

Addis Ababa University  
College of Health Sciences  
School of Allied Health Sciences  
Department of Nursing and Midwifery

Assessment of Nurses' Perceived Barriers for the Provision of Developmental Care in the  
Neonatal Intensive Care Units of Governmental Hospitals in Addis Ababa, Ethiopia

A thesis Submitted to School of Graduate Studies, Addis Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery for Partial Fulfillment of Requirements of Master's (MSc) Degree in Child Health Nursing.

June, 2014.

Addis Ababa, Ethiopia

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June, 2014.

Addis Ababa, Ethiopia

APPROVAL BY THE BOARD OF EXAMINATION

This Thesis By MEKDES HAILEGEBREAL is Accepted in its Present Form by the Board of Examiners as Satisfying Thesis Requirement for the Degree of Master of Science in Nursing.

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## Acronym

Bsc- Bachelor of Science

EDHS-Ethiopian Demographic Health Survey

NBs- Neonatal Birth

NICU-Neonatal Intensive Care Unit

SPSS-Statistical Package for Social Science

VLBW-Very Low Birth Weight

WHO- World Health Organization

## **Abstract**

**Background:** Every year, 120,000 newborns die in Ethiopia. Neonatal deaths now account for a greater proportion of under-five deaths. An estimated 3.1 million neonates die each year globally and 99% of these deaths occur in low-income countries. Despite the extraordinary improvements in child survival over the past 25 years, there is still virtually no effective health care for newborns in many developing countries. The nurse becomes the infant's primary supportive staff with the most contact with infants and their caregivers. In this study, the nurse's perceived barriers in the provision of neonatal developmental care are assessed.

**Objective:** To assess Nurses' Perceived Barriers for the Provision of Developmental Care in the Neonatal Care Units of Public Hospitals in Addis Ababa, Ethiopia.

**Methods:** quantitative cross sectional study was conducted. Self-administered questionnaire was used to assess nurses' perceived barriers in the provision of neonatal developmental care in all public hospitals of Addis Ababa, Ethiopia. All neonatal Nurses' working in all public hospitals of Addis Ababa was included in the study without taking sample. Binary and multiple logistic regressions were done to assess association between variables.

**Result:** A total of 90 respondents responded to the questionnaires, giving a response rate of 97.83%. The majority of respondents were female (80%). Majority of the respondents had year of experience between 1-5 year accounting 65(7.77%). Majority of respondents 72(80%) had positive perception (accept nurses perception influence provision of NICU developmental care). Most of the respondents accept as motivation, emotion, job satisfaction, work experience, and recognition by managers and level of education affects Nurses perception in provision of NICU developmental care.

**Conclusion:** In multiple logistic regressions job satisfaction affects the perception of Nurses in providing NICU developmental care.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background of the Study**

The in-utero environment of a developing fetus is characterized by generalized extremity flexion and containment, limited light and noise exposure, sleep cycle preservation, and unrestricted access to mom via somatosensory, auditory, and chemosensory pathways, this environment is conducive to positive sensory input which is crucial for normal fetal brain development (1).

A newborn preterm infant is deprived of these basic developmental needs upon transition from the womb to the environment of the newborn intensive care unit. This environment is typically characterized by painful procedures, excessive light and noise exposure, interrupted and inadequate sleep, and separation from mom (1).

Developmental care is the use of a range of medical and nursing interventions to decrease the stress of preterm neonates in neonatal intensive care units (2). Developmental care has its roots in the discipline of professional nursing, with Florence Nightingale's theories on the importance of the nurturing environment for patient care and restoration of health (3).

In the 1970s, neonatal caregivers/parents became increasingly aware of the impact of the complex neonatal intensive care unit (NICU) environment on the pre-mature infant's developing nervous system while simultaneously appreciating the infant as a social being actively engaging caregivers and the external physical environment (2). Between 1980s and 1990s, developmental care was introduced as an infant care giving model aimed at minimizing the adverse effects of the NICU environment on the high-risk infant (2).

Despite the growing body of evidence for developmentally supportive care practices, implementation has varied from institution to institution (2). Despite the extraordinary improvements in child survival over the past 25 years, there is still virtually no effective health care for newborns in many developing countries (4). The size of the problem is sobering: a child's risk of death is nearly 15 times greater in the first month of life than at any other time during the first year of life (4).

Upon entering the NICU, the nurse becomes the infant's primary supportive staff with the most contact with infants and their caregivers (5). It is the nurse's responsibility to provide caregivers with adequate information regarding their child's health status; they also relay information from doctors and other healthcare professionals (5). Effective nurse-mother communication is critical in supporting the development of a newborn infant. The neonatal nurse must provide developmental care (5). The focus is on promoting parental knowledge through building relationships with parents and caregivers. If this care system is being practiced, parents will be partners in caring for the infant. Parenting is a developmental process that can be facilitated by a nurse (5). It is the nurse's role to support and teach caregivers the skills needed to advocate and care for their infant while supporting continued development (5).

Nurses in NICUs operate in a challenging environment with the demands of care of the infant and providing family-centered care. There is a need for nursing support to assist parents of ill infants. Nurses are in a position to influence caregiver's abilities to cope with stressors and to become effective parents. Interpersonal communication is one principal tool used to trade information among health professionals, patients, and families (6). Nurses above all, are a primary source of support for parents during this difficult transition from the NICU to the home. Nurses are the

primary educators in teaching parents how to care for their premature infant (7). In this study, the nurse's perceived barriers in the provision of neonatal developmental care were assessed.

## **1.2 . Statement of the Problem**

Neonatal deaths now account for a greater proportion of under-five deaths. An estimated 3.1 million neonates die each year globally and 99% of these deaths occur in low-income countries (8). Neonatal deaths represented an estimated 40% of under-five deaths in 2010. Although neonatal mortality rates are also decreasing globally, Africa is experiencing much slower declines than other regions. As a result of insufficient progress; there have been increasing calls for action to address newborn survival (9).

Neonatal morbidity and mortality rates in Ethiopia are among the highest in the world and stem from a range of socio-economic, political and demographic factors (10). Many of these deaths are preventable. Around 120,000 newborns die every year and the neonatal mortality rate is 37 per 1000 live births (11).

Despite Ethiopia's achievements to improve access to maternal, newborn, and child health services, accelerated progress is needed for the country to achieve Millennium Development Goal 4, particularly in the area of newborn health (12). Currently 1 in every 27 Ethiopian children dies within his or her first month of life (13).

Nationally, neonatal deaths account for 42% of under-five deaths (14). The primary causes for newborn death include birth asphyxia (30%), sepsis (24%), prematurity (23%), and pneumonia (8%) (15).

Birth weight is a powerful predictor of infant growth and survival. Infants born with low birth weights begin life immediately disadvantaged and face extremely poor survival rates. In most developing countries it was approximated that every ten seconds an infant dies from a disease or infection that can be attributed to low birth weight (16). Many of those infants who survive suffer cognitive and neurological impairment, increased risk of high blood pressure, obstructive lung disease, cholesterol, renal damage, acute diarrhea, impaired immune function and poor cognitive development (17).

A successful developmental care program is the product of a multidisciplinary team of parents, nurses, nurse practitioners, and physicians (16). Despite major technological and scientific advances, preterm infants have a significantly greater risk than their term counterparts for a variety of medical and psychological morbidities such as chronic lung disease, intraventricular hemorrhage, learning disabilities, neurosensory deficits and behavioral problems (17).

Many neonates survive major insults such as infections and birth complications with no evidence of impairment. This is because of the plasticity of the developing brain and improvements in medical care. However, some newborn babies suffer impairment of the growth and development of the brain or central nervous system as consequence of these insults. These impairments cause a major socioeconomic burden, especially in resource –poor countries. Intrauterine and neonatal insults substantially increase the global burden of disease, measured in disability –adjusted life-years because they contribute to both premature mortality and long term disability. Intrauterine and neonatal insults have a high risk of causing substantial long term neurological morbidity. The most common impairments were learning difficulties, cognition, or developmental delay, cerebral palsy, hearing impairment and visual impairment (18.) Many factors make the situation and

outcomes for neonates in low and middle-income countries very different to those in high income settings: infections and intra partum complications are more prevalent. [\(18\)](#).

The role of the neonatal Nurse is vital for the successful implementation of developmental care and the provision of an optimal neonatal intensive care unit (NICU) environment (19). The neonatal nurse as the mainstay of the NICU, it is she who works together with the physician on the treatment procedure decision performs the direct care of the newborn and provides emotional support to the family members (19). The goal of this study was to identify different barriers to the provision of neonatal developmental care in different governmental hospitals of Addis Ababa.

### **1.3 . Significance of the Study**

The results of this study can be used to identify the nurse's perceived barriers for the provision of neonatal developmental care which plays a major role in the improvement of premature baby's health outcomes help preterm infants cope better with the environment of the neonatal intensive care unit (NICU) improve weight gain and time to full enteral feeding as well as to improve neuro developmental scores. The study also contributes for neonatal decreased length of hospital -stay and hospital costs by revealing the major factors impeding the implementation and provision of neonatal developmental care. It also help to initiate and facilitate dialogue with policy makers about the major challenges in implementation and provision of neonatal developmental care in different hospitals and serve as evidence-base for the development of policy framework.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **Factors Affecting Employees' Perception**

Employee perception is a factor that can make a huge difference in the quality of the workplace. When employees view the employer, their work, and their relationships within that workplace as being positive, there is a good chance the employee will be productive and remain with the employer for a long time (20). Much evidence points to the conclusion that early experience, learning, emotion, and motivation are important in defining what and how we perceive (20).

Work experience is associated with learning that shapes perception based on one's past experience; Work experience was therefore expected to influence perception of the employees (21).

#### **Job Satisfaction**

According to the survey done in Taiwan completed by 1475 respondent (180 physicians, 1019 nurses and 276 healthcare professionals), physicians were more satisfied with their jobs ( $F=26.75$ ,  $p<0.05$ ) than either nurses or other health care professionals. Conversely nurses perceived more positive collaborative relationships than did physicians or other health professionals ( $F=279.51$ ,  $P=0.01$ ). Stepwise regression analysis demonstrates that perceptions of quality of patient care and collaborative relationships were the most important predictors of job satisfaction for healthcare providers (21).

### **Working Experience and Interpersonal Collaboration**

Study conducted in Mexico showed the experience of nurses in relation to the systematization of nursing care is a routine and unnoticed action (22). The care was partially recorded and the professionals spent little time carefully listening and fostering a close relationship with patients (22).

The perception that nurses have of the context in which they work is related to interpersonal relationships. The way they act with the newborn and their affinity with the family members (23).

