

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

**SURGICAL PATIENTS SATISFACTION WITH PERIOPERATIVE
NURSING CARE AND ITS ASSOCIATED FACTORS AT PUBLIC
TEACHING HOSPITALS, ADDIS ABABA ETHIOPIA, 2021**

BY: FEDLU SHAMIL (BSc)

**JUNE, 2021 G.C
ADDIS ABABA, ETHIOPIA**



**SURGICAL PATIENTS SATISFACTION WITH PERIOPERATIVE
NURSING CARE AND ITS ASSOCIATED FACTORS AT PUBLIC
TEACHING HOSPITALS, ADDIS ABABA ETHIOPIA, 2021**

PREPARED BY : FEDLU SHAMIL (BSc)

ADVISORS:

MR. YOSEF TSIGE (ASSISTANT PROFESSOR)

MR. MEKONEN ADIMASU (LECTURER)

**A THESIS SUBMITTED TO THE SCHOOL OF NURSING
AND MIDWIFERY, ADDIS ABABA UNIVERSITY, IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTERS OF SCIENCES IN PERIOPERATIVE
CARDIOTHORACIC SCRUB NURSING.**

**JUNE, 2021 G.C
ADDIS ABABA, ETHIOPIA**

STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Allied Health Sciences department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

Submitted by:

Fedlu Shamil _____

Name of student

Signature

Date

This thesis work has been submitted with my approval for examination.

Approved by:

1. Mr. Yosef Tsigie (Assistant Professor). _____

Name of Major Advisor

Signature

Date

2. Mr. Mekonen Adimasu (Lecturer). _____

Name of Co-Advisor

Signature

Date

3. Mr. Nigussie Tadle (Assistant Professor). _____

Head, School of Nursing and Midwifery

Signature

Date

ACKNOWLEDGEMENT

I express my deep sincere of gratitude to my advisors Mr.Yosef Tsige and Mr.Mekonen Adimasu for their unreserved effort and valuable comments and suggestions in assisting me in the development of the research thesis.

I would like to thank the School of Nursing and Midwifery for allowing me to conduct research and I would like to thank public teaching hospitals perioperative room health worker teams for their cooperation during data collections.

My special thanks go to my data collectors and study participants. Lastly, I would like to acknowledge my colleagues who contributed in the development of this thesis.

ACRONYMS AND ABBREVIATIONS

AAHB	Addis Ababa Health Bureau
AAU	Addis Ababa University
ENT	Ear, Nose and Throat
ETB	Ethiopia Birr
IRB	Institutional Review Board
LPPSQ	Leiden Perioperative Patient Satisfaction Questionnaire
MOH	Ministry of Health
OR	Operating Room
SPHMMC	St. Paul's Hospital Millennium Medical College
SNCS	Self-report Nursing Care Scale
SPSS	Statistical Package for Social Sciences
SRS	Simple Random Sampling
TASH	Tikur Anbesa Specialized Hospital

TABLE OF CONTENTS

ACKNOWLEDGEMENT	III
ACRONYMS AND ABBREVIATIONS	IV
TABLE OF CONTENTS	V
LIST OF TABLES	VIII
LIST OF FIGURES	IX
ABSTRACT	X
1. INTRODUCTION	1
1.1. Background.....	1
1.2. Statement of the Problem	3
1.3. Significance of the Study	5
2. LITERATURE REVIEW	6
2.1. Patient Satisfaction.....	6
2.2. Surgical Patient Satisfaction	6
2.3. Factors Associated with Surgical Patients Satisfaction	6
2.3.1. Socio-Demographic Variables.....	6
2.3.2. Clinical Factors.....	7
2.3.3. Satisfaction level on five dimensions	9
3. OBJECTIVES	13
3.1. General Objective.....	13
3.2. Specific Objective were	13
4. METHODS AND MATERIALS	14
4.1. Study Area and Period.....	14
4.2. Study Design	15
4.3. Source Population	15

4.3.1. Study Population	15
4.3.2. Study Subjects	15
4.4. Inclusive and Exclusion Criteria.....	15
4.4.1. Inclusion Criteria	15
4.4.2. Exclusion Criteria	15
4.5. Sample Size and Sampling Techniques	16
4.5.1. Sample Size Determination	16
4.5.2. Sampling Techniques	17
4.6. Study Variables	18
4.6.1. Dependent Variables.....	18
4.6.2. Independent Variables.....	18
4.7. Operational Definitions	19
4.8. Data Collection Procedure and Tools.....	19
4.9. Data Quality Control	21
4.10. Data Analysis	21
4.11. Ethical Considerations.....	22
4.12. Data Dissemination	22
5. RESULT	23
5.1. Socio-demographic Characteristics of Participants.....	23
5.2. Clinical Characteristics of Study Participants	25
5.3. Patients' satisfaction Dimensions.....	25
5.3.1. Discomfort and needs.....	25
5.3.2. Fear and concern.....	26
5.3.3. Service	26
5.3.4. Information	27

5.3.5. Staff - patient relationship.....	28
5.5. Factors associated with patient’s satisfaction with perioperative nursing care.....	30
6. DISCUSSION	33
7. STRENGTH AND LIMITATION OF THE STUDY	36
7.1. Strength of the study.....	36
7.2. Limitation of the Study.....	36
8. CONCLUSION AND RECOMMENDATION	36
8.1 Conclusion.....	36
8.2. Recommendations	36
9. REFERENCE	37
10. ANNEXS	43
Annexes I: Information Sheet and Consent Form English and Amharic version	43
Annexes II	47

LIST OF TABLES

Table 1: Socio - demographic characteristics of surgical patient satisfaction with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	23
Table 2: Clinical characteristics surgical patients who were satisfied with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	24
Table 3: The percentage distribution of discomfort and needs for surgical patient with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	25
Table 4: Fear and concern percentage distribution for surgical patient with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	26
Table 5: Percentage distribution of service for surgical patient with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	26
Table 6: Percentage distribution of Information for surgical patient satisfaction with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	27
Table 7: Staff-patient relationship percentage distribution for surgical patient with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	28
Table 8: Factors associated with surgical patient satisfaction with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021_____	31

LIST OF FIGURES

Figure 1: Interaction Model of Client Health Behavior was used as a theoretical framework Used to Evaluate Surgical Patients' Satisfaction with Perioperative Nursing Care and Related Factors at Public Teaching Hospitals in Addis Ababa, Ethiopia, in 2021_____12

Figure 2: Schematic Presentation of Sampling Techniques to Assess Surgical Patient Satisfaction with Perioperative Nursing Care and Its Associated Factors at Public Teaching Hospitals, Addis Ababa Ethiopia, 2021_____17

Figure 3: overall patient satisfaction with perioperative nursing care in public teaching hospitals in Addis Ababa, Ethiopia, 2021_____30

