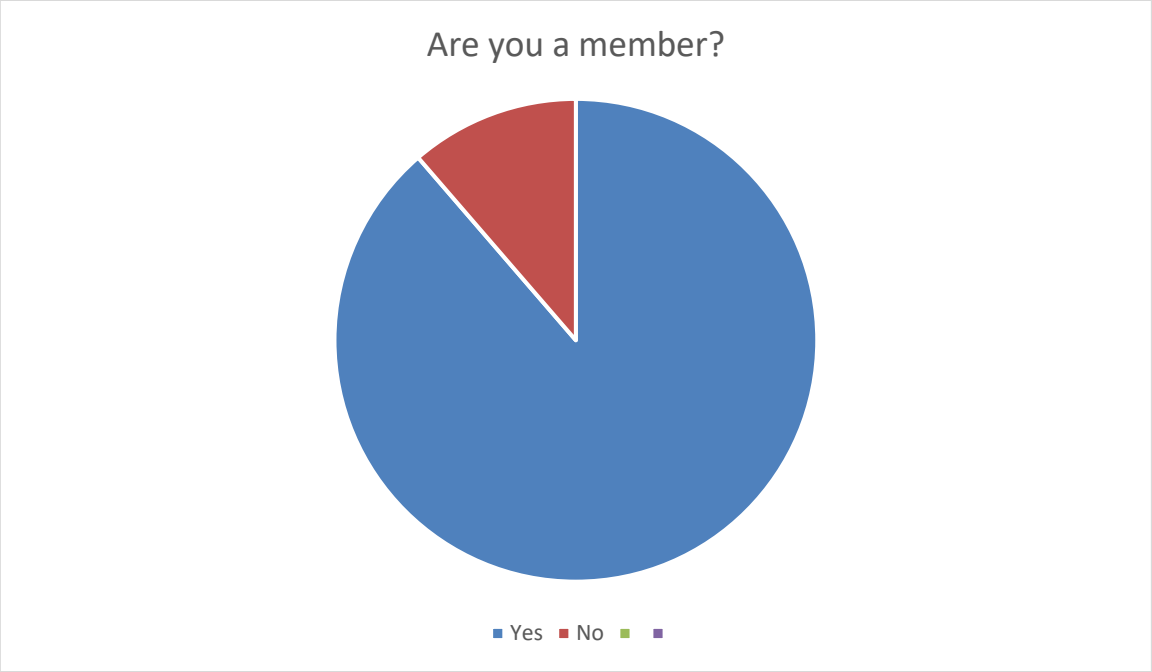

Figure 5. Participants who are members of the association (This question is asked only for the Medical Doctors)

Based on the provided chart, it can observe that out of the total 300 participants in the research study who are medical doctors in their profession, 266 participants, which accounts for 89%, are existing members of the association. The remaining 34 participants are not a member of the association which comprises 11%.

Table 2. Active Membership in association

Years	No of People	Percentage
<1 years	88	30%
1 – 5 years	84	28%
6 – 10 years	55	20%
More than 10 years	39	10%

N/A (Not a member)	34	12%

Source : Own Survey, 2024

Table 4.1. represents years of active membership in the association. The provided data represents the number of people and their corresponding percentages based on their length of membership.

The highest which accounts 30% of the total population has less than one (<1 year) membership. This suggests that the organization has been able to attract a significant number of new members in the past year.

The second is which accounts 28% of the total population has (1-5 years) membership. This indicates that the association has retained a substantial portion of its members for the first few years.

The third comprises 20% of the total population which (6-10 years) membership. This suggests that a gradual decline in the number of members who have been with the association for six to ten years.

The fourth one which comprises 10% of the total population (>10 years) membership. This could imply that the association has experienced a higher turnover rate long-term member.

The remaining 12% of the total population not a member of the association. This represents individuals who are interested in the organization but have not yet become a member of the association.

Overall, the data suggests that the association has been successful in attracting new members, with a significant portion having less than 5 years membership. However, there is a noticeable decline in the number of long-term members, which may be an area for the association to focus on in terms of member retention and engagement strategies.

