

**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF ALLIED HEALTH SCIENCES  
DEPARTMENT OF NURSING AND MIDWIFERY**

**PARENTAL SATISFACTION CONCERNING THEIR  
NEONATAL CARE AND ASSOCIATED FACTORS IN  
SELECTED GOVERNMENTAL HOSPITAL, ADDIS ABABA,  
ETHIOPIA, 2017**

**BY: HANA ENDALE**

**A THESIS TO BE SUBMITTED TO THE SCHOOL OF  
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**APPROVAL BY THE BOARD OF EXAMINATION**

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## Acronyms and abbreviation

FCC	Family Centered Care
PFCC	Patient and Family Centered Care
FMOH	Federal Ministry of Health
EHAQ	Ethiopian Health Service Alliance for Quality
SDG	Sustainable Development Goals
ICU	Intensive Care Unit
NICU	Neonatal Intensive Care Unit
PICU	Pediatric Intensive Care Unit
CSA	Central Statistical Agency of Ethiopia
AAU	Addis Ababa University
OPD	Out Patient Department
PSS	Parent Satisfaction Survey
IGME	Inter-agency Group for Child Mortality Estimation
SPSS	Statistical Package for Social Science

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## Abstract

**Background** The newborn period (neonate) is defined as beginning at birth and lasting through the 28th day. Following birth Neonatal intensive care units (NICUs) are those units that are specifically designed for premature and very ill newborns with different diagnoses. Measuring patient satisfaction has become an integral part of hospital management strategies for quality assurance and accreditation process in most countries. Therefore the aim of this study is to assess the parent satisfaction and associated factors in the neonatal intensive care unit.

**Objective** to assess the level of satisfaction and associated factors concerning their neonatal care in NICU of selected governmental hospital, Addis Ababa, Ethiopia, 2017.

**Methodology** An institutional based cross sectional study was conducted among parents of hospitalized neonate in selected government hospital. Data was collected by using interviewer - administered structured questionnaire. Then the collected data was entered and cleaned using Epi data versions 3.1 and then it was exported & analyzed using Statistical Package for Social Science (SPSS) version 20. To determine association between nominal variables such as socio-demographic variables and parents' level of satisfaction bivariate and multiple logistic regressions were computed.

**Result:** The overall proportion of parental satisfaction of admitted neonate was found to be 41.8%. Parents who disagreed with the chair in the waiting area were less likely to be satisfied than who agreed [AOR= 0.24(0.078-0.739)]. Those who disagreed with keep informed about their child condition were less likely to be satisfied than who agreed [AOR= 0.143(0.049-0.41)] and parents who agreed with information about NICU rules 4.57 times more likely satisfied than who disagreed [AOR=4.57(1.563-13.37)].

**Conclusion and recommendations** Among 400 Parents 41.8% were satisfied. Accessibility of enough chairs in the waiting area, keeping well informed parents concerning their neonatal condition and informed about NICU rules were determinant factors of parental satisfaction. As a recommendation, Prepare good waiting area which should include accessibility of drinking water, bathing rooms, enough chair and toilet. Make an effort to initiate family centered care in order to inform the child condition.

**Keywords:** parental satisfaction NICU hospital care



# CHAPTER ONE

## 1. INTRODUCTION

### 1.1. Background

Patient satisfaction is: evaluation of the patient who receives health care. Satisfaction, is an aspect of person's health , and without regard to personal satisfaction, health systems, unlike its mission to respond to the health needs of the people, acted on the other hand patient satisfaction indicate that health care professionals to response of this need of biological, psychological and social patient aware and responsibility about it (1).

Due to the high rates of developmental consequences among prematurely born children, attention is shifting to modifiable aspects of the NICU environment which could optimize developmental outcome (2).

Neonatal care can be analyzed from two ends of the spectrum: primarily, the sophisticated western world perspective, which comprises technological advancements supported by funding and resources in key areas of care (e.g. Thermal care and ventilation) and education. Secondly, the resource limited model from developing countries where often basic care provision is limited or unavailable and where healthcare education particularly in specialties such as neonatal care is either under-resourced at best or not in existence(3).

The hospitalization of a child would create significant changes in the lives of all families. These changes could be caused from such situations as family members concern for the child's care; they feel insecure and low-spirited because of being in a foreign environment and the probability of inefficiencies in child's care (4).

The responsibility of their health and wellbeing does not rest solely on the health care providers. There is an increasing awareness of the important role of parents in promoting the health and well-being of their children. Since most of the patients in pediatric care are young and communication is mainly between the provider and the parents, parents are responsible for evaluating many aspects of the quality of care (5).

Patient- and family-centered care (PFCC) acknowledges the important and constant role of the family in providing medical care and encourages mutually beneficial collaborations between the patient, family and health care professionals(6).

An important component in evaluating health care interventions is patient satisfaction (7).The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a Judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved (8).

Measuring patient satisfaction has become an integral part of hospital management strategies for quality assurance and accreditation process in most countries (9). It is a way of assessing the process of care, describing the patient's viewpoint, and evaluating care by reflecting patient views back into the system and through comparing facilities (10).

Satisfaction with service is most often evaluated at the time of the encounter or soon after. Advantages of obtaining this information proximate to a service encounter include the freshness of patients' impressions of their experience and the opportunity for providers to rectify problems the patient identifies (11).

Moreover, parents' satisfaction with health care is associated with an improvement in their child's health or with a reduction of symptoms, including adherence to the therapeutic regimen and understanding medical information. Thus, the level of parent's satisfaction with health care can be used as a good proxy variable for important aspects of quality of care (5).

Ethiopia has been made effort to improve health care delivery system through strong emphasis on quality of care. The Federal Ministry of Health (FMOH) was participated in Alliances, it is self-motivated and transparent partnerships that encourage innovation in health care quality management and learning across hospitals, with the patient at the center of all decision making and has decided that the first focus area of the Ethiopian Health Service Alliance for Quality (EHAQ) will be patient satisfaction. Every public hospital in Ethiopia has expressed interest in joining the EHAQ (12).

## 1.2. Statement of the Problem

Parents should actively take part in clinical decision-making and feedback is required to make sure parents' expectations are being met. Moreover, at the practice level, patients and families participate in quality improvement activities. Family involvement is the critical ingredient of the medical home model as families are the real consumers of their child's healthcare (13).

In 2013, of the 6.3 million children who died before their fifth birthday, 16% took their first and final breath on the day they were born. Altogether, 44 per cent died during the first 28 days of life – the neonatal period. The report stresses the critical importance of accelerating progress in saving the lives of newborns with simple, cost-effective interventions as well as quality care before, during and immediately after birth (14).

In Ethiopia, health services are limited and of poor quality and the country has relatively sub-optimal health status relative to other low income countries. To solve this problem, the government has focused on improving the organization and quality of health services delivered to the population. This intention of the government was reflected in the 1993 Health Policy and Health Sector Development Program of the Country. In such efforts towards improving quality of health care, patient satisfaction is an integral component of health services provided to the population.

Studies indicated that a satisfied patient has complied with the medical treatment prescribed, provider recommendation delivered, and continually using medical services at a specific health provider, which might resulted with, enhanced disease healing process, healthier and happier clients, whom contributing to the development of the country(15).

Many studies have shown that the parent satisfaction survey was effective in the improving the quality of care. Because, with important information that the parent can give their comments to identify staff performance improvement program hospital management, organization future planning and design communication patterns and counseling an appropriate using (16).

Parents expect timely and technically expert care, up-to-date medical information, care that meets all the needs of their children, and a communication approach that respects their culture, language, and religious beliefs. However, results from the National Survey of Children with Special Healthcare Needs, conducted in 2005-2006, shows that 23% of parents did not get family support services and 33% of parents did not receive family-centered care (17).

Different Studies reported that: patient-provider relationship (courtesy, listening, consultations, etc.), medical care and information, physical environment, lack of adequate transportation, in-patient services, hospital facilities and access to care, waiting time and cost of treatment, visiting of Doctors after registration, inadequate physical examination by providers, laboratory procedures, re-visiting of the doctor for evaluation with laboratory results, prescription paper for drugs and supplies, availability of prescribed drugs/medications from the hospitals' pharmacies, difficulty to locate different sections, cleanliness of toilets/bathrooms, availability of drinking water etc. Were the frequently faced problems affecting satisfaction (18).

The parent satisfaction in the part NICU due to special circumstances such specific cases, the complexity of the system and create critical situation, can greatly show perform properly of services. Because the quality and quantity of services provided in hospitals in different regions, and patient satisfaction is influenced by various factors. Therefore the aim of this study is to assess the parent satisfaction and associated factors in the neonatal intensive care unit.

### 1.3. Significance of the Study

This study will help to

- Parents following this area in terms alleviating their satisfaction.
- Health professionals working at NICU to improve their quality of care.
- Researchers as base for further study and policy makers to see where the gap is and support to take measure in improvement of parental satisfaction
- The finding of the study is also help as a reference to other hospital which establish
- a new NICU and it can be used by other researchers to conduct additional researches on the quality of care for parental satisfaction.

## CHAPTER TWO

### 2. LITERATURE REVIEW

#### 2.1. Parental Satisfaction

Having an infant in the NICU was an overwhelming experience associated with negative feeling. These are include role strain, distress, and emotional pain (specifically, when parents were excluded from taking care of the infant and excluded from parental-infant proximity or closeness), and a sense of alienation. On the other hand, when parents were involved in infant care, were allowed proximity, communicated clearly and openly, and formed rapport with the nurses, they became more satisfied and confident in their parenting roles (19).

Parenting behavior is believed to be an important mediator between biological risk and developmental outcome. Although the benefits of early parenting can be appreciated, difficulties within the early parent-child relationship have been reported among premature infants. Many parents cope with the enormous stress of premature birth through emotional and sometimes even physical withdrawal, which may be a reflection of anxiety, exhaustion, anger, guilt, or depression (20).

Another cross sectional study conducted by Fidanci, et al. in Turkey military hospital revealed that mothers were mostly satisfied with the approach of nurses (85.7%) and in the same period, when they were asked to assess the attitudes of physicians, 85.7% of the mothers have found physicians very concerned while some 14.3% (n=8) found them indifferent. Although 71.4% (n=40) of mothers expressed that taking the history of illness is definitely important, records taken during patient discharge showed that only 71.4% (n=40) of mothers' histories were taken by nurses. When the importance of doctors' taking illness history was asked 85.7% of mothers answered as definitely important. Supportive approach of health care personal adds a big deal to satisfy parents' expectations. Keeping communication channels open, answering their questions and giving the best care available are respective ways to catch better standards in health care (4).

In a study in pediatric ICU in Netherlands by 2008 shows that parents were less reassured at admission and the interaction with the medical team became barrier for the parents and could turn them in to stress and anxiety. In the study respect, information, education, coordination of care, physical and emotional support and involvement of parents as a core factors for parental satisfaction (21).