ABSTRACT

Patient satisfaction, identified as the achievement or fulfillment of a person's expectations from a service, is one of the most significant metrics for evaluating the quality of health care services in health settings and an indicator of healthcare quality. The purpose of this research was to assess the level of adult surgical patient satisfaction with perioperative nursing care and its associated factors at public teaching hospitals, Addis Ababa, Ethiopia, 2021. From February - March 2021, institution based cross-sectional study design with a quantitative approach was used. A total of 302 surgical patients are selected from public teaching hospitals using random sampling technique and data were collected by face to face interview using structured questionnaire. Patient satisfaction was measured using a modified version of the Leiden Perioperative Care Satisfaction Questionnaire (LPPSQ), as well as socio-demographic and clinical data. Data was double-checked for accuracy and quality, then coded and entered into EPI Info version 7, which was then exported to SPSS version 25.0. To classify variables that were correlated with the dependent variable, bivariate and multivariable logistic regression models were used. P-values of ≤ 0.05 were considered statistically significant analysis. A total of 302 study subjects were participated making the response rate of 99%. The overall adult surgical patient satisfaction with perioperative nursing care was 65.6%. According to the findings of this study, age of patients (P value = 0.01, AOR= 8.058), educational status (P value= 0.00, AOR= 6.767), type of anesthesia (P value= 0.00, AOR= 4.753), postoperative pain (P value =0.03, AOR= 2.995), and operated agree date and time (P value= 0.00, AOR= 5.370) were all found to be statistically significant predictors of adult surgical patient satisfaction level with perioperative nursing care in multivariate logistic regression analysis. In contrast to other surveys conducted at home and abroad, the overall level of patient satisfaction with nursing care in this study was good. Patient satisfaction levels should be monitored on a regular basis and all responsible bodies should work to improve patient satisfaction level.

Keywords: Surgical Patient, Patient Satisfaction, Perioperative Nursing Care,

1. INTRODUCTION

1.1. Background

Patient satisfaction is the perception of care received relative to care anticipated, and it represents an equilibrium between the perception and expectation of nursing care received during hospitalization (1,2). The most significant primary indicator of overall satisfaction with hospital treatment has been stated to be patients' satisfaction with nursing care (3). It is a critical target for any healthcare organization because nurses make up the majority of healthcare staff, spend more time with patients, and have closer contact with them than other healthcare practitioners (4–6). The quality of nursing care given and the patient's perceptions of the care are used to assess patient satisfaction (7).

Patient satisfaction is a dynamic and subjective term that is highly dependent on the patient's expectations (8,9). It is the product of a patient's perception of his or her perceptions, desires, and needs (10). Patient satisfaction with nursing care is a critical component of assessing and addressing patients' needs, as well as for deciding the best nursing approaches (11). Furthermore, it is a key measure of nursing care service quality and represents the provider's ability to meet the patients' needs (11–13).

Patient satisfaction is achieved when a patient's view of the standard of nursing care offered in a healthcare environment is positive, pleasant, and consistent with their previous experiences (14). Patients' expectations for nursing care must be met to increase patient satisfaction (15). When the patient's needs aren't met by reality, he or she can become disappointed (7,16). As a result, patient dissatisfaction with nursing care services can result in lower nursing care utilization (17).

Perioperative nurses are responsible for providing holistic perioperative nursing care, beginning with the planning of the procedure and ending with the conclusion of the operation, based on expertise and nursing skills, including therapeutic communication (18).

Perioperative nurses are also in charge of establishing and maintaining a clean and healthy surgical atmosphere, as well as delivering patient education before and after surgery, checking the patient's physical and mental well-being, and integrating and maintaining patient treatment during the operating care continuum (19).

The perioperative time is a critical period, and many patients regard surgery day as the last day of their lives (20). The operating room (OR) serves as a store front for any medical facility offered to patients (21). Perioperative treatment, according to Woldeyohanes, requires preoperative, intraoperative, and postoperative care. Before, during, and after surgery, perioperative nurses play a critical role (1).

The preoperative cycle starts with the client's decision to have surgery and concludes with the patient's transition to the operating room (22). It is the time when enough knowledge and understanding are provided to help patients be comfortable with the treatment they receive from health providers (23). Furthermore, it is a time that patients are informed about the surgical procedure's expectations, medication and dietary restrictions prior to the procedure, as well as guidelines for after care (1).

The intraoperative duration is the time spent in the operating room before the patient is transferred to the recovery unit. It is a traumatic time for the patient and raises anxiety and uncertainty due to potential complications (24). The time spent in the rehabilitation unit before being moved to an inpatient ward is known as the postoperative period (22). It is also important for the patient's positive outcome to avoid complications that may result in a longer hospital stay, reduced functional and cognitive status and a high risk of mortality (25). Getting pain under control, receiving accurate postoperative information, participating in decision-making, and being handled with respect and dignity are all factors that contribute to improved patient satisfaction during the postoperative process (26,27).

Patients' satisfaction ratings may indicate a variety of aspects of treatment, including caring bedside skills, prompt response to needs, involvement in decision-making, and appropriate communication and knowledge (28). Patients' satisfaction with a procedure is a significant health result because happier patients are more likely to increase treatment compliance, attend follow-ups, heal quicker from illnesses, and advocate patients are more likely to return for their follow-up appointments than unhappy patients (29). Patient satisfaction with nursing care is especially crucial because nurses make up the majority of health professionals and are often at the patient's side to meet their needs, making them an indisputably overbearing factor in sustaining and reestablishing their health (30).

1.2. Statement of the Problem

Patient satisfaction is difficult to ensure in invasive surgery procedures, and their multiple issues, including physical, mental, social, cultural factors, and fears (such as being disabled, fear of death) before, during, and after surgery can all have an impact on the procedure (31). Study conducted in Gondar University Hospital, in Mizan-Tepi University Teaching Hospital and in Haramaya University Hospital show that nursing care satisfaction respectively 40.7 % (44) 38.7% (45), 52.7 % (13). Age, gender, a form of procedure, place of residence, and duration of stay in the hospital have all been shown to be determinants of patient satisfaction (21). Study found in public hospitals in Ethiopia showed that monthly income was significantly associated with patient satisfaction. Patients with monthly incomes between 501 and 925 birr and above 925 birrs were 2.09 times and 2.84 times more likely to be pleased with nursing care than those with monthly incomes less than 400 birrs, respectively (13).

Study report in Lithuania show that lack of information provided to the patient about disease, its causes, perspectives and way of treatment was found to be a source of dissatisfaction (32). Patient satisfaction is affected by wait times. Patients with longer waiting times between admission, surgery, and discharge had the highest levels of dissatisfaction with their surgical treatment, according to a study conducted in London (33). According to a study conducted in Jimma, patients who waited less than one day were happier 71.6% than those who waited more than one day (1). Study conducted in Debra Tabor General Hospital revealed that 48.1 % of patients were unhappy with the nurses' assistance and 44.5% were dissatisfied with the confidentiality (34).

Study conducted in public hospitals in Ethiopia revealed that patients stayed more than 30 days were 2.6 times more likely to be dissatisfied with nursing care facilities than those who stayed for fewer than 30 days (35). The study done on nursing care satisfaction of surgery patients in Turkey show that the average Self-Report Nursing Care Scale (SNCS) scores for patients who reported pain following surgery (40.51 ± 15.07) were lower than the scores for patients who reported no pain (53.95 ± 18.87) (36). Another research in Hawassa found that patients with pain after surgery were more likely to be disappointed than those who did not have pain after surgery (AOR=2.28(1.084, 4.76) (37). Study conducted in Mikelle revealed that patients experienced with nausea and vomiting AOR=2.575(1.163, 5.698) were more likely to be disappointed than those who did not have nausea and vomiting (38).