Table 3. Perceived roles of the Ethiopian Medical Association

This survey is conducted to 300 Medical Doctors to understand their perspectives on the primary roles of the Ethiopian Medical Association in improving healthcare quality. The results are as follows:

Role	Number of Respondents	Percentage
a. Advocacy for healthcare policies and reforms	220	73.3%
b. Continuing Medical Education (CME) & Professional Development	265	88.3%
c. Setting standards and guidelines for medical practice	195	65%
d. Promoting research and evidence-based medicine	210	70%
e. Fostering collaboration and networking among healthcare professionals	232	77.3%
f. Enhancing patient safety and quality improvement initiatives	241	80.3%
g. Other (please specify)	18	6%

Source: Own Survey, 2024

Continuing Medical Education (CME) & professional development selected by the highest percentage of respondents (88.3%), indicating that the respondents consider it the most important function of the Ethiopian Medical Association (EMA).

80.3% of the respondents selected enhancing patient safety and quality improvement initiatives; it suggests emphasis on the association's role in promoting patient-centric initiatives and quality improvement efforts.

77.3% of the respondents selected fostering collaboration and networking opportunities, it is suggesting the importance of facilitating collaboration and networking among healthcare professionals.

73.3% of the respondents selected advocacy and healthcare policies and reforms, indicating that the respondents believe the association should be actively involved in advocating for healthcare related policies and reforms.

70% of the respondents selected promoting research and evidence-based medicine, the respondents underscoring the importance of promoting research and the integration of evidence-based practices in healthcare.

65% of respondents selected setting standards and guidelines for medical practice, it is highlighting the need for the association to establish and maintain professional standards and guidelines for medical practice.

6% of the respondents selected last category which "other please specify", which could include roles not covered in the provided options.

Overall, the data suggested that the respondents perceived the Ethiopian Medical Association's primary roles to be in the areas of Continuing Medical Education (CME), patient safety, collaboration and advocacy, with strong emphasis on enhancing the quality and professionalism of healthcare services.

Table 4. Effectiveness of the Ethiopian Medical Association in fulfilling its roles

Effectiveness Level	**Number of Respondents**	**Percentage**
a. Very effective	45	15%
b. Somewhat effective	132	44%
c. Neutral	73	24.3%
d. Not very effective	35	11.7%
e. Not effective at all	15	5%

Source: Own Survey, 2024

44% of the respondents selected somewhat effective and this suggests that while the respondents recognize the association's efforts, there is still room for improvement in its effectiveness.

24.3% of the respondents expressed a neutral stance, indicating that they may not have a strong opinion or maybe unsure about the association's effectiveness.

15% of the respondents considered the association to be very effective in fulfilling its roles. This relatively low percentage suggests that the respondents may not be fully satisfied with the association's performance or that they believe there is still significant room for improvement.

11.7% of the respondents think the association is not very effective, indicating that they perceive the association efforts as inadequate in addressing healthcare quality issues.

The remaining 5% of the respondents believe that the association is not effective at all in fulfilling its roles. It suggests that minority of the respondents have strongly negative perception of the association's effectiveness.

Table 5. Personal Benefits from the Ethiopian Medical Association's activities and initiatives

Response	Number of Respondents	Percentage
Yes	167	55.7%
No	133	44.3%

Source: Own Survey, 2024

55.7% of the respondents indicated they have personally benefited from the activities and initiatives organized by the association. This suggests that the majority of respondents have had positive experiences with the association's programs and efforts.

44.3% of the respondents reported that they have not personally benefited from the association's activities or initiatives. This implies that a significant proportion of the respondents have not directly experienced the benefits of the association's work.

For those who responded "Yes" the survey asked them to briefly describe the nature of the benefit. Some of the key themes that emerged from the responses include:

1. Continuing Medical Education (CME) & Professional Development:

Many respondents mentioned benefiting from the association's workshops, conferences and training programs that have enhanced their knowledge, skills and professional competencies.