## **2.2.Associated factors**

### **2.2.1. Accessibility of Health Service and Diagnostic Examination**

Seeing a regular clinician for preventive care is associated with improved parent-rated quality of health care for young children. For example, as Inkelas et al. Report, the measures of interpersonal quality ratings were significantly higher for children with a regular clinician compared with those without one (69 vs. 65,  $P = 0.01$ ). Similarly, anticipatory guidance content scores were significantly higher for children who had a regular clinician than with those who did not (82 vs. 80,  $P = 0.03$ ). After controlling for factors that independently influence self-reports of experiences with care, only interpersonal care quality is higher for children with a regular clinician. In a community health center setting, parents of African American and Hispanic children reported that they experienced higher interpersonal quality and content of care with a regular clinician (22).

A questionnaire survey was done in japan showed that, Parents showed greater satisfaction with staff attitudes and medical treatment, whereas they were less satisfied with the information concerning routines and the staff work environment. They were pleased by the nursing care (N=180, 87.37%), nurses' concern (N=179, 86.89%) and from the respect to their needs (N=181, 87.86%) or their child's needs (N=186, 90.29%). Fathers gave statistically significant higher ratings for information about illness than mothers did ( $U=2416.000, p=0,035$ ). Adequacy of care, adequate pain management, parents' involvement in care, trusting relationship and staff attitudes were the most important determinants of parental satisfaction (23).

### **2.2.2. Parent/Patient Related Factors**

A cross sectional survey was done in United states, More than 25% of parents of children with SCD(sickle cell disease) believed that their child was treated differently because of his/her race, and over 50% of parents of children with SCD would have liked to have been more involved in decisions about their child's care. These findings suggest that greater recognition of the parent as a caregiver for the child, especially during the stress of a hospitalization, can improve parent ratings of care quality, which may serve to diminish the perception that the children are treated differently because of their race. The disparity in parent-reported quality of care is not all due to race, however, as the percentage of African Americans reporting low quality care on the general pediatric service and among parents of children with cancer was less than half the proportion of those with children with SCD (24).

In parents' perspectives, the infants length of stay appears to be another Significant factor that affect parent satisfaction. Parents with basic education express higher satisfaction level and this could be explained by the fact this category of patients has less demands. In relation with younger parents tended to have higher satisfaction scores in certain domains such as general satisfaction and continuity of care. Women tend to express higher satisfaction level than males (25).

A study in South Africa showed parental language/culture had an influence to involvement in decision making. Zulu-speaking parents were less likely than non-Zulu-speaking parents to report that doctors should make the final decision (25% vs 63%,  $p < 0.01$ , chi-square analysis)(26).

### **2.2.3. Parent/Patient Experience toward Health Care Service**

Characteristics of physicians, including attributes and behavior, are important factors in determining parents' perceptions of the level of professionalism of pediatric health care providers. Families most frequently identify 5 characteristics of physician professionalism that affect the parents' satisfaction: caring/concern, good communication, knowledge, skill, and honesty/attitude (27).

Mangurten et al. Report the effectiveness of family presence during pediatric emergency care. Parents experience was positive when offered the option to be present at the bedside during resuscitation and invasive procedures as it helped their child and eased their fears.

Parents were satisfied that everything possible was done and would prefer to be present in the future. Even in the event of death, parents' believed their presence helped the grieving process (28).

Researches of Dierssen-Sotos in 2009 showed that factors, such as; appropriate relationship with patient and his/her family and behaving gently and respectfully cause patients' satisfaction increase. Positive relationship between caring behaviors and patient satisfaction indicate that nurses and doctors spend more time to direct care infants and attention to issues and aspects of parental mental and emotional, and has important role played in Parents satisfaction, and by this way, Parents more follow the instructions and help improve infants' situation (29).

Another cross-sectional study was conducted, using a questionnaire by Maja Soderback, Kyllike Christensson. In Mozambique showed that they were badly informed of anything to do with hospitalization. They needed explanation and support to make the hospital situation less intimidating. Hospital staff's behavior was to some extent characterized by attentiveness, kindness, and sympathy, but it was also shown that the family caregivers had experiences of communication difficulties and of being neglected and these family caregivers (41%) also thought that the staff would want them to leave the room, because they saw it as the staff's duty to handle such situations(30).

A Survey from Picker Institute Europe to assess Parents' experiences of neonatal care unit stated that where admission of a baby to a neonatal unit was decided, 41% of parents were given the chance to visit the neonatal unit and 81% said that their partner is not allowed to stay with them (31).

A cross sectional study conducted in Saudi Arabia on perception of nursing support in NICU experience showed that parents of infants admitted to the NICU had a high level of stress, high level of anxiety and a low level of support from nurses according to infant's information. This is an interesting finding that most parents find the experience in the NICU stressful. Many of parents did not able to obtain adequate information easily from the unit; information delivered was difficult to understand and a reduction in support by nurse increased level stress and anxiety level (32).

The majority of family respondents who kangaroo-cared/held their babies found that this activity provided the highest level of comfort. Staff also responded as to the importance of kangaroo care, 67% rating it as highly effective in reducing parental stress, 73% as highly effective in providing comfort to parents and 80% as highly effective in facilitating parent/infant bonding. Surprisingly, however, only 8% of staff stated that kangaroo care was routinely performed in their units. Regarding discharge planning, family respondents noted confusion and lack of preparation for and at discharge time. Parents indicated in written comments that they felt ill prepared to deal with what they would face at home. 58% of parents felt that discharge preparation did not begin until a week before discharge and 35% felt that it never commenced at all. This was in sharp contrast to NICU staff, 74% of whom stated that discharge planning begins at admission (33).

### 2.3. Conceptual Frame Work

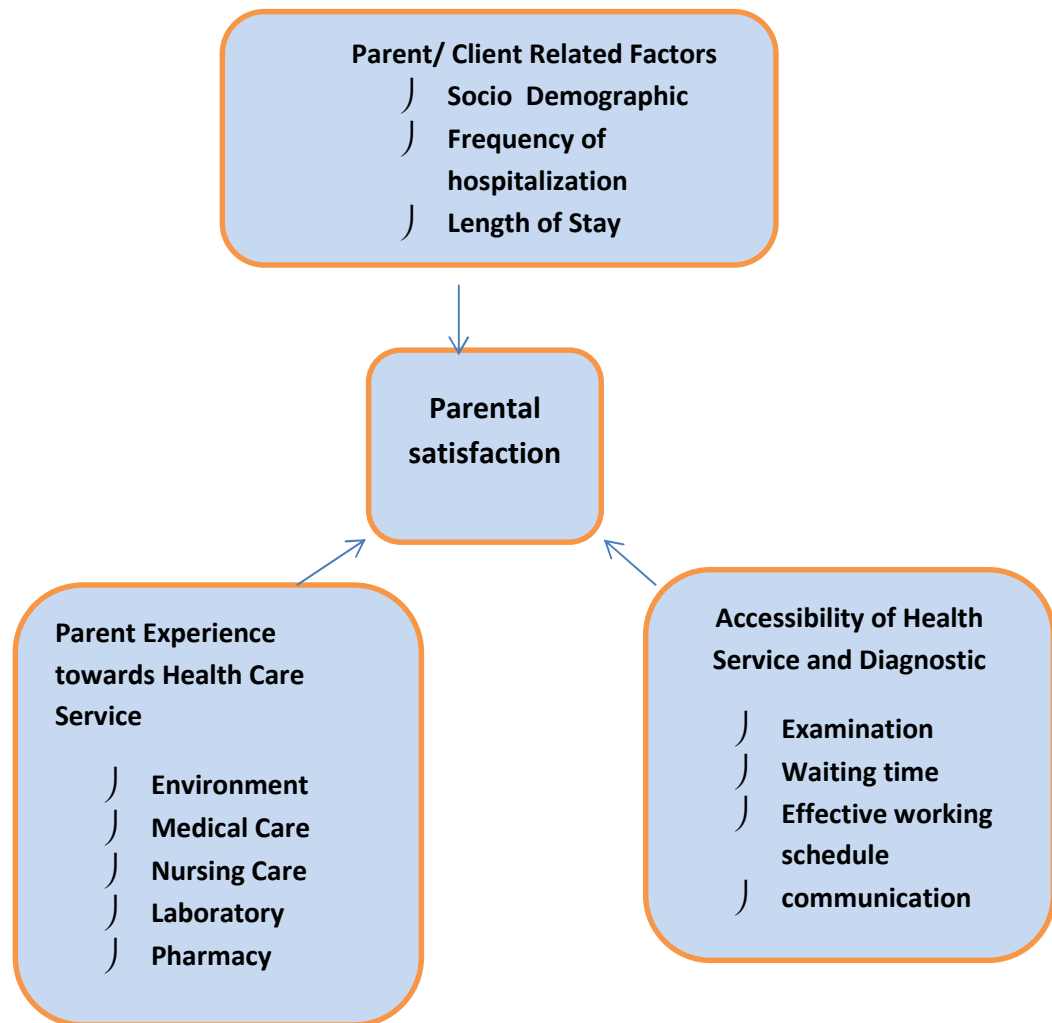


Fig-1:-Conceptual framework using Aday & Anderson's health symbol model. (34)

## **CHAPTER THREE**

### **3. OBJECTIVE**

#### **3.1.General Objective**

- ) To assess parental satisfaction and associated factors in NICU of selected governmental hospitals, Addis Ababa, Ethiopia 2017.

#### **3.2.Specific Objectives**

- ) To assess the satisfaction level of parents in NICU of selected governmental hospital Addis Ababa Ethiopia 2017.
- ) To identify the key factors that affect parents' satisfaction in NICU of selected governmental hospital Addis Ababa Ethiopia 2017.

## CHAPTER FOUR

### 4. METHODS AND MATERIALS

#### 4.1. Study Design and Period:

An institutional based cross sectional study was conducted from March to April, 2017.

#### 4.2. Study Area

The study was conducted in Addis Ababa. Addis Ababa is the capital city of Ethiopia and Seat of African Union and the United Nations World Economic Commission for Africa. It covers an area of 527 square kilometers and has 10 sub cities. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Addis Ababa city has a total population of 3,384,569 (35). The city has 12 government hospitals among this only 6 hospitals have NICU. These are Tikur Anbesa, Zewditu Memorial, Yekatiti 12, Gandhi Memorial, Minilik and St. Paulo's hospital. The study was conducted in Tikur Anbesa, Yekatit 12 and zewditu Memorial hospital which is selected by simple random sampling. Five hundred sixty neonate was admitted to NICU for the three hospital in one month which was obtained from the log book record to know the flow of the neonate to these hospitals; among which 250 were found in Tikur Anbesa , 110 in Zewditu Memorial and 200 in Yekatit 12 hospital.