There was no study conducted in Ethiopia about satisfaction of the surgical patients with perioperative nursing care. The purpose of this study, therefore, to evaluate the level of surgical patient satisfaction and to determine the factors that affect patient satisfaction with perioperative nursing care (pre, intra and post operation) at public teaching hospitals, Addis Ababa Ethiopia.

1.3. Significance of the Study

Patient satisfaction data is essential in the approach that health care providers use to provide services to their patients. In the growing push towards patients and health care providers, measuring patient satisfaction is becoming increasingly important. As a result, researching this subject is critical, as it will serve as a red flag in identifying what has been done and in correcting, preventing, or better treating the problem of perioperative nursing care at public teaching hospitals.

This research would be useful for program planners, policymakers, the government, the Addis Ababa Health Bureau (AAHB), and the Federal Ministers of Health (FMOH) to understand the scope of the problem in hospitals and to devise strategies to increase patient satisfaction and thus advance the quality of health care delivery.

2. LITERATURE REVIEW

2.1. Patient Satisfaction

Patient satisfaction can be described as a client's reaction to various aspects of the services they receive, as well as their subjective assessment of the healthcare facilities and providers to alleviate the patient's problems (31) .

Patient satisfaction is described as the degree to which patients believe that the amenities offered are meeting their needs and expectations (39). Study conducted on patient's satisfaction with perioperative nursing care show that factors such as age, type of procedure, and the need for details information had a major impact on the severity of pain (7).

2.2. Surgical Patient Satisfaction

Perioperative care is a unique type of treatment with exceptional determinants. Surgical patients' satisfaction with perioperative nursing care was found to vary through studies conducted in different countries. According to a study conducted in England, 97 % of patients were satisfied with their hospital's perceived treatment (40). Similarly, research to determine patient satisfaction was performed in several countries, including Qatar 62%, (41). Malaysia 82.7%, (42) and Turkey (47.93 \pm 18.51) (36). Another study conducted in Ghana show that 80% (43) and Rwanda 67.43% (25). According to a report conducted at Gondar University Hospital, 40.7 % (44). 38.7% at Mizan-Tepi University Teaching Hospital (45). The nursing care at Haramaya University Hospital was rated as satisfactory by 52.7 % (13) of admitted adult patients.

2.3. Factors Associated with Surgical Patients Satisfaction

2.3.1. Socio-Demographic Variables

Study in Pakistan show that, the patient's age, education level, and marital status were all significantly related to the patient's satisfaction score (46) In contrast, a Rwandan study found that socio-demographic variables (age, gender, professional status, education, marital status, and income level, as well as a residence) and clinical variables (type of anesthesia and type of surgery undertaken) did not affect the satisfaction score during perioperative nursing care (25).

Study conducted in India show that Patients who were married reported higher levels of satisfaction than those who were single (47). Study found in Turkey reported that gender and employment status was significantly related with patients' satisfaction, most of the females who stated high satisfaction scores were those with low education levels at the same time (36). Furthermore, study reported in Bangladesh show that, there is a negative relationship between patients' years of education and satisfaction, with higher levels of education being associated with lower levels of patient satisfaction (21).

Furthermore, a study conducted in Switzerland and Austria found that when patients did not feel involved in the decision-making process or when care quality was poor, they were unhappy with provider interaction. (26) .

The study found in public hospitals in Ethiopia showed that Monthly income was found to be substantially correlated with patient satisfaction. Patients with monthly incomes between 501 and 925 birr and above 925 birrs were 2.09 times and 2.84 times more likely to be satisfied than their counter parts (13).

Study done in Debra Tabor General Hospital reported that admitted patients from urban areas were two times (AOR=2.01) more likely to be satisfied than those from rural areas (34). Another study conducted in Eritrea show that Patients from urban settings were happier than those from rural settings (70.36 % vs 68.28 %, $p = 0.033$) (48). Study conducted in Cairo show that, age 50 years, retired, and orthopedic patients' were more satisfied with staff- patient relationship (7).

2.3.2. Clinical Factors

Study conducted on nursing care satisfaction of surgery patients in Turkey, shows that the patients' chronic illness history, hospital experience, surgical experience, and surgery postponement had no impact on their SNCS. Furthermore, as the number of hospital visits increased, the satisfaction score decreased (36). Study conducted on patients' satisfaction with perioperative nursing care in the Netherlands revealed that while the type of operation had no bearing on overall patient satisfaction, patients undergoing major surgical procedures were more pleased with the information provided than patients undergoing minor surgical procedures (7).

According to studies in Peru, patients with a history of hospitalization had higher satisfaction rates. When comparing patient satisfaction with previous hospitalizations in terms of nursing care, a study conducted in India found that no significant correlation when comparing in day-case surgery, patient learning needs and satisfaction with nursing treatment (47). Study reported in Haramaya University patients who had no history of previous admission was 3.8 times more likely satisfied than those who have had history of previous admission (13). Another study conducted in Debra Tabor adult in-patients who were admitted the first time (AOR=1.87) were 1.87 times more likely to be satisfied compared to those who were admitted more than one (34)

Study done in Germany revealed that patients perceiving their hospital stay as too long were more dissatisfied than patients who judged their stay as appropriate (31). According to a study conducted at Rosary Teaching Hospital, there is no substantial relationship between duration of stay in the hospital and patient satisfaction (4). According to a study conducted at Debra Tabor General Hospital, admitted patients who remained in the ward for 2-5 days were 14.14 times happier than those who stayed for more than 5 days (34).

A study conducted in Spain show that predictors of patient satisfaction with hospital health care revealed that patients without co-morbidities were more comfortable with treatment than those with co-morbidities. (49). In contrast, an Italian study found no association between the involvement of co-morbidities and patient satisfaction with emergency care nurses (50). Study reported in Cairo show that previous surgery and local anesthesia patients were more satisfied than other types. (7). Study conducted in Mekelle show that participants who were operated under regional anesthesia 75 % were more satisfied than those who were operated under general anesthesia (38).

Study found in London show that patients who had postponements or longer wait times between admission, surgery, and discharge were more likely to be unhappy with their surgical treatment (33). A patient's health condition has a wide range of effects on satisfaction in the surgical environment. According to an Italian report, patients in better health had higher satisfaction scores. (51). Other research, on the other hand, have found no connection between the two variables and healthier patients being less satisfied with their surgical care. (40).

2.3.3. Satisfaction level on five dimensions

Five factors affected surgical patient satisfaction with perioperative nursing care, according to a report on patient satisfaction with preoperative care and its correlation with patient characteristics: the provision of information, discomfort and needs, fear and concern, the staff-patient relationship, and service (21).

2.3.3.1. Information Provision

Significant sources of frustration include the volume and type of details information nurses provided to patients about their condition and care (52). Study done in Sohag University show that one of the reasons for disappointment was a lack of preoperative surgical knowledge and instructions (21). Study reported in Netherlands show that majority (72%) of male patients were more pleased with the amount and quality of information obtained than other groups (23). Study found in Turkey show that debated to improve patient satisfaction with perioperative care, some areas such as providing more knowledge about the disease and ensuring that patients can ask questions are needed to increase patient satisfaction with perioperative treatment (53). According to the findings of a study conducted in Rwanda, participants were moderately satisfied with the information given before surgery (25). Study reported in Cairo revealed that patient satisfaction with perioperative treatment was affected by preoperative surgical knowledge and instruction, apprehension of negative outcomes, and staff-patient relationships (21).