2. Networking & Collaboration:

Several respondents highlighted the value they have gained from the association's initiatives that have facilitated networking and collaboration among healthcare professionals.

The responses suggested that the respondents who have personally benefited from the association's activities have gained valuable professional development, networking opportunities and exposure to broader healthcare-related initiatives.

Q.9. The survey asked 300 respondents to provide their suggestions for additional roles or activities that the Ethiopian Medical Association (EMA) should undertake to further improve healthcare quality, based on their experience and knowledge.

The responses were qualitative and were analyzed to identify key themes and recommendations that emerged:

1. Strengthening Continuous Professional Development (CPD):
- Many respondents suggested that the association should expand is continuous medical education programs, including offering more specialized training, workshops, and mentorship opportunities.
2. Improving healthcare infrastructure and resources:
- Several respondents recommended that the association should advocate for and support initiatives to improve healthcare infrastructure, such as upgrading medical facilities, increasing the availability of essential supplies and equipment, and enhancing the working conditions for healthcare workers.
3. Advocating for healthcare policy reform:
- Several respondents suggested that the association should play a more prominent role in advocating for healthcare policy reform, such as improving insurance coverage, regulating pharmaceutical prices, and enhancing the overall healthcare governance structure.
4. Supporting research and innovation:
- Some respondents proposed that the association should increase its support for health-related research, including funding, resources, and platforms for disseminating findings.
5. Fostering multidisciplinary collaboration:
- A few respondents recommended that the association should facilitate greater collaboration and integration among different healthcare professions, such as physicians, nurses, pharmacists and allied health professionals.

Q.10. The survey asked the 300 respondents to provide their suggestions on how the Ethiopian Medical Association can better engage and involve healthcare professionals from diverse backgrounds in its initiatives.

The responses were analyzed, and the following key themes and recommendations emerged:

1. Inclusive Representation and Decision-Making:
- Many respondents suggested that the association should ensure better representation of healthcare professionals from diverse backgrounds, including different specialties, regions, gender, and socioeconomic statuses, in its leadership, committees, and decision-making processes. This would

help amplify the voices and perspectives of underrepresented groups and foster a more inclusive organizational culture.

2. Targeted Outreach and Communication:

- Several respondents recommended that the association should implement targeted outreach and communication strategies to engage healthcare professionals from diverse backgrounds.

3. Tailored Programs and Initiatives:

- Some respondents proposed that the association should develop programs and initiatives that are specifically designed to address the unique needs and challenges faced by healthcare professionals from diverse backgrounds. This could include mentorship programs, specialized training, and career development opportunities that cater to the specific requirements of underrepresented groups.

4. Addressing Barriers to Participation:

- A few respondents highlighted the importance of identifying and addressing the barriers that may prevent healthcare professionals from diverse backgrounds from actively participating in the association's initiatives.

5. Fostering Inclusive Networks and Collaborations:

- Several respondents suggested that the association should facilitate the creation of inclusive networks and collaborative platforms that enable healthcare professionals from diverse backgrounds to connect, share knowledge, and support one another.

By implementing these strategies, the Ethiopian Medical Association can enhance its ability to engage and involve healthcare professionals from diverse backgrounds, thereby fostering a more inclusive and equitable professional environment that can contribute to the overall improvement of healthcare quality in the country.

Q.11. The survey asked the 300 respondents to provide any suggestions or feedback on how the Ethiopian Medical Association can enhance its effectiveness in improving healthcare quality.

The responses were analyzed, and the following key themes and recommendations emerged:

1. Strengthening Advocacy and Policymaking Influence:

- Many respondents suggested that the association should take a more proactive and influential role in advocating for healthcare-related policies and reforms. This could involve engaging with policymakers, government agencies, and other stakeholders to drive systemic changes that address the underlying challenges in the healthcare system.

2. Improving Coordination and Collaboration:

- Several respondents recommended that the association should enhance its coordination and collaboration with other healthcare organizations, professional associations, and community-based initiatives. This could lead to more integrated and comprehensive approaches to improving healthcare quality, leveraging the collective expertise and resources of various stakeholders.