### **Educational Level**

Academic qualifications would be expected to influence perception since higher academic qualifications imply higher level of learning and greater ability to analyzing issues (24).

A study regarding ongoing education as a tool to think and act in nursing work corroborates the findings of this study in the sense that the care is closer to the auxiliary nurse and nursing technicians than the nurse. The latter being more concerned with administrative matters, which promotes distancing from the care (22). Ongoing education should constitute part of the thinking and doing of the workers, providing personal and professional growth and contributing to the organization of the work (22).

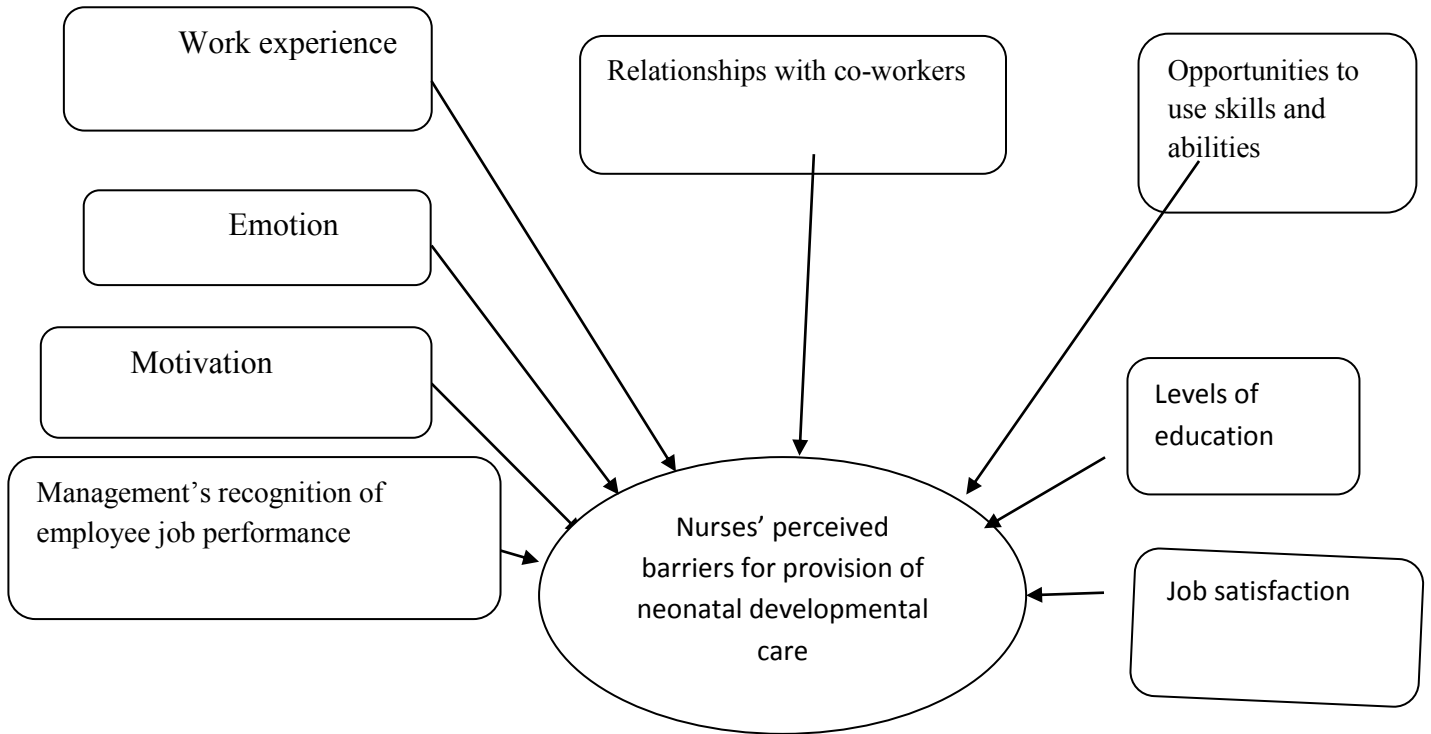
Collaboration and continuing education of the supportive staff in the NICU (doctors, nurses, etc.) are vital in the success of the unit. Infants and their families rely on these professionals for education, help with decision making, and most importantly, quality care (22).

### **Manager's Recognition and Leadership**

In quality improvement context, leadership is generally recognized as key factor that plays a leading role in excellence models. Data were collected between August and October 2011 in a Portuguese health center via a questionnaire completed by the nursing staff. The original sample included 283 employees; results obtained through structural equation modeling, the analysis suggests that nursing leadership has a direct ( $B=0.724$ ) and statistically significant ( $p=0.007$ ) clearly suggests that nursing leadership directly and significantly influence nursing quality (26).

According to the study done in secondary analysis of data collected in two previous studies of the relationship between nurse staffing (hours of care, staff mix) and the quality of patient care was used to determine the relationship between nurses' education and experience and the quality of care provided the data were collected at the patient care unit level and the result shows association between nurses experience and level of education affects quality of care provided (25).

## Conceptual Framework



**Figure 1: Conceptual framework on the relationship between factors affecting Neonatal Nurse's perception in developmental care provision (developed by the researcher based on literature review)**

## **CHAPTER THREE**

### **OBJECTIVE**

#### **General objective**

- To assess Nurses' Perceived Barriers for the Provision of Developmental Care in the Neonatal Care Units of governmental Hospitals in Addis Ababa, Ethiopia.

#### **Specific objective**

- To determine the relationships among (a) work experience, (b) emotion, (c) motivation and nurses' perceived barriers for provision of neonatal developmental care.
- To find out the relationship between management recognition of employee's job performance and nurses' perceived barriers for provision of neonatal developmental care.
- To determine the relationships among relationships with co-workers and nurses' perceived barriers for provision of neonatal developmental care.
- Find out the relationships between (a) opportunities to use skills, (b) job satisfaction, (c) level of education and nurses' perceived barriers for provision of neonatal developmental care

## **CHAPTER FOUR**

### **RESEARCH METHODS**

#### **4.1 Study Area**

The study was conducted in five governmental hospitals in Addis Ababa, Ethiopia (i.e., Black Lion Hospital, Zeweditu Memorial Hospital, Gandhi Memorial Hospital, Yekatit 12 Hospital, and Paulos Hospital). Black lion NICU is staffed with 3 neonatology fellows, several consulting pediatricians, medical students and 20 NICU nurses, the neonatal unit is able to accommodate as many as 60 patients and has an average daily census of between 20 and 40 infants. Gandhi memorial hospital is the only maternitiy hospital in Addis Ababa, it opened its door in 1995 and never had a neonatal unit until October 2009, the unit opened with 16 neonatal beds. These hospitals are among the largest hospitals in Ethiopia with a relatively advanced health establishments providing good quality medical care and have Neonatal Intensive Care Unit to provide neonatal developmental care with neonatal nurses and other health professional.

#### **4.2 Study Design**

A quantitative cross-sectional study was conducted to assess nurse's perception of barriers in the provision of neonatal developmental care in selected public hospitals of Addis Ababa.

#### **4.3 Study Period**

Study was conducted from March 23/2014 G.C to April 8/2014 G.C

#### **4.4 Source Population**

Neonatal nurses working in all governmental hospitals of Addis Ababa, Ethiopia.

#### **4.5 Study Population**

There was 92 NICU nurses in five governmental hospitals of Addis Ababa, Ethiopia (20 in Black Lion General Specialized Hospital, 19 in Yekatit Asirahulet Hospital, 17 in Gandhi Memorial Hospital, 14 in Paulos Hospital and 13 in Zeweditu Memorial Hospital). The lists of 92 NICU Nurses were obtained from head's attendance sheet.

##### **4.5.1 Inclusion Criteria**

- Nurses who were working in the neonatal unit of the selected hospitals.
- Those who were volunteer to participate in the study.

##### **4.5.2 Exclusion Criteria**

- Who were not volunteer
- Nurses working out of NICU

#### **4.6 Sample size Determination:**

$n = Z_{\alpha/2}^2 (p(1-p) / d^2)$  Where n= minimum sample size required

Z=standard normal distribution (Z=1.96) with confidence interval of 95% and  $\alpha=0.05$

P=population proportion

d=marginal error

$$= (1.96)^2 0.5(0.5) / (0.05)^2$$

=384 Since the total population is small take all population as study population.

#### **4.7 Sampling Procedure**

All Nurses working in five governmental hospitals' NICU were included in the study using census method. Data was taken from all neonatal nurses waiting those who are on annual leave and those who are on study leave at Addis Ababa to maintain the quality of the research.

#### **4.8 Data Collection Instrument**

A structured questionnaire developed in English and translated in Amharic and back to English to check for its original meaning including all the relevant variables to meet the objectives used to assess. The data collection tool was pre-tested on other neonatal nurses who work in other private hospital ( Bethel and Techlehaymanot), which were not included in the study before the initiation of the main study. Findings and experiences from the pre-test were utilized in modifying the questionnaire.

#### **4.9 Data Collection Procedure**

Three diploma graduate nurses were recruited as data collectors, two B.Sc. graduate nurses were recruited as supervisors from nongovernmental health science collages. All data collectors and supervisors were oriented for one day on data collection process based on the guide that was developed by principal investigator for data collectors. Beside this, they were trained on their responsibilities for describing the purpose of the study, giving orientation, telling clients the importance of honest and sincere reply, on responding to questions. The principal investigator and the coordinator were strictly following the overall activities for each activity on daily base to ensure the completeness of questionnaire, to give further clarification and support for data collectors.

#### **4.10 Variables**

##### **Independent**

Socioeconomic and demographic factors (age, marital status, religion, ethnicity and education), Work experience, emotion, motivation, manager's recognition of employee's job performance, job satisfaction and level of education relationships with coworkers.

### **Dependent**

Neonatal Nurses' perception of barriers for the provision of developmental care

### **4.11 Operational Definitions**

**Negative Perception:** Respondents who rejects nurse's perception influence provision of NICU developmental care.

**Positive perception:** Respondents who accept nurse's perception influence provision of NICU developmental care.

**Emotion:** Assessed using seven questions using Likert scale having five response options holding 1-for strongly disagree, 2-somewhat disagree, 3-Neutral, 4-somewhat agree and 5-strongly agree. Taking half of the maximum score of 35, respondents who score greater than or equal to 17.5 score accept as emotion affect nurse's perception influence the provision of NICU developmental care. Those who score less than 17.5 rejects (does not accept as emotion affects nurse's perception providing NICU developmental care)

**Job Satisfaction** - Assessed using seven questions using Likert Scale having five response options holding 1-for strongly disagree, 2-somewhat disagree, 3-neutral, 4-somewhat agree and 5- strongly agree. Taking half of the maximum score of 35, respondents who score greater than or

equal to 17.5 score accept as job satisfaction affects Nurse's perception influence the provision of NICU developmental care. Those who score less than 17.5 rejects (does not accept as job satisfaction affects Nurse's perception providing NICU developmental care)

**Motivation:** Assessed using seven questions using Likert Scale having five response options holding 1-for strongly disagree, 2-somewhat disagree, 3-Neutral, 4-somewhat agree and 5-strongly agree. Taking half of the maximum score of 35, respondents who score greater than or equal to 17.5 score accept as motivation affect nurse's perception influence the provision of NICU developmental care. Those who score less than 17.5 rejects (does not accept as motivation affects Nurse's perception providing NICU developmental care).

