

**ADULT PATIENT SATISFACTION WITH NURSING CARE**

**BY – BEKELE CHAKA**

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**Adult patient satisfaction with nursing care**

By

Bekele Chaka, B.Sc.

Department of Community Health  
Faculty of Medicine, Addis Ababa University

Approved by the Examining Board

Prof. Yemane Berhane  
Chairman, Dep. Graduate Committee

\_\_\_\_\_

Dr. Gail Davey  
Advisor

\_\_\_\_\_

Sr. Karen Salmon  
Examiner

\_\_\_\_\_

## DECLARATION

I, the undersigned, declare that, this thesis is my original work, has never been presented in this or any other university, and that all resources and materials used herein have been duly acknowledged.

Name: Bekele Chaka, B. Sc

Signature \_\_\_\_\_

Place: Addis Ababa University, Ethiopia

Date of submission \_\_\_\_\_

This thesis has been submitted for examination with my approval as a university advisor.

Name: Dr. Gail Davey (MBBchir, M Sc, MD)      Signature \_\_\_\_\_

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## ABSTRACT

**Background:** - Patients have the right to expect Quality of care. Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. Care assessed to be high quality according to clinical, economic or other provider-defined criteria is far from ideal if as a result of that care the patient is unhappy or dissatisfied. There is, then, a sound rationale for making the organization and delivery of health care responsive to consumer opinion.

**Objective:** -The objective of this study is to assess quality of nursing care as indicated by patients' satisfaction.

**Methods:** - A Cross-Sectional Survey was conducted at Public Hospitals in Addis Ababa, namely Tikur Anbessa, Saint Paul and Zewditu Memorial Hospitals from July, 2004 to April, 2005. The study population was adult patients who were admitted into the medical, surgical and gynecological wards of study Hospitals for at least two nights. The data collection tool was a modified 'Newcastle Satisfaction with Nursing Scale' (NSNS). Data analysis was computed by SPSS. Ethical clearance was secured from Addis Ababa University, Medical faculty and from the study Hospitals. Participation in this study was voluntary and based on patient's ability to give informed consent.

**Result:** - A total of 660 adult patients from medical, surgical and gynecological wards were approached from the study hospitals and 631 of them participated in this study (Non-response

rate was 4.4%). Participants who were females, age group 41 – 50 years of old, having low income, less educated, patients who were admitted in third classes, and have no history of previous admission were more satisfied. The over all rating of satisfaction was 67%. The top aspects that patients scored highest for their satisfaction with nursing care were the amount of freedom given, nurses capability in their work and nurses treatment of patients as an individual. The aspects with which patients were least satisfied were the amount and type of information they received regarding their condition and treatment and also the amount nurses knew about patients' care. Age was the significant predictor of patient satisfaction with nursing care ( $p < 0.05$ ). The need of improving interpersonal relationship of nurses with their patients was recommended.

**KEYWORDS:** -Nursing care, Patients' satisfaction, Quality

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## **LIST OF ABBREVIATIONS**

AACAHB – Addis Ababa City Administration Health Bureau

FMOH – Federal Ministry of Health

MOE – Ministry of Education

NSNS – Newcastle Satisfaction with Nursing Scale

SPSS/PC –Statistical Package for the Social Sciences / Personal Computer

St. - Saint

# INTRODUCTION

Studies of the quality of medical care are increasing in importance as a component of health care research. The consumer's opinion of services is being taken into account in assessments of quality. Thus, evaluating the quality of medical care involves the measurement of its benefits to patients and the community at large. (1)

The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. (2)

Care assessed to be high quality according to clinical, economic or other provider-defined criteria is far from ideal if as a result of that care the patient is unhappy or dissatisfied. There is, then, a sound rationale for making the organization and delivery of health care responsive to consumer opinion. Thus, interest in the patient's point of view is increasing and consumer satisfaction being adopted as a standard component of evaluative research (1)

Satisfaction with care is an important influence determining whether a person seeks medical advice, complies with treatment and maintains a continuing relationship with practitioners (3).

There has been increasing interest in patients' satisfaction with nursing care in the past few decades (4, 5). Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality.

Satisfaction is the psychological state that results from confirmation or disconfirmation of expectations with reality (6, 7). Stimson and Webb have suggested that satisfaction is related to perception of the outcome of care and the extent to which it meets patient expectations (8). Pascoae (1983) defined patient satisfaction as “a health care recipient’s reaction to salient aspects of the context, process, and result of their service experience” (p.189) (9). Consequently, a dissatisfied patient is not considered psychologically or socially well and thus the goal of nursing has not been attained (10, 11). It is important for nurses to let patients express their views of care and incorporate these views in to the provided care.

Guldner and Rifkin (1993) showed that in Vietnam and Uganda, poor quality of services in the public sector led to greater use of private providers (2,12), however, private health care services are usually costly for the majority of people in developing countries. Despite this reality, the health care providers in developing countries seem to be ignoring the importance of patients' perceptions regarding health services (1). Thus, a scarcity of literature made it difficult to find research examining patients' satisfaction with nursing care in developing countries. It is also true for Ethiopia. So, patient satisfaction should find its way into the design of services in developing countries. In this study, patient's satisfaction with nursing care is defined as the patient's opinion of the care received from nursing staff and is acknowledged as an outcome indicator of the quality of nursing care. (13).

The Ethiopian Civil Service Reform is a recent strategy that has been implemented in public institutions for better service provision for the community. The reform has been implemented in all hospitals. Based on this fact, this study assessed adult patients' satisfaction with nursing care at public hospitals in Addis Ababa which are providing medical, surgical and gynecological services, namely, Tikur Anbessa, St. Paul and Zewditu Memorial Hospitals.

## **LITERATURE REVIEW**

### **Patient satisfaction as a measure of quality of care**

Patients are the best source of information about a hospital system's communication, education, and pain-management processes, and they are the only source of information about whether they were treated with dignity and respect. Their experiences often reveal how well a hospital system is operating and can stimulate important insights into the kinds of changes that are needed to close the chasm between the care provided and the care that should be provide. (14)

Patients should be allowed to define their own priorities and evaluate their care accordingly, rather than having those criteria selected by professionals. Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied. The extent to which consumer opinion can influence policy makers and health care personnel is not only dependent upon collecting the right kind of data, it also requires that policy makers and health personnel accept the value of the consumer's point of view. (1)

Unlike clinical process measures, which are strictly facility centered, patient satisfaction is a "patient centered" process measure. It reflects the patient's personal response to, and evaluation of, care (as opposed to the hospitals view of what is appropriate). Patient satisfaction is the only available measure of the personal impact of the full spectrum of the care process. (15)

There is general agreement that client satisfaction is an integral component of service quality (16) and expanded definitions of health service quality typically make explicit mention of patient satisfaction. The argument has been offered that the effectiveness of health care is determined, in some degree, by consumers' satisfaction with the services provided. Support for this view has been found in studies that have reported a satisfied patient is more likely to comply with the medical treatment prescribed more likely to provide medically relevant information to the provider, and more likely to continue using medical services. The logic has been extended to developing countries; patient satisfaction and perceived quality will influence utilization of services, as well as compliance with practitioner recommendations (17)

Patient evaluation of health services involves two psychological processes: cognitive evaluation (or grading) of the structure, process, and outcomes of services, and an affective response (or emotional reaction) to the structure, process and outcome of services. The emotional response of patients is found to be as important as their cognitive judgment of the medical encounter. Rather than being related to technical competence, satisfaction with care was related to communication, responsiveness & reliability as well as having expectations met (18)

Increasing emphasis is being placed on patient-centered outcomes as an important step toward improving the quality of clinical care. These outcomes include physical function, psychological well being, quality of life (QOL), and patient satisfaction. Outcomes as assessed from the patient's perspective have been accepted as valid, important, and standard indicators

of quality of care. Patient satisfaction is an important patient-centered outcome to measure, is accepted as a standard measure of quality of care, and is steadily gaining in popularity. (19)

Consumer Satisfaction studies can be used for three related but distinct purposes: as evaluations of the quality of care, as outcome variables, and as indicators of which aspects of a service need to be changed to improve patient response. (1)

In general, most quality measures can be placed into 2 general subject groupings. These include Process measures and Outcome measures. Process measure reflect the quality of activities (preparations, interactions, and interventions) that occur prior to and during care. The process of care thus includes the infrastructure as well as the direct delivery of care to patients. Process measures fall into 3 general categories: Infrastructural processes (technical and organizational) that occur prior to contact with the patient; Care delivery processes (technical and organizational) that occur during contact with the patient and Patient satisfaction with the processes of care.