Tikur Anbesa hospital was established in 1966 and located in Lideta Sub City. Formerly it was called Princess Mekonnen for memory Harar, but in 1975 it is named as Black Lion hospital. It is the largest referral hospital in the nation at a tertiary level and its placement covers an area of 4500 meter square. According to human resource statics of hospital, it is currently it is under Addis Ababa University (AAU) as part of the center of teaching hospital. It has 543 beds and around 2000 patients admitted per month on average.

Yekatit 12 hospital was established in 1945 E.C. According to the report of statics of human resources of Yekatit 12, this hospital currently give services like Maternal Health service, Child Health services, Adolescent reproduction Health and the human resource of this hospitals have doctors 19 with specialty, GP 30, BSC nurse 162, diploma nurse 192 and certificate 13, academicians 12 and also other supportive staffs.

Zewditu Memorial Hospital is one of the governmental hospitals in central Addis Ababa kirkos kifle ketema. It was built, owned and operated by the Seventh day Adventist Church, but was nationalized during the Derg regime in about 1976. The hospital is named after Empress Zewditu, the cousin and predecessor on the throne of Emperor Haile Selassie. Today Zewditu Hospital is operated under Addis Ababa health bureau and it is Ethiopia's leading hospital in the treatment of ART patients and currently became the largest HIV clinic in Ethiopia. The hospital has annual delivery of 1800 new born and it has NICU with an average admission of 110 new born per month.

### **4.3.Source of Population**

All parents whose neonates were admitted in NICU of selected governmental hospital.

### **4.4.Study Population**

All parents who were visiting the NICU of selected governmental hospitals during the data collection period.

### **4.5.Eligibility Criteria**

#### **4.5.1. Inclusion Criteria:**

Parents with their hospitalized neonates who had a length of stay as inpatient at least for 72hrs in NICU of the selected governmental hospitals were included in the study.

#### **4.5.2. Exclusion Criteria:**

Parents with their hospitalized neonates who had a length of stay more than 28 days excluded from the study.

### **4.6.Sample Size Determination and Sampling Technique**

The sample size was determined by the assumption that 50% of the parents were not satisfied

with the health care provide in the hospital since there was no study conducted in Ethiopia concerning parental satisfaction and with 5% marginal error, 95% confidence interval (CI) and a none response rate of 10%. Based on this assumption, the actual sample size for the study was determined using the formula for single population proportion.

When  $n = (Z / 2)^2 p (1 - p) / d^2$

- n = sample size
- z = z value for 95% C.L. = 1.96
- p =expected prevalence = 50%
- q = (1-p)
- d = Desired precision = 5%
- Non-response rate = 10%

$$\text{Thus, } n = \frac{1.962 \times 0.5 \times 0.5}{(0.05)^2} = 384$$

Hence, the calculated sample size was 384. Adding a 10 % non-response rate give the required minimum sample size (n) 422.

- Total sample size (Individuals) =422

Three hospitals were selected randomly out of 6 governmental hospitals having NICU found in Addis Ababa region using lottery method. Then Proportional allocation was done for three hospitals to collect the desired sample size. The study subject from each hospital was selected using systematic random sampling method where every 2 parents were included in the study. Lottery method was used to identify the first unique number, as a starting point to select study subjects from sampling frame

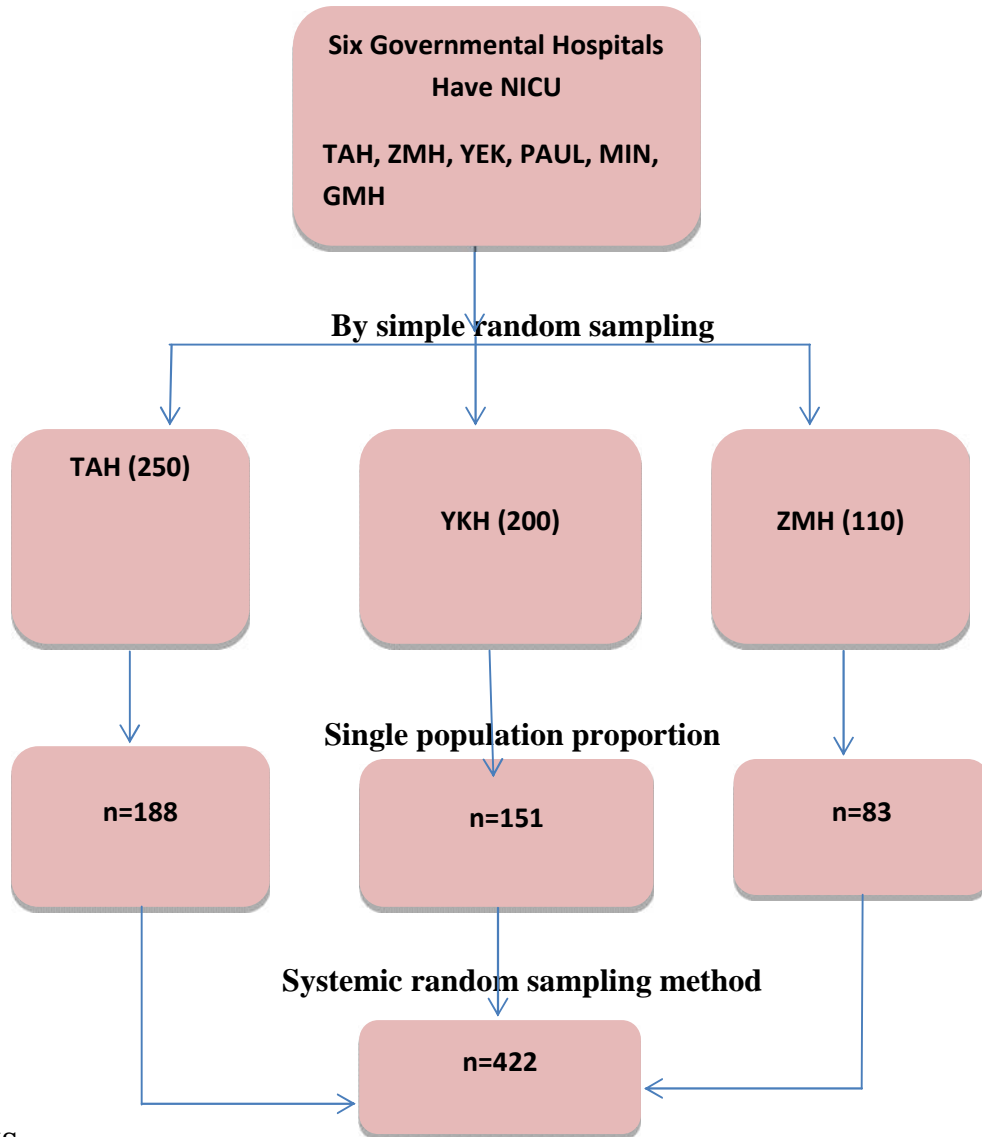
Participants were selected based on proportionate sampling from each health institution used the formula illustrated below.

$$N = n_t * N / N_t \text{ in a health facilities}$$

1. From Tikur Anbesa Hospital  $422 \times 250 / 560 = 188$

2. From Yekatit Hospital,  $422 \times 200 / 560 = 151$

3. From Zeweditu Hospital,  $422 \times 110 / 560 = 83$



#### KEYS

TAH= Tikur Anbessa Hospital

ZMH= Zewditu Memorial Hospital

YKH= Yekatiti 12 Hospital

PAUL= Saint Paulos

MIN= Minilik Hospital

GMH= Gandhi Memorial Hospital

Fig 2: Schematic presentation of sampling procedures

## 4.7. Study Variables

### 4.7.1. Dependent Variable

) Parental satisfaction

### 4.7.2. Independent Variables

- Parental/Patient related factors: Socio demographic factors (sex, age, educational status, marital status, ethnicity, religion and income).
- Parental/Patient experience to ward health services and facilities: environment, nurse service, doctor's service, pharmacy service and laboratory services.
- Accessibility towards health services and diagnostic examination: waiting time, effective appointment, effective working schedule, communication and physical examination.

## 4.8. Operational Definitions

**Level of client satisfaction:** - measured using Likert five point scales.

**Parental satisfaction:** - parents who scored above the mean.

**Parental dissatisfaction:** - parents who scored below and equal to the mean.

## 4.9. Instrument and Measurement

The questionnaire was adapted from other study (36, 37) with careful modification with reviewed by researchers. The questionnaire was translated in to Amharic version and it was re-translated back to English to check for its consistency. The mean was found from the sum of likert scale which was 98. During analysis 1 was given for satisfied ( $>98$ ) and 0 was given for unsatisfied ( $\leq 98$ ). In general the questionnaire was comprised of four dimensions (socio demographic, measuring satisfaction, parent experience toward health service and facilities, and accessibility of health service and diagnostic examination) with 39 items.

#### **4.10. Data Collection Procedure**

Two degree nurses were recruited as data collectors and one degree nurse was recruited as supervisor. Data collectors were responsible to interview the parents of a neonate and they collected from other hospital which was different from their working area. They were also record the result in a consistent manner and finally was submitted the result to the investigator as scheduled.

#### **4.11. Data Quality Assurance**

All data collectors and supervisors were oriented and trained on how to interview and record the data and was assigned to each hospital. In order to assess appropriateness of wording, clarity of the questions and respondent reaction to the questions and interviewer, it was pre-tested on 5% of the calculated sample size of parents in Gandhi Memorial Hospital (GMH). Those who will not be the actual study participants and adjustment were made based on the results of the pre-test. Parents were not being available during data collection period; repeated trial was being attempted to get them. During the data collection time close supervision and monitoring was carried out by supervisors and the investigator to insure the quality of the data. Finally the collected data was checked by the supervisor and investigator for its completeness.

#### **4.12. Data Processing and Analysis**

The collected data was checked manually for completeness and consistencies, and then it was coded and entered in to EPI data version 3.1 and exported to SPSS version 20 for analysis. Descriptive statistics was used to summarize. To identify associated factors with, binary logistic regression analysis was carried out at two levels, first bivariate logistic regression was performed to each independent variable with the outcome variable and those variables with a p value  $< 0.05$  were included in the final model (multivariate analysis).

Strength of association was measured using odds ratio, and 95% confidence intervals. Statistical significance was declared at P value <0.05.

#### **4.13. Ethical Consideration**

Ethical clearance was obtained from Addis Ababa University, department of nursing and midwifery research committee. Each study participant was adequately informed about the objective of the study and anticipates benefit and risk of the study by their data collector. Verbal consent was obtained from study participants for protecting autonomy and ensuring confidentiality. Respondents were also told the right not to respond to the questions if they do not want to respond or to terminate the interview at any time.