3. Enhancing Continuous Professional Development:

- Many respondents proposed that the association should further strengthen its continuous medical education and professional development programs, ensuring they are comprehensive, accessible, and tailored to the diverse needs of healthcare professionals. This could help healthcare providers continuously enhance their skills and knowledge, ultimately improving the quality of care they deliver.

4. Fostering Innovation and Research:

- Some respondents suggested that the association should actively support and promote healthcare-related research, innovation, and the implementation of evidence-based practices. This could involve funding research initiatives, facilitating knowledge-sharing platforms, and creating incentives for healthcare professionals to engage in research and innovative projects.

5. Improving Organizational Transparency and Accountability:

- A few respondents recommended that the association should enhance its organizational transparency and accountability, ensuring that its decision-making processes, resource allocation, and program outcomes are clearly communicated to its members and the broader healthcare community. This could help build trust and credibility and ensure the association's initiatives are aligned with the needs and priorities of the healthcare sector.

By addressing these suggestions, the Ethiopian Medical Association can enhance its effectiveness in improving healthcare quality, leveraging its position as a leading professional organization to drive meaningful and sustainable change in the country's healthcare system.

4.2. Qualitative Survey

4.2.1. Interview Analysis

The interview took place the association’s Addis Ababa office. The interview was conducted with two officials that hold the association’s Executive Director and the association’s President.

The interview covers key aspects of the association’s work, including its vision, advocacy efforts and initiatives related to professional development and quality improvement.

Result obtained from open interview.

1. Introduction & Background

As Ethiopian Medical Association represents medical practitioners in Ethiopia, it plays a crucial part in setting standards, driving continuous education and training, and advocating for healthcare policy reforms.

In an insightful interview, the Executive Director and President of the EMA provided an overview of the association's multifaceted approach to improving healthcare quality and outcomes. The key points from the interview include:

1. Organizational Background and Leadership:

The EMA's mission is focused on promoting excellence in the medical profession and contributing to the enhancement of healthcare quality and accessibility for the population. The long-standing tenure of the Executive Director along with the current the association President, with their commitment to the association's goals, suggests levels a level of institutional knowledge and continuity that can be valuable in driving sustainable change.

The Executive Director has served the association for 6 years, and the President has served for 2 years both were motivated to take on these leadership positions to leverage the association's influence and drive positive change in the healthcare system.

As per there response, the Executive Director's primary responsibilities include overseeing the association's strategic planning, managing operations and resources, and facilitating collaboration with key stakeholders. The President's role focuses on providing high-level guidance, representing the association in national as well as international forums, and championing the association's advocacy efforts.

2. The Association's Vision and Strategy

As the Executive Director and the president responded in an articulated and thoughtful manner, the Ethiopian Medical Association's overarching vision is to see a healthy and prosperous Ethiopian Community that has access to high-quality healthcare services. This vision is grounded in mission to ensure that the Ethiopian people receive the quality health services they deserve.

As they responded, to archive this, the association is committed to promoting the highest standards in medical education, science, and the art of healthcare delivery. They firmly believe that by upholding these standards, the association can elevate the medical profession and in turn, improve the quality of care provided to the communities.

Integral to the strategy is a focus on safeguarding the rights and benefits of Medical Doctors, empowering, well-supporting healthcare professionals are the backbone of a robust, responsive healthcare system. As such, they firmly advocate to ensure that the association members have the resources, protections, and opportunities they need to thrive in their vital roles.

As they stated, the association encompasses continuous professional development with the aim to create a future where every Ethiopian has access to quality, equitable, and accessible health services they deserve.

3. Advocacy & Policy Influence

The interview highlighted the association active engagement with policymakers, government agencies, and other stakeholders to advocate for healthcare quality improvements. The association's successful advocacy efforts, such as the development of patient safety guidelines and demonstrate its ability to influence policy and drive positive changes in the healthcare system.

4. Education and Professional Development

The association focused on Continuous Professional Development (CPD) and implementation of quality standards across healthcare facilities is a crucial aspect of its work. The association's educational programs such as webinars and quality assurance mechanisms contribute to building the capacity and competence of healthcare professionals, which is essential in improving overall healthcare quality.