Outcome measures reflect the result of care (whether intended or unintended). This result could manifest at any time during or after the patient's stay. Outcome measures fall into 3 broad categories: Adverse events or negative results of the technical process; the desired (intended), documentable result of care; and Patient reports of healing. (15)

It is commonly acknowledged that patients' reports of their health and quality of life, and their satisfaction with the quality of care and services, are as important as many clinical health measures. All major players in the health care arena use satisfaction information when making

decisions. Without acceptable levels of patient satisfaction, health plans may not get full accreditation and will lack the competitive edge enjoyed by fully accredited plans. (20)

But some still feel that patients cannot really be considered good judges of quality, dismissing their views as too subjective, Petersen (1988) challenges this view by suggesting that it is not important whether the patient is right or wrong, what is important is how the patient felt, even though the caregivers' perception of reality may be quite different. At a minimum, their inputs –however subjective that may be –should help providers understand and establish the acceptable standards of service that must be delivered to ameliorate patient's suffering. Weitzman (1995) suggests that health care quality can be defined in relationship to 1- the technical aspects of care 2- the interpersonal relationship between practitioner & patient and 3- the amenities of care. Organizations that focus on customer satisfaction are able to build loyal clients who then serve to promote the organization further through vital-word-of-mouth advertising referral (2)

Despite the enormous number of studies in Western countries over the past decade on patient satisfaction, it seems that consensus on its definition remains a matter of stipulation (21). Patient satisfaction is a term that can be interpreted differently by patients and its meaning can also differ for one patient at different times (22, 5). The multidimensionality of patients' satisfaction forms an obscurity in examining this concept. Through the extensive research that has been done in the medical care dimensions, many concepts have been used to examine patient satisfaction. It has been interpreted as the art of care, technical quality of care, accessibility and convenience, efficacy of outcomes of care, cost of care, physical environment, and availability and continuity of care (23).

The patients' perspective on quality is, however, deserving of better treatment. This is demonstrated by Overtveit's (1992) analysis into three components – Managerial, Professional and Client based. Managerial quality is concerned with the cost effective use of resources, while the professional dimension of quality is concerned with clinical effectiveness and nurses setting standards of care utilizing systems. Patients' satisfaction is a “patient-centered” process measure. It reflects the patients' personal responses to, and evaluation of, care. (24)

The fact that quality perceptions have a strong influence on one's inclination to avail health services is beyond dispute. Thus, expanding access or holding the line on costs is not enough if one's confidence in the quality of health care services is low. Perceptions of poor quality of health care may, in fact, dissuade patients from using the available services because health concerns are among the most salient of human concerns. If the system can not be trusted to guarantee a threshold level of quality, it will remain underutilized, be bypassed, used only for minor ailments, or used as a measure of last resort. (2)

### **Nursing Care and patient satisfaction**

Nursing care is one of the major components of Health Care Services. Thus, patients have the right to expect quality of nursing care. Nursing staff, who comprise the vast majority of hospital staff, have the greatest contact with patients. Abramowitz et al., (1987) noted that nurses act as goodwill ambassadors & frontline representatives for hospitals. Nurses, rather than physicians, are seen as responsible for the day-to-day activities on a unit. Nurses provide the main connection with patients, act as patient advocate with other care providers, give physical care to patients, and offer emotional support to both patients and families. In their

teaching capacity, they also play a key role in post-hospital adjustment. The importance of the nursing role is evidenced in a number of studies. (9)

Patient satisfaction with nursing care is considered an important factor in explaining patients' perceptions of service quality. According to O'Connor *et al.* : It's the patient's perspective that increasingly is being viewed as a meaningful indicator of health services quality and may, in fact, represent the most important perspective.(25)

The majority of early studies on patient satisfaction have explored the impact of physician care (55%) rather than nursing care (6%) or both types of care provision (39%) (26)

Patient satisfaction is a popular way of evaluating nursing practice in developed countries. Patient satisfaction has a common-sense appeal as evidence in support of practice, and has frequently been used in past attempts to evaluate changes in nursing, such as the introduction of primary nursing. (24)

A number of studies have identified the aspects of nursing care thought to contribute to good quality. These include individualized patient care provided in an empathetic and caring way, nursing that is competent and consistent, and nurses who provide patients with information effectively and appropriately. (27)

Patients' satisfaction has been used as an indicator to measure the quality of health care provided by nurses (28, 29). More specifically, the assessment of quality of health care from the patient's perspective has been operationalized as patient satisfaction (10). Patient satisfaction has been advocated as an outcome measure of quality nursing care (4, 30).

Health Service Quality can be assessed from the provider perspective in which it is based on acceptable standards and from the consumer perspective in this case through examining patient satisfaction. Patient satisfaction has become popular way of assessing quality in health care facilities. It has been used as an indicator to measure the quality of health care provided by nurses (31).

Nursing that may be rated by the profession as of high quality may not be seen that way by the patient. Helping patients to regain independence by encouraging them to wash and dress themselves may be seen as poor care by patients who think the nurse should do the washing and dressing. (24)

There are seven main dimensions that have been addressed in the literature as crucial in the measurement of patients' satisfaction. These dimensions are: respect for patients' values, preference and expressed needs; coordination, integration and information flow; information and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; and transition and continuity of care (31, 13). Accordingly, patients' satisfaction measurement tools should consider the aforementioned dimensions. On this line, the 'Newcastle Satisfaction with Nursing Scale' (NSNS) covers most of the dimensions of patient satisfaction suggested in the literature such as quality of care and patients' views of the care. (13)

## **The Newcastle Satisfaction with Nursing Care (NSNS)**

The NSNS is designed principally to detect differences between wards (hospitals) and patient groups with respect to overall experience of and satisfaction with nursing. Therefore, the main focus of the analysis is an overall scale scores.

The basis for the construction of the NSNS was:-

- Attentiveness- general awareness or anticipation of patient's needs; regular checking of patient; making time for patients; willing to respond to patient requests
- Availability- Nurses available when needed and quick to respond to patient requests
- Reassurance- Making patient feel at home, nurses aware when patient upset; comforting patient, allaying fears; showing empathy
- Individual treatment- Tailoring care to individual patients; remembering personal preferences; giving patient choice
- Openness / informality- patient allowed some freedom; nurses seem like friends; nurses care for patient with humor
- Information- Nurses keep patient informed about condition / care; nurses explain their actions; nurses keep relations informed
- Professionalism- nurses do any job without complaining; nurses always maintain a pleasant manner; nurses treat all patients equally.
- Nurse's knowledge – Nurses demonstrate sound nursing knowledge and have good knowledge of individual patient's condition and treatment
- Ward organization / management – ward appears to be organized efficiently; nurses provide continuity of care; there is good communication between nurses; nurses work as a team.

- Environment process – nurses give patients some control over their environment; privacy provided.
- Environment structure – comments on ward cleanliness, noise, layout, decoration, facilities and equipment. Comments on nursing staff levels; other patients; quality of food. (32)

### **Findings from different articles**

Respect for patient's needs and wishes is central to any humane health care system. Providers wishing to meet those needs more effectively have shown growing interest in the use of patient evaluation and reports as a complement to other methods of quality assessment and assurance. (29)

Various studies have presented controversy in the results concerning possible relationships between patient characteristics and their satisfaction with nursing care (33, 34). Satisfaction with nursing care was found to increase when patients become older in their age, have better functional health status, are in private rooms, and are hospitalized in surgical wards (35, 6, 36 and 34). On the other hand, no correlations were found between patients' satisfaction and age, gender, or education. (37, 38, 21)

Patients' ability to evaluate the care they receive is reduced when they do not have enough knowledge about their condition (30, 39). According to Walsh and Kowanko (40) the aspects with which patients were least satisfied (regardless of admitting ward) were the amount and type of information they receive regarding their condition and treatment. The top aspects that patients scored highest for their satisfaction with nursing care were the feeling of privacy, nurses capability at their job, and nurses helpfulness. It is generally believed that elements of

privacy, respect, and advocacy that nurses consider through their practice enhance patients' satisfaction with the care.

McGhee interviewed 400 patients recently discharged from hospital using an unstructured schedule. She did not obtain an overall satisfaction score but noted the comments made about nine aspects of hospital care. Food, medical and nursing care attracted the highest proportion of favorable comments. McGhee concluded that the greatest single defect in hospital care was 'the barrier to easy exchange of information'. (1)

In Jeffery et al study (41), older patients are generally more satisfied than younger patients. Other demographic characteristics such as sex and race seem to be unimportant. Patients reporting their health as poor are less satisfied than those who describe themselves as healthy. Satisfaction may also be influenced by the patient's mental state: psychological distress, depression and personality disorders have been associated with lower levels of satisfaction. Lower satisfaction has also been found among elderly, disabled Medicare beneficiaries. Unmet patient expectations may also affect satisfaction.

The overall rating of patient satisfaction in Alasad and Ahemed (13) study was 77 per cent, it was considered relatively low in comparison to other studies. In comparison between wards, the gynecological ward had a significantly higher percentage of patients' satisfaction with nursing care than the surgical wards.

In David Locker and Dunt study, elderly patients consistently reported higher levels of satisfaction than younger age groups. The relationship between satisfaction and social class,

however, was not consistent across studies. The communication of information about illness and treatment appeared to be the most frequent source of dissatisfaction. (1)

In one study, marked associations were found between satisfaction and gender, age and social class. Elderly patients were more likely to report themselves very satisfied, 85% of those over 65 giving this rating compared to 52% of those aged 15 – 39 years. Satisfaction was also related to social class, those from extremes (high social class) tending to be most satisfied than the intermediate groups (8). Older age was the strongest predictors of satisfaction and men tended to be more satisfied than women, (36)

In another study, patients in a general hospital reported a high level of satisfaction: 72.8% were very satisfied, 24.9% fairly satisfied or satisfied with expectations and a minority, 2.8% claimed to be very dissatisfied. Patients in psychiatric hospitals, however, tended to be rather different. Only 50% of patients said they were satisfied, while 13% expressed dissatisfaction. (42).