**Neonatal Developmental Care:** is the use of nursing intervention to decrease the stress of preterm neonates in neonatal intensive care unit.

**Perceived Barriers:** the different challenges noticed or understand things.

**Recognition:** Assessed using seven questions using Likert Scale having five response options holding 1-for strongly disagree, 2-somewhat disagree, 3-Neutral, 4-somewhat agree and 5-strongly agree. Taking half of the maximum score of 35, respondents who score greater than or equal to 17.5 score accept as manager's recognition affect nurse's perception influence the provision of NICU developmental care. Those who score less than 17.5 rejects (does not accept as manager's affects Nurse's perception providing NICU developmental care).

**Work Experience**

Assessed using seven questions using Likert Scale having five response options holding 1-for strongly disagree, 2-somewhat disagree, 3-Neutral, 4-somewhat agree and 5- strongly agree. Taking half of the maximum score of 35, respondents who score greater than or equal to 17.5 score accept as work experience affect nurse's perception influence the provision of NICU developmental care. Those who score less than 17.5 rejects (does not accept as work experience affects Nurse's perception providing NICU developmental care)

#### **4.12 Data Quality Assurance**

Questionnaire prepared by principal investigator based on different literatures were prepared in English and pre-tested on 10% of the study population which were not selected in the study. Additional adjustments were made based on the results of the pre-test done on neonatal nurses working at Techlehaymanot and Bethel hospital. The collected data were checked by the supervisor daily for completeness and finally the principal investigator were monitoring the overall quality of data collection.

#### **4.13 Data Analysis Procedure**

Data were entered in to epi info, cleared and transferred into SPSS version 16 statistical Software's for analysis. Binary and multi variant logistic regression analyses were determined to assess association between variables. The strength of statistical association were measured by adjusted odds ratios and 95% confidence intervals and statistical significance were considered at  $P < 0.05$ .

#### **4.14 Ethical Clearance**

Ethical clearance was obtained from Addis Ababa University Department of Nursing and Midwifery research committee and College of Health Sciences Institutional Review Board. Participants were provided with information sheet about the objective of the study, confidentiality of the information obtained during data collection and verbal informed consent was obtained from participants, the data collector confirmed that they have the right to stop at any time or skip any question that they do not wish to answer or think that it affects their privacy.

#### **4.15 Dissemination and Utilization of Results**

Result of the study will be disseminated to Addis Ababa University Department of Nursing as partial Fulfillment of Master's Degree in Nursing and will be communicated to the Ministry of Health, Addis Ababa Health Bureau, and all government health services in Addis Ababa. The findings will be presented in different seminars, meetings and workshops and will be published in a scientific journal. Hard and soft copy will be available in the library of Addis Ababa University for graduate students as well as for others.

## **CHAPTER FIVE**

### **RESULTS**

A total of 90 respondents responded to the questionnaires, giving a response rate of 97.83%.

The other 2(2.17%) could not give response due to maternal leave.

#### **5.1 Socio Demographic Characteristics**

Table one shows that majority of the respondents are in the age between 30-39 (53.33 %) and most of the respondents were females accounting 72 (80%). Majority of the respondents are married 45(50%) and have year of experience between 1-5 year accounting 65(7.77%) and most of the respondent have educational level of B.Sc. degree 52(57.8%).

Table 1: Socio demographic profile of respondents among Neonatal Nurses working in governmental hospital of Addis Ababa, 2014

<b>Socio Demographic Characteristics</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age</b>		
20-29	42	46.66
30-39	48	53.33
40-49	5	5.55
50-59	0	0.00
<b>Sex</b>		
Male	18	20.00
Female	72	80.0
<b>Level of education</b>		
Diploma Nurse	38	42.20
Bsc Nurse	52	57.80
<b>Marital status</b>		
Married	45	50.00
Single	43	47.80
separated	2	2.00
<b>Religion</b>		
Orthodox	47	52.20
Muslim	13	14.40
Protestant	30	33.30
<b>Ethnicity</b>		
Amhara	27	30.00
Oromo	26	28.90
Tigre	23	25.60
Welayeta	9	10.00
Gurage	5	5.60
Other		
<b>Work experience(year)</b>		
Less than 1 year	18	20.00
1-5year	65	72.22
6-10years	7	7.77

## 5.2 Perception of Employee

In order to understand the perception of nurses affecting the NICU developmental care, the researcher asked the respondents to rate questions related to on a scale of 1-5. Numeral 1 was for strongly disagree, 2 disagree, 3 neutral, 4 agree and 5 strongly agree. The scores to responses on the questions were then categorized and summarized in table two below.

Table 2 describes 72(80%) had positive perception while 18(20%) of the respondents had a negative perception. This shows that the majority of respondents had positive perception (accept nurses perception influence provision of NICU developmental care).

Table 2: Classification of perception of respondents among neonatal nurses working governmental hospitals of Addis Ababa, 2014

<b>Categorization of Scores</b>	<b>Perception</b>	<b>Frequency</b>	<b>Percentage</b>
<17.5	Negative perception	18	20
$\geq 17.5$ score	Positive perception	72	80
Total		90	100

### 5.3 Emotion and Motivation

As figure 2 shows majority of the respondents 52(57.8%) accepts that emotion and motivation affects the nurses' perception on the provision of NICU developmental care while the rest 38(42.2%) rejects that motivation and emotion affects the nurses' perception on the provision of NICU developmental care.

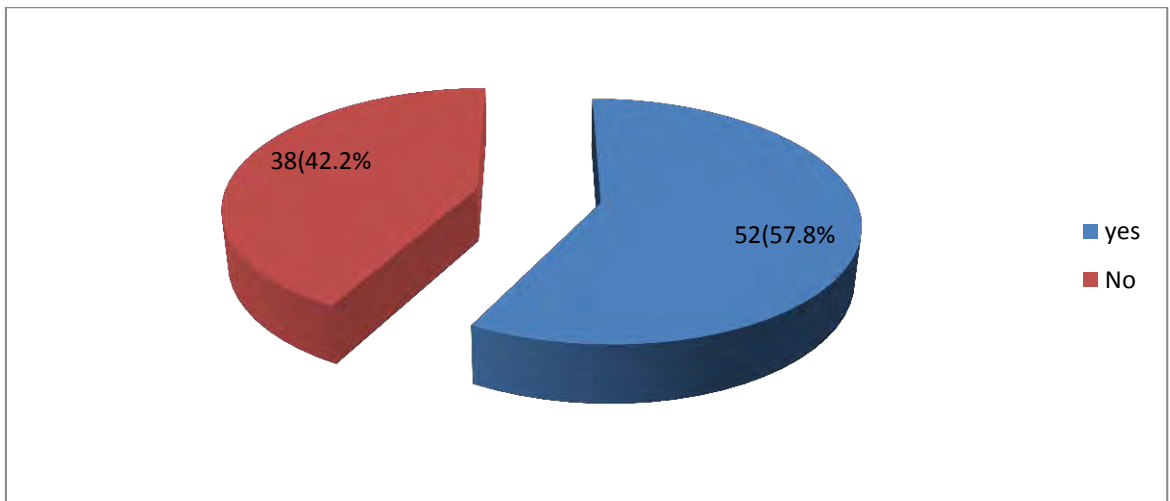


Fig 2: Distribution of respondents on accepting and rejecting motivation and emotion as a factor affecting nurses perception on provision of NICU developmental care among neonatal nurses, governmental hospitals of A.A. Ethiopia, 2014

#### 5.4 Relationships with Co-workers and Opportunities to use Skills

Figure 3 shows majority of the respondents 63(70%) accepts that relationship with the coworkers and opportunities to use skills affects the nurses perception on the provision of NICU developmental care while the remaining 27(30%) rejects that relationship with the coworkers and opportunities to use skills affects the nurses perception on the provision of NICU developmental care.

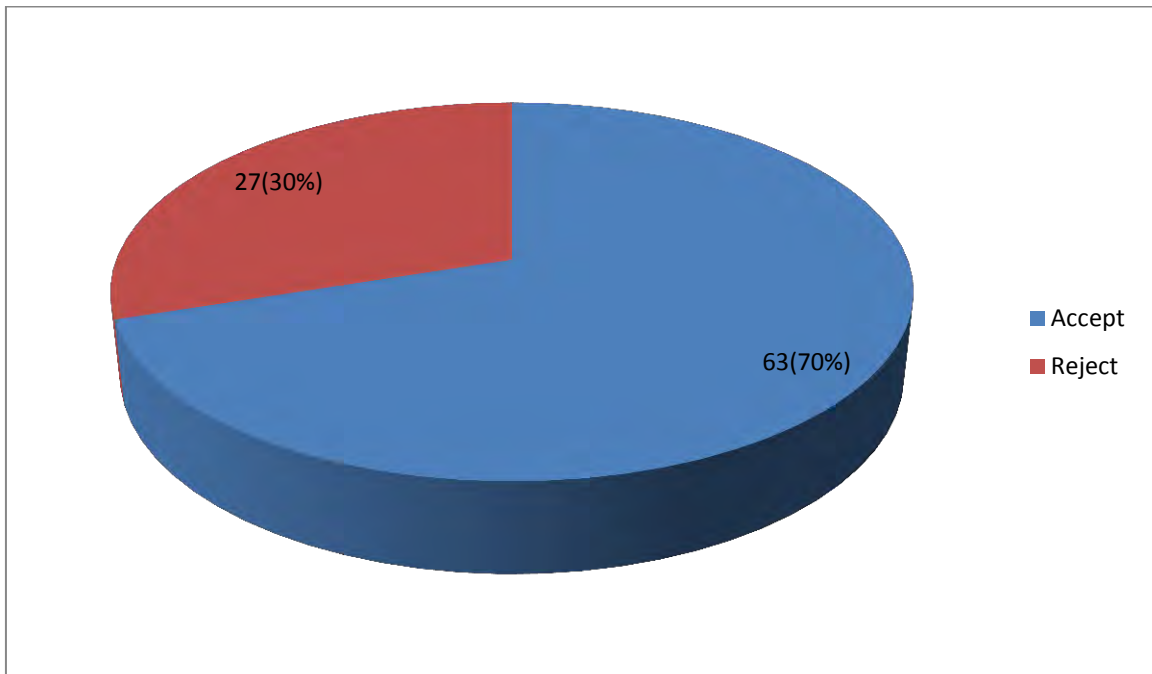


Fig 3: Distribution of respondents on accepting and rejecting relationship with the coworker and opportunity to use skills as a factor affecting nurses perception of NICU developmental care among neonatal nurses, governmental hospitals of A.A, Ethiopia, 2014

## Section 5.5 Job Satisfaction

figure 4 shows majority of the respondents 49(54.44%) accepts that job satisfaction affects the nurses perception on the provision of NICU developmental care while the remaining 41(45.55%) rejects that relationship with the coworkers and opportunities to use skills affects the nurses perception on the provision of NICU developmental care.