2.3.3.2. Discomfort and Needs

A longitudinal cohort analysis of 4709 patients who had the complete joint replacement in England found that clinical outcome (pain relief and the prevention of complications) has a significant impact on patient satisfaction with surgery (40).

A patient's health condition has a wide range of effects on satisfaction in the surgical environment. Study conducted in Italy reported that patients who were in better health had higher satisfaction rates (51). Study reported in Ghana show that patients who encountered moderate discomfort and infection, such as nausea, vomiting, back pain, sore throat, and cold, were happier than those who experienced discomfort and infections, patient dissatisfaction with post-operative treatment is also influenced by discomfort and infections (43).

Another study conducted in Rwanda found that patients reported a great deal of discomfort and needs, the most distressing of which were thirst, hunger, and post-operative pain (25).

2.3.3.3. Fear and Concern

The study conducted in Netherland show that patient satisfaction with perioperative treatment was found to be affected by age, a form of anesthesia, and surgical background (23). The study done in Cairo reported that fear is commonly associated with not waking up after an operation or waking up during an operation due to insufficient anesthesia (21).

2.3.3.4. Staff-Patient Relationship

Study conducted in Turkey reported that nurses' attitudes and habits, as well as their awareness and skills related to their work, affect patient satisfaction (54). Study reported in Britannia show that satisfaction was achieved when the operating theatre center's staff took into account the patients' personal preferences (24). Study found in American show that patients are pleased with nursing care when they are handled with dignity, empathy, and the knowledge that caregivers are listening to what they have to say (55).

Studies conducted in Turkey and Qatar reported that perioperative care quality is determined not only by good knowledge and communication skills but also by how health professionals perform or act toward patients (41). Study reported in Sweden show that treating patients with respect and dignity as individuals improves both consistency and satisfaction with postoperative recovery (56). Study conducted in Germany show that patient satisfaction is primarily dependent on good knowledge delivery and the staff-patient relationship was found to be strongly correlated with patient satisfaction (57).

Study found in Turkey show that the patients rated the feeling of privacy, nurses' capacity, nurses' kindness, and nurses' helpfulness as the most important factors (58). Study conducted in Malaysia reported that surgical patients were extremely pleased with the nurses' work style ($M = 3.65$, $SD = 0.88$) (42).

The study reported in Rwanda show that patients had lower scores on the operating theatre center showing awareness of patients' condition and open attitude, but higher scores on the staff of the operating theatre center taking into account patients' personal preferences (25).

Study conducted in Jimma University Specialized Hospital show that the most common reasons for patient dissatisfaction were privacy and confidentiality (1).

2.3.3.5. Service

Study found in Turkey demonstrated that patients reported that the longest wait period until their procedure was the most significant factor affecting their satisfaction (33). Study conducted in Cairo show that 58 % of patients were operated on the scheduled day (21). Another study reported in Jimma University Specialized Hospital found that 58.7% of patients were operated on on the scheduled date (1)

According to the current literature, many factors influence patient satisfaction with nursing care, including sociodemographic characteristics, nurses' attitudes, being treated with dignity and respect, hospitalization experience, staff-patient relationship, type of anesthesia, duration of hospitalization, waiting time, history of chronic disease, and information sharing with patients, as factors affects overall patient satisfaction (59–62).

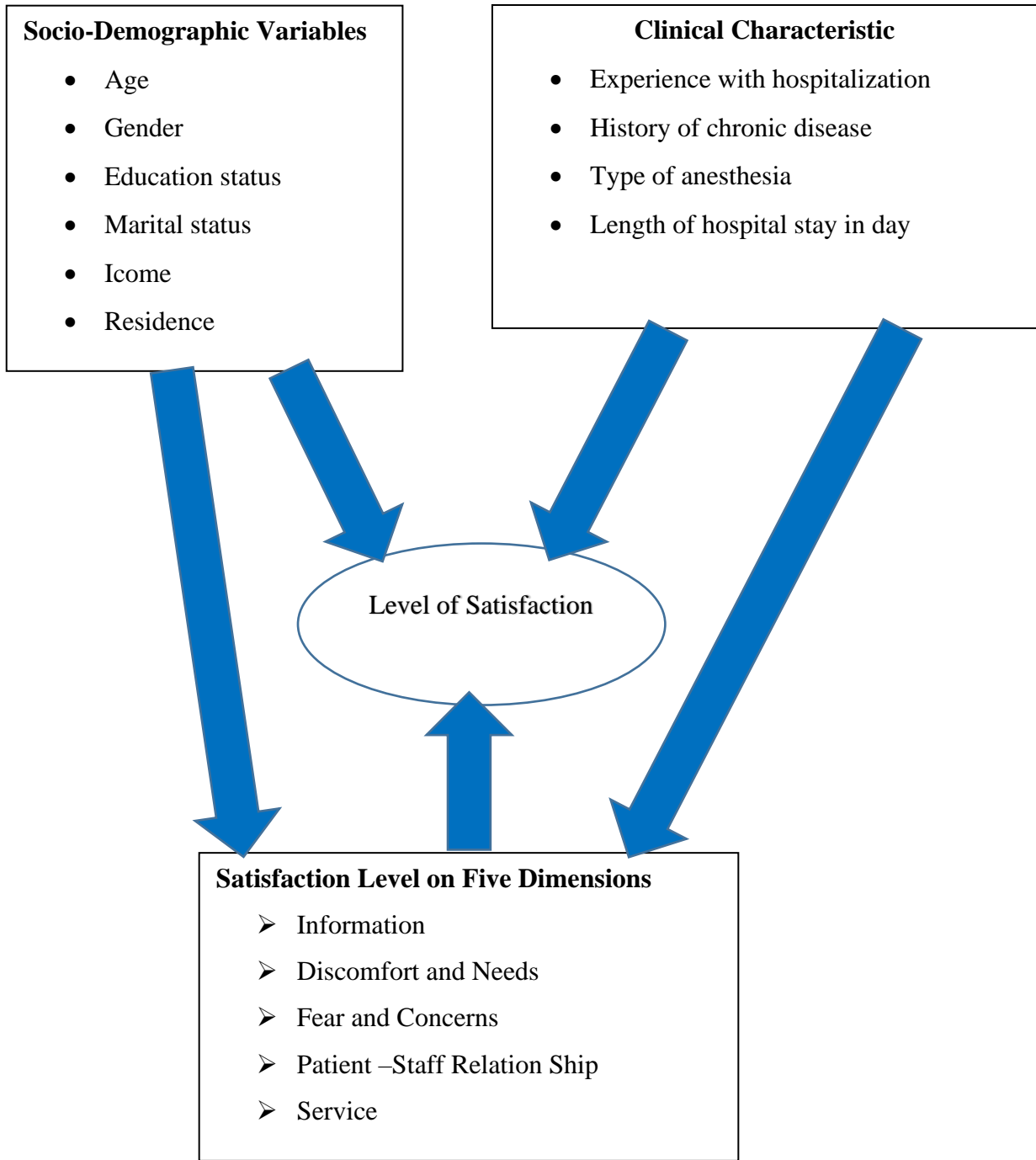


Figure 1. Conceptual Frame Work: Interaction Model of Client Health Behavior was used as a theoretical framework (63). Used to Evaluate Surgical Patients' Satisfaction with Perioperative Nursing Care and Associated Factors at Public Teaching Hospitals, Addis Ababa Ethiopia, 2021.