By definition, a study can only have content validity if it measures the dimensions of care that constitute patient satisfaction. Satisfaction appears to be influenced by a number of factors, including patient characteristics, their previous experience of health care and their expectations (43, 44, and 45). Among these factors, only age has been found to have a consistent effect on satisfaction, with older patients generally expressing higher levels of satisfaction. (45)

A study was conducted in Jimma to determine patient perception of the care received. The investigators of Jimma study was utilized a tool with ‘yes’ or ‘no’ answers and the interview

was conducted by nurses. Since the investigators utilized a tool only with 'yes' or 'no' answers and took a small sample (sample size = 60) that would be difficult for the purpose of comparison with this study. However, the most positive areas of patient satisfaction with nursing care in Jimma included: getting an immediate response from a call for help, positioning according to the nature of the disease, meals provided on time, appropriateness of meals in line with religious considerations, information regarding diets, greetings and politeness of nurses, and attention to the medication prescribed. Low satisfaction emerged relative to offering help during meal time, information regarding the disease condition, as well as hospital facilities and ward environment, maintaining privacy, the degree of instruction for self care, result explanation, involving patient in discussion, and patient teaching and instructions for self care. All the interviewed patients stated that they did not receive orientation about the hospital wards, the direction of toilet and bathrooms, or information regarding visiting hours and safety measures. In the areas of informing the patients about their medical diagnosis and medical treatment all respondents stated that the nursing staff did not do this. Besides, only half were given explanation about procedures before they were performed. However, patients were satisfied in areas of greetings and politeness of the nurses.

(46)

Patients' views have become an important element in the evaluation of health care, even though the concept of patient satisfaction has rarely been defined or examined theoretically (45). This is reflected in the diversity of definitions and measurement approaches in studies. In a meta-analysis of satisfaction literature, Hall and Dornan (47) found it difficult to compare studies because of the variations in the dimensions of satisfaction measured.

To allow comparisons across studies to be made standard methods have been developed for measuring patient satisfaction. Two basic ways of acquiring data on consumer satisfaction

have been used. Respondents are asked to talk about or comment on the services they have received or they are asked a series of direct questions about their satisfaction with aspects of those services. There is evidence in the literature that suggests the unstructured questions produce different results. Where comparisons are to be made between two service units, e.g. two hospitals, it is necessary to devise some measure of consumer satisfaction so that the relevant comparisons can be drawn. A scale of satisfaction on which respondents can be located is the most appropriate method (1). On this line, the investigator of this study utilized the Newcastle Satisfaction with Nursing Scale 'NSNS' after modifying it according to the Ethiopian situation in order to compare the findings each other and with other studies.

## **SIGNIFICANCE OF THE STUDY**

Nursing care is one of the major health care services. It contributes a lot to the patient healing process. Even though there are competent physicians present in a given health institution, it would not be adequate without appropriate nursing care. Nurses have 24 hour contact with patients as well as being near to them. Thus, as they are the frontline, the patients expect more from them and nurses should also fulfill patients' needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process is obviously compromised. On this line, assessing the satisfaction of patients with nursing care is crucial in order to identify the area of dissatisfaction and at the same time improve the nursing services.

The emerging health care literature suggests that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health services. Donabedian (30), thus, suggests that patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. Unless quality improvement becomes a priority, the consequences are grim. In addition to preventing patients from quick recovery, thereby increasing their costs, poor quality also elevates the psychological barriers of using the system. (2)

Nursing services are not organized well in Ethiopia. As patient satisfaction with nursing care was not assessed adequately or not at all gain attention in our country this study would be the baseline on this direction and also helpful for improving the nursing services in Ethiopia.

## **OBJECTIVE**

To assess the quality of nursing care in selected hospitals in Addis Ababa as indicated by patient satisfaction

## **METHODS**

### **THE STUDY AREA**

There are nine public hospitals in Addis Ababa under the Ministry of Health and Addis Ababa University. Among these nine hospitals, four of them, namely- Tikur Anbessa, St. Paul, Zewditu Memorial and Yekatit 12 hospitals are provide all basic services; pediatrics, medical, surgical and gynecological services. In this study the above-mentioned hospitals were included. (Since Yekatit 12 hospital is under reconstruction it was not considered in this study). Tikur Anbessa hospital is a specialized referral teaching hospital, with 560 beds which is managed by Addis Ababa University (AAU). There were 12032 admitted patients in 2003/04 and the hospital has 268 nursing staff (214 nurses and 54 Health Assistances); Saint Paul hospital is also a referral teaching hospital which is managed by the Federal Ministry of Health (FMOH) with 290 beds. There were 4435 admitted patients in 2003/04 and it has 162 nursing staff (109 nurses and 53 Health assistances); and Zewditu Memorial hospital is under Addis Ababa City Administration Health Bureau (ACAHB) with a total of 115 beds. There were 4613 admitted patients in 2003/04 and it has 94 nursing staff (66 nurses, 8 junior nurses and 20 health assistants).

### **STUDY DESIGN**

The study utilized institution based Cross-Sectional Survey design.

## SOURCE POPULATION

Adult patients who were admitted to the Medical, Surgical, and Gynecology wards of Tikur Anbessa, Saint Paul and Zewditu Memorial hospitals were source population.

## STUDY POPULATION

Patients who were admitted to the study wards in the study hospitals at the time of data collection and met the inclusion criteria: being 18 years or older; in the ward for two nights or more; and able to communicate were study population.

**SAMPLE SIZE:** - determined by single population proportion method

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

$\alpha$	P	d	n
0.05	0.5	0.05	384
0.05	0.5	0.04	<b>600</b>
0.05	0.5	0.03	1067

$\alpha = 0.05$  or  $Z_{\alpha/2} = 1.96$

$P = 0.5$ , since the level of patient satisfaction with nursing care is not known,

P taken as 50%

$d = 0.04$

With 10% non-response rate sample size = 660

## **SAMPLING PROCEDURES**

Among public hospitals in Addis Ababa (n=9) that are under Ministry of Health (MOH) and Addis Ababa University (AAU), hospitals (n=3) which have all basic health services that are pediatrics, medical, surgical and gynecological services, were used. The total sample size (n=660) was allocated proportionally according to the total number of beds in each hospital. From medical, surgical and gynecological wards of each hospital the study wards were identified using simple random sampling method, and then the study sample that was admitted and met the inclusion criteria was taken from wards under study.

## **DATA COLLECTION PROCEDURES**

Patients' satisfaction with nursing care was assessed using the modified Newcastle Satisfaction with Nursing Scale (NSNS). The questionnaire was translated to Amharic for interview. The satisfaction scale consists of 19-items. All items are scored on a five-point Likert scale (1 = not at all satisfied, 2 = barely satisfied, 3 = quite satisfied, 4 = very satisfied, and 5 = completely satisfied). Participants were asked to rate their satisfaction with various aspects of nursing care by selecting only one number that best described their opinion on each item of the scale.

The data were collected from the study hospitals by 12<sup>th</sup> grade complete individuals who were not involved in patient care. The study participants were asked whether or not they are able to differentiate nursing staff from other health professionals. If not, the data collectors were explained the activities of nursing staffs to the participants, to help them to differentiate the nursing staffs before interview was conducted. The data collectors interviewed participants

(adult patients) using the NSNS. Data were collected from the relevant wards in two months from November to December 2004.

## **DATA QUALITY ASSURANCE**

Quality of data was assured through the following: -

- Careful modification of the data collection tool (NSNS) according to Ethiopian situation
- The data collection tool was pre-tested,
- Data collectors and coordinators were trained,
- The data collection procedure was checked frequently, through supervision and frequent checking of information collected for its consistency on the same day by the coordinator and principal investigator.
- Coding and data cleaning were done (checked frequencies and cross-tab for each item)

## **DATA ANALYSIS PROCEDURES**

Data were entered into EPI-6 and exported to SPSS 10.0 for Windows. The Statistical Package for the Social Sciences/Personal Computer (SPSS/PC) was used for computing statistics. Frequency distributions were obtained to check for data entry errors (e.g. unrecognized or missing codes). Descriptive statistics was computed and binary logistic regression was also conducted to examine the effect of selected variables on patients' satisfaction with nursing care. Satisfaction score was computed as follows, first recoded the scale as 1=0, 2=1, 3=2, 4=3 and 5=4; sum recoded responses; divided the sum by valid values; divided the result by 4 and then multiplied by 100. Satisfaction was broadly

classified as fully and not fully satisfied. Fully satisfied refers to responses as completely / very satisfied and not fully satisfied refers to responses as not at all / barely / quite satisfied.

## **DEPENDENT AND INDEPENDENT VARIABLES**

### **Dependent variable**

- Patient Satisfaction

### **Independent variables**

- age
- gender
- income
- education
- admission Ward
- class of admission
- other diseases
- history of admission
- nursing care provided

## **ETHICAL CONSIDERATIONS**

Before the start of the data collection process ethical clearance was secured from Addis Ababa University Medical Faculty and the study hospitals (Tikur Anbessa, St. Paul and Zewditu Memorial Hospitals). Participation in the study was voluntary and based on each patient's ability to give informed consent. Participants were guaranteed confidentiality of the information collected. Non-participation would not have negative effect on care.