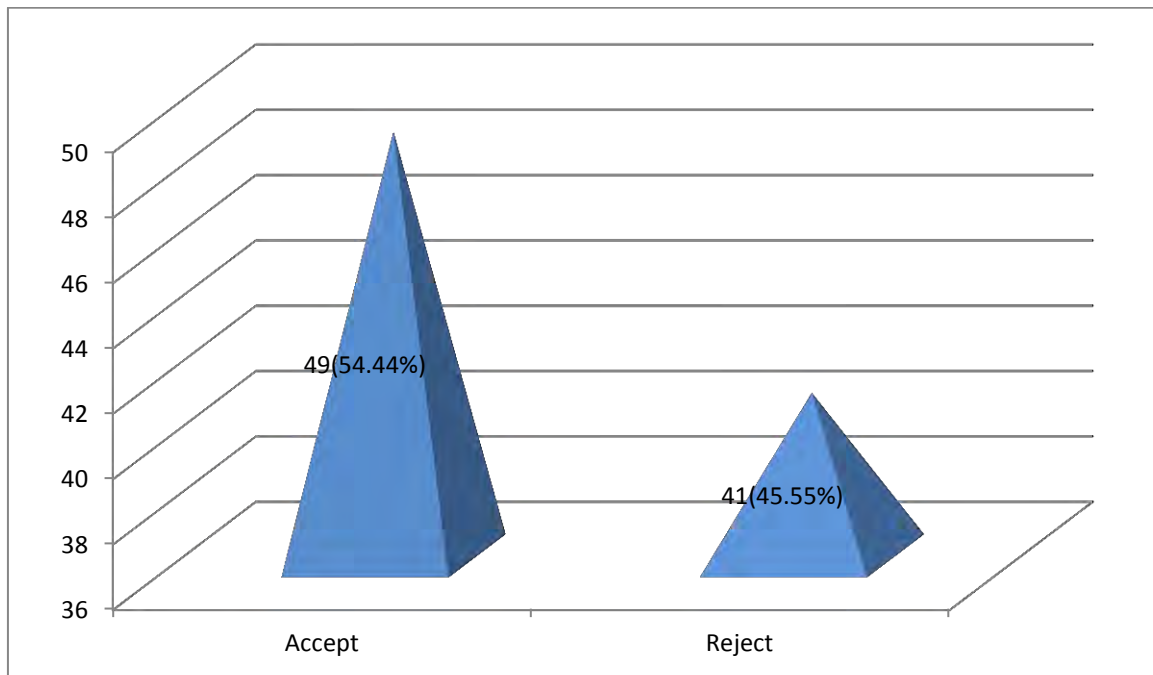


Fig 4: Distribution of respondents on accepting and rejecting job satisfaction as a factor affecting nurses perception of NICU developmental care among neonatal nurses, governmental hospitals of A.A, Ethiopia, 2014

## 5.6 Work Experience

Majority of the respondents 50(55.5%) in fig. 5 accepts that work experience affects the nurses perception on the provision of NICU developmental care but the rest 40(45.5%) rejects that work experience affects the nurses perception on the provision of NICU developmental care.

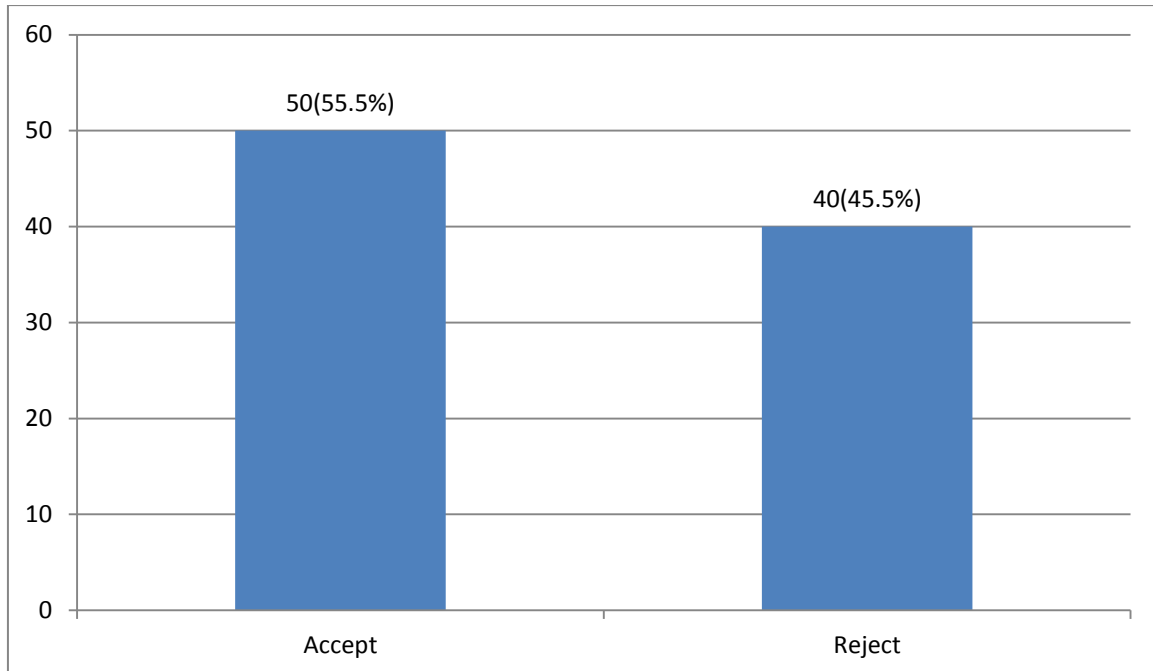


Fig.5: Distribution of respondents on accepting and rejecting work experience as a factor affecting nurses' perception of NICU developmental care among neonatal nurses, governmental hospitals of A.A, Ethiopia, 2014.

As table 3 below shows the crude OR shows there is a strong relationship between work experience and the perception of nurses for the provision of NICU developmental care (OR=4.47) those who do not believe work experience affects their perception are 4.5 times higher among those who believe work experience affects their perception (crude OR= 4.474, 95% CI, 1.191, 16.799).

Those individuals who believe job satisfaction influencing their perception are less likely to believe nurses perception affects the provision of NICU developmental care than those who don't believe job satisfaction influencing their perception, the odds of individual who believe job satisfaction influencing perception are 0.17 times less likely to have good perception than those who don't believe job satisfaction influencing their perception (OR=0.171, CI, (0.051, 0.574).

Respondents who believe managers recognition influencing their perception are less likely to have good perception (accepting managers recognition influencing their perception ) than those who don't have. The odds of individual who accept manager's recognition influencing their perception are 0.063 times less likely to have good perception than those who do not believe managers recognition influencing their perception (OR=0.063 CI,(0.018, 0.223).

Those respondents who believe motivation and emotion influencing their perception are less likely to have good perception (accepting motivation and emotion influencing their perception ) than those who don't have. The odds of individual who accept motivation and emotion influencing their perception are 0.224 times less likely to have good perception than those who do not believe emotion and motivation influencing their perception (OR=0.224 CI,(0.069,0.729). Those respondents have diploma are less likely to have good perception (accepting work experience influencing perception) than those who have B.Sc. The odds of individual who had

diploma are 0.035 times less likely to have good perception than those who had B.Sc. (OR=0.035(0.369, 0.89).

In multiple logistic regressions, the adjusted OR shows job satisfaction has association with the perception of nurses in the provision of NICU developmental care.

Those respondents who believe job satisfaction influencing their perception are 0.036 times less likely to have good perception (accepting job satisfaction influencing their perception) than those who don't believe job satisfaction influence their perception.

Table 3: Association between variables, governmental hospitals of A.A, June, 2014.

Table Variables	Perception		Crude OR			Adjusted OR		
	Yes %	No %	P value	OR	95% CI	P value	OR	95% CI
Recognition of managers Yes No	59(93.7) 13(48.1)	4(6.3) 14(51.9)	0.01	0.063	0.018, 0.223	0.001	18.49	3.87,1 8.38
Job satisfaction Yes No	45(91.8) 27(65.9)	4(8.2) 14(34.1)	0.004	0.171	0.051, 0.574	0.036	4.80	1.11,2 0.83
Work experience Yes No	41(78.8) 30(81.1)	11(21.2) 7(18.9)	0.03	4.47	1.191, 16.79	0.90	1.1	0.252, 4.78
Motivation and emotion Yes No	63(85.1) 9(56.3)	11(14.9) 7(43.8)	0.013	0.224	0.069,0. 72	0.061	4.77	0.93,2 4.42
Relationship with the coworker Yes No	50(79.4) 22(81.5)	13(20.6) 5(18.5)	0.818	1.144	0.363,3. 60	0.10	0.237	0.042, 1.34
Levels of education Diploma BSC	28(73.7%) 44(84.6%)	10(26.3%) 8(15.4%)	0.003	0.035	0.369,0. 89	0.37	61.9	0.43, 9.29

## **CHAPTER SIX**

### **DISCUSSION**

Academic qualifications would be expected to influence perception since higher academic qualifications imply higher level of learning and greater ability to analyzing issues (24). In this study, academic qualifications were found to influence perception of respondents. Majority of those with the lowest academic qualifications had a negative perception while majority of those with the highest academic qualifications had a positive perception. This could be because as expected, those with highest academic qualifications were able to be more analytical in their approach.

Work experience is associated with learning that shapes perception based on one's past experience. Work experience was therefore expected to influence perception of the employees (21). This study found that, work experience influences the perception of a nurse in the provision of NICU developmental care. This could as expected; those with more work experience had many working exposures for influencing their perception.