3. OBJECTIVES

3.1. General Objective

- ✓ The general objective of the study was to assess the level of surgical patients' satisfaction with perioperative nursing care and its associated factors at public teaching hospitals, Addis Ababa Ethiopia.

3.2. Specific Objective were

- To determine the level of surgical patients' satisfaction with perioperative nursing care, at public teaching hospitals, Addis Ababa Ethiopia,2021.
- To identify factors affecting surgical patients' satisfaction with perioperative nursing care, at public teaching hospitals, Addis Ababa Ethiopia,2021.

4. METHODS AND MATERIALS

4.1. Study Area and Period

The research was carried out in Addis Ababa, Ethiopia's capital and largest city. The climate in the region is subtropical highland. Addis Ababa is a chartered city with three levels of government: the city government at the top, 10 sub-city administrations in the center, and 116 woreda administrations at the bottom. It's between 8055' and 9005' North Latitude, and 38040' and 38050' East Longitude (64).

According to the Addis Ababa population review 2020 estimate, Addis Ababa has a population of 4.8 million in the urban region and 2.7 million in the city area, with the Amhara ethnic group accounting for nearly half of the population 47 %, the Oromo ethnic group for 19 %, and the Gurage ethnic group for 16 %. The majority of the city is divided between the Tigrayan, Silt'e, and Gamo ethnic groups. The most widely spoken mother languages are Amharic, Afaan Oromo, and Gurage, which represent the country's major ethnic groups. (65).

There are 14 public hospitals, 34 private hospitals, 86 health centers, and numerous Non-Governmental Organizations and health institutions. Out of 14 public hospitals three of them are teaching hospitals these are Tikur Anbesa Specialized Hospital (TASH), St. Paul's Hospital Millennium Medical college (SPHMMC) and Yekatit 12 medical college. These hospitals are relatively equipped and serve as almost the whole population of the city as well as receive patients from other regions for a sub specialty area.

These hospitals are tertiary referral hospitals directly under the Federal Ministry of Health except Yekatit 12 hospitals. TASH have 850 beds and 9 operating room (OR)table, St. Paul's Hospital Millennium Medical college also have 7 OR table and Yekatite 12 hospital medical college have 5 OR table. They are also a teaching hospital for the Medical College and it gives service to the patients under different clinical disciplines which include orthopedics, general surgery, obstetrics, gynecology, pediatrics, cardiothoracic, urology, neurosurgery and ear, nose, throat (ENT) surgery and also internal medicine. The study was conducted at the selected public teaching hospital from Feb, 2021 to Mar, 2021, G.C.

4.2. Study Design

An institution-based cross-sectional study design with a quantitative approach was conducted at public teaching hospitals.

4.3. Source Population

4.3.1. Study Population

All adult patients who were operated upon at public teaching hospitals were taken as the study population.

4.3.2. Study Subjects

Randomly selected operated adult patients who fulfilled the inclusion criteria in public teaching hospitals during the study period were taken as a study subject.

4.4. Inclusive and Exclusion Criteria

4.4.1. Inclusion Criteria

Patients who stayed in the hospital surgical units for more than 24 hours, patients who were 18 years or older who undergone elective surgery, fully conscious and agreed to sign a consent form were all included.

4.4.2. Exclusion Criteria

The research omitted patients who were seriously ill or had mental health issues, as well as emergency patients and minor ambulatory surgery outside of a major OR theatre.

4.5. Sample Size and Sampling Techniques

4.5.1. Sample Size Determination

Using the single population proportion formula, the sample size was determined. Since the prevalence of surgical patient satisfaction with perioperative nursing care is unknown, the maximum sample size was calculated using the formula below.

$$n_o = \frac{(Z \alpha/2)^2 p(1-p)}{d^2}$$

n_o = Required sample size

p = Single population proportion, which is 50%

q = 1- p

d = Marginal of error 5%

Z = 95% Confidence interval: $Z_{1-\alpha/2} = 1.96$

N = Total number of surgical patients

n_f = Final Sample size

$$n_o = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2} = 384$$

Since the total population is less than 10,000, n_f can be estimated as follows:

$$n_f = \frac{n}{1 + n/N}$$

$$n_f = \frac{384}{1 + 384/949}$$

$n_f = 274$, with a sample size of 302 after accounting for 10% non-responders.

4.5.2. Sampling Techniques

Study participants were selected by random sampling technique. First, the sample were determined depending up on the number of surgical patients in each public teaching hospitals, then the total number of sample size was proportionally allocated to each public teaching hospitals, depending up on the number of surgical patients. Surgical patients list was obtained from surgical log book each unit at public teaching hospitals and used as a sampling frame. All three public teaching hospitals were selected.