#### **4.14. Dissemination and Utilization of Results**

Result of the study will be submitted and presented to department of Nursing and Midwifery, School of Allied Health Sciences, College of Health Sciences, Addis Ababa University. The study result will also be submitted to the selected hospitals. Effort will be made to present the result in locally or workshops, conferences and meetings. For the publication purpose, the abstract of this thesis will be submitted to national or international peer reviewed publishers.

## CHAPTER FIVE

### 5. Result

#### 5.1.Socio-Demographic Characteristics

Out of 422 eligible parents, 400 agreed to participate in this study, which made a response rate of 94.7%. Most of the participants 233(58.3%) were mothers. The mean age of respondent was 29.2(SD  $\pm$  5.3). And from the total of 400 respondents, 355(88.8%) of the participants were married and more than half 265(66.3%) of parents were Orthodox Christian followers. With regard to educational status, 39(9.8%) mothers were not educated at all. Among 400 parents 140(35%) were private employee, 123(30.8%) were house wife and only 61(15.3%) were government employee. The median income of respondents was 2500 Ethiopian birr per month and regarding frequencies of previous hospitalization, majority 327(81.8%) were visiting the hospital for the first time. Similarly concerning duration of hospital stay 205(51.2%) were admitted for more than 3-7days.(table1)

Table 1: Socio-demographic characteristics of parents who have a neonate admitted in selected governmental hospital, Addis Ababa Ethiopia, 2017

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<b>Characteristics</b>	<b>Frequency(N=400)</b>	<b>Percentage</b>
<b>Sex</b>		
Female	273	68.20%
Male	127	31.80%
<b>Age</b>		
15-25	107	26.80%
26-35	221	55.20%
36-45	72	18%
<b>Marital Status</b>		

Single	37	9.30%
Married	355	88.70%
Divorced	8	2%
<b>Religion</b>		
Orthodox	265	66.30%
Muslim	85	21.40%
Protestant	46	11.50%
Catholic	4	1%
<b>Educational Status</b>		
No Formal Learning	39	9.80%
1-8 <sup>th</sup>	136	34%
9 <sup>th</sup> -12 <sup>th</sup>	121	30.20%
Diploma	58	14.50%
Degree And Above	46	11.50%
<b>Occupation</b>		
Government		
Employee	61	15.20%
Private	140	35%
Merchant	58	14.50%
Farmer	18	4.50%
Housewife	123	30.80%
<b>Income</b>		
100-3000	272	68%
3001-6000	90	22.50%
6001-9000	20	5%
9001-12000	10	2.50%
12001-15000	8	2%
<b>Length Of Stay</b>		
<2days	102	25.50%
3-7days	205	51.20%
8-14days	51	12.80%

2weeks And Above	42	10.50%
<b>Frequency Of Previous Hospitalization</b>		
None	47	11.80%
Once	327	81.70%
>1	26	6.50%

### 5.2. Parental satisfaction with socio demographic characteristics

Among the total respondents (n=400) child’s hospital care showed that 233 (58.3 %) unsatisfied and the remaining 167(41.8 %) were satisfied.

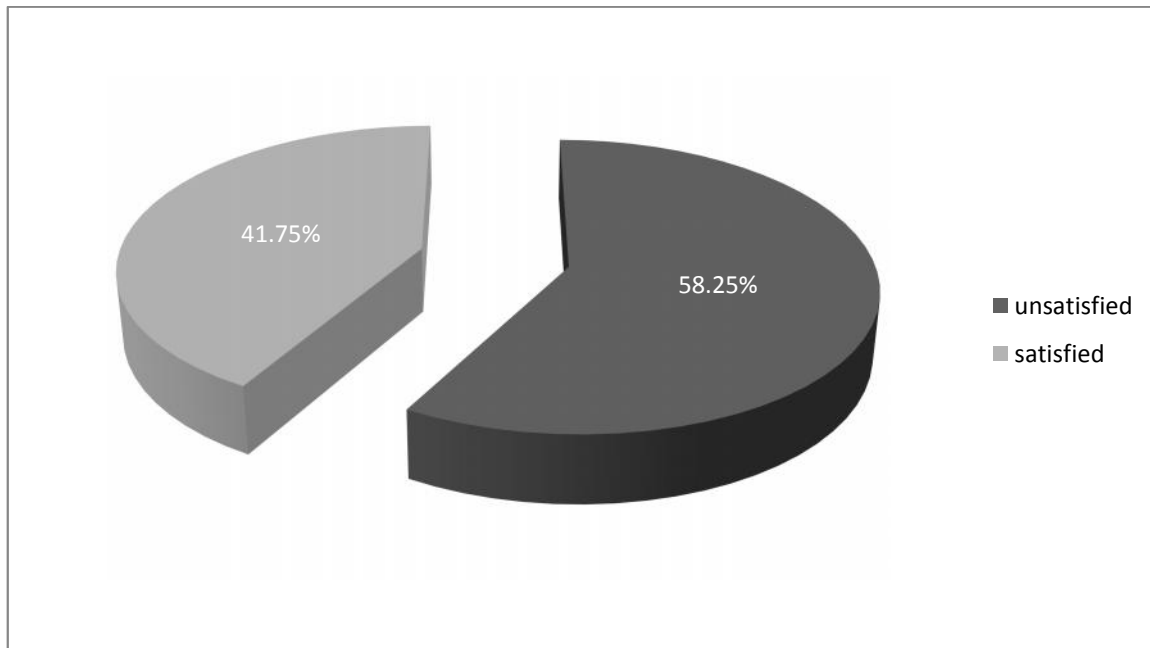


Figure3: satisfaction level of parents concerning their neonatal care in selected governmental hospital, Addis Ababa, Ethiopia, June, 2017

From the 233 unsatisfied parents 32.62% (n=76/233) male and 157(67.38%) female were unsatisfied. From 26 to35 age group, 131(56.22%) were the most unsatisfied age group and from 36 to 45 were the least unsatisfied age group 42(18.03%).Regarding marital status majority of married 206(88.41%) were unsatisfied. According to religion, Orthodox, Muslim, protestant and catholic were unsatisfied with all over the care144 (61.8%), 53(22.75%), 33 (14.16%) and 3(1.29%) respectively. Regarding to educational status from having primary schools77 (33.05%) were unsatisfied. Among the selected respondents whose income100-3000 were the most unsatisfied which was 157(67.81%) and the least unsatisfied parents 10(4.3%) were whose income 9001 to 15000.And also 118 (50.64%) parents whose neonate were stay 3 to 7 days were unsatisfied. Most of parents who had once previous hospitalization 194 (83.26%) were unsatisfied with the overall health care. (Table 3)

Table 2: Parental satisfaction with socio demographic characteristics, parents who have a neonate in selected governmental hospital, Addis Ababa, Ethiopia, 2017

Variables	Response	Level Of Satisfaction				P-Value
		Unsatisfied	%	Satisfied	%	
<b>Sex</b>	Male	76	32.62%	51	30.54%	0.66
	Female	157	67.38%	116	69.46%	
<b>Age</b>	15-25	60	25.75%	47	28.14%	0.765
	26-35	131	56.22%	90	53.89%	
	36-45	42	18.03%	30	17.96%	
<b>Marital</b>	Single	21	9.01%	16	9.58%	0.166
	Married	206	88.41%	149	89.22%	
	Divorced	6	2.58%	2	1.20%	
<b>Religion</b>	Orthodox	144	61.80%	121	72.46%	0.348
	Muslim	53	22.75%	32	19.16%	
	Protestant	33	14.16%	13	7.78%	
	Catholic	3	1.29%	1	0.60%	

<b>Education</b>	No Learning	19	8.15%	20	11.98%	0.426
	1-8th	77	33.05%	59	35.33%	
	9-12th	71	30.47%	50	29.94%	
	Diploma	34	14.59%	24	14.37%	
	Degree					
	Above	32	13.73%	14	8.38%	
<b>Income</b>	100-3000	158	67.81%	114	68.26%	0.803
	3001-6000	52	22.32%	38	22.75%	
	6001-9000	13	5.58%	7	4.19%	
	9001-12000	5	2.15%	5	2.99%	
	12001-15000	5	2.15%	3	1.80%	
<b>Length Of Stay</b>	Below2	59	25.32%	43	25.75%	0.326
	3-7days	118	50.64%	87	52.10%	
	8-14days	28	12.02%	23	13.77%	
	Above2week	28	12.02%	14	8.38%	
<b>Frequency of hospitalization</b>	None	19	8.15%	28	16.77%	0.004
	Once	194	83.26%	133	79.64%	
	Above One	20	8.58%	6	3.59%	

### 5.3. Parental satisfaction concerning their neonatal care

Among participated parents, 268(67%) stated they were received excellent nursing care and the nurses were compassionate 273(68.3%). They were stated the same for the doctors. More specifically, doctors were told about their child expected outcome 273(68.3%) and informed about their child condition 238(59.5%). Moreover parents were satisfied with the nurses and doctors in order to respect their child confidentiality during hospital stay 274(68.6%).

In addition that they stated, all the necessary investigations were available in the laboratory 209(52.3%) and all necessary drugs were available in the pharmacy 214(53.5%). On the contrary, the parents disagreed with the waiting time in the NICU for medical examination 183 (45.8%) and they also disagreed with NICU had special room for mothers to express breast milk 172(43.1%). In addition of this 177(44.3%) felt that health care providers didn't spend enough time at their child's bed side. (Table 2)

Table: 3 Level of parental satisfaction among parents of hospitalized neonate in selected governmental hospital, Addis Ababa, Ethiopia, 2017

Question	Response Option				
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	N (%)	N (%)	N (%)	N (%)	N (%)
Satisfied With The Care	12(3%)	17 (4.3%)	63(15.6%)	209(52.3%)	99(24.8%)
NICU Nurses Are Compassionate	18 (4.5%)	32 (8%)	82(20.5%)	182(45.5%)	86(21.5%)
Received Excellent Nursing Care	15(3.8%)	37(9.3%)	75(18.6%)	179(44.8%)	94(23.5%)
Are You Satisfied With The NICU Doctors Have Told You About Your Child's Expected Outcome	22 (5.5%)	41 (10.3%)	64(16%)	185(46.2%)	88(22%)
Health Care Provider Didn't Spend Enough Time At Your Child's Bedside	39 ( 9.8%)	102(25.5%)	82(20.5%)	132(33%)	45(11.2%)

Enough Chair In The Waiting Area	50 (12.5%)	78(19.5%)	32(8%)	160(40%)	80(20%)
Access To Rest Room	40(10%)	79(19.4%)	42(10.8%)	175(43.8%)	64(16%)
NICU Environment Feels Safe	23(5.8%)	66(16.3%)	45(11.3%)	187(46.8%)	79(19.8%)
Special Room To Express	69(17.2%)	103(25.8%)	104(26%)	78(19.5%)	46(11.5%)
Confidentiality Was Respected	16(4%)	30(7.5%)	80(20%)	191(47.8%)	83(20.7%)
Availability Of Investigation	47(11.8%)	91(22.6%)	53(13.3%)	134(33.5%)	75(18.8%)
Availability Of Drugs	47(11.8%)	84(21%)	55(13.8%)	144(36%)	70(17.4%)
Waiting Time To Examination	39(9.8%)	144(36%)	44(11%)	127(31.8%)	46(11.4%)
Informed About Your Child Condition	26(6.5%)	88 (22%)	48(12%)	174(43.5%)	64(16%)

#### 5.4. Parental Satisfaction related to experience toward health care service

Parents who disagreed with the availability of enough chair in the waiting area 45 % (n=106/233) were unsatisfied. And who agreed with the access of enough chair 79.04 % (n=132/167) and rest room 76.05% (n=127/167) were satisfied. Those parents who agreed with NICU environment feels safe, informed about NICU rules and visiting hours were flexible, 144(86.23%), 142(85%) and 145(86.8%) were satisfied respectively. Moreover Availability of laboratory investigation and drugs in the pharmacy were satisfied 119(71.2%) and 107(64%) respectively. On the other hand most parents were disagreed and dissatisfied on special room to express breast milk 133(57%) and the NICU room was quiet enough 105(45%) for their neonate. 117(50%) were disagreed and unsatisfied with the doctors used medical terms with explained of medical test. (Table 4)

Table 4: Parental Satisfaction related to experience toward health care service, in selected governmental Addis Ababa Ethiopia 2017.