As Gamboa said the perception that nurses have of the context in which they work is related to interpersonal relationships. The way they act with the newborn and their affinity with the family members and with the coworkers (23). In this study, the nurse's perception is not associated with their relationship with the coworkers. This vary could be because of the different study design used regarding cause and effect relationship.

In quality improvement context, leadership is generally recognized as key factor that plays a leading role in excellence models. According to the data collected between August and October 2011 in a Portuguese health center via a questionnaire completed by the nursing staff, the result obtained through structural equation modeling, the analysis suggests that managers recognition has a direct ( $B=0.724$ ) and statistically significant ( $p=0.007$ ) association with the perception of nurses in giving nursing quality care (26). And also a study conducted in Mexico showed that the experience of nurses in relation to the systematization of nursing care is a routine and unnoticed action by managers (22). In this study, also shows that managers' recognition influences the way neonatal nurses perceive in giving neonatal developmental care. Both findings are the same because manager's recognition gives employee a sense of ownership and pride in their work and also affects employees working environment.

According to the survey done in Taiwan, completed by 1475 respondent (180 physicians, 1019 nurses and 276 healthcare professionals), (physicians were more satisfied with their jobs ( $F=26.75$ ,  $p<0.05$ ) than either nurses or other health care professionals (21). In this study, also shows that job satisfaction among nurses influence their perception of providing neonatal developmental care. This study shows that nurses' perception is associated with nurse's job satisfaction at work. Both findings are the same in that job satisfaction plays an important role in making employees stay motivated and contributing their vitality and energy toward the goals of the hospitals.

### **Strength of the Study**

- Pretested structured questionnaire was used.
- The study was done in all source population.
- To increase quality of data questionnaires were filled waiting the nurses who were working on shift, annual leave and busy.

### **Limitation of the Study**

- The staffs who fill the questionnaire were working on shift, only available early in the morning. This was overcome by engaging some research assistants to contact the staff before they left the office.
- A few nurses used to responding to questionnaires saw it as a waste of time. This was overcome by taking time to explain the importance of research in increasing knowledge that can be beneficial to all the population.
- Known factor associated with the study design i.e. could not showing cause effect relationship between variables.

## **CHAPTER SEVEN**

### **CONCLUSION AND RECOMMENDATION**

#### **7.1. Conclusion**

The role of the neonatal nurse is vital for the successful implementation of developmental care and the provision of an optimal neonatal intensive care unit (NICU) environment. Nurse's perception is a factor that can make a huge difference in the quality of work place. In this study, nurses' perception is influenced by their motivation and emotion, job satisfaction, work experience, recognition by managers and level of education. This finding reveals factors influencing nurses' perception in providing NICU developmental care. This in turn provides to adjust the gaps in providing quality NICU developmental care by nurses in different hospitals.

## **7.2. Recommendation**

- Hospitals should consider creating job satisfaction by first providing a positive work environment. A motivating working environment requires going over and beyond the call of duty and providing for the needs of the worker. Hospitals should conduct nurses' job satisfaction survey at least once a year which can create nurses proudly working together, contributing their vitality and energy toward the goals of the hospitals.
- Hospitals should give attention for personal recognition as a powerful tool in building moral and motivation of nurses. A pat on the back, a personal note from peer or a supervisor does wonders. So hospital managers have to value a small, informal celebrations are many times more effective than a once a quarter or once a year formal event and also hospital managers should engage the nurses in decisions related to their works in the organization because people are more committed and engaged when there is a process for them to contribute their ideas and employee suggestions. This gives them a sense of ownership and pride in their work.
- Ministry of Health in collaboration with Ethiopian Nurses Association, higher institutions, different governmental and non-governmental organization should facilitate well-organized training and development for their nurses because well-trained nurses are more capable and willing to assume more control over their job.
- To develop nurse's experience, hospitals should facilitate training experience sharing in and outside their hospitals in order to transfer knowledge and skills from senior staff members.

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Annex I Information sheet (English version)

Addis Ababa University

College of health sciences

Department of Nursing and Midwifery

Information Sheet

Questionnaire on Assessment of Nurses' Perceived Barriers for the Provision of Developmental Care in the Neonatal Care Units of Public Hospitals in Addis Ababa, Ethiopia

Code of the health institution \_\_\_\_\_

Hello! My name is (Name of the data collector-) \_\_\_\_\_. We are conducting Health research on Assessment of Nurses' Perceived Barriers for the Provision of Developmental Care in the Neonatal Care Units of Public Hospitals in Addis Ababa, Ethiopia

This is beneficial to identify areas of improvement in problems of providing NICU developmental care. By doing this we will provide sufficient information for policy makers, clinicians so that they could make informed decision. In order to attain this goal, you are kindly requested to provide your genuine response on the questions given below. There is no risk you will face associated with your participation in this research and also it makes you feel useful and acknowledged in contributing for the development of the profession and health. I would like to confirm you that you have the right to stop at any time or skip any question that you do not wish to answer or think that it affect your privacy. Because taking part in this survey is voluntary and your responses will be held in strict confidence that you are not expected to write your name / Id code. I also request you to answer it candidly because your answers are like one important piece of brick in the whole research and determine the outcome of this study. Thank you very much for your willingness to listen to me. In case if you have any question you can ask:

Mekdes H/gebreal

Are you willing to participate?

If the answer is, "YES", - Please continue

If "NO" Thank you!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Annex II Information sheet (Amharic version)

በአዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የነርቪንግ እና አዋላጅ ነርስ ትምህርት ክፍል

አባሪአንድ:- የጽሁፍ መጠይቅ

ይህ መጠይቅ በአዲስ አበባ ከተማ አስተዳደር በሚገኙ የመንግስት ሆስፒታሎች ውስጥ ባሉ የጨቅላ ህጻናት መንከባከቢያ ክፍሎች ወስጥ በሚሰጠው እድገታቸውን የመከታተልና የመንከባከብ ስራ ላይ ነርሶች እንደ ችግር የሚያዩባቸው ተግዳሮቶችን ለማጤን የተዘጋጀ ነው።

የጤና ተቋሙ መለያ ኮድ-----

ሰላም! ስሜ መቅደስ ሀ/ገብርኤል ይባላል። በአዲስ አበባ ከተማ አስተዳደር በሚገኙ የመንግስት ሆስፒታሎች ውስጥ ባሉ የጨቅላ ህጻናት መንከባከቢያ ክፍሎች ውስጥ የሚሰጠውን እድገታቸውን የመከታተልና የመንከባከብ ስራ ላይ ነርሶች እንደ ችግር የሚያዩባቸው ተግዳሮቶችን ዙሪያ ጥናት እያካሄዱን እንገኛለን። ይህም በጨቅላ ህጻናት መንከባከቢያ ክፍሎች ውስጥ በሚሰጡ አገልግሎቶች ላይ የሚታዩ ችግሮችን ለይቶ ለመፍታት ኢጋዥ እንደሚሆን ይታመናል። የጥናቱ ውጤትም ለፓሊሲ አውጪዎችና ለጤና ባለሙያዎች በቂ መረጃን የሚሰጥ ይሆናል። ይህን እቅድ ከግብ ለማድረስም፣ እርሶ ከዚህ በታች ለቀረቡት ጥያቄዎች ተገቢውን መልስ እንደሚሰጡ ይጠበቃል። በዚህ ጥናት ውስጥ የሚኖርዎት ተሳትፎ በፈቃደኝነት ላይ የተመሰረተ ከመሆኑም ባሻገር የሚሰጧቸው ምላሾች ሚስጥራዊነት የሚጠበቅ ይሆናል። በተጨማሪም የሚሰጧቸው መልሶች ትክክለኛነት ያጠቅሳሉ ጥናቱ የጀርባ አጥነት ከመሆኑም ባሻገር በድምዳሜውና ውጤቱም ላይ ከፍተኛ ተጽኖ ይኖረዋል። ያቋቋሙን ለመመለስ ፈቃደኛ በመሆንዎ እያመሰገንኩ ጥያቄዎች በመካከል ላይ ሲኖርዎ መጠየቅ ይችላሉ።

መቅደስ ህ/ገብርኤል

ለመሳተፍ ፈቃደኛነዎት ወይ? መልስዎ አዎ ከሆነ፣ ይቀጥሉ መልስዎ አይ ከሆነ፣ አመሰግናለሁ።

ፊርማ----- ቀን-----

Annex – III Consent Form (English version)

Addis Ababa University

College of health sciences

Department of nursing and midwifery

Consent Form

My name is. -----(data collector )

I temporarily represent Addis Ababa University, college of health science, Department of Nursing and midwifery. This is a study to be conducted with the objective of assessing Nurses' Perceived Barriers for the Provision of Developmental Care in the Neonatal Intensive Care Units of Public Hospitals in Addis Ababa, Ethiopia. As Nurses play a major role in NICU It is directly related to you, you are kindly requested to participate in this study and provide the information required from you. I would like to ask you fill the questionnaire you can also refuse to participate in the study entirely. There will be no way of linking your individual responses to the final results of the study findings. We would like to inform you that the responses that you provide to the questions are very essential, not only, for the successful accomplishment of the study, but also for producing relevant information which will be helpful in the planning and implementation of intervention activities to provide good neonatal developmental care. Are you voluntary to respond to the questions? Yes; ----proceed No; ---- thank her/him and End.