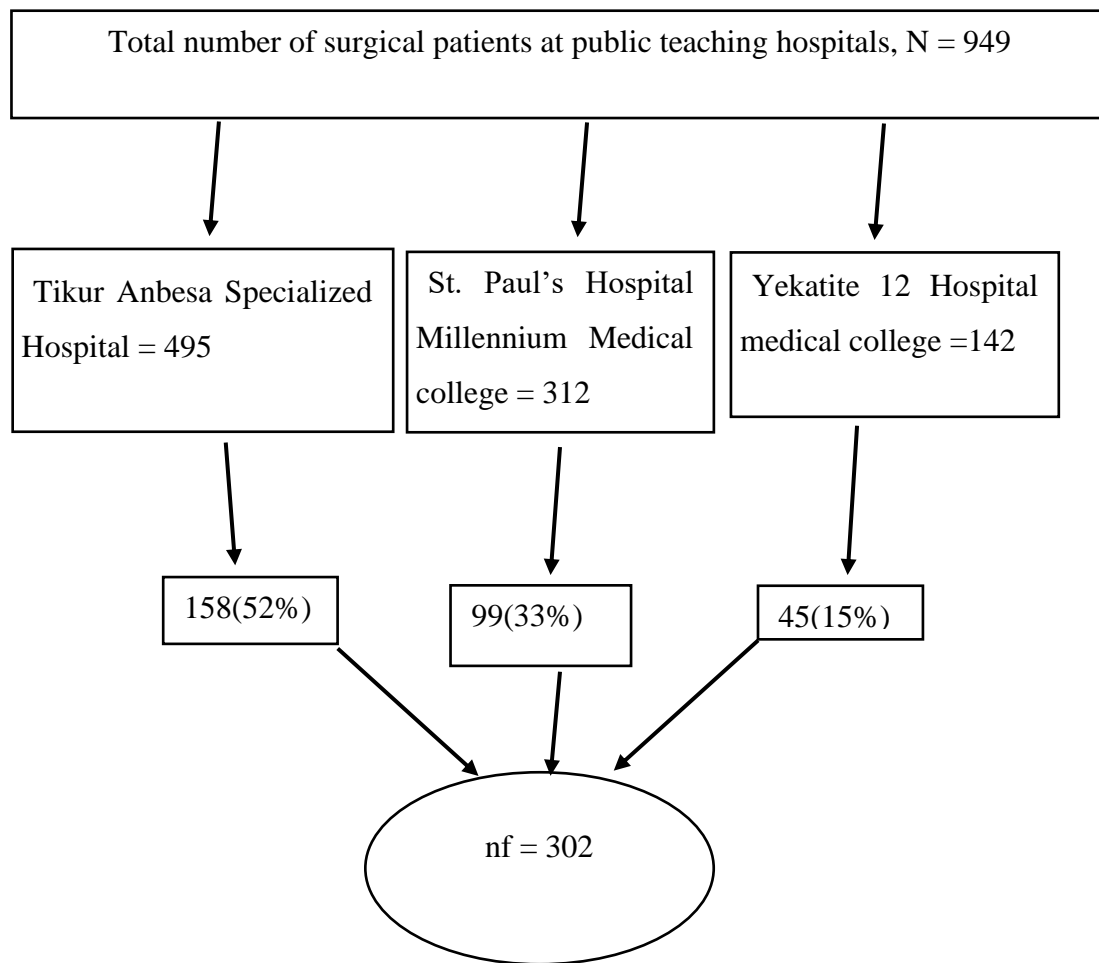


Figure 2. Schematic Presentation of Sampling Techniques to Assess Surgical Patient Satisfaction with Perioperative Nursing Care and Its Associated Factors at Public Teaching Hospitals, Addis Ababa Ethiopia, 2021.

4.6. Study Variables

4.6.1. Dependent Variables

Surgical Patient Satisfaction

4.6.2. Independent Variables

Socio-Demographic Characteristics

Age

Gender

Marital Status

Education level

Income

Residence

Clinical Characteristics

Experience with hospitalization

History of chronic disease

Type of anesthesia

Length of hospitalization

Satisfaction Level on Five Dimensions

Information

Discomfort and Needs

Fear and Concern

Staff-Patient Relationship

Service

4.7. Operational Definitions

Surgical Patients: All adult patients who were operated on during the study period.

Satisfaction: Using Satisfaction become categorized into as satisfied and unsatisfied by means of using demarcation threshold formula: $-(\text{total maximum score} - \text{total lowest rating}) / 2 + \text{general lowest score}$ (19). Overall satisfaction was measured using the same formula, and patients who scored 54 or less out of 90 were considered unsatisfied, whereas those who scored 54 or more were considered satisfied.

4.8. Data Collection Procedure and Tools

The information was gathered using a pre tested structured questionnaire. Patients were interviewed face- to- face within 24 hours of their procedure, after they were completely recovered from anesthesia and back in the surgical ward. The questionnaire turned into written in english, then translated into the local amharic language, and sooner or later transcribed again into english by using experts to ensure its consistency and avoid word or phrase distortions. Before actual data collection, the Amharic version questionnaire was pre-tested on 10% of the sample size at Menelik II Referral Hospital in Addis Ababa, Ethiopia, which was not part of the research field. Three BSc nurses were hired for data collection, with one MSc nurse overseeing the entire operation, working outside the study hospital. The instrument and the data collection method were taught to all data collectors and the supervisor over the course of two days. Supervisors and the principal investigator reviewed the collected data for completeness every day. Caljouw's modification of Patient satisfaction with perioperative nursing care was measured using the Leiden Preoperative Care Satisfaction Questionnaire (LPPSQ) (7).

Part 1: - Consisting of socio-demographic information

Part 2: - Consisting of the patients' clinical characteristics

Part 3: - Level of Satisfaction in Five Dimensions

The Caljouw questionnaire was used for this study, which included 31 items. These items were grouped into five different dimensions.

Information Provision: this study looked at and how much information was provided to patients about their surgery and how long they stayed in the operating room. There are four questions in all.

Discomfort and Needs: This factor evaluated the anesthetic's negative effects, which can affect patient satisfaction. It is demonstrated by the use of five questions.

Nurse-patient Relationship: It covers fourteen elements that measure the relationship between patients and hospital personnel, the amount of treatment provided to patients, and the magnitude of patient perceptions of staff attitudes and behaviors.

Fear and Concern: This factor measured patients' levels of fear and concern in circumstances such as waking up during an operation, seeing the operating room, and experiencing discomfort due to anesthesia. There are five things in all.

Service: It included three elements that measured patients' expectations of waiting time before surgery and procedure time. The weighing scale will be used (too long, long, just right and short).

For, Discomfort and Need, Fear and Concern, the scale ranged from; 5= not at all; 4= a little bit; 3= moderately; 2= quite a bit and 1= extremely.

Staff-patient relationship, Information, the scale ranged from one up to five using Likert scale 5=completely satisfied; 4= satisfied; 3 =not satisfied; 2=dissatisfied; 1=completely dissatisfied.

Service is ranged from; 4= Too short; 3= just right; 2= long, and Too long=1. The total score will be added together and converted to produce an overall satisfaction score' ranging from 0 to 100, with 100 denoting satisfaction or the highest level of satisfaction with all aspects of nursing care (36). Fully satisfied/very satisfied (5 and 4) responses will be reported as 'satisfied'(1), whereas quiet satisfied/barely satisfied/not at all satisfied (1,2, and 3) responses will be recorded as 'not satisfied' (0).

To achieve the study's goals, a section on socio-demographic and clinical characteristics was added, which could have a positive or negative impact on patient satisfaction. To evaluate patient satisfaction with care concerning age, gender, residency, education, marital status, type of anesthesia, hospitalization experience, and history of chronic disease, among other factors.

4. 9. Data Quality Control

The data quality was maintained by the data collectors' preparation and the supervision of a supervisor. To test the feasibility and clarity of the research tool, a pretest study was conducted outside of the study area. Every day, the supervisor tested the data for continuity, completeness, and accuracy. Until study, data were cross-checked using a double data entry technique that was used during data collection. The overall operation was monitored or maintained by the principal investigator.

4.10. Data Analysis

All data was entered into epi - info version 7 after data collectio and then exported to the Statistical Package for Social Sciences (SPSS) software, version 25.0, for analysis and cleaning. Frequency tables and graphs were used to present descriptive statistics. Then, for each predictor variable associated with patient satisfaction, bivariate logistic regression analysis was performed. A cutoff point of ≤ 0.20 was used to pick variables for multivariable logistic regression analysis. Then, to find predictor variables, an adjusted odd ratio (AOR) with a 95% (CI) confidence interval was used. Finally, variables with a p-value ≤ 0.05 were considered as significant variables.

4.11. Ethical Considerations

Initially ethical clearance for the study was obtained from institutional ethical review board of College of health Sciences School of Nursing and Midwifery, Addis Ababa University. A written consent was obtained from Ministry of Health (MOH), and AAHB, for TASH, SPHMMC and Yekatite12 hospital respectively

Official permission letter was obtained from Addis Ababa University, Black Lion Specialized Hospital, St. Paul's Hospital Millennium Medical college and Yekatite 12 Hospital medical college. After explaining what they would be doing in the study, each study participant signed an informed written consent form. Before beginning the data collection process, all adult surgical patients participating in the study were given a thorough description of the study's intent. Anyone who refused to participate in the study had the complete right to withdraw from it.

The names of study participants were not included on the data sheet in order to maintain the confidentiality of the information. Furthermore, all data was stored in a safe location to which only the researcher team had access. It was coded and saved in a register.