## OPERATIONAL DEFINITIONS

- **Nursing staff** - refers to Nurses, Junior Nurses and Health Assistants who worked in hospitals under study
- **Fully satisfied** – refers to participants who respond as very / completely satisfied for satisfaction items.
- **Not fully satisfied** – refers to participants who respond as not at all / barely / quiet satisfied for satisfaction items.
- **Patient satisfaction with nursing care** is defined as the patients' opinion of the care received from nursing staff and is acknowledged as an outcome indicator of the quality of nursing care.

## **RESULTS**

### **Participants' characteristics**

A total of 660 adult patients were approached and 631 (95.6%) adult patients who were admitted in medical, surgical and gynecological wards of hospitals under study ; namely Tikur Anbessa, Saint Paul and Zewditu Memorial hospitals; participated in this research. The mean age of participants was 37.42 (SD=14.25). Concerning gender 53% of them were females. The mean length of stays (nights) was 14.27 (SD=16.18. (See table 1)

**Table 1: - Participants' characteristics by hospitals (n=631), 2004/5**

Category	Tikur Anbessa (n=347)	St. Paul (n=177)	Zewditu Memorial (n=107)	Total (n=631)
Age (Years)				
M(SD)	36.54 (13.85)	39.63 (15.24)	36.64 (13.58)	37.42 (14.25)
Gender				
Male	181(52%)	79(45%)	39(36%)	299(47%)
Female	166(48%)	98(55%)	68(64%)	332(53%)
Class of Admission				
First	22(6%)	4(2%)	48(45%)	74(12%)
Second	111(32%)	38(22%)	26(24%)	175(28%)
Third	214(62%)	135(76%)	33(31%)	382(60%)
Education				
Illiterate	79(23%)	57(32%)	12(11%)	148(23%)
Below 4th. Grade	21(6%)	16(9%)	8(7%)	45(7%)
5th.-8th. Grade	54(16%)	37(21%)	28(26%)	119(19%)
9th.-12th. Grade	122(35%)	49(28%)	37(35%)	208(33%)
Certificate	22(6%)	2(1%)	6(6%)	30(5%)
Diploma	40(11%)	13(7%)	12(11%)	65(10%)
1 <sup>st</sup> . degree & Above	9(3%)	3(2%)	4(4%)	16(3%)
Having other disease(s)				
Yes	38(11%)	22(12%)	16(15%)	76(12%)
No	309(89%)	155(88%)	91(85%)	555(88%)
Length of stay(nights)				
M(SD)	16.24 (16.67)	12.18 (16.95)	11.33 (11.99)	14.27 (16.18)
Income ( birr/month)				
150 and Below	212(61%)	130(73%)	62(58%)	404(64%)
151-600	64(19%)	30(17%)	26(24%)	120(19%)
601-1200	56(16%)	12(7%)	16(15%)	84(13%)
1201-2500	11(3%)	5(3%)	3(3%)	19(3%)
2501 and Above	4(1%)	-	-	4(1%)
History of previous admission				
Yes	102(29%)	43(24%)	30(28%)	175(28%)
No	245(71%)	134(76%)	77(72%)	456(72%)

## **Nursing care satisfaction scores**

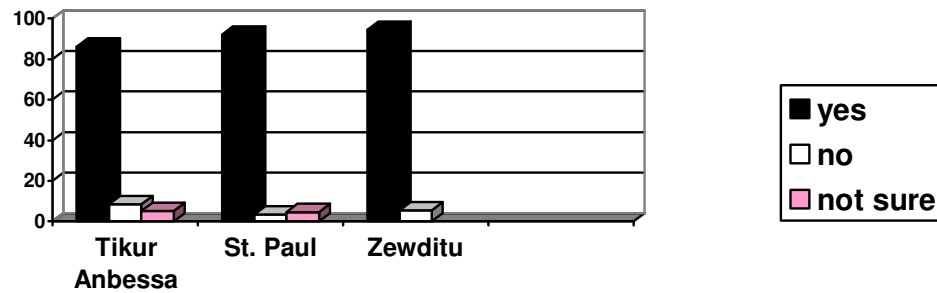
The amount of freedom on the ward, the capabilities of nurses at their job and nurses' treatment of patients as an individual were the three top scores where as the amount and type of information nurses gave to patients about their condition and treatment and the amount nurses knew about patients care were the least scores. (See table 2)

**Table 2: - Satisfaction score of nursing care given out of 100 for hospitals under study (n=631)  
(100=completely satisfied and 0=completely dissatisfied)**

Items	Tikur Anbessa n=347 (%)	St. Paul n=177 (%)	Zewditu Memorial n=107 (%)	Total n=631 (%)	
1. The amount of time nurses spent with you	61	69	61	63	
<b>2. How capable nurses were at their job</b>	<b>72</b>	<b>79</b>	<b>70</b>	<b>74</b>	
3. There always being a nurse around if you need one	68	78	66	71	
<b>4. The amount nurses knew about your care</b>	<b>54</b>	<b>66</b>	<b>53</b>	<b>57</b>	
5. How quickly nurses came when you called for them	66	77	68	70	
6. The way the nurses made you feel at home	62	72	61	65	
<b>7. The amount of information nurses gave to you about your condition and treatment</b>	<b>48</b>	<b>62</b>	<b>50</b>	<b>53</b>	
8. How often nurses checked to see if you were okay	64	74	63	67	
9. Nurses' helpfulness	69	78	67	71	
10. The way nurses explained things to you	55	68	53	59	
11. How nurses helped out your relatives' or friends' minds at rest	63	74	64	66	
12. Nurses' manner in going about their work	69	78	67	71	
<b>13. The type of information nurses gave to you about your condition and treatment</b>	<b>49</b>	<b>63</b>	<b>51</b>	<b>54</b>	
<b>14. Nurses' treatment of you as an individual</b>	<b>71</b>	<b>80</b>	<b>70</b>	<b>73</b>	
15. How nurses listened to your worries and concerns	66	77	67	69	
<b>16. The amount of freedom you were given on the ward</b>	<b>79</b>	<b>83</b>	<b>77</b>	<b>80</b>	
17. How willing nurses were to respond to your requests	58	69	60	61	
18. The amount of privacy nurses gave you	64	78	68	69	
19. Nurses' awareness of your needs	60	73	62	64	
Satisfaction	Mean	63	74	63	67
	S.D	7.8	5.9	7.2	6.9

To assess whether or not the participants knew that there was one nurse who facilitated the nursing care for them in the ward. 563 (89%) of participants from all hospitals were responded “yes”. (See chart 1)

**Chart 1 – Was there one particular Nurse in Charge?**



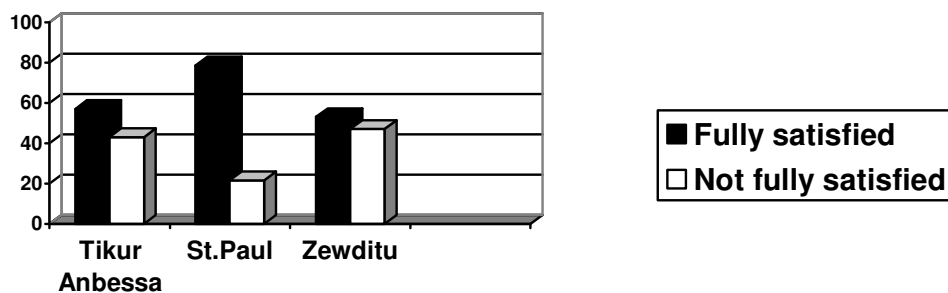
For the question how would you rate the nursing care you received in the ward?

394(62.4 %) of participants from all hospitals were fully satisfied. In this case fully satisfied refers to very good or excellent responses. (See chart 2)

**Chart 2 – How would you rate the nursing care you received in this ward?**

**(Fully satisfied= Excellent/very good;**

**Not fully satisfied= Dreadful/Very poor/Poor/Fair/Good)**

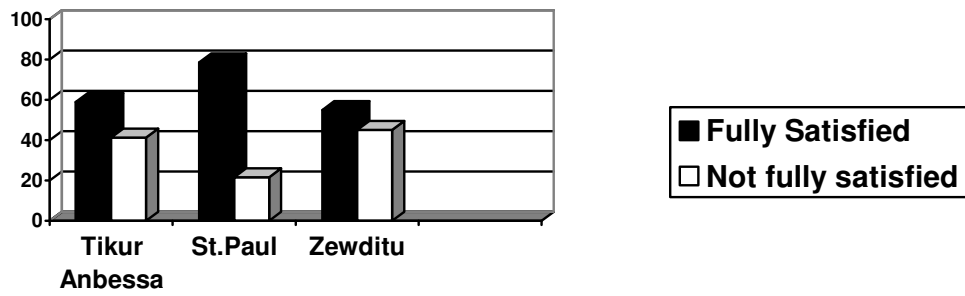


Among the study participants 402(64%) of them from all hospitals were fully satisfied about their overall stay in the wards of the hospitals. In this case fully satisfied refers to very good or excellent responses. (See chart 3)

**Chart 3 – Over all how would you rate your recent stay in this ward?**

**(Fully satisfied= Excellent/very good;**

**Not fully satisfied= Dreadful/Very poor/Poor/Fair/Good)**



**Aspects of care given the highest satisfaction ratings among fully satisfied versus not fully satisfied.** (Fully satisfied refers to very or completely satisfied and not fully satisfied refers to not at all / barely / quite satisfied) (See table 3)

**Tikur Anbessa hospital**

Amount of freedom in the ward (82%), how capable nurses were at their job (68%), nurses’ treatment of patients as an individual (67%), nurses’ manner in going about their work (65%) and nurse’s helpfulness (64%) were aspects of care given the highest satisfaction ratings.