Name of data collector who sought the consent: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Annex IV - Consent Form (Amharic Version)

በአዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

የነርቪንግ ሚዲያዎች ምርመራና ምርመራ

አባሪ ሁለት

የስምምነት ቅጽ

ስሜ... ነው።

እኔ በአዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ስር የሚገኘውን የነርቪንግ ሚዲያዎች ምርመራና ምርመራ በጊዜያዊነት ወክዬ ጥናት እያከናወንኩ እገኛለሁ። የጥናቱ አላማም በአዲስ አበባ ከተማ አስተዳደር በሚገኙ የመንግስት ሆስፒታሎች ውስጥ ባሉ የጨቅላ ህጻናት መንከባከቢያ ክፍሎች ውስጥ በሚሰጠው እድገታቸውን የመከታተልና የመንከባከብ ስራ ላይ ነርሶች እንደችግር የሚያዩባቸው ተግዳሮቶችን በመለየትና በመተንተን የመፍትሄ አቅጣጫዎችን ማሳየት ነው። ነርሶች በጨቅላ ህጻናት መንከባከቢያ ክፍሎች ውስጥ ለሚደረጉ ሙያዊ እንክብካቤዎች ከፈተኛ ድርሻ ስላላቸው ጉዳዩ እረሶንም በቀጥታ የሚመለከት ይሆናል። ስለሆነም እርሶም ለዚህ ጥናት ስኬታማነት የመያበረከቱት አስተዋጾ ከፍተኛ በመሆኑ ትክክለኛ ምላሾችን በመስጠት እንደተባበሩኝ እየጠየኩ የተወሰኑ ጥያቄዎችን አቀርብልዎታለሁ። መመለስ የማይፈለጓቸውንም ጥያቄዎች መዘለል ይቻላል። የእረሶን ግለሰባዊ መልሶች በምንም መንገድ ከአጠቃላይ የጥናቱ ድምዳሜ ጋር አላስፈላጊ በሆነ መንገድ ለማያያዝ አይሞከርም። እርሶ የሚሰጡት ምላሽ በጣም ጠቃሚና ለጥናቱ ውጤታማነት እና አጋዥ መረጃዎችን በጨቅላ ህጻናት መንከባከቢያ ዙሪያ ለማከናወን የሚያስችሉ እቅዶችን እና ትግበራዎችን ለማከናወን ያግዛል። ጥያቄዎቹን ለመመለስ ዝግጁ ነዎት? አዎ... ይቀጥሉ። አይ... አመሰግናለሁ።

የመረጃ ሰብሳቢው ስም-----

ቀን-----

ፊርማ-----

የሱፐርቫይዘሩ ስም-----

Annex V Questionnaire (English version)

Identity code \_\_\_\_\_

Hospital Code \_\_\_\_\_ Respondent Code \_\_\_\_\_

Section one Socio demographic characteristics of the respondent

No	Variables	
1.	Age	
2.	Sex	M          F
3.	Level of education	1) Diploma nurse 2) B.Sc. Nurse 3) M.Sc. Nurse Other specify _____
4.	Marital status	1) Married 2) Single 3) Widowed Other specify _____
5.	Ethnicity	1) Amhara 2) Oromo 3) Tigray 4) Wolayta 5) Gurage Other specify _____
6.	Religion	1) Orthodox 2) Muslim 3) Protestant Other specify _____
8	Year of experience(year)	

Section Two - Relationship with coworkers and opportunities to use skills and opportunities

Please rate with the scale below and put the mark  on your choice

**X**

Q.N	Question	Strongly Disagree	Some what Disagree	Neutral	Somewhat Agree	Strongly Agree
2.1	My working unit encourages team work.					
2.2	Team members are held accountable for the decisions they make.					
2.3	Work assignments are distributed fairly.					
2.4	Strongly Agree Sufficient effort is made to get the opinions and ideas of the employees					

2.5	There is strong teamwork among the staff I work most closely with					
2.6	I enjoy working with the staff I work most closely with					
2.7	Opportunity to utilize your skills and talents					

Section Three- Assessment of nurses' motivation and emotion at of work

Please rate with the scale provided and put the mark  on your choice

Q.N	Question	Strongly Disagree	Somewhat Disagree	Neutral	,Somewhat Agree	Strongly Agree
3.1	Top management is interested to motivate employee					
3.2	Reasonable periodical increase in salary					
3.3	Job security					
3.4	Good relationship with other staff members					
3.5	Effective promotional opportunities					
3.6	Support from other staff members is helpful to get motivated					
3.7	Organization recognize and acknowledge your work					

Section Four - Question on managements recognition of employee's job performance

Please rate the following with the scale below and put the mark  on your choice

Q.N	Question	Strongly Disagree	Some what Disagree	Neutral	,Somewhat Agree	Strongly Agree
4.1	My work is valued by my manager as much as other's work					
4.2	I am told if I have done a particularly good job					
4.3	My manager/supervisor provides clear direction					
4.4	I get clear feedback on my work					
4.5	Recognition/appreciation of working					
4.6	My manager values my talents and the contribution I make.					
4.7	My manager always treats me with respect.					

Section Five- Job Satisfaction

Please rate the following with the scale provided and put the mark  **X**  on your choice

Q.N	Question	Dissatisfied	Somewhat dissatisfied	Neutral,	Satisfied
5.1	Degree of independence associated with your work roles				
5.2	Overall, satisfied with the spirit of teamwork within the working unit				
5.3	Opportunities for research in discipline				
5.4	Opportunities for professional development				
5.5	Opportunities for experience sharing				
5.6	I am satisfied in working this hospital				
5.7	I am satisfied working with the staff and managers				

Section Six- Work Experience

Please rate the following with the scale provided and put  **X**  on your choice

Q.N	Question	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
6.1	My work is well suited to my personal and professional interest					
6.2	My work provides me with an opportunity to use my skills and abilities					
6.3	A major problem that I face in my work is overwork					
6.4	I feel that my personal development has been supported and encouraged in the job					
6.5	Everyone in the organization has an equal opportunity to attend staff training and staff development opportunities					
6.6	I feel that I had experience sharing in and outside this Hospital					
6.7	A major problem I face is lack of discussion among nurses that I work with					

Annex VI- Questionnaire (Amharic Version)

መለያ መረጃ

1. የኮድ ቁጥር----- 2. የሆስፒታል መለያ ኮድ-----  
 ክፍል አንድ ስነ ህዝብና ማህበረሰብ ጉዳዮች

ተ.ቁ		
1.	እድሜ	
2.	ጾታ	ወንድ ሲት
3.	የትምህርት ደረጃ	1) ስርተፊኬት 2) የመጀመሪያ ዲግሪ 3) ሁለተኛ ዲግሪ ሌላ ከሆነ ይጠቀሱ_____
4.	የጋብቻ ሁኔታ	1) ያገቡ 2) ያላገቡ 3) ባል የሞተባቸው 4) የፈቱ ሌላ ከሆነ ይጠቀሱ_____
5.	ብሄር	1) አማራ 2) ኦሮሞ 3) ትግሬ 4) ወላይታ 5) ጉራጌ ሌላ ከሆነ ይጠቀሱ_____
6.	ሐይማኖት	1) ኦርቶዶክስ 2) ካቶሊክ 3) ፕሮቴስታንት 4) ሙስሊም ሌላ ከሆነ ይጠቀሱ-----
8	የስራ ልምድ	-----አመት

ክፍል ሁለት ከስራ ባልደረቦች ጋር ያለ ግኑኝነት እና ክህሎቶችን ለመጠቀም ያሉ ምቹ ሁኔታዎች

የሚከተሉትን በተቀመጠው መመዘኛ መሰረት ይለኩ፤ የመረጡትም ላይ  ይስቀምጡ።

ተ.ቁ	ጥያቄ	በጣም አልሰማም	በተወሰነ መልኩ አልሰማም	ለመወሰን ይኩብደኛል	በተወሰነ መንግድ አሰማምለሁ	በጣም አሰማምለሁ
2.1	የምሰራበት ክፍል ተናቦ በቡድን መስራትን ያበራታታል።					
2.2	አብረው የሚሰሩ ቡድን አባላት በጋራ ለወሰኑት ገዳይ ተጠያቂነት ይወስዳሉ።					
2.3	ስራ ፍታዊ በሆነ መልኩ ይከፋፈላል።					
2.4	የሰራተኞችን ሀሳቦችና እይታዎች ለማወቅ በቂ ጥረት ይደረጋል።					
2.5	በቅርብ አብራ ከምሰራቸው ሰዎች ጋር ጠንካራ በቡድን የመስራት መንፈስ አለ።					
2.6	የምሳተፍባቸው የክፍሉ ስብስባዎች ምክናያታዊ በሆነ መልኩ ውጤታማ ናቸው።					
2.7	ክህሎቶችን እና ተሰጥዎችን የመጠቀም ምቹ ሁኔታ አለ።					

ክፍል ሶስት

በስራ ቦታቸው የነርሶች ተነሳሽነትና ስሜት ፍተሻ

የሚከተሉትን በተቀመጠው መመዘኛ መሰረት ይለኩ፣ የመረጡትም ላይ  ያስቀምጡ።

ተ.ቁ	ጥያቄ	በጣም አልሰማም	በተወሰነ መልኩ አልሰማም	ለመወሰን ይኩብደኛል	በተወሰነ መንግድ አሰማምለሁ	በጣም አሰማምለሁ
3.1	ጊዜውን የጠበቀ የደረጃ እድገት					
3.2	የስራ ዋስትና					
3.3	ከሌሎች ባልደረቦቼ ጋር የሚኖር መልካም ግኑኝነት					
3.4	ውጤታማ የሆኑ የደረጃ እድገት ምቹ ሁኔታዎች					
3.5	ከሌሎች የስራ ባልደረቦች የሚደረግ ድጋፍ ለተነሳሽነት ደጋፊ ነው።					
3.6	ድርጅቱ ስራዬን እውቅና ምስጋን ሲሰጠው።					
3.7	የድርጅቱ ፖሊሲዎች የተቀመጡን ግቦች ለማሳካት ያነሳሳል።					

ከፍል አራት- ማኔጅመንቱ በስራተኞች የስራ አፈጻጸም ላይ እውቅና ሰጥቷል።

የሚከተሉትን በተቀመጠው መመዘኛ መሰረት ይለኩ፣ የመረጡትም ላይ  ያስቀምጡ።

ተ.ቁ	ጥያቄ	በጣም አልሰማም	በተወሰነ መልኩ አልሰማም	ለመወሰን ይኩብደኛል	በተወሰነ መንግድ አሰማምለሁ	በጣም አሰማምለሁ
4.1	ስራዬ ባለቃዬ እንደሌሎቹ ስራተኞች ዋጋይሰጠዋል።					
4.2	በጣም ትሩ ስራ ስሰራ ስለሰራት ነገር ይነገረኛል።					
4.3	አለቃዬ ግልጽ መመሪያ እና አቅጣጫ ይሰጠኛል።					
4.4	ግልጽ ግብረመልስ በስራዬ ላይ ይሰጠኛል።					
4.5	ለስራዬ እውቅናና አድናቆት ይቸረኛል።					
4.6	አለቃዬ ያበረከትኩትን አስተዋጾና ተሰጦቼን ዋጋ ይሰጣቸዋል።					
4.7	አለቃዬ በመከባበር ላይ የተመሰረተ ግኑኝነት ነው ከኔ ጋር ለው።					