4.12. Data Dissemination

The study will be submitted to College of Health Sciences, School of Nursing and Midwifery, Addis Ababa University, Black Lion Specialized Hospital, St. Paul's Hospital Millennium Medical college, MOH, AAHB and Yekatite 12 hospital medical college. The documents will be disseminated to all responsible bodies. Furthermore, the manuscript will be submitted to national or international peer review journals for possible publication. Hard and soft copies will be made available in the library of AAU, for graduate students as well as for other researchers and reader.

5. RESULT

5.1. Socio-demographic Characteristics of Participants

From a total of 302 sampled study participants 299 were successfully interviewed; yielding a response rate of 99 %. Of the three who did not respond, two failed to completed interviewed questionnaires and one refused interviewed questionnaire. Sixty-three (21.1%) of the respondents were in the age group of 28-37 and the age ranged from 18 to 92 years with the mean age and standard deviation (SD) of 44.55 ± 16.80 years. Of all study subjects, 162 (54.2%) were male and majority of study subjects, 66.9 % were married. Approximately, more than half of the study subjects (51.2%) were employed. Regarding education status of the study subjects, 17.7% were illiterate and about 27.1% of them had diploma and above and the majority of the study subjects were urban 67.6 % (Table 1).

Table 1. Sociodemographic characteristics of surgical patient at public teaching hospitals in Addis Ababa, Ethiopia, in 2021 (n=299)

Variables		Frequency	Percentage(%)
Age	Mean: 44.55 years (\pm 16.80)		
	18-27	52	17.4
	28-37	63	21.1
	38-47	61	20.4
	48-57	50	16.7
	58-67	39	13.0
	68+	34	11.4
Gender	Male	162	54.2
	Female	137	45.8
Professional status	Employed	153	51.2
	Unemployed	90	30.1
	Student	28	9.4
Marital Status	Retired	28	9.4
	Single	75	25.1
	Married	200	66.9
	Divorced	8	2.7
	Widowed	16	5.4
Educational Status	Illiterate	53	17.7
	Read and Write	37	12.4
	Primary(1-8 th grade)	44	14.7
	Secondary(9-10 th grade)	42	14.0
	Preparatory (11-12 th grade)	42	14.0
	Diploma	22	7.4
Residence	Degree and above	59	19.7
	Urban	202	67.6
	Rural	97	32.4

5.2. Clinical Characteristics of Study Participants

Majority of the study subjects (55.9%) experienced hospitalization at first visit, whereas eighteen-seven (29.1%) were more than two visits and 76 (25.4%) have had co morbid diseases. Two hundred and thirteen- three (77.9 %) patients have had general anesthesia and most of the study subjects (79.6%) did not develop complications. Regarding length of stay, 163 (45.5%) of the respondents stayed 8 and above days in the surgical ward (Table 2)

Table 2. Clinical characteristics of surgical patients at public teaching hospitals, Ababa Addis, Ethiopia, 2021(n = 299)

Variables		Frequency	Percent
Experience with hospitalization	First visit	167	55.9
	Second visit	45	15.1
	More than two visits	87	29.1
have co-morbid diseases	Yes	76	25.4
	No	223	74.6
Type of anesthesia	Regional	66	22.1
	General	233	77.9
Have you developed Complications?	Yes	61	20.4
	No	238	79.6
Length of hospital stay in a day	1-3	31	10.4
	4-7	132	44.1
	8 and above	136	45.5

5.3. Patients' satisfaction Dimensions

5.3.1. Discomfort and needs

Ninety - two (30.8%) of the study participants had moderate postoperative pain, while 57 (19.1%) were quite a bit. Slightly more than half of the respondents (56.5 %) did not have a sore throat, and 125 (41.8 %) did not have back pain. The majority of those who responded (55.2%) were not both vomiting and cold. (Table 3)

Table 3. Percentage distribution of discomfort and needs for surgical patients at public teaching hospitals in Addis Ababa, Ethiopia, in 2021.

Discomfort and needs	Not all		A little bit		Moderately		Quite a bit		Extremely	
	N	%	N	%	N	%	N	%	N	%
Postoperative pain	53	17.7	46	15.4	92	30.8	57	19.1	51	17.1
A sore throat	169	56.5	52	17.4	44	14.7	19	6.4	15	5.0
Back pain	125	41.8	62	20.7	55	18.4	22	7.4	35	11.7
Vomiting	165	55.2	62	20.7	42	14.0	15	5.0	15	5.0
Cold	165	55.2	62	20.7	49	16.4	31	10.4	47	15.7

5.3.2. Fear and concern

Ninety - four of the study subjects (31.4%) said they were extremely not awaking after the procedure, and the majority of the study subjects (85.3%) said they were not all awaking during the operation. (Table 4)

Table 4. Percentage distribution fear and concern for surgical patients at public teaching hospitals in Addis Ababa, Ethiopia, in 2021.

Fear and Concern	Not all		A little bit		Moderately		Quite abit		Extremely	
	N	%	N	%	N	%	N	%	N	%
Not awakin after operation	92	30.8	50	16.7	29	9.7	34	11.4	94	31.4
Awaking during operation	255	85.3	18	6.0	15	5.0	6	2.0	5	1.7
Seeing the operating room	117	39.1	56	18.7	47	15.7	22	7.4	57	19.1
Pain due to surgery	63	21.1	69	23.1	100	33.4	53	17.7	14	4.7
Pain due to anesthetics	86	28.8	66	22.1	86	28.8	39	13.0	22	7.4

5.3.3. Service

Ninety-four (31.4%) of all study participants operated for too long on the agreed-upon date and time. Nearly half of the research participants (49.2%) were only operated on at a predetermined time and date. (Table 5)

Table 5. Percentage distribution of service for surgical at public teaching hospitals in Addis Ababa, Ethiopia, in 2021.

Service	Yes, too long		No long		Just right		Too short	
	N	%	N	%	N	%	N	%
Were you operated on the agreed date and time?	94	31.4	51	17.1	147	49.2	7	2.3
How did you experience the waiting time between your arrival at the operating theater center and the operation?	41	13.7	90	30.1	86	28.8	82	27.4
How did you experience the waiting time between your leaving of the operating theater center and your time spent in the recovery room?	54	18.1	106	35.5	83	27.8	56	18.7

5.3.4. Information

One hundred and eighty-two (60.9%) of the study participants were fully satisfied with the amount of information they received about the operation. Around 172 (57.5%) of the study participants were completely satisfied with the operation clarification. (Table 6)

Table 6. Percentage distribution of information for surgical patient's satisfaction with perioperative nursing care at public teaching hospitals, Addis Ababa Ethiopia, 2021.

Information	Completely dissatisfied		Dissatisfied		Not satisfied		Satisfied		Completely Satisfied	
	N	%	N	%	N	%	N	%	N	%
Explanation about operation	5	1.7	39	13	18	6.0	65	21.7	172	57.5
Amount of information about operation	4	1.3	32	10.7	17	5.7	64	21.4	182	60.9
Explanation about stay in operating room	7	2.3	37	12.4	22	7.4	53	17.7	180	60.2
Amount of information about stay in operating room	11	3.7	66	22.1	29	9.7	53	17.7	140	46.8

5.3.5. Staff - patient relationship

In terms of the politeness of the staff at the operating theater center, 150(50.2%) of the study participants were fully satisfied. Ninety -three (31.1%) study participants were unsatisfied with the way the staff at the operating theater center treated kindly. (Table 7)

Table 7. Percentage distribution of staff-patient relationship for surgical patient’s satisfaction with perioperative nursing care at public teaching hospitals, in Addis Ababa Ethiopia, in 2021.