Variables	Unsatisfied			Satisfied		
	Disagree	Agree	Uncertain	Disagree	Agree	Uncertain
<b>Enough Chair</b>	106(45.4%)	108(46.3%)	19(8.3%)	22(13.18%)	132(79.04%)	13(7.78%)
<b>Access To Rest</b>						
<b>Room</b>	97(41.6%)	112(48%)	24(10.4%)	22(13.17%)	127(76.03%)	18(10.8%)
<b>NICU Environment</b>	78(33.1%)	122(52%)	33(14%)	11(6.59%)	144(86.23%)	12(7.18%)
<b>Feels Safe</b>						
<b>Informed About</b>	82(35%)	127(55%)	24(10%)	14(8.38%)	142(85.03%)	11(6.59%)
<b>NICU Rules</b>						
<b>Visiting Hours</b>	86(37%)	131(56%)	16(7%)	19(11.38%)	145(86.83%)	3(1.8%)
<b>Are Flexible</b>						
<b>NICU Has Special</b>	133(57%)	43(18%)	57(24.1%)	39(23.35%)	81(48.50%)	47(28.14%)
<b>Rooms To Express</b>						
<b>Breast</b>						
<b>Milk</b>						
<b>The Room Is Quiet</b>	105(45%)	90(39%)	38(16%)	56(33.6%)	95(56.8%)	16(9.58%)
<b>Enough To Rest</b>						
<b>Take Care The</b>						
<b>Neonate</b>	35(15%)	156(67%)	42(18%)	5(2.99%)	151(90.42%)	11(6.59%)
<b>To Lay Well Cared</b>						
<b>Bed</b>						
<b>Mothers Have</b>						
<b>Rooms</b>	77(33%)	126(54%)	30(13%)	18(10.78%)	134(80.24%)	15(8.98%)
<b>Nurses Respond</b>						
<b>Slowly</b>	117(50%)	81(35%)	35(15%)	69(41.32%)	82(49.1%)	16(9.58%)

**To Your Child Need**

**Doctors Use Medical**

**Terms** 88(37.7%) 120(51.5%) 25(10.7%) 18(10.78%) 144(86.23%) 5(2.99%)

**Explaining About**

**Medical**

**Test**

**Confidentiality Was** 37(16%) 138(59%) 58(25%) 9(5.39%) 136(81.44%) 22(13.17%)

**Respected**

**Access To**

**Investigation** 112(48%) 90(39%) 31(13%) 26(15.57%) 119(71.26%) 22(13.17%)

**Access To Drugs** 96(41%) 107(46%) 30(13%) 35(20.96%) 107(64.07%) 25(14.97%)

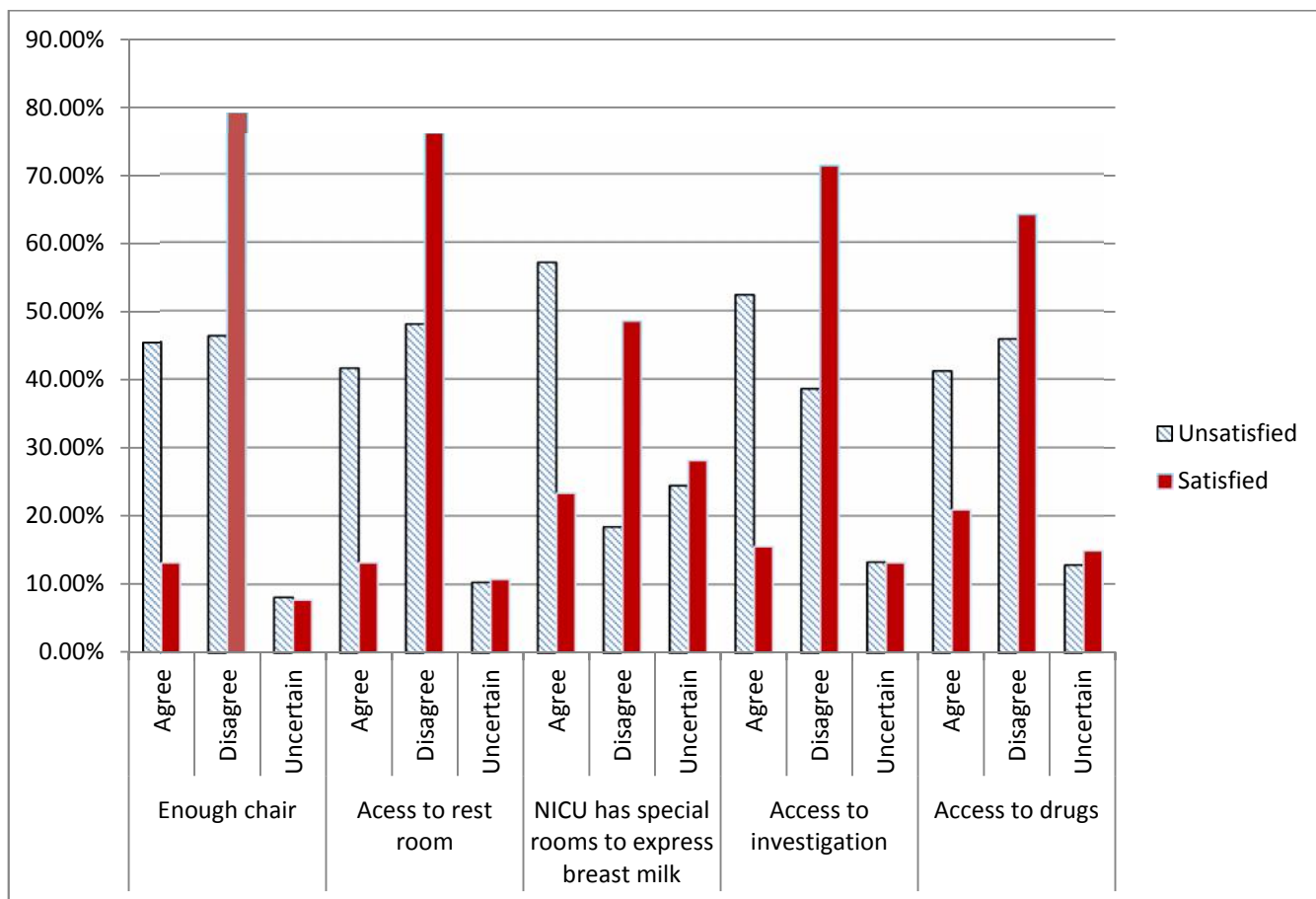


Fig:4: parental Satisfaction related to experience toward health care service, in selected governmental Addis Ababa Ethiopia 2017

### 5.5. Parental Satisfaction related to accessibility of health service

During the data analysis, the mean percentage of the parental satisfaction for each care index and the overall quality scale was calculated. Overall, the parents were most unsatisfied with their opportunity to participate in discussion concerning their child examination and informed regarding result (87.9%, 88.8%) respectively. They were least unsatisfied with the doctors answer their question thoroughly 42%, and health care providers made a good job in preparing them during hospital stay 45.93%. Regarding informed about the child condition 50.2% (n=122/233) parents were unsatisfied. (Table 5)

Table 5: parental satisfaction related to accessibility of health service, concerning their neonate admitted on selected governmental hospital Addis Ababa Ethiopia June 2017.

Variables	Unsatisfied			Satisfied		
	Disagree	Agree	Uncertain	Disagree	Agree	Uncertain
<b>Answer Your Question</b>	62(26.61%)	135(57.94%)	36(15.45%)	12(7.19%)	143(85.63%)	12(7.19%)
<b>Make Good Job On Preparing You Informed About Your Child Condition</b>	55(23.61%)	126(54.08%)	52(22.31%)	11(6.59%)	140(83.83%)	16(9.58%)
<b>Informed Regarding Procedure Result Participate In Discussion</b>	92(39.48%)	111(47.64%)	30(12.88%)	22(13.17%)	127(76.05%)	18(10.78%)
	138(59.22%)	69(29.61%)	26(11.1%)	60(35.93%)	86(51.5%)	21(12.57%)
	159(68.24%)	46(19.74%)	28(12.02%)	45(26.95%)	91(54.49%)	31(18.56%)