### **Saint Paul hospital**

Amount of freedom in the ward (89%), there always being a nurse around if you need one (83%), nurses treatment of patients as an individual (82%), how capable nurses were at their job (81%), how quickly nurses came when you called for them (79%) and nurses' manner in going about their work (79%) were aspects of care given the highest satisfaction ratings.

### **Zewditu Memorial hospital**

Amount of freedom in the ward (76%), nurses' treatment of patients as an individual (59%), how quickly nurses came when you called for them (59%), how capable nurses were at their job (58%), and how nurses listened to your worries and concerns (57%) were aspects of care given the highest satisfaction ratings.

### **For all hospitals**

Amount of freedom in the ward (83%), how capable nurses were at their job(70%), nurses treatment of patients as an individual(70%), nurses' manner in going about their work (67%), there always being a nurse around if you need one (67%) and nurses helpfulness (67%) were aspects of care given the highest satisfaction ratings.

**Aspects of care given the lowest satisfaction ratings among fully satisfied versus not fully satisfied.** (Fully satisfied refers to very or completely satisfied and not fully satisfied refers to not at all / barely / quite satisfied) (See table 3)

### **Tikur Anbessa hospital**

The amount (33%) and type (36%) of information nurses gave to patients about their condition and treatment, the amount nurses knew about patients' care (42%), the way nurses explained things to patients (47%) and willingness of nurses to respond patients' request (47%) were aspects of care given the lowest satisfaction ratings.

### **Saint Paul hospital**

The type (57%) and amount (57%) of information nurses gave to patients about their condition and treatment, the amount nurses knew about patients' care (62%), the way nurses explained things to patients (67%) and the way the nurses made patients feel at home (68%) were aspects of care given the lowest satisfaction ratings.

### **Zewditu Memorial hospital**

The amount (35%) and type (36%) of information nurses gave to patients about their condition and treatment, the amount nurses knew about patients' care (40%), the way nurses explained things to patients (40%) and how willing nurses were to respond to patients requests were aspects of care given the lowest satisfaction ratings.

## **For all hospitals**

The amount (40%) and type (42%) of information nurses gave to patients about their condition and treatment, the amount nurses knew about patients' care (47%), the way nurses explained things to patients (52%), how willing nurses were to respond to patients requests (53%) and Nurses' awareness of patients needs (56%) were aspects of care given the lowest satisfaction ratings.

**Table 3: - Fully satisfied for satisfaction items for hospitals under study****(n=631)** (Fully satisfied refers to very or completely satisfied)

Items	Tikur Anbessa n=347	St. Paul n=177	Zewditu n=107	Total n=631
1. The amount of time nurses spent with you	187(54%)	120(68%)	55(51%)	362(57%)
2. How capable nurses were at their job	236(68%)	144(81%)	62(58%)	442(70%)
3. There always being a nurse around if you need one	217(63%)	146(83%)	59(55%)	422(67%)
<b>4. The amount nurses knew about your care</b>	<b>146(42%)</b>	<b>110(62%)</b>	<b>43(40%)</b>	<b>299(47%)</b>
5. How quickly nurses came when you called for them	210(61%)	140(79%)	63(59%)	413(66%)
6. The way the nurses made you feel at home	194(56%)	120(69%)	53(50%)	367(58%)
<b>7. The amount of information nurses gave to you about your condition and treatment</b>	<b>113(33%)</b>	<b>101(57%)</b>	<b>37(35%)</b>	<b>251(40%)</b>
8. How often nurses checked to see if you were okay	194(56%)	129(73%)	53(50%)	376(60%)
9. Nurses' helpfulness	223(64%)	139(79%)	58(54%)	420(67%)
10. The way nurses explained things to you	164(47%)	118(67%)	43(40%)	325(52%)
11. How nurses helped out your relatives' or friends' minds at rest	193(56%)	126(71%)	56(52%)	375(59%)
12. Nurses' manner in going about their work	227(65%)	140(79%)	58(54%)	425(67%)
<b>13. The type of information nurses gave to you about your condition and treatment</b>	<b>125(36%)</b>	<b>100(57%)</b>	<b>39(36%)</b>	<b>264(42%)</b>
14. Nurses' treatment of you as an individual	231(67%)	145(82%)	63(59%)	439(70%)
15. How nurses listened to your worries and concerns	195(56%)	134(76%)	61(57%)	390(62%)
16. The amount of freedom you were given on the ward	284(82%)	157(89%)	81(76%)	522(83%)
17. How willing nurses were to respond to your requests	164(47%)	121(68%)	49(46%)	334(53%)
18. The amount of privacy nurses gave you	190(55%)	137(78%)	57(53%)	384(61%)
19. Nurses' awareness of your needs	181(52%)	121(68%)	53(50%)	355(56%)

### **Participants' characteristics: fully satisfied versus not fully satisfied.**

A total of 453 (72%) of participants from the study hospitals were fully satisfied for satisfaction items in which among fully satisfied 72% of participants from Tikur Anbessa hospital, 82% from Saint Paul hospital and 56% from Zewditu Memorial hospital.

Female participants (74%) were more satisfied compared to male participants (69%), participants who illiterate (87%) were more satisfied than others, Participants (77%) who earned 150 Birr/month and below were more satisfied compared to others and Participants (78%) in third class were more satisfied compared to others who were admitted in first and second classes. **(See table 4)**

**Table 4 – Participants characteristics: Fully satisfied versus not fully satisfied for hospitals under study** (Fully satisfied refers to very / completely satisfied and not fully satisfied refers to not at all / barely / quite satisfied)

Variables		Fully satisfied (n=453) n(%)	Not fully satisfied (n=178) n(%)	COR (95% CI)	AOR (95% CI)
Gender	Male	207(69)	92(31)		
	Female	246(74)	86(26)	1.27(0.89,1.83)	0.85(0.55,1.30)
Class	First	40(54)	34(46)		
	Second	115(66)	60(34)	0.61(0.34,1.11)	0.71(0.37,1.38)
	Third	298(78)	84(22)	0.33(0.19,0.57)	0.66(0.42,1.04)
Having other diseases	Yes	57(75)	19(25)		
	No	396(71)	159(29)	0.83(0.46,1.48)	1.51(0.81,2.83)
Education	Illiterate	128(87)	20(14)		
	Below 4 <sup>th</sup> . Grade	35(79)	10(22)	1.83(0.72,4.58)	1.81(0.41,7.95)
	5 <sup>th</sup> to 8 <sup>th</sup> . Grade	90(76)	29(24)	2.06(1.05,4.06)	1.14(0.24,5.48)
	9 <sup>th</sup> . to 12 <sup>th</sup> . Grade	141(68)	67(32)	3.04(1.69,5.50)	0.93(0.22,3.91)
	Certificate	14(47)	16(53)	7.31(2.86,18.91)	0.65(0.16,2.59)
	Diploma	35(54)	30(46)	5.49(2.64,11.46)	0.25(0.05,1.22)
Income	First degree and above	10(63)	6(38)	3.84(1.09,13.25)	0.49(0.12,1.91)
	150 birr/month and below	312(77)	92(23)		
	151 to 600 birr/month	81(68)	39(33)	1.63(1.02,2.61)	6.85(0.57,82.3)
	601 to 1200 birr/month	48(57)	36(43)	2.54(1.51,4.27)	6.60(0.54,80.4)
	1201 to 2500 birr/month	11(58)	8(42)	2.47(0.88,6.85)	5.37(0.44,65.4)
	2501 birr/month and above	1(25)	3(75)	10.17(0.93,256.88)	4.63(0.34,62.6)
History of previous admission	Yes	116(66)	59(34)		
	No	337(74)	119(26)	1.44(0.97,2.14)	0.79(0.51,1.21)
Age	18 to 30 years	195(75)	64(25)		
	31 to 40 years	98(64)	56(36)	1.74(1.10,2.75)	4.77(1.11,20.5)
	41 to 50 years	82(80)	21(20)	0.78(0.43,1.41)	2.68(0.63,11.5)
	51 to 60 years	43(67)	21(33)	1.49(0.79,2.80)	5.20(1.19,22.8)
	61 to 70 years	29(71)	12(29)	1.26(0.57,2.76)	2.22(0.51,9.71)
	71 to 90 years	6(60)	4(40)	2.03(0.46,8.46)	2.63(0.56,12.4)
Number of Nights stay	2 to 7 days	196(69)	89(31)		
	8 to 15 days	136(77)	40(23)	0.65(0.41,1.02)	0.78(0.18,3.34)
	16 to 30 days	86(72)	33(28)	0.85(0.51,1.39)	1.26(0.29,5.48)
	31 to 60 days	27(68)	13(33)	1.06(0.49,2.26)	0.84(0.19,3.67)
	61 to 180 days	8(73)	3(27)	0.83(0.17,3.53)	0.77(0.16,3.84)
Hospital	Tikur Anbessa	248(72)	99(29)		
	Saint Paul	145(82)	32(18)	0.55(0.34,0.88)	1.87(1.08,3.23)
	Zewditu Memorial	60(56)	47(44)	1.96(1.22,3.14)	2.74(1.44,5.22)

## **DISCUSSION**

Patient satisfaction is a popular way of evaluating nursing practice in most developed countries. It has also to be practiced in developing countries like Ethiopia. This study may contribute something in this area.

Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied.

Satisfied patients usually trust their health care providers, and as a return they comply with medical and nursing orders. Then, eventually, the patient's healing process is enhanced and at the same time, they disseminate their experiences to others which increases the number of clients who uses the services. If not satisfied the opposite may happen.

This study is the first of its kind in Ethiopia to assess quality of nursing care through examining patients' satisfaction in selected hospitals in Addis Ababa. Adult admitted patients were interviewed since the study was on adult patients who were admitted in medical, surgical and gynecological wards. The study hospitals namely, Tikur Anbessa, St. Paul and Zewditu Memorial hospitals (Yekatit 12 hospital was not included in this study because it was under reconstruction at the time of data collection) provide the basic services which are pediatrics, medical, surgical and gynecological services, while the other remaining hospitals were excluded because they lack one or two services.

The overall rating of satisfaction in this study was 67% which was low compared to other studies. The top aspects that patients scored highest for their satisfaction with nursing care

were the amount of freedom given, nurses' capability in their work and nurses' treatment of patients as an individual. Patients scored lowest for their satisfaction with nursing care in the amount and type of information nurses gave to patients about their condition & treatment and the amount nurses knew about patient care.

Concerning to the characteristics of participants those were fully satisfied versus not fully satisfied, 453 (72%) of participants from the study hospitals were fully satisfied for satisfaction items. Among fully satisfied patients, 72% of participants were from Tikur Anbessa hospital, 82% were from Saint Paul hospital and 56% were from Zewditu Memorial hospital.

Age was a significant predictor of patients' satisfaction among fully satisfied versus not fully satisfied patients ( $p < 0.05$ ).

Aspects of care given the highest satisfaction in the study by Walsh(24) were (percent very / completely satisfied): Amount of freedom on the ward (92%); How capable nurses were at their job (90%); The amount of privacy nurses gave you (89%); nurses' treatment of you as an individual (87%) and nurses' manner in going about their work (86%). Alasad and Ahemed (13) were found the feeling of privacy, nurses capability at their job and nurses helpfulness were aspects of care given the highest satisfaction. In this study amount of freedom in the ward (83%); how capable nurses were at their job (70%); nurses treatment of you as an individual (70%); nurses' manner in going about their work (67%) and the amount of privacy nurses gave you (61%). In this study the feeling of privacy was not given the highest satisfaction ratings, even though it is generally believed that elements of privacy, respect and advocacy which nurses consider through their practice enhance patients' satisfaction with care

(40). However, there is similarity, except provision of privacy, between this and the above studies, even though, the percentages were quite low in this study.

Aspects of care given the lowest satisfaction in this study were (percent very / completely satisfied): the amount of information nurses gave to you about your condition and treatment (40%); the type of information nurses gave to you about your condition and treatment (42%); the amount nurse knew about your care (47%); the way nurses explained things to you (52%); how willing nurses were to respond to your requests (53%); nurses' awareness of your needs (56%). The amount and type of information nurses gave to patients about their condition and treatment were a major cause of dissatisfaction in this study as well as other studies, for instance one study was concluded that the greatest single defect in hospital care was 'the barrier to easy exchange of information' (1). Nurses should give attention to the exchange of information in order to elevate patient satisfaction since it is a major cause for dissatisfaction.

One study (41) concluded that gender seemed to be unimportant in patient satisfaction, however, the investigator of this study examined this issue and has got, there were more female patients (74%) who were fully satisfied in this study than male patients (69%) who were fully satisfied for satisfaction items, this is consistent with the study of Alasad and Ahemed (13) but contrary to Ottoson(11) which reported higher satisfaction among males than females.

While Wallin et al (21) did not find a correlation between age and patient satisfaction, other studies found age to be significant predictor of satisfaction (6; 11) Different studies indicated that older patients are generally more satisfied than younger patients. Concerning to participants age, in this study, age group 18 to 30 years old (75%) were fully satisfied

compared to participants 61 years and above (66%) who were fully satisfied, that was in contrast with other studies, for instance, in Stimson and Webb (8) study, 85% of those over 65 were satisfied compared to 52% of those aged 15 – 39 years.

When we look participants' educational status, less educated patients have higher satisfaction. 87% of respondents who were illiterate were fully satisfied compared to 56% who had diploma and above; this is similar with the Alasad and Ahemed (13) study in which less educated patients tended to have high satisfaction. One study has also found that those attaining higher educational level were not satisfied with their care (33)

Regarding class of admission, 78% of patients who were admitted in 3<sup>rd</sup> class were fully satisfied compared to 54% of those who were admitted in first class and also 77% of participants who had 150 birr/month and below income compared to 52% of participants who had 1201 birr/month and above were fully satisfied, which is in contrast to the findings of Stimson and Webb (8) that satisfaction was related to social class, those from high social class tended to be more satisfied than the others.

Among the participants, 74% of them who had not had a history of previous hospital admission were fully satisfied compared to 66% of those who were admitted previously at least once to hospital. On this line we can conclude that previous hospital admission has got some effect on satisfaction.

Of participants who had other diseases different from the cause of admission, 75% were fully satisfied compared to 71% of patients who had not other diseases. This is in contrast to the Alasad and Ahemed (13) study in which those with no other diseases tended to have higher

satisfaction. Ottoson (11) also concluded that the state of good general health of patients who are successfully treated will result in high satisfaction scores.

## **Strengths and limitation of the study**

### **Strengths**

1. The study used a large sample size (n=660) with 4.4% non response rate
2. The study utilized a valid and standardized instrument (NSNS)
3. It dealt with important component of health care services, that is nursing service
4. Since interview was made with admitted patients, patients who stay for a long period of time and die were not missed.

### **Limitation**

Because of time constraints, the interview was held with admitted patients, since exit interview is preferred, to reduce information biases (social desirability bias). Patients may be afraid to say what ever they feel when they were still in the ward. So, the findings of this study might be inflated when we compared to the real findings.

## CONCLUSION

Nowadays most patients in our country complain about hospital services. To identify specifically which services cause dissatisfaction requires investigation. The patient may be very satisfied with the nursing care received but not too happy about the hospital food and the attitude of other workers, so nursing has to be separated out from the other aspects of the hospital experience and then broken down into various components, such as communication, comfort and attention to privacy and personal needs in order to achieve a valid measure of patient satisfaction (24) this is why the investigator of this study used NSNS as an instrument.

This study found that there was a communication gap between nurses and their patients that led to patient dissatisfaction. This is a common problem for hospitals under study which requires urgent attention to enhance patients' satisfaction at the same time to insure quality of nursing care. The public health implication related to patient dissatisfaction of care may be patient go to private health care providers that incur high cost to patients compared to government health care services.

Thus, examining the items with low patients' satisfaction will enable nurses to identify the defects in nursing care and to institute appropriate change. Items with high patients' satisfaction need to be maintained and enhanced by nurses.

Finally, this study may be the pioneer in its kind for our country and will be reinforce other researchers to do further studies in this area specifically to nursing care services.

## **RECOMMENDATIONS**

Based on the findings of the study the investigator recommends the following

1. There is a communication gap between nurses and patients, that lead most patients to dissatisfaction , so nurses should improve the way of conveying information to and from patients
2. A communication skill is one of the major skills nurses require. On this regard, nursing schools should give attention to developing the communication skills of their students side by side with cognitive and psychomotor skills and also nurses should practice these skills in their working places.
3. Exit interviews should be done in the future on patients' satisfaction with nursing care in order to minimize social desirability bias.
4. Hospitals which were under study should use the findings of this study to improve nursing services.

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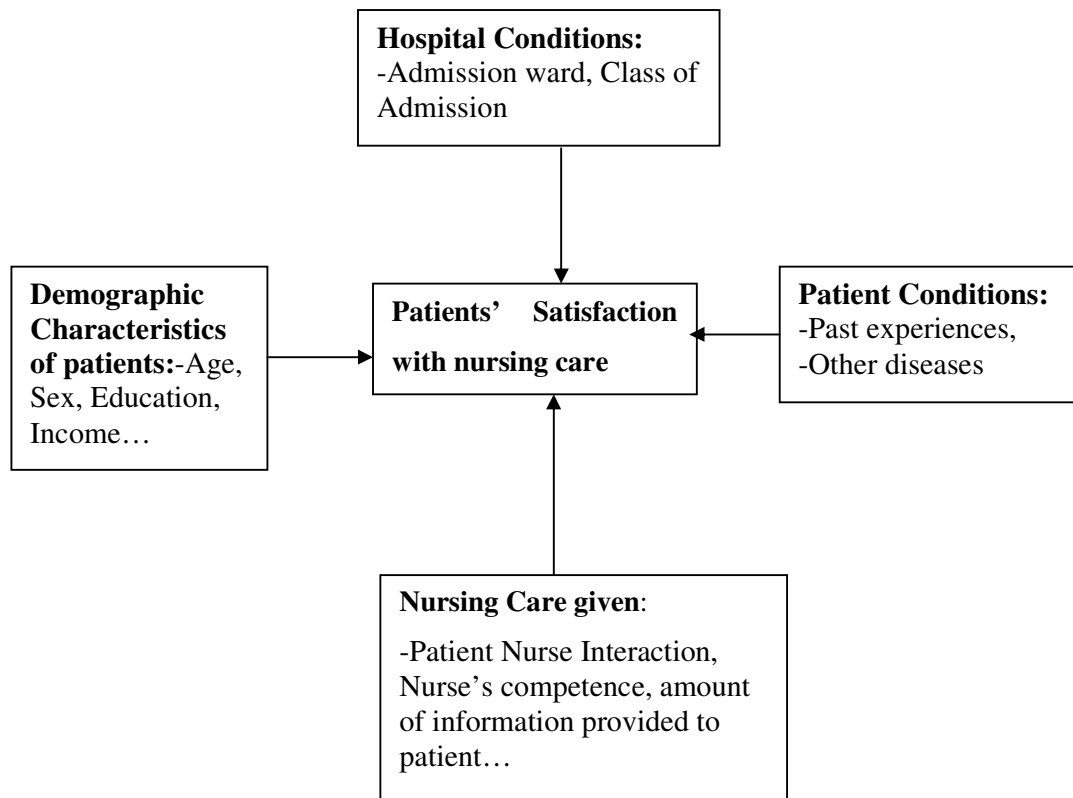
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# ANNEX I