ከፍል አምስት- በስራ መርካትና ራስ ን ችሎ መስራት ላይ የቀረበ ዳሰሳ ጥያቄ

Q.N	ጥያቄ	በከፍተኛ ሁኔታ አልረካም	አልረካም	በአማካኝ	እረካለሁ	በከፍተኛ ሁኔታ እረካለሁ
5.1	በእርሶ የስራ ክፍል በጋራ ተናቦ በመስራት ሁኔታ ላይ እርካታ አለዎት።					
5.2	ከስራህ/ሽ ጋር በተያያዙ ጉዳዮች ላይ ኢፕራይዥንት መጠን					
5.3	በሞያዎ ላይ ጥናትና ምርምር የማድረግ አጋጣሚ አለ።					
5.4	ለሞያዊ እድገት ምቹ ሁኔታዎች አሉ።					
5.5	ልምድ ልውውጥ ለማድረግ ምቹ ሁኔታ አለ።					
5.6	እዚህ ሆስፒታል በመስራቱ እኩል።					
5.7	ከስራ ባልደረቦቼ እና ከአለቃዬ ጋር በመስራቱ እርካታ ይሰማኛል።					

ክፍል ስድስት- ስራ ልምድ

ተ.ቁ	ጥያቄ	በጣም አልሰማም	በተወሰነ መልኩ አልሰማም	ለመወሰን ይከብደኛል	በተወሰነ መንግድ እሰማለሁ	በጣም እሰማለሁ
6.1	ስራዬ ለግሌና ለሞያዬ ጥያቄዎች ተገቢነት አለው።					
6.2	ስራዬ ከህሎቴን እና እውቀቴን እንደጠቀም ምቹ ሁኔታ ፈጥሮልኛል።					
6.3	የስራ ጫና በስራዬ ላይ ያገጠመኝ ችግር ነው።					
6.4	የግል እድገትና መሻሻሌ በስራዬ እንደሚደገፍ አምናለሁ።					
6.5	ማንኛውም የመስራቢቱ ሰራተኛ እኩል የሰልጠና እና እራሱን የመገንባት ምቹ ሁኔታዎች ተጠቃሚ ነው።					
6.6	በሆስፒታሉ ውስጥና ከሆስፒታሉ ውጪ የልምድ ልውውጥና ተሞክሮ እንዳደረኩ ይሰማኛል።					
6.7	በመሰረታዊነት ከገጠመኝ ችግሮች መካከል አብሬ ከምስራቸው ነርሶች ጋር ግልጽ የሆነ ውይይት እጥረት አለ።					



## FEKADU AGA

**Date of Birth:** 24 April 1967      **Nationality:** Ethiopian

**Sex:** Male      **Marital Status:** Married

**Address:** P.O. Box 9083      **Telephone:** +251 911 033684

Addis Ababa      **Email:** [fiqaaduuagaa@yahoo.com](mailto:fiqaaduuagaa@yahoo.com)

Ethiopia

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### EDUCATION

2006      MSc in Health Sciences in Nursing Science: Preventive Nursing, formerly University of Kuopio (currently University of Eastern Finland), Department of Nursing Science, Finland

1996      BSc in Nursing, formerly Jimma Institute of Health Sciences (currently Jimma University), School of Nursing, Ethiopia

1988      Diploma in Nursing, formerly Jimma Institute of Health Sciences (currently Jimma University),  
School of Nursing, Ethiopia

1985 Secondary School completed, Naqampte Comprehensive High School, Wellega, Ethiopia

## WORK EXPERIENCE

### I. WORK EXPERIENCE IN HIGHER LEARNING INSTITUTION

Since 1999 Addis Ababa University (AAU)

August 2006 – Present Lecturer in the Department of Nursing & Midwifery, AAU

- ◆ Currently offering the following courses to undergraduate students:
  - ✓ Community Health Nursing
  - ✓ Nursing Research Methods
  - ✓ Nursing Education & Curriculum Development
  - ✓ Nutrition in Health & Illness
  - ✓ Instruct students on clinical practice attachment
- ◆ Research advisor for graduate students
- ◆ Member of the Department Research Committee
- ◆ Member of Staff Appointment & Promotion Committee

2002 – 2004 & 2006 –

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Director of the Centralized School of Nursing, AAU

- ◆ Responsible for the designing and implementation of the School curriculums, the overall management of the School.

2000 - 2002

Assistant Dean of students for the Faculty of Medicine:

- ◆ Coordinated & managed student services & co-curricular activities
- ◆ Was member of AAU's Monitoring & Evaluation Committee for the Anti-HIV/AIDS Movement
- ◆ Supervised students' health services

1999 - 2004

Assistant Lecturer in the Centralized School of Nursing, AAU:

- ◆ I have been offering the following courses to undergraduate students:
  - ✓ Medical-Surgical Nursing
  - ✓ Communicable Disease Control
  - ✓ Nutrition in Health & Illness
- ◆ Instructed & Supervised Nursing Students in Clinical Practice
- ◆ Was member of the school's Academic Committee
- ◆ Was member of the school's Curriculum Development Committee

## **II. WORK EXPERIENCE IN VOCATIONAL TRAINING INSTITUTION**

1996 - 1999                      Nurse tutor/instructor in the Centralized School of Nursing, Ministry of Health:

- ◆ I have been offering the following courses to Diploma program students:
  - ✓ Medical-Surgical Nursing
  - ✓ Nursing Ethics
  - ✓ Health Education
- ◆ Instructed & Supervised Nursing Students in Clinical Practice
- ◆ Was member of the school's Curriculum Committee

## **III. CLINICAL WORK EXPERIENCE**

1990 - 1993                      Staff nurse in Menelik II Hospital, Addis Ababa:

- ◆ Worked with patient having infectious & non-infectious disorders in medical ward.
- ◆ Worked with pre & post-operative patients in surgical ward.

1988 - 1990                      Staff nurse in Massawa Hospital, Eritrea:

- ◆ Worked as a circulating nurse in the Operation Theater
- ◆ Provided nursing care to mothers & children including family planning services
- ◆ Provided emergency care to war casualties

#### IV. RESEARCH AND PUBLICATION WORK EXPERIENCE

##### Published Journal Articles:

1. **Aga, Fekadu**; Nikkonen, Merja; Kylmä, Jari. Caregiving Actions: Out-growths of the Family Caregivers' Conceptions of Care. *Nursing & Health Sciences*. 2013 (published on-line)
2. Guruge, Sepali; Bender, Amy; **Aga, Fekad**; Hyman, Ilene; Tamiru, Melese; Hailemariam, Damen; Kassa, Andargachew; Refaie-Shirpak, Khosro. Towards a Global Interdisciplinary Evidence-Informed Practice: Intimate Partner Violence in the Ethiopian Context. *International Scholarly Research Network (ISRN) Nursing*. Volume 2012, Article ID 307271, 8 pages.
3. Bender, Amy; Guruge, Sepali; **Aga, Fekadu**; Hailemariam, Damen; Hyman, Ilene; Tamiru, Melesse. International research collaboration as social relation: An Ethiopian-Canadian example. *Canadian Journal of Nursing Research*. 2011; 43(2): 62 - 75
4. **Aga, Fekadu**, Kylmä, Jari, & Nikkonen, Merja. Sociocultural Factors Influencing HIV/AIDS Caregiving in Addis Ababa, Ethiopia. *Nursing & Health Science*. 2009; 11: 244-251.
5. **Aga, Fekadu**, Kylmä, Jari, & Nikkonen, Merja. The Conceptions of Care among Family Caregivers of Persons Living with HIV/AIDS in Addis Ababa, Ethiopia. *Journal of Transcultural Nursing*. 2009; 20 (1): 37-50.
6. **Aga, Fekadu** & Mekonnon, Hussein. Knowledge of Universal Precaution and Fear of Occupational Exposure to HIV/AIDS among Student Nurses and Midwives in Ethiopia. *African Journal of Nursing and Midwifery*. 2004; 6(1): 56 - 60.
7. **Aga, Fekadu**. Interview. *Nursing Ethics: An International Journal of Health Care Professionals*. 2004; 11 (1): 88 - 92.

### **Supervised MScN Student Research Thesis:**

1. Almaz Teshome. *Assessment of quality of antiretroviral therapy service in Felege Hiwot Hospital, Bahrdar*, 2008
2. Gosa Hailu. *Factors affecting uptake of VCT of HIV among pregnant women attending antenatal clinic in Adama Hospital*, 2008
3. Mulu Bitew. *Assessment of quality of nursing care provided to HIV/AIDS patients admitted to government hospitals in Addis Ababa*, 2008
4. Yaeneabeba Tadesse. *Assessment of nurses roles and responsibilities in enhancing adherence to antiretroviral therapy among people living with HIV/AIDS in Addis Ababa*, 2008
5. Zegeye Wolde. *Assessment of symptom experiences and self-care practices among cancer patients attending treatment at Tikur Anbessa Hospital, Addis Ababa*, 2009
6. Ali Adem. *Assessment of health promotion practice among mothers attending antenatal care in health institutions of Adama town, Oromia*, 2009
7. Wogene Jembere. *Physician-nurse relationship: A study from nurse perspective in Addis Ababa public Hospitals*, 2010
8. Meseret Tsegaye. *Assessment of the knowledge and practice of women for birth and emergency preparedness in Hawassa town*, 2011
9. Gebre Yitayih. *Assessment of compliance of cervical cancer patients with treatment services in Tikur Anbessa specialized hospital oncology unit*, 2012
10. Tadesse Fikre. *Assessment of antenatal care clients' willingness for HIV counseling and testing in Asella government health institutions*, 2012.
11. Hilina Ketema. *Assessment of prevalence of suboptimal breast feeding and its determinants among mothers of children aged less than two years in Dire Dawa City Administration*, 2013
12. Hussen Namo. *Assessment of knowledge, attitude and practices of husbands towards birth preparedness and complication readiness plan in Adama Town*, 2013

### **Areas of Research Interest**

- Symptom Experience and self-care
- HIV/AIDS Family caregiving
- Health-promoting self-care for noncommunicable diseases prevention
- HIV Self-care behavior