**Waiting Time With**

**Out** 94(40.34%) 112(48.07%) 27(11.59%) 31(18.56%) 120(71.86%) 16(9.58%)

**Gating Care**

**Waiting Time For**

**Medical** 111(47.64%) 93(39.91%) 29(12.45%) 72(43.11%) 80(47.9%) 15(8.98%)

**Examination**

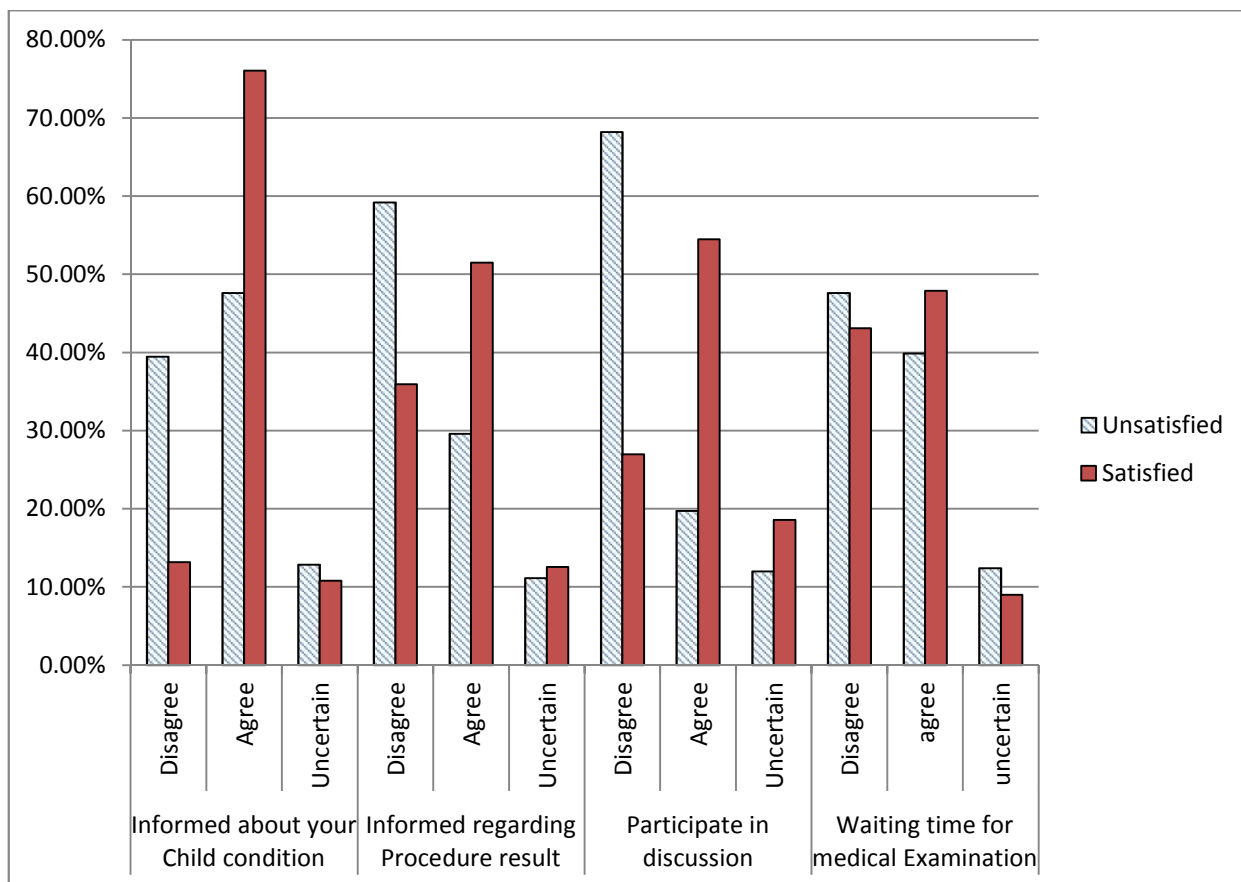


Fig 5. Parental satisfaction related to accessibility of health service, concerning their neonate admitted on selected governmental hospital Addis Ababa Ethiopia

### 5.6. Bivariate and multivariate analysis

Bivariate and multivariate logistic regression analysis was used to identify the characteristics that might affect parents' satisfaction for the overall quality health care. The variables that were used first correlated with bivariate logistic regression and those that had a value of  $P < 0.05$  were used for the multiple regression analysis as independent variables. These variables were frequency of hospitalization, access to enough chair and rest room, access to investigation and drugs, environment feels safe, special room to express breast milk, informed about the child condition and NICU rules. (Table 6)

Table 6: Results from Bivariate and multiple logistic regression analysis about parental satisfaction in selected governmental hospital, June 2017

Variables	Unsatisfied N (%)	Satisfied N (%)	95% confidence interval			
			COR	AOR		
<b>Frequency of hospitalization</b>						
None	19	8%	28	17%	4.91(1.66-14.5)	0.237(0.525-10.134)
Once	194	83%	133	80%	2.28(0.89-5.84)	1.48(0.427-5.16)
Above one	20	9%	6	3%	1	1
<b>Access to enough chair</b>						
Agree	106	45%	22	13%	1	1
Uncertain	19	8%	13	8%	1.78(0.844-3.78)	0.98(0.361-2.68)
Disagree	108	46%	132	79%	0.303(0.131-0.704)	0.24(0.078-0.739)**
<b>Access to rest room</b>						
Agree	112	48%	127	76%	0.302(0.14-0.65)	0.514(0.193-1.368)
Uncertain	24	10%	18	11%	1.51(0.78-2.91)	1.74(0.746-4.09)
Disagree	97	42%	22	13%	1	1
<b>Environment feel safe</b>						

Agree	122	52%	144	86%	0.38(0.15-0.967)	0.474(0.149-1.510)
Uncertain	33	14%	12	7%	3.24(1.6-6.55)	2.252(0.9-5.63)
Disagree	78	33%	11	7%	1	1
<b>Special room to express Breast milk</b>						
Agree	43	18%	81	49%	0.35(0.21-0.60)	0.669(0.3222-1.391)
Uncertain	57	24%	47	28%	2.285(1.33-3.89)	1.72(0.80-3.70)
Disagree	133	57%	39	23%	1	1
<b>Access to investigation</b>						
Agree	90	39%	119	71%	0.327(0.164-0.654)	0.500(0.178-1.404)
Uncertain	31	13%	22	13%	1.86(1.01-3.433)	2.452(0.996-6.03)
Disagree	112	48%	26	16%	1	1
<b>Access to drugs</b>						
Agree	107	46%	107	64%	0.43(0.22-0.84)	0.929(0.342-2.52)
Uncertain	30	13%	25	15%	1.2(0.662-2.175)	1.584(0.632-3.96)
Disagree	96	41%	35	21%	1	1
<b>Informed about NICU rules</b>						
Agree	127	55%	142	85%	2.44(1.149-5.179)	4.57(1.563-13.37)*
Uncertain	24	10%	11	7%	0.373(0.15-0.927)	0.823(0.246-2.754)
Disagree	82	35%	14	8%	1	1
<b>Child condition</b>						
Agree	92	39%	22	13%	1	1
Uncertain	30	13%	18	11%	1.907(1.00-3.60)	0.994(0.398-2.48)
Disagree	111	48%	127	76%	0.399(0.18-0.84)	0.143(0.049-0.416)**

**COR=Crude odds ratio, AOR=Adjusted Odds ratio, \*=p. Value <0.05, \*\*=p. Value <0.01,**

## 5.7. Factors associated with parental satisfaction

.After adjusting for potential confounders in multivariate logistic regression analysis ; access of enough chair in the waiting area and informed about their child condition were remained significant in the final model. But frequencies of hospitalization, access to investigation, rest room and drugs, environment, special room to express breast milk were lost their significance.

Availability of enough chairs was significantly associated with parental satisfaction. Parents who disagreed with the chair in the waiting area were less likely to be satisfied than who agreed [AOR= 0.24(0.078-0.739)].

Information about the child condition was significantly associated with parental satisfaction. Those who disagreed with keep informed about their child condition were less likely to be satisfied than who agreed [AOR= 0.143(0.049-0.41)].

Concerning to NICU rules, parents who agreed with information about NICU rules 4.57 times more likely satisfied than who disagreed [AOR=4.57(1.563-13.37)]

## CHAPTER SIX

### 6. Discussion

The results of this study have shown that parents whose neonates were admitted to the NICU satisfied with the health care service (41.75%). This finding has lower satisfaction compare with study conduct in Bangladesh (85%), Germany (70%) and Iran ( $63.04 \pm 31.5$ ) satisfied with the hospital service received (38, 39, 40). The difference could be due to socio cultural, economic and health service quality. And also could be attributed to study period difference due to the increase in expectation of parents to the service they are going to receive with rapid advancement in technology and peoples thinking and lifestyle. Even if greater percentage of overall satisfaction was reported in different literatures, there is a difference in satisfaction level in different aspects of focused health care services. The results of this study showed relatively low mean satisfaction of three areas, access of enough chair in the waiting area (mean 1.76, SD 0.58) and keep their well informed about their child condition (mean 1.78, SD 0.6) and informed about NICU rules.

This study's results are comparable with several studies showing that satisfaction with the provided care is related to lack of explanation on condition of the child. In this regard, In this study 87.1% (n=203/233) parents unsatisfied with the information about the child condition and (n=207/233) parents also unsatisfied with informed about procedure result. This is the same result with the study done in Saudi Arabia, Most of parents (64%) are disagreed that they received from nurses enough information daily about their baby progress,(31).

This result is less satisfied than study done in japan ,44 (21.35%) parents were barely informed or not informed at all about their child's illness, 42 (20.38%) were barely informed or not informed at all about their child's treatment or diagnostic tests, and 47 (22.81%) were barely informed or not informed at all about their child's progress or diagnostic results. Furthermore, the parents of a child in the general hospital were found to be more satisfied with the provision of information, especially concerning their child's disease, compared to the parents with a child in the pediatric hospital. (5)

In this study 89.6 % ( n=209/233) parents were not satisfied with the information about the NICU rules(mean 1.8 SD 0.5).most parents stated that they hadn't any information about the unit. This result is the same with a study done in Iran, state that the lack of information about the status of the infant to the parents was least satisfaction (8.3%) was accounted. (40) And The study was conduct in Netherlands by Latour et al. State that providing information and instructions to the parents of newborns admitted to intensive care units is one of the main forces affecting parents' satisfaction. The results showed that the failure to provide information to the parents leads to feelings of worry, insecurity and dissatisfaction.(41)

In this finding, they were not satisfied with the welfare, these were accessibility of enough chair (91.8%,mean 1,76, SD 0.6), availability of rest room (89.7%, mean 1.8 ,SD 0.5) and(75.5% ,mean1.8 ,SD 0.8) had special room for mothers to express breast milk and the same result with frequency of hospitalization (91.8%). This is the same finding with a study conduct in Iran by zahara Sali et al. Said in their study in the welfare area factors was caused parental dissatisfaction (37.7%) included: Low quality food, lack of comfortable seating for breastfeeding in the lack of television in some rooms, the low quality of the ventilation system of the room, far away from the mother's rest room and it was also mentioned that between previous history of hospitalization and satisfaction, there was a significant correlation (52.3%). The researcher believes that the patients who had refer first to a health care service, may be take some time to have expectations and desires. Because many expectation had formed as a result of past experience. It seems that people who have a history of previous hospitalization by adjusting their expectations with the experience that have been gain from health center could have a more satisfying but the contrary those who have not experienced hospitalization in the hospital maybe with a lot of ideals and expectations referred to the hospitals.(40)

In this study parents were not satisfied with no opportunity to participate in discussion concerning their child examination (87.9%, mean 1,6,SD 0.7).the same with this finding The parents were willing to participate in taking care of their sick child and when the nurses accepted their participation, they felt more peaceful and secure; however, if the nurses did not accept their participation, they felt stressed and anxious. In fact, participation in taking

care of their child reduces parents' feelings of stress and insecurity and improves their satisfaction with the nursing care received (41),

In this study most parents want visit their child with a flexible time. This is important to the unit in order to prevent overcrowding and hospital acquired infection. Neonatal intensive care unit in a hospital is one of the most sensitive units. In this unit control of hospital infections has important role in improve the health of infants. Because the infant's immune system is not fully mature in this stage of life an important part of Nosocomial infections in this period of life, occur dangerous infections. Undoubtedly factor such as movement of visitors has important role in causing infection, Monitoring and control meet infants and prevent the crowded unit is one way to control infection (42).