5. Challenges and future directions

The interview identified several key challenges faced by the association in its efforts to improve healthcare quality in Addis Ababa, including limited healthcare financing, uneven distribution of resources, healthcare professionals' shortages, and the need for stronger coordination among stakeholders. The association's plans to address these challenges, such as advocating for increased funding, expanding its educational programs, and leveraging partnerships and emerging technological facilities, provide a roadmap for future research and analysis.

Overall, the interview with the EMA Executive Director and President provides a comprehensive overview of the association's multifaceted approach to improve healthcare quality in Addis Ababa.

4.3. Focus Group Discussion Analysis

The analysis of the key focus areas for the upcoming Focus Group Discussion (FGD) is as follows:

The FGD provided valuable insights into the EMA's strategic priorities and the key focus areas that will guide the association's efforts in the coming years. The robust discussion among the board members highlighted the association's commitment to driving positive change within the Ethiopian healthcare system.

1. Advocacy & Policy Influence:

The EMA board members emphasized the critical role the association plays in advocating for healthcare policy reforms and influencing decision-makers to improve the quality and accessibility of medical services.

The group discussed successful past initiatives, such as the development of national patient safety guidelines, as evidence of the EMA's ability to drive meaningful change through advocacy.

Moving forward, the board members highlighted the need to strengthen the association's engagement with policymakers, government agencies, and other stakeholders to amplify the voice of the medical profession and ensure its priorities are reflected in the healthcare policy agenda.

2. Continuing Medical Education (CME) & Professional Development:

Enhancing the competence and skills of healthcare professionals through CME and professional development programs was recognized as a strategic priority for the EMA.

The board members acknowledged the association's existing educational initiatives, and quality assurance mechanisms, and discussed ways to explore innovative approaches to CME delivery and expand the reach of these programs.

Addressing healthcare worker shortages and ensuring equitable access to continuous learning opportunities were identified as key challenges that the EMA must address through its professional development efforts.

3. Standards & Guidelines for Medical Practice:

The development and enforcement of evidence-based clinical practice guidelines and quality standards were highlighted as a critical focus area for the EMA.

The board members emphasized the association's role in setting industry benchmarks and driving continuous improvement and accountability within the medical profession.

Ensuring the widespread adoption and adherence to these standards was identified as a key challenge that the EMA must address through its collaborative efforts with healthcare providers and policymakers.

4. Collaboration & Networking:

The board members acknowledged the importance of fostering strong partnerships and collaborative networks with various stakeholders, including government agencies, research institutions, and other professional associations.

By leveraging these partnerships, the EMA can share knowledge, coordinate efforts, and maximize the impact of its initiatives.

Identifying strategic alliances and building effective channels of communication and coordination were recognized as focus areas for the association.

5. Quality Improvement Initiatives:

Implementing quality improvement initiatives that address healthcare system gaps and drive measurable improvements in patient outcomes was identified as a crucial focus area for the EMA.

The board members discussed the association's role in designing, piloting, and scaling up these initiatives, which can have a direct and tangible impact on the quality of care delivered to the Ethiopian population.

Incorporating the voices of healthcare providers, patients, and communities in the design and implementation of these initiatives was highlighted as essential for their long-term success and sustainability.

6. Governance & Leadership:

Ensuring strong, accountable, and transparent governance structures within the EMA was recognized as crucial in maintaining the association's credibility and effectiveness.

The board members emphasized the need for continuous development of the EMA's leadership, including the secretariat team and board members, to strengthen the association's strategic vision and its ability to navigate complex healthcare challenges.

7. Challenges & Opportunities:

The board members acknowledged several key challenges, including limited healthcare financing, uneven distribution of resources, healthcare worker shortages, and the need for stronger coordination among stakeholders.

However, the association's plans to address these challenges, such as advocating for increased funding, expanding educational programs, and leveraging partnerships and emerging technologies, were recognized as promising opportunities for the EMA to drive meaningful change.