## V. RECENT IN-SERVICE TRAINING & CONSULTANCY WORK EXPERIENCE

- Feb. 24 -28, 2014           Trainer on Preceptorship Training Workshop sponsored by ICAP Colombia University Program in Ethiopia
- Aug. 26 – Sept. 2, 2013   Trainer on Effective Teaching Skills & Student Performance Assessment Training Workshop organized by ICAP Columbia University Program in Ethiopia
- Feb 27 – Mar 6, 2013     Trainer on Effective Teaching Skills (ETS) Training Workshop for Colleges of Health Science Instructors organized by I-TECH Ethiopia
- Jan – Apr 2012        Developed School Health and Nutrition Training Package (Facilitator Guide, Participant Manual, and PowerPoints) for the World Food Program
- September 2011       Trainer on the National Comprehensive HIV Care/Antiretroviral Therapy Training Workshop for Nurses organized by the MARCH Project, AAU
- July 2011     Trainer on the National Comprehensive HIV Care/Antiretroviral Therapy Training Workshop for Nurses organized by the MARCH Project, AAU
- June 2011     Trainer on HIV Voluntary Counseling and Testing (VCT) Training Workshop for Health Professionals in Addis Ketema Sub city, organized by AMREF
- April 2011     Trainer on Palliative Care in HIV/AIDS Training Workshop for Nurses and Health Officers in Gulele and Yeka sub cities, organized by AMREF
- July 2010    Conducted focus group discussion (FGD) for JHPIEGO among the different sections of the Konso people on the topic of male circumcision; the work involved facilitating FGD sessions, transcribing the data in Amharic, translating it to English and submitting report
- Jan. – Mar. 2009        Conducted base-line survey for the Ethiopia-Canada Nursing Collaboration Initiative made by the Canadian Nurses Association, the University of Toronto Lawrence S. Bloomberg Faculty of Nursing, the Toronto University Health Network, the Ethiopian Nurses Association, and the Addis Ababa University Centralized School of Nursing

## **COMPUTER & LANGUAGE SKILLS**

- ◆ Computer Skills Competence:
  - ✓ Microsoft Office – MS Word, Excel, PowerPoint, and Outlook
  - ✓ SPSS
  - ✓ Internet
- ◆ Language Competence:
  - ✓ Afan Oromo
  - ✓ Amharic
  - ✓ English

## **IN-SERVICE TRAINING, WORKSHOPS, & SEMINARS ATTENDED**

July 23 – 25, 2013 Attended Ethics in Biomedical Research course organized by The Ohio State University – Ethiopia Partnership One Health Summer Institute in University of Gondar, Ethiopia

March 19 – 23, 2012 Completed EPI Mid-Level Management (MLM) Course organized by Ethiopian Pediatric Society

Jan 24 – Feb 9, 2011 Completed the Training of Trainers (TOT) on the National Comprehensive HIV Care/ART Training Manuals organized by the Federal Ministry of Health in Collaboration with Addis Ababa University-MARCH Project

Aug 23 – Sept 8, 2010 attended the workshop Safe Motherhood for African Nurses and Midwives organized by the Suzzane Mubarak Regional Centre for Women's Health and Development (Alexandria, Egypt)

June 28 – July 3, 2010 Completed Instructional Designing Training organized by JHPIEGO

Feb. 15 – 17, 2010 Completed Clinical Teaching Skills training organized by JHPIEGO

11<sup>th</sup> Nov. 2009 Organized and conducted Interdisciplinary Health Sciences Forum on Violence Against Women in collaboration with a team of Canadian and Ethiopian researchers

19 May – 24 July 2009 Completed the 8<sup>th</sup> Annual International Research Internship: “*Multiple Interventions for Community Health Nursing*”, organized by the University of Ottawa (Canada) and the Great Lakes University of Kisumu (Kenya)

Oct. 23, 2008 Participated in Research and Policy Workshop organized by Ethiopian Nurses Association and Canadian Nurses Association

29 Sept. – 3 Oct. 2008 Completed Effective Teaching Skills Training organized by JHPIEGO

17 – 19 March 2008 Attended Advanced Research Methods Training Workshop for Demographers and Anthropologists organized by the Institute of Population Studies, Addis Ababa University and Bristol University, UK

10 – 11 May 2007 Participated in Consultative Workshop to review the draft National Pain Management Guideline organized by International Training & Education Center on HIV (I-TECH) in collaboration with Ministry of Health, HIV/AIDS Prevention and Control Office, and Drug Administration and Control Authority (DACA)

- 22 – 23 Jan. 2007      Participated on Palliative Care Curriculum Review and Development organized by International Training & Education Center on HIV (I-TECH) in collaboration with Drug Administration & Control Authority (DACA)
- 10 - 13 May 2004      Attended Essential Nutrition Actions Training course organized by the Ministry of Health & LINKAGES Ethiopia.
- 10 - 12 March 2004    Attended Training of Trainers (TOT) Course for Nurses on Antiretroviral Therapy organized by I-TECH/CDC Ethiopia & Ministry of Health.
- 5 - 18 February 2004    Served as a trainer on the Training of Home-Based Care Providers in HIV/AIDS organized by Save Your Generation Ethiopia.
- 3 - 16 November 2003    Attended Training on Strategic Planning and Management, Performance Management, and Change Management organized by the Ministry of Capacity Building & Ethiopian Management Institute.
- 19 Aug. - 8 Sept. 2003    Participated in Mid-Level Health Professionals Training Curriculum Development Taskforce organized by the Ethiopian Ministry of Education & Ministry of Health.
- 14 - 18 June 2003      Attended Training Workshop on Management of Sever Malnutrition organized by UNICEF - Ethiopia Country Office.

- 2 - 10 Sept. 2002      Attended Youth Focused Voluntary Testing and Counseling (VCT) Training organized by UNICEF & Addis Ababa HIV/AIDS Prevention and Control Office.
- Aug 2002                Completed the Research Ethics Training Curriculum developed by Family Health International.
- 1 Feb. - 24 June 2002    Completed Basic Computer Training course offered by the African Virtual University.
- 7 - 8 April 2000        Attended Training Workshop for Instructors of Training Institutes on Harmful Traditional Practices Affecting the Health of Women & Children organized by the National Committee for Traditional Practices in Ethiopia.
- 5 - 9 Aug. 1998        Attended Training Workshop on Treatment of Sever Malaria organized by the Ethiopian Ministry of Health Department of Communicable Diseases Control & Prevention.
- 20 Apr. - 12 June 1998    Completed Teaching Methodology Course for Health Science Instructors organized by the Federal Ministry of Health Department of Health Services & Health Personnel Training.

### **SCHOLARSHIPS, AWARDS, & PRIZES**

- ◆ Channel Foundation's Native Leadership Scholarship 2004 – 2006

- ◆ University of Kuopio International Student Prize 2005
- ◆ University of Kuopio Scholarship for Graduate Students (Dec. 2005 – Feb. 2006)

### **PROFESSIONAL REGISTRATION**

- ◆ Registered Chief Nurse Professional [in Ethiopia]

### **ASSOCIATION MEMBERSHIP**

- ◆ Ethiopian Nurse Association
- ◆ Ethiopian Public Health Association

### **PROFESSIONAL & PUBLIC SERVICES**

- ◆ Council Member of the Ethiopian Public Health Training Initiative (Nov. 2006 – Nov. 2008)

### **REFERENCES**

- Will be supplied upon request

## Curriculum Vitae

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### 1. PERSONAL DETAILS

Name: Mekdes H/gebreal Habte                      Sex: Female  
Date of birth: 14/02/1989 G.C                      Place of birth: Addis Ababa, Ethiopia  
Marital Status: Single                      Health condition: Healthy  
Contact Address: Tel. – (Mobile): +251-0922825973  
E-mail:- [M.mekhai@gmail.com](mailto:M.mekhai@gmail.com)

### 2. EDUCATIONAL BACKGROUND/ACADAMIC RECORDS

#### University

2.1. Graduate Study: - At Madawalabu University, Ethiopia  
Duration of the Study: - Nev. 2007- July 2010 G.C  
Diploma Awarded: - BSc Degree in Nursing with great distinction, CGPA = 3.59/4.0.

#### Pre-university

-Elementary: - (Grade 6-8) Kebena elementary school (Addis Ababa, Ethiopia), Sept.2000-  
Aug.2003 G.C National Exam of Grade 8 with percentile= 98/100.  
-High School: - (Grade 9-10) Kokebe TsAibahe secondary school (Addis Ababa, Ethiopia),  
Sept.2003 – Aug.2005 G .C EGSEC with GPA = 4.00/4.0.  
-Preparatory: - (Grade 11-12) Menelik Secondary and Preparatory School (Addis Ababa,  
Ethiopia), Sept.2005 – Aug.2007 G .C, EHEEQC with = 325/500.

### 3. WORK EXPERIENCE AND RESPONSIBILITIES

✚ Since September 2010 G.C I have been working as instructor at Wollega University in  
Nursing program, College of Medical and Health sciences.

### 4. SOCIAL SKILLS AND COMPETENCY

- Respectful to culture and tradition of every society and ready to learn from individuals and communities.
- Ability to live and work with other people, in multicultural environments, in positions where communication is important and situations where teamwork is essential.
- Ability to maintain harmonious and effective interpersonal and working relations with people of different national background.
- Interested to involve in voluntary activities.

## 5. TECHNICAL SKILLS AND COMPETENCY

- ◆ Well versed in Microsoft applications (MS DOS, MS WINDOW, MS WORD, MS EXCEL, MS ACCESS and POWER POINT).

## 6. ADDITIONAL RELEVANT TRAINING

- Certificate in Induction training on Teaching Methodology at Wollega University for one week, September 2010 G.C.
- Certificate in effective teaching skills and students performance assessment, September, 2011 G.C, organized by ICAP. (For two weeks).

## 7. LANGUAGE PROFICIENCY

| Language | Listen    | Write     | Read      | Speak     |
|----------|-----------|-----------|-----------|-----------|
| Amharic  | Excellent | Excellent | Excellent | Excellent |
| English  | Excellent | Excellent | Excellent | Excellent |

## 8. RESEARCH AND STUDY /RELEVANT COURSE WORKS

First degree graduating Thesis

- ◆ Assessment of prevalence and contraceptive utilization among married women of reproductive age group in Goba town, East Oromia region. SNNPR, 2010 G.C

## 9. HOBBY

- ◆ Reading medical books, journals and spiritual books
- ◆ Listening songs and music
- ◆ Helping those in need particularly mothers and child
- ◆ Visit recreational areas, historical places and green areas during my rest/vacation time

- ◆ Planting and caring different plants

## 10. REFERENCE

1. Awoke Yilma Dubi (BSc, MSc) = Hawassa University Lecturer

- ◆ Head of Department of Nursing and Midwifery

- ◆ Tel: +251- 0911707215 (Mobile)

2. Awol Seid Yimer (BSc, MPH/RH), Wollega University Lecturer

- ◆ Tel: +251 0911919011(Mobile) E-Mail:- [s.awol@yahoo.com](mailto:s.awol@yahoo.com)

## **Declaration**

The researcher, undersigned, declare that this is my original work and has not been presented in this or any other University and all sources of materials used for this research have been fully acknowledged.

Name: Mekdes H/gebreal

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: Addis Ababa University, College of Health Sciences, Department of Nursing and Midwifery

This research has been submitted for examination with my approval as University advisor

**Mr. Fekadu Aga (Bsc, Msc)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: Addis Ababa University, College of Health Sciences, Department of Nursing and Midwifery