## CHAPTER SEVEN

### 7. STRENGTH AND LIMITATION

#### 7.1. Strength of the study

- Since it has high sample size, representativeness was increased.
- The research with this thematic area will give important information about parental satisfaction and related factors in the study area.
- It is also a good indicator for quality of care in the study area.

#### 7.2. Limitation of the study

- Lack of adequate literatures on the same or related topic in Africa especially in Ethiopia.
- As the study was cross sectional, it failed to show the Cause and effect relation of variables.
- The study was done only in governmental hospital

## CHAPTER EIGHT

### 8. Conclusion and Recommendation

#### 8.1. Conclusion

This study report concluded that parents had low satisfaction 41.8% concerning their neonatal care. Among different socio-demographic, Parents experience toward health care service and accessibility of diagnostic service were related factors studied. Accessibility of enough chair in the waiting area, informed about NICU rules and keeping well informed concerning their neonatal condition were determinant factors of parental satisfaction.

## 8.2.Recommendation

### **To Government**

National guideline which specifically focuses on quality of care in NICU needs to be prepared.

### **Hospital administrators**

- Prepare good waiting area which should include accessibility of drinking water, bathing rooms, enough chair and toilet.
- Make an effort to initiate family centered care in order to inform the child condition.
- Should improve the accessibility of services, like all investigating modalities and laboratory instruments, reducing waiting time to obtain health care services
- Increase the proportion of health service providers with the number of customers so as to make maximum utilization of their services and in turn to benefit the patients.

### **To researchers:**

- Further research is needed on qualitative aspects to identify related factors of parental satisfaction.

### **Health professionals practice:**

- Health Care providers should identify the physical, psychological and social aspect of problems and provide care based of their needs.
- Giving orientation to parents about the NICU rules.
- Health care providers should provide information on their babies condition, about the diagnostic result, procedures and prognosis of the neonate.

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## ANNEXES

### Annexes I: Participant Information Sheet

Good morning/ afternoon?

My name is \_\_\_\_\_. Currently I am a graduate student at Addis Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. And now I am conducting a research to assess parental satisfaction and associated factors in NICU of selected governmental hospital Addis Ababa.

**Title of the research:** parental satisfaction concerning their neonatal care and associated factors in NICU selected governmental hospital Addis Ababa, Ethiopia 2017.

**Objective:** parental satisfaction concerning their neonatal care and associated factors in NICU of selected governmental hospital Addis Ababa, Ethiopia 2017.

**Participants:** Randomly selected parents having neonates in the NICU of selected governmental hospitals.

**Potential Risks:** There is no foreseen risk by being participating in this study.

**Benefits:** No financial benefits are related with this study. But by participating in this study, you will improve the care and setting of NICU.

I would like to ask you few questions. Your honest response to the questions can make the study to achieve its objective. All the information that you give will be kept confidential and private.

Only the principal investigator and interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to participate in this study or if you become uncomfortable during the study, you will be allowed to leave the study at any time. At any time if you have questions, you can contact me by using the following addresses.

Hana Endale Mobile: +251-913-242524, E-mail: [aliyouhana@gmail.com](mailto:aliyouhana@gmail.com)

## **Annexes II: Informed Consent**

Addis Ababa University

College of Health Sciences

School of Allied Health Sciences

Department of Nursing and Midwifery

I herewith declare that:

- ) The objectives of this study are explained to me and are clear.
- ) The contents of the consent are verified to me to participate in the study.

I understand that participation in this study is completely voluntary and that I may withdraw at any time without supplying reasons. I agree to participate in this study to be interviewed, provided my privacy is guaranteed. When signing this consent form to participate in the study, I promise to answer honestly to all reasonable questions and not provide any false information or in any other way purposely mislead the researcher.

Signature of the participant \_\_\_\_\_ date \_\_\_\_\_

Signature of the investigator \_\_\_\_\_ date \_\_\_\_\_

## Annex III: Questionnaire, English Version

### 1. Socio demographic Characteristics

S.NO.	Questions	Responses	
1	Sex of the respondent	1. Male 2. Female	
2	Age(in years) of the respondent	-----	
3	Questionnaire completed by	1. Mother 2. Father 3. Guardian	
4	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
5	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (specify) -----	
6	Educational status	1. No formal learning 2. Below high school 3. 9th -12th 4. College Diploma 5. University Degree and Above	
7	Occupation	1. Governmental employee 2. Private 3. Merchant 4. Farmer	

		5. Housewife 6. Others (specify)-----	
8	Estimate of monthly income	-----	
9	Length of stay	-----	
10	Frequency of previous hospitalizations	1. None 2. Once 3. >1	

**2. Satisfaction measuring questionnaires**

11	Are you satisfied with the care that your child has received in the NICU unit?	1. Strongly disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly agree	
12	Do you think that NICU Nurses are compassionate?	1. Strongly disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly agree	
13	Do you think your child has received excellent nursing care in the NICU?	1. Strongly disagree 2. Disagree 3. Uncertain 4. Agree 5. Strongly agree	

14	Do you feel that healthcare providers didn't spend enough time at your child's bedside?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
15	Are you satisfied with the NICU doctors have told you about your child's expected outcome?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	

**3. Parents experiences toward health care services and facilities**

16	There are enough chair in the waiting area	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
17	There is rest room in the waiting area	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
18	The NICU environment feels safe	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	

19	Did you informed about NICU rules?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
20	Visiting hours are flexible	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
21	The NICU has a special room for mothers to express milk	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
22	Do you think your child's room is quiet enough for him/her to rest?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
23	Caregivers take care of the infant to lay well-cared for bed	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	

24	Mothers have rooms near the NICU	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
25	Do the Nurses' respond slowly to your child's needs?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
26	The doctors use medical terms with explaining what they mean during visit of NICU.	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
27	The doctor is good about explaining the reason for medical test	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
28	Doctors give me advice about ways to stay health.	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
29	Does your child's	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> </ol>	

	confidentiality was respected during his/her this hospital stay?	<ul style="list-style-type: none"> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ul>	
30	All the necessary investigations you need available in the laboratory	<ul style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ul>	
31	All the necessary drugs you need available in the pharmacy	<ul style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ul>	

**4. Accessibility of health service and diagnostic examination**

32	Do the doctors in the NICU answer your questions thoroughly?	<ul style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ul>	
33	Do caregivers made a good job in preparing you for your child's hospital stay?	<ul style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ul>	

34	Do you think that the health care providers in the NICU keep you well informed about your child's condition?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
35	Do you feel that the NICU physicians do not keep you completely informed regarding procedure results?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
36	Do you think that the NICU nurses do not really listen to your opinion about your child's needs?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
37	Did you have the opportunity to participate in discussions concerning your child's examinations?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	
38	Do you think that the waiting time you have spent in the hospital without getting care is reasonable?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Uncertain</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>	

39	Do you believe that the waiting time in the NICU for medical examination was appropriate?	<ol style="list-style-type: none"><li>1. Strongly disagree</li><li>2. Disagree</li><li>3. Uncertain</li><li>4. Agree</li><li>5. Strongly agree</li></ol>	
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## Annex IV: Amharic version of Participant Information Sheet

የተሳታፊዎች መረጃ መስጫ ቅጽ-በአማርኛ

እንደምን አደሩ/ዋሉ ሆኑ እንዳለ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ፣ ጤና ሳይንስ ኮሌጅ፣ ነርቪንግና ሚዲካል ትምህርት ክፍል በህፃናት ጤና የ2ኛ ዓመት የማስትሬት ድግሪ ተመራቂ ተማሪ ነኝ። በአሁኑ ሰዓት በአዲስ አበባ በመንግስት በተመረጡ ሆስፒታሎች በጨቅላ ህጻናት የወላጆች እርካታን እናተዛማጅ ችግሮችን በማጥናት ላይ ነኝ።

**የጥናቱ ርዕስ፡-** በተመረጡ የመንግስት ሆስፒታሎች በጨቅላ ህጻናት ህክምና ክፍል በልጆቻቸው እንክብካቤ ዙሪያ የወላጆች እርካታና ተዛማጅ ችግሮች ፣ አዲስ አበባ፣ ኢትዮጵያ፣2009 ዓ.ም።

**የጥናቱ ዓላማ፡-** በተመረጡ የመንግስት ሆስፒታሎች በጨቅላ ህጻናት ህክምና ክፍል በልጆቻቸው እንክብካቤ ዙሪያ የወላጆች እርካታና ተዛማጅ ችግሮች ፣ አዲስ አበባ፣ ኢትዮጵያ፣2009 ዓ.ም።

**ተሳታፊዎች፡-** በተመረጡ በመንግስት ሆስፒታሎች በጨቅላ ህፃናት ህክምና ክፍል ውስጥ ተኝተው የሚታከሙ ልጆች ያላቸው ወላጆች

**የጎንዮሽ ጉዳት፡-** በዚህ ጥናት መሳተፍ ምንም አይነት ጉዳት የለውም።

**ጥቅማ ጥቅም፡-** በዚህ ጥናት መሳተፍ ምንም አይነት ገንዘብ አያስገኝም። ነገር ግን በዚህ ጥናት መሳተፍ በህክምናው እና በሆስፒታሉ አደረጃጀት ዙሪያ እንዲሻሻል ይረዳሉ።

ስለዚህ የተወሰኑ ጥያቄዎችን ልጠይቅዎት እወዳለሁ። የእርስዎ በእውነት ላይ የተመሰረተ መልስ ለዚህ ጥናት መሳካት አስተዋፅኦ ያደርጋል። እርስዎ የሚሰጡት መረጃ ከአጥኚውና ቃለመጠይቅ አድራጊው በስተቀር በማንኛውም መልኩ ለሌላ 3ኛ ወገን

ተላልፎ አይሰጥም። በሙሉ ፈቃደኝነት እንዲሳተፉ እየጠየኩ ያለመሳተፍ ወይም በማንኛውም ጊዜ ራስዎን ከጥናቱ የማግለል

ሙሉ መብት አለዎት። ማንኛውም ጥያቄ ካለዎት በሚከተለው አድራሻዬ ማግኘት ይችላሉ።

ሆኖ እንዳለ

ስ.ቁ.09 13 24 25 24

ኢ.ሜይል: [aliyouhana@gmail.com](mailto:aliyouhana@gmail.com)