The board members committed to thoroughly examining these challenges and developing strategic, actionable solutions to address them.

Overall, the FGD highlighted the EMA's unwavering commitment to improving the quality and accessibility of healthcare services in Ethiopia. By focusing on these key strategic areas, the association aims to position itself as a powerful catalyst for positive transformation within the healthcare system.

CHAPTER FIVE

CONCLUSION AND RECOMMEDATION

5.1. Summary of Findings

The association's membership is dominated by medical doctors, who make up the majority of the service users. This suggests that the association has established a strong value proposition and appeal specifically tailored for this professional demographic.

However, despite the association's ability to attract a significant number of medical professionals, the overall membership engagement remains suboptimal. Members tend to interact with the organization in a transactional manner, primarily seeking specific services or resources to meet their immediate needs, rather than exhibiting sustained, long-term commitment and active involvement.

The data highlights concerning trends, including high member turnover, declining long-term membership, and a substantial non-member segment among the target medical professionals. This indicates challenges in fostering long-term loyalty and expanding the association's reach.

The key areas of focus for the association appear to be two-fold:

1. Continuous Professional Development (CPD): The association places a strong emphasis on providing relevant and high-quality CPD programs and resources for its medical doctor members. This aligns with the ongoing educational and skill-building requirements for healthcare professionals.

2. Advocacy Efforts: The association is actively engaged in advocacy initiatives, particularly the development of patient safety guidelines. This positioning as a thought leader and trusted resource in the medical field is a strategic strength.

To address the membership engagement challenges and capitalize on these areas of strength, the association should consider strategies that:

- Enhance the CPD and advocacy offerings to meet the evolving needs and priorities of the medical professional members
- Foster a sense of community and shared purpose among the members
- Strengthen member engagement and retention through comprehensive strategies
- Expand outreach and recruitment to address barriers and drive membership growth

By addressing these key areas, the association can establish a more engaged, committed, and collaborative membership base of medical professionals, ultimately enhancing the overall value, impact, and influence of the organization within the healthcare community.

5.2. Conclusions

Based on the summary of key findings, the following conclusions can be drawn:

A. Targeted Value Proposition: The association has to successfully positioned itself as a valuable resource and community for medical doctors, its primary membership demographic. This suggests the organization has a strong understanding of the specific needs and priorities of this professional group.

B. Engagement Challenges: Despite its appeal to medical doctors, the association is struggling to foster long-term, active engagement from its membership base. The high turnover, declining long-term membership, and substantial non-member segment indicate difficulties in cultivating a sense of loyalty, community, and sustained participation.

C. Focus on Professional Development: Continuous Professional Development (CPD) appears to be a core focus and strength of the association. The emphasis on providing relevant and high-quality educational and skill-building programs for medical professionals is aligned with the ongoing learning and competency requirements in the healthcare field.

D. Advocacy Leadership: The association's engagement in advocacy efforts, particularly the development of patient safety guidelines, positions it as a thought leader and trusted resource within the medical community. This strategic focus on advocacy and quality of care initiatives can be a key differentiator and source of value for the members.

E. Need for Holistic Member Engagement: To address the engagement challenges, the association needs to adopt a more holistic approach to member engagement, going beyond simply providing CPD and advocacy services. Strategies that foster a sense of community, shared purpose, and long-term commitment will be crucial in transforming the transactional relationship into a more meaningful, collaborative partnership with the members.

F. Expansion Opportunities: The substantial non-member segment among the target medical professionals suggests there are opportunities for the association to expand its reach and grow its membership base. Identifying and addressing the barriers to joining the organization can help drive increased participation and engagement.

By leveraging its strengths in CPD and advocacy, while addressing the membership engagement challenges through strategic initiatives, the association can enhance its value proposition, deepen its impact within the healthcare community, and establish itself as a leading professional organization for medical doctors and other healthcare professionals.

5.3. Discussion

The summary of key findings provides valuable insights into the current state and performance of the medical association, highlighting both its strengths and the challenges it faces in effectively serving and engaging its membership base.