## CONCEPTUAL FRAMEWORK



## ANNEX II

### Number of Nursing staffs in Hospitals under study (2004 / 5)

No.	Name of Hospitals	No. of Nurses	No. of Junior nurses	No. of Health Assistants	Total
1.	Black Lion	214	-----	54	268
2.	St. Paul	109	-----	53	162
3.	Zewditu Memorial	66	8	20	94

### Number of beds in hospitals under study (2004 / 5).

No.	Name of Hospitals	Total beds	Medical	Surgical	Gyne.	Total
1.	Black Lion	560	115	191	65	371
2.	St. Paul	290	53	111	28	192
3.	Zewditu Memorial	115	38	38	39	115
	TOTAL	965	206	340	132	678

### **ANNEX III - English Version Questionnaire**

Addis Ababa University  
Faculty of Medicine  
Department of community health

Questionnaire for Data Collection on Adult Patients' Satisfaction with Nursing Care in Public Hospitals, Addis Ababa, 2004

#### Identification

Name of Hospital \_\_\_\_\_ Ward \_\_\_\_\_  
Class \_\_\_\_\_ Ward code No. \_\_\_\_\_

#### Verbal consent form before conducting interview

Greeting:

Hello, my name is \_\_\_\_\_. I am working in the research team of Addis Ababa University. I would like to interview you a few questions about your experience and opinion of nursing care while you are in this Hospital ward. The objective of this study is to Asses the quality of nursing care in this Hospital, which is important to improve the Nursing Services so as to facilitate the healing process of the patients. Your cooperation and willingness for the interview is helpful in identifying problems related to the subject matter. Your name will not be written in this form. All information that you give will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any question you do not wish to answer. If you are not still discomfort with the interview please fell free to drop it any time you want. Do I have your permission to continue?

1. If yes, continue to the next page
2. If no, ask the reason and skip to the next respondent.

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Date of interview \_\_\_\_\_ Time started \_\_\_\_\_ Time finished \_\_\_\_\_  
Supervisors name \_\_\_\_\_ signature \_\_\_\_\_

1   ward

3  hospital

4    patient

Today's date

day month year

**CONFIDENTIAL**

## **YOUR VIEWS OF NURSING CARE**

### **ABOUT THESE QUESTIONS**

**These questions are about the nursing care you received during your stay in hospital. They ask about the care given to you by nurses and about your views of that care. Finally, they ask some questions about your-self.**

**We would like you to think carefully about each question and to answer it as honestly as you can. Don't spend too long on any question. Your first reaction will probably be better than a long thought-out answer. If you are unsure about how to reply to any question, please give the best answer you can and write your comments beside the question.**

**Your name and address does not appear anywhere on this booklet. The information that you give will not be used in any way that could identify you personally.**

**SECTION 1: YOUR OPINIONS OF NURSING CARE****HOW TO ANSWER THESE QUESTIONS**

**In this section, we ask your opinions of the nursing care you received during your stay on the ward. For each question, please circle one number which best describes your view.**

Thinking about your stay on the ward, how did you feel about:

		Not at all satisfied	Barely satisfied	Quite satisfied	Very satisfied	Completely satisfied
1	The amount of time nurses spent with you	1	2	3	4	5
2	How capable nurses were at their job	1	2	3	4	5
3	There always being a nurse around if you needed one	1	2	3	4	5
4	The amount nurses knew about your care	1	2	3	4	5
5	How quickly nurses came when you called for them	1	2	3	4	5
6	The way the nurses made you feel at home	1	2	3	4	5
7	The amount of information nurses gave to you about your condition and treatment	1	2	3	4	5
8	How often nurses checked to see if you were okay	1	2	3	4	5
9	Nurses' helpfulness	1	2	3	4	5
10	The way nurses explained things to you	1	2	3	4	5
11	How nurses helped put your relatives' or friends' minds at rest	1	2	3	4	5
12	Nurses' manner in going about their work	1	2	3	4	5
13	The type of information nurses gave to you about your condition and treatment	1	2	3	4	5
14	Nurses' treatment of you as an individual	1	2	3	4	5
15	How nurses listened to your worries and concerns	1	2	3	4	5
16	The amount of freedom you were given on the ward	1	2	3	4	5
17	How willing nurses were to respond to your requests	1	2	3	4	5
18	The amount of privacy nurses gave you	1	2	3	4	5
19	Nurses' awareness of your needs	1	2	3	4	5

## SECTION 2: QUESTIONS ABOUT YOURSELF

**These questions are about you. To help us understand your answers to the other sets of questions, we need some information about the kind of person you are. If you are unsure about how to reply to any question, please give the best answer you can and write your comments beside the question.**

1. Please indicate whether you are:

Please circle **one** number

Male	1
Female	2

2. How old are you? Age in years \_\_\_

3. History of previous Admission Yes 1 No 2

4. Have you other disease/s in addition to current health problem? Yes 1 No 2

5. We would like to know a little about your education.

Please circle **one** number

Are you still in full time education? Yes 1 No 2

At what age did you leave full-time education?

Age on leaving full time education \_\_\_

Educational Status:

Unable to write and read \_\_\_\_\_

Certificate \_\_\_\_\_

Below 4<sup>th</sup>.grade \_\_\_\_\_

Diploma \_\_\_\_\_

5<sup>th</sup>. – 8<sup>th</sup>. Grade \_\_\_\_\_

First degree & Above \_\_\_\_\_

High School \_\_\_\_\_

6. Occupation \_\_\_\_\_

Income: birr/month \_\_\_\_\_

7. Religion \_\_\_\_\_

8. Including last night, how many nights did you spend in **this ward** on **this occasion**?

Please **write the number** of nights **on the dashes below**

Number of nights \_\_\_\_\_

9. Was there one particular nurse in charge of your care in this ward?

Please circle **one** number only

- Yes 1
- No 2
- Not sure 3

10. How would you rate the **nursing care** you received in this ward?

- |          |           |      |      |      |           |           |
|----------|-----------|------|------|------|-----------|-----------|
| Dreadful | Very poor | Poor | Fair | Good | Very good | Excellent |
| 1        | 2         | 3    | 4    | 5    | 6         | 7         |

11. **Overall** how would you rate **your recent stay** in this ward?

- |          |           |      |      |      |           |           |
|----------|-----------|------|------|------|-----------|-----------|
| Dreadful | Very poor | Poor | Fair | Good | Very good | Excellent |
| 1        | 2         | 3    | 4    | 5    | 6         | 7         |

12. Are there any ways in which the **nursing care** could have been improved during your current stay in hospital?

.....

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.....

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13. Are there any other comments you would like to make?

.....

.....

.....

.....

.....

.....

.....