**Annex V: Amharic version of Informed consent**

የስምምነት መግለጫ ፎርም - በአማርኛ

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

ነርሲንግ ዲፓርትመንት

ድህረ ምረቃ ፕሮግራም

እኔ ስሜ ከዚህ በታች የተገለጸው፤ የዚህ ጥናት ዓላማ በደንብ የተብራራልኝ ሲሆን የጥናቱንም ዓላማ ተረድቻለሁ።

በዚህ ጥናት ላይ መሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ መሆኑን በሚገባ የተረዳሁ ሲሆን በማንኛውም ጊዜ ከጥናቱ

ራሴን የማግለል መብት እንዳለኝ አውቄአለሁ። ስለሆነም የምሰጠው መረጃ እስከተጠበቀ ድረስ በዚህ ጥናት ለመሳተፍ

ተስማምቻለሁ። በዚህ ጥናት ለመሳተፍ ስምምነቴን ስገልፅ ለምጠየቀው ጥያቄ በእውነት ላይ የመሰረተ መልስ ለመስጠት

የተስማማሁ መሆኔን አረጋግጣለሁ።

የመረጃ ሰጪው ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

የአጥኚው ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

ስለ ትብብርዎት አሁንም በድጋሜ እናመሰግናለን

## Annex VI: Questionnaire, Amharic version

መጠይቅ - አማርኛ ቅጽ

ክፍል አንድ :- ሥነ- ህዝብ ፤ማህበራዊ እና ኢኮኖሚያዊ ጉዳዮችን በተመለከተ የተዘጋጁ ጥያቄዎች

ተ.ቁ.	ጥያቄዎች	አማራጮች	
1	የወላጅ ጾታ (አንዱን ይምረጡ)	1. ሴት 2. ወንድ	
2	የወላጅ ዕድሜ(በአመት)	-----	
3	ጥያቄውን የሞላው	1. እናት 2. አባት 3. ሞግዚት	
4	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ባለትዳር 3. አግብቶ/ታየፈታ/ች 4. የሞተችበት/ባት	
5	የሀይማኖት ሁኔታ	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ ካለ ግለፅ-----	
6	የትምህርት ደረጃ	1. መደበኛ ት/ት ያልተማረ/ች 2. 1-8ኛ 3. 9-12ኛ 4. የኮሌጅ ዲፕሎማ 5. የዩኒቨርሲቲ ዲግሪና ከዚያ በላይ	

7	የስራ ሁኔታ	1. የመንግሥት ሰራተኛ 2. የግል ተቀጣሪ 3. ነጋዴ 4. አረሶ አደር 5. የቤት እመቤት 6. ሌላ (ይጠቀስ)	
8	የቤተሰቡ የገቢ መጠን(በወር)	-----	
9	ልጅዎ ከዚህ ሆስፒታል አሁን ተኝቶ መታከም ከጀመረ ምን ያክል ጊዜ ሆነው?	1. 2 ቀን እና ከዚያ በታች 2. 3-7 ቀን 3. 8-14 ቀን 4. ከ 2 ሳምንት በላይ	
10	ልጅዎ ከዚህ ሆስፒታል ተኝቶ ሲታከም አሁን ለስንተኛ ጊዜ ነው?	1. ምንም 2. አንድ ጊዜ 3. ከአንድ በላይ	

**ክፍል ሁለት፣ እርካታን የሚለኩ መጠይቆች**

11	በልጅዎ የጨቅላ ህጻናት ህክምና ክፍል የቆይታ ጊዜ ልጅዎ ባገኘው የህክምና አገልግሎት እረከተዋል?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
12	በጨቅላ ህጻናት ህክምና ክፍል ውስጥ የሚሰሩ ነርሶች ሩህሩህ ናቸው ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
13	በዚህ የጨቅላ ህጻናት ህክምና ክፍል ውስጥ ልጅዎ እጅግ በጣም የሚያረካ የነርሶች እንክብካቤ አግኝቷል ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም	

		4. እስማማለሁ 5. በጣም እስማማለሁ	
14	በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች ከልጄ ጋር በቂ ጊዜ አልነበራቸውም ብለው ይስማምታል	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
15	ስለ ታካሚ ልጅዎ የዚህ የጨቅላ ህጻናት ህክምና ክፍል ዶክተሮች በነገሩዎት የሚጠበቁ የህክምና ውጤቶች አጥጋቢነት ረከተዋል?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	

ክፍል ሶስት፤ በክፍሉ ውስጥ ስለሚሰጠው የጤና አገልግሎት ያላቸው አስተያየት የሚያሳይ መጠይቅ

16	በሆስፒታሉ ጨቅላ ህጻናት ህክምና ክፍል ተራ መጠበቂያ ወንበሮች አሉት	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
17	በተራ መጠበቂያ አካባቢ የመጻፍ ስነ ስርዓት አገልግሎት አለ	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
18	የጨቅላ ህጻናት ህክምና ክፍል ምቹት እንዲሰማዎት ያደርገታል	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	

19	የጨቅላ ህፃናት ህክምና ክፍል ህግጋት ተነግሮታል	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ.</li> </ol>	
20	ልጄትን የመጎብኛ ሰዓት በሚመቻት መልኩ ነው	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
21	የጨቅላ ህፃናት ክፍል እናቶች ጡታቸውን የሚያልቡበት የተለየ ክፍል አለው	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
22	የልጄዎ የመኝታ ክፍል የልጄዎን እረፍት የማያውክ ነው ብለው ያስባሉ?	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
23	የክፍሉ ነርሶች ልጄትን ምቹቱ በተጠበቀ አልጋ ላይ ያስተኙታል	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
24	በጨቅላ ህፃናት ህክምና አቅራቢያ የእናቶች ክፍል አለ	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	

25	ነርሶች የታካሚ ልጆቻን ፍላጎቶች ለሚሟላት በዝግታና በተንቀራራራ ሁኔታ ነው የሚመልሱት ብለው ያስባሉ?	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
26	ሀኪሙ የህክምና ቃላቶችን በማብራራት እንዲገባኝ አድርጎ አስረድቶኛል	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
27	ሀኪሙ የህክምና ምርመራዎችን ምክንያት በአግባቡ ነግሮኛል	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
28	ሀኪሞቹ ልጄ ጤነኛ ሁኖ ለመቆየት የሚረዱ መንገዶችን ነግረውኛል	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
29	በልጆቻቸው የሆስፒታል ቆይታ የልጆቻቸው ግላዊ ምስጢር ተጠብቆለታለ ብለው ያምናሉ?	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
30	በሆስፒታሉ ውስጥ የምፈልጋቸው የላብራቶሪ ምርመራዎች በሙሉ ይገኛሉ	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> <li>2. አልስማማም</li> <li>3. እርግጠኛ አይደለሁም</li> <li>4. እስማማለሁ</li> <li>5. በጣም እስማማለሁ</li> </ol>	
31	በሆስፒታሉ መዳሀኒት ቤት የሚፈልጉትን	<ol style="list-style-type: none"> <li>1. በጣም አልስማማም</li> </ol>	

	መዳሀኒት በሙሉ አግኝተዋል	2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
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ክፍል አራት፣ ስለ ጤና አገልግሎትና ምርመራዎች መገኘት የሚያሳዩ መጠይቆች

32	በዚህ የጨቅላ ህጻናት ህክምና ክፍል ውስጥ የሚሰሩ ዶክተሮች ለሚጠይቋቸው ጥያቄዎች ተገቢውን መልስ በደንብ ይመልሳሉ ብለው ያስባሉ	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
33	በልጅዎ የዚህ ሆስፒታል ቆይታ፣ በህክምና ክፍሉ የሚሰሩ የጤና ባለሙያዎች ልጅዎ ተኝቶ እንዲታከም የሚገባውን መረጃ በመስጠት ሀላፊነታቸውን ተወጥተዋል ብለው ያምናሉ	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
34	በዚህ የጨቅላ ህጻናት ህክምና ክፍል የሚሰሩ የጤና ባለሙያዎች ስለ ልጅዎ የጤና ሁኔታ የሚገባውን መረጃ በደንብ እስረድተውኛል ብለው ያስባሉ	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
35	የዚህ የጨቅላ ህጻናት ህክምና ክፍል ዶክተሮች ለልጅዎ ስለሚሰሩለት የምርመራ ወጤቶች ሙሉ በሙሉ አይነግሩኝም በማለት ይሰማዎታል?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	
36	በዚህ የህጻናት ህክምና ክፍል የሚሰሩ ነርሶች ስለ ልጅዎ ሁኔታ አስተያየት በሚሰጡበት ጊዜ በፍጹም አያዳምጡኝም ብለው ያስባሉ?	1. በጣም አልስማማም 2. አልስማማም 3. እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በጣም እስማማለሁ	

37	<p>ስለ ታካሚ ልጆቻቸው ስለሚደረግለት የምርመራ ዘዴ ከጤና ባለሙያዎቻቸው ጋር በውይይታቸው ወቅት የመሳተፍ እድል አግኝተው ነበር</p>	<ol style="list-style-type: none"> <li>1. በጣም አልሰማም</li> <li>2. አልሰማም</li> <li>3. እርግጠኛ አይደለም</li> <li>4. አሰማለሁ</li> <li>5. በጣም አሰማለሁ</li> </ol>	
38	<p>ወደ ሆስፒታል ከመጣችሁ በኋላ የህክምና አገልግሎት ከማግኘታችሁ በፊት ያባከናችሁት ጊዜ ወይም ሰዓት ተገቢና ምክንያታዊ ነው ብለው ያስባሉ?</p>	<ol style="list-style-type: none"> <li>1. በጣም አልሰማም</li> <li>2. አልሰማም</li> <li>3. እርግጠኛ አይደለም</li> <li>4. አሰማለሁ</li> <li>5. በጣም አሰማለሁ</li> </ol>	
39	<p>ከዚህ ህክምና ክፍል አልጋ ከያዛችሁ በኋላ የምርመራ አገልግሎት ለማግኘት የጠበቅነው ጊዜ ትክክል አይደልም ብለው ያምናሉ</p>	<ol style="list-style-type: none"> <li>1. በጣም አልሰማም</li> <li>2. አልሰማም</li> <li>3. እርግጠኛ አይደለም</li> <li>4. አሰማለሁ</li> <li>5. በጣም አሰማለሁ</li> </ol>	

## Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in this or another university and all the sources of materials used for the thesis have been fully acknowledged

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Signature \_\_\_\_\_

Date \_\_\_\_\_

This thesis work has been submitted for the examination with my approvals as university advisors.

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