One of the core strengths of the association appears to be its strong value proposition and positioning as a trusted resource for medical professionals, particularly doctors. The emphasis on providing high-quality Continuous Professional Development (CPD) programs and the organization's engagement in advocacy efforts position it as a leader in supporting the ongoing learning and competency requirements of its target audience.

However, the findings also reveal significant challenges in fostering long-term, active engagement and loyalty from the members. The high turnover, declining long-term membership, and substantial non-member segment within the target demographic suggest that the association may be struggling to create a sense of community and sustained involvement among its members.

The CPD and advocacy initiatives are undoubtedly valuable, the association must also invest in developing deeper, more meaningful connections with its members to transform the transactional relationship into a collaborative partnership.

Strategies that focus on enhancing the member experience, fostering a sense of community, and providing personalized support and engagement opportunities can be instrumental in addressing the engagement challenges. This may involve implementing comprehensive onboarding and member journey mapping processes, organizing interactive networking events, and leveraging data-driven insights to continuously improve the member experience.

Furthermore, the substantial non-member segment within the target medical professional population presents an opportunity for the association to expand its reach and grow its membership base. By identifying and addressing the barriers to joining the association, it can potentially unlock new avenues for growth and increased impact within the healthcare community.

Overall, the summary of findings highlights the need for the association to take a multifaceted approach, leveraging its strengths in CPD and advocacy while simultaneously addressing the member engagement challenges through strategic initiatives. By adopting a data-driven, member-centric mindset, the association can enhance its value proposition, foster deeper connections with its members, and ultimately drive sustainable growth and impact within the healthcare community.

5.4. Recommendations

1. Enhance Continuous Professional Development (CPD) offerings:

Develop personalized CPD curriculum that addresses the specific pain points and growth areas of the members.

2. Strengthen members engagement and retention:

Implementing a member engagement strategy that focuses on fostering a sense of community and belonging among the members. Introduce personalized communication and outreach initiatives to maintain regular touch points with members and understand their needs.

3. Expand advocacy and thought leadership efforts:

Deepen the association's engagement in developing evidence-based patient guidelines and best practices. Establish the association as a go-to resource and thought leader by actively publishing research, insights, and recommendations in publications and forums.

4. Adopt a data-driven approach:

Invest in a comprehensive data management and analytics infrastructure to track analyze member engagement, satisfaction, and retention metrices.

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Appendix

Appendix I: Research Schedule (Time Frame)

N o	Description	December	January	February
1	Prepare research proposal draft	*		
2	Submitted final research proposal	*		
3	Data Collection	*		
4	Analogizing and interpretation of data		*	
5	Editing and writing the final research		*	
6	Submission of final research paper			*
7	Preparation and defence			

Appendix II: Research Budget

No	Item	Unit	Quantity	Cost/birr
1	Paper	One Packet	1	250
2	Flash	64GB	1	850
3	Transport			1000
4	Related cost			2000

ST. MARY'S UNIVERSITY

POSTGRADUATE STUDIES

INSITITUTE OF AGRICULTURE AND DEVELOPMENT STUDIES

DEPARTMENT OF SOCIOLOGY

Dear Participants:

The data collection instrument has been developed and prepared by a student researcher from St. Mary's University as part of a research paper towards the fulfilment of the requirements for a Master of Arts degree in Sociology. The purpose of this instrument is to evaluate the role of the Ethiopian Medical Association in improving healthcare quality in Addis Ababa.

I kindly ask you to carefully review the following questions and provide genuine responses. Your attention and thoughtful answers are highly appreciated.

Questionnaire distributed to the members of the association and staffs of the association:

Introduction:

Thank you for participating in this research study. The purpose of this questionnaire is to gather information about the role of Ethiopian Medical Association (EMA) in improving healthcare quality. Your responses will contribute to a better understanding of the impact of the association on healthcare in Addis Ababa. Your participation is voluntary, and all responses will be kept confidential.