**THANK YOU**

**በአዲስ አበባ ዩንቨርሲቲ**

**ሕክምና ፋኩሲቲ**

**የሕብረተሰብ ጤና ሳይንስ ክፍል**

**በመንግስት ሆስፒታል ተኝተው ሰሚታከሙ ሕሙማን ከነርስ ባለሙያዎች ስላገኙት እንክብካቤ መጠይቅ ፣ 1997 ዓ.ም**

የሆስፒታሉ ስም -----

የመኝታ ክፍል -----

ደረጃ -----

የመኝታ ክፍሉ ቁጥር -----

**ሕሙማን በጥናቱ ስመሳተፍ ፍቃደኛ ስለመሆናቸው የሚገልጹበት ፎርም።።**

እንደምን ሰነበቱ? የእኔ ስም ----- ይባላል።። በአዲስ አበባ ዩንቨርሲቲ በሚደረገው በዚህ ጥናት ውስጥ ተሳታፊ ስሆን እርስዎ በዚህ ሆስፒታል መኝታ ክፍል ውስጥ ተኝተው በሚታከሙበት ወቅት ከነርስ ባለሙያዎች ስላገኙት እንክብካቤ ቃለመጠይቅ አደርግሎታለሁ።። የዚህ ጥናት አላማ ሕሙማን በቂና የተሞላ አገልግሎት ከነርስ ባለሙያዎች እንዲያገኙ ሰማድረግ ነው።። ስዓላማው መሳካት የእርስዎን ትብብር እንሻሰን።። የእርስዎ ስምም ሆነ አድራሻ በመጠይቁ ውስጥ አይካተትም እንዲሁም የእርስዎ ማንነትም ሆነ የሰጡት ምላሽ የእርስዎ ስለመሆኑ በምንም ሁኔታ አይገለጹም።። በዚህ ጥናት ስመሳተፍ እኛ የእርስዎን ሙሉ ፍቃደኝነት ስንጠይቅ ያለምንም አስገዳጅነት ሲሆን ፍቃደኛ ካልሆኑ ከመጀመሪያውም ሆነ ቃለመጠይቁን ከጀመሩም በኋላ ከመሃል ሳይ ማቋረጥ ይችላሉ።።

በጥናቱ ስመሳተፍ ፍቃደኛ ነዎት?      አዎ -----      አይደለሁም -----

1. ፍቃደኛ መሆናቸውን ካረጋገጡ በኋላ ቃስመጠይቁን ይጀምሩ።።
2. ፍቃደኛ ካልሆኑ ምክኒያቱ ይገለጹ -----
3. በመቀጠል ወደሚቀጥሉው ሕመምተኛ ይሂዱ።።

ቃስመጠይቁ:-

የተደረገበት ቀን ----- የተጀመረበት ሰዓት----- ያለቀበት ሰዓት -----

የተቆጣጣሪው ስም ----- ፊርማ -----

## መጠይቅ

- 1 ----- መኝታ ክፍል
- 3 ----- ሆስፒታል
- 4 ----- ሕመምተኛ

### ተኝተዉ በሚታከሙበት ክፍል ውስጥ ከነርስ ባስሙዎዎች ስላገኙት እንክብካቤ ያልዎት አስተያየት።።

#### በመጠይቁ ውስጥ ስላሉት ጥያቄዎች በተመሰከተ

በዚህ መጠይቅ ውስጥ ያሉት ጥያቄዎች እርስዎ በዚህ ሆስፒታል ውስጥ ተኝተው በመታከም ሳይ እያሉ ከነርስ ባስሙዎዎች ስላገኙት እንክብካቤ ያሉትን ግንዛቤና አስተያየት የሚጠይቁ ናቸው።።ይህ መጠይቅ ሁለት ክፍል ሲኖረው የመጀመሪያዉ ክፍል ተኝተዉ በሚታከሙበት ክፍል ውስጥ ከነርሶች ስላገኙት

እንክብካቤ ያሉትን ግንዛቤ እና አስተያየት የተመሰከተ ሲሆን የመጨረሻዉ ክፍል ደግሞ ስራራስዎ ምሳሌ የሚሰጡበት ነው።።

እያንዳንዱን ጥያቄ በጥንቃቄና በታማኝነት ይመሉ።። መጀመሪያ ሳይ የሚሰጡት አስተያየት የተሻለ ስለሚሆን ለእያንዳንዱ ጥያቄ በጣም ረጅም ጊዜ አይውሰዱ።። ከጥያቄዎቹ መካከል ስኬት ምሳሌ ስመስጠት የተቸገረ ከሆነ ይበልጥ ከእርስዎ አስተያየት ጋር ተቀራራቢ የሆነዉን አንዱን ብቻ በመምረጥ ተጨማሪ ሃሳብ ካልዎት ከጥያቄዉ ጎን ያስፍሩ።። የእርስዎ ስምም ሆነ አድራሻ በመጥያቄ ውስጥ አይካተትም።። የሰጡትም አስተያየት የእርስዎ ስለመሆኑ በምንም ሁኔታ አይገለጹም።።

**ክፍል አንድ:- ከነርስ ባሰሙዎቻች ስራራሽነት እንክብካቤ ያልዎት አስተያየት።።**

በዚህ መጠይቅ ክፍል ውስጥ ያሉት ጥያቄዎች እርስዎ በዚህ ሆስፒታል ክፍል ውስጥ ተኝተዉ በሚታከሙበት ወቅት ከነርስ ባሰሙዎቻች ስራራሽነት እንክብካቤ የእርስዎን አስተያየት የሚጠይቁ ናቸው።። ለእያንዳንዱ ጥያቄ ከእርስዎ ሃሳብ ጋር የሚመሳሰሉዉን አንዱን በመምረጥ ቁጥሩን ብቻ ያክብቡ።።

በዚህ መኝታ ክፍል ውስጥ እያሉ ክንርሶች ስላገኙት እንክብካቤ የተሰማዎት ስሜት፡-

		ሙሉ በሙሉ አሳስደሰተኝም	አሳስደሰተኝም	አሳስደሰተኝ ስ	በጣም አሳስደሰተኝል	ሙሉ በሙሉ አሳስደሰተኝል
1	ነርሶች ለእርስዎ አገልግሎት በመስጠት ያሳስፏት ጊዜ	1	2	3	4	5
2	ነርሶች በሙያቸው ያሳዩት ብቃት	1	2	3	4	5
3	እርዳታ በፈለጉ ጊዜ የነርሶች ዘወትር በቅርብ መገኘት	1	2	3	4	5
4	እርስዎ ምን ያህል እንክብካቤ እንደሚያስፈልገዎት ነርሶች ያሳቸው እውቀት	1	2	3	4	5
5	እርስዎ ነርስ በሚፈልጉበት ጊዜ በቶሎ የማግኘትዎ ሁኔታ	1	2	3	4	5
6	ነርሶች ቤትዎ እንዳሉ እንዲሰማዎት የሚያደርጉት ጥረት	1	2	3	4	5
7	ስለጤንነትዎ ሁኔታና ስለህክምናዎ ክንርሶች ያገኙት መረጃ/ምሳሌ መጠን	1	2	3	4	5
8	ነርሶች እርስዎ ደህና ስለመሆንዎም ሆነ ስለሁኔታዎ በተደጋጋሚ የመከታተል ሁኔታ/ተግባር	1	2	3	4	5
9	ነርሶች እርስዎን ለመርዳት ያሳቸው ፍላጎት	1	2	3	4	5
10	ነርሶች ነገሮችን/ሁኔታዎችን ለእርስዎ የሚያስረዱበት መንገድ/ዘዴ	1	2	3	4	5
11	ነርሶች አስተማሪዎችን ለማረጋገጥ ያደረጉት ጥረት	1	2	3	4	5
12	ነርሶች ስራቸውን በሚያከናውኑበት ወቅት የሚያሳዩት ባህርይ	1	2	3	4	5
13	ስለጤንነትዎ ሁኔታና ስለህክምናዎ ክንርሶች ያገኙት መረጃ/ምሳሌ ዓይነት	1	2	3	4	5
14	ነርሶች በእርሶነትዎ/በሰብሰባዎ ፍጡርነትዎ ያደረጉሎት መስተንገዶ	1	2	3	4	5
15	ነርሶች የሚያስጨንቁዎትን ሆነ የሚያሳስቡትን ነገር ለማድመጥ የነበራቸው ፍቃድኝነት	1	2	3	4	5
16	በተኝበት ክፍል ውስጥ የነበርዎት ነፃነት	1	2	3	4	5
17	ጥያቄዎችዎን ለመመለስ የነበረው የነርሶች ፍቃድኝነት	1	2	3	4	5
18	በግልዎ ማከናወን ወይም እንዲከናወንልዎ ለሚፈልገዎቸው ነገሮች ክንርሶች ያገኙት የትብብር መጠን	1	2	3	4	5
19	ነርሶች የእርስዎን ፍላጎት ለማወቅ የሚያደርጉት ጥረት	1	2	3	4	5



6. ሥራ -----

የወር ገቢ ----- በብር

7. እምነት -----

8. በዚህ መታከሚያ መኝታ ክፍል ውስጥ ምን ያህል ሴሲት አሳልፈዋል?-----

9. ተኝተው በሚታከሙበት ክፍል ውስጥ የእርስዎን እንክብካቤ በተመለከተ ጎሳፈነት የነበረው የነርስ ባሰሙያ ነበር ?

- አዎ 1
- የሰም 2
- እርግጠኛ፣ አይደለሁም 3

10. ተኝተው በሚታከሙበት ክፍል ውስጥ ከነርሶች ያገኙት እንክብካቤ

እጅግ በጣም	በጣም	ጥሩ አይደለም	ደህና ነው	ጥሩ ነው	በጣም	እጅግ በጣም
ጥሩ አይደለም	ጥሩ አይደለም				ጥሩ ነው	ጥሩ ነው
1	2	3	4	5	6	7

11. በአጠቃላይ በሆስፒታሉ መኝታ ክፍል ውስጥ ያሉት ቆይታ

እጅግ በጣም	በጣም	ጥሩ አይደለም	ደህና ነው	ጥሩ ነው	በጣም	እጅግ በጣም
ጥሩ አይደለም	ጥሩ አይደለም				ጥሩ ነው	ጥሩ ነው
1	2	3	4	5	6	7

12. ከነርሶች ያገኙት እንክብካቤ ሲሻሻል የሚችልበት መንገድ ከነበረ የእርስዎ አስተያየት

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13. ተጨማሪ አስተያየት ካልዎት

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**እናመሰግናለን!!!**