Section 1: Demographic Information

1. Sex
    a. Male

b. Female
c. Prefer not say

2. Age
   a. 25 – 35
   b. 35 – 45
   c. 45 – 55
   d. 55 – 65
3. Educational qualifications:
   a. Medical Doctor
   b. Health-related Qualification
   c. Non-health related qualification
4. Years of professional experience:
   a. No experience/ Fresh graduate
   b. 5 years of experience
   c. 5 – 10 years of experience
   d. 11 - 15 years of experience
   e. 16 - 20 years of experience
   f. more than 20 years of experience

Section 2: Perception of the Ethiopian Medical Association (EMA)

5. Are you a member of Ethiopian Medical Association?
   a. Yes
   b. No
6. If you answer "Yes" to the previous question, how long have you been a member?
   a. <1 year
   b. 1 – 5 years
   c. 6 – 10 years
   d. More than 10 years
   e. Not applicable (answered "No")
7. In your opinion, what are the primary roles of the Ethiopian Medical Association in improving healthcare quality? (Select all that apply)
   a. Advocacy for healthcare policies and reforms
   b. Continuing medical education and professional development
   c. Setting standards and guidelines for medical practice

d. Promoting research and evidence-based medicine
e. Fostering collaboration and networking among healthcare professionals
f. Enhancing patient-safety and quality improvement initiatives
g. Other (please specify)

8. How effective do you think the Ethiopian Medical Association is in fulfilling its roles in improving healthcare quality?
   a. Very effective
   b. Somewhat effective
   c. Neutral
   d. Not very effective
   e. Not effective at all
9. Have you personally benefited from any activities or initiatives organized by the Ethiopian Medical Association? If yes, please briefly describe the nature of the benefit.

Section 3: Suggestions and feedback

10. Based on your experience and knowledge, what additional roles or activities do you think the Ethiopian Medical Association should undertake to further improve healthcare quality?
11. How can the Ethiopian Medical Association better engage and involve healthcare professionals from diverse backgrounds in its initiatives?
12. Do you have any suggestions or feedback on how the Ethiopian Medical Association can enhance its effectiveness in improving healthcare quality?

Thank you for your participation in this questionnaire. Your input is valuable and greatly appreciated.

In-depth interview questions prepared for the Ethiopian Medical Association (EMA), Executive Director & the association's president regarding the role of the association in improving healthcare quality:

1. Introduction & background
   a. Can you provide an overview of the Ethiopian Medical Association's mission and objectives related to healthcare quality improvement?
   b. How long have you been serving as the Executive Director / President of the association, and what motivated you to take on this role?
   c. What are your primary responsibilities and roles in relation to improving healthcare quality within the association?
2. Association's vision and strategy

a. What is the association's long-term vision for health-care quality in Addis Ababa, and how does it align with national healthcare goals?
b. Can you describe the association's strategic plan or initiatives aimed at improving healthcare quality? What are the key focus areas?
c. How does the association prioritize its activities and allocate resources to achieve its healthcare quality improvement objectives?

3. Advocacy & policy influence
    a. How does the association engage with policy makers and stakeholders to advocate for healthcare quality improvements in Addis Ababa?
    b. Can you provide examples of successful advocacy efforts led by the association that have contributed to positive changes in healthcare policies or practices?
    c. What are the main challenges or barriers faced by the association in influencing healthcare policies and reforms?
4. Education and professional development
    a. What educational programs and initiatives does the association offer to support the continuous professional development of healthcare professionals
    b. How does the association ensure the implementation and adherence to these standards and guidelines across healthcare facilities?
    c. What mechanisms are in place to monitor and enforce compliance with the association's standards and guidelines?
5. Challenges and future directions
    a. What are the main challenges or obstacles faced by the association in its efforts to improve healthcare quality?
    b. How does the association plan to achieve them?

For the Ethiopian Medical Association board members:

Here are some key focus areas that will be considered for the Focus Group Discussion (FGD):

1. Advocacy & Policy Influence
2. Continuing Medical Education (CME) & Professional Development
3. Standards & Guidelines for Medical Practice
4. Collaboration & Networking
5. Quality Improvement Initiatives
6. Governance & Leadership
7. Challenges & Opportunities