Staff-patient relationship	Completely dissatisfied		Dissatisfied		Not satisfied		Satisfied		Completely Satisfied	
	N	%	N	%	N	%	N	%	N	%
Did the staff of the operating theater center take in to account your privacy?	19	6.4	81	27.1	16	5.4	44	14.7	139	46.5
Did you have confidence in staff of the operating theatre center?	15	5.0	73	24.4	22	7.4	45	15.1	144	48.2
Had the staff of the operating theater center an open attitude?	29	9.7	73	24.4	18	6.0	38	12.7	141	47.2
Were staffs of the operating theater center respectful?	31	10.4	79	26.4	11	3.7	36	12.0	142	47.5
Did staff of the operating theatre center show understand for your situation?	10	3.3	75	25.1	34	11.4	42	14.0	138	46.2
Were staffs of the operating theatre center polite?	22	7.4	56	18.7	16	5.4	55	18.4	150	50.2
Did you find the staff of the operating theatre center professional?	14	4.7	55	18.4	28	9.4	56	18.7	146	48.8

Did staff of the operating theatre center pay attention to your questions?	35	11.7	88	29.4	10	3.3	47	15.7	119	39.8
Did staff of the operating theatre center pay attention to complaints like pain and nausea?	42	14.0	85	28.4	9	3.0	41	13.7	122	40.8
Did staff of the operating theatre center take in account personal preferences?	18	6.0	73	24.4	34	11.4	56	18.7	118	39.5
Did staff of the operating theatre center take in to account your cultural background?	11	3.7	73	24.4	37	12.4	53	17.7	125	41.8
Did the staff of the operating theatre center knowieddgeable?	8	2.7	59	19.7	25	8.4	67	22.4	140	46.8
Did staff of the operating theatre center pay attention to you as an individual?	14	4.7	62	20.7	25	8.4	55	18.4	143	47.8
Were you treated kindly by the staff of the operating theatre center?	28	9.4	93	31.1	8	2.7	38	12.7	132	44.1

5.4. Overall patients' satisfaction with perioperative Nursing care

According to the findings of this report, 65.60 % of participants were satisfied with perioperative nursing care. They were unsatisfied with perioperative nursing care in 34.40 % of cases

(Fig. 3).

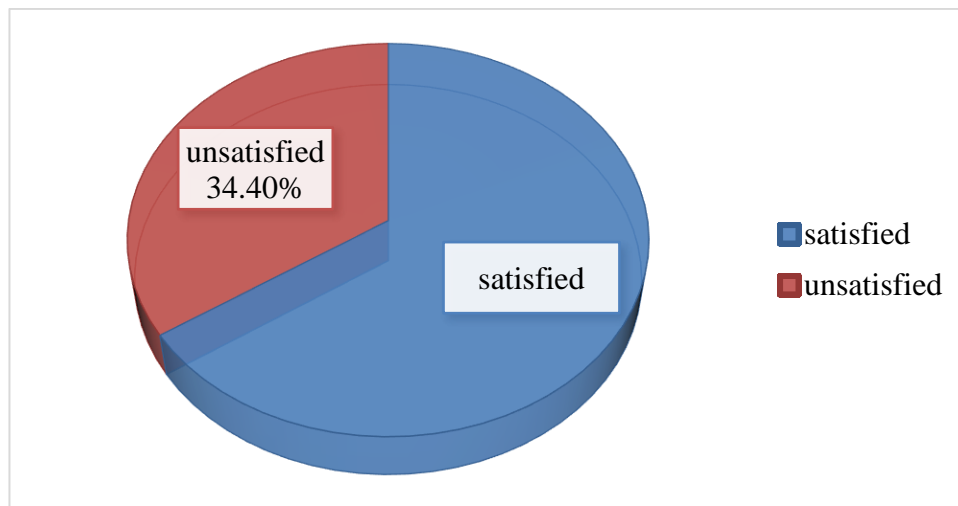


Figure 3. illustrates overall patient satisfaction with perioperative nursing care in public teaching hospitals, in Addis Ababa Ethiopia, 2021.

5.5. Factors associated with patient's satisfaction with perioperative nursing care.

The bivariate analysis in this study used fourteen predictor variables, and variables with a P value < 0.2 were entered in to the multivariable logistic regression model. Just five independent variables were significantly correlated with the dependent variable out of fourteen predictors.

In a multivariate study, age of respondents, educational status, form of anesthesia, postoperative pain, and operated on agreed date and time of surgery were found to be statistically significant predictors of adult surgical patient satisfaction with perioperative nursing care. When compared to those aged 68 and up, those aged 28 to 37 were 8 times more likely to be satisfied (p value =0.01, AOR= 8.058, 95 % CI: (1.529-42.476)).

Regarding educational status, those in primary school (1 to 8th grade) were 6.7 times (p value = 0.00, AOR= 6.767, 95 % CI:(1.634 -28.028) and those who were unlettered were 5.9 times (p value= 0.01, AOR= 5.936, 95 % CI: (1.415-24.899) more likely to be satisfied than those with a bachelor's degree and above. Regarding type anesthesia those who received regional anesthesia were 4.7 times more likely to be satisfied than those who received general anesthesia (p value= 0.00, AOR= 4.753, 95 % CI: (1.885-11.984).

Those who did not have severe postoperative pain were 3.6 times (P = 0.04, AOR = 3.619, 95% CI: (1.049-12.487) and those who have a little bit postoperative pain were 3 times (p value= 0.03, AOR= 2.995, 95 % CI: (1.060-8.239) more likely to be satisfied than extremely postoperative pain. Finally, those who operated on the agreed date and time just right were 5.3 times (p value=0.00, AOR=5.370, 95 % CI:(2.201-13.102) more likely satisfied than those who operated on the agreed date and time too long (p value=0.03, AOR=2.907, 95 % CI:(1.085-7.791). (Table 8)

Table 8. shows the factors associated with surgical patient satisfaction with perioperative nursing care in Ethiopian public teaching hospitals by 2021. (n= 299)

Variable	Level of satisfaction		COR (95% CI)	AOR (95% CI)	P- value
	Satisfied	Unsatisfied			
Age(years)					
18-27	34(65.4)	18(34.6)	.706(.331-1.507)	3.379(.634-17.998)	
28-37	36(57.1)	27(42.9)	.762(.354-1.640)	8.058(1.529-42.476)**	.014
38-47	36(59.0)	25(41.0)	1.125(.493-2.565)	3.527(.690-18.023)	
48-57	34(68.0)	16(32.0)	1.191(.490-2.895)	2.280(.467-11.139)	
58-67	27(69.2)	12(30.8)	3.071(1.014-9.297)*	3.560(.759-16.696)	
68+	29(85.3)	5(14.7)	1	1	
Educational status					
<i>illiterate</i>	39(73.6)	14(26.4)	.663(.267-1.647)	5.936(1.415-24.899)**	.015
Read and write	24(64.9)	13(35.1)	.694(.290-1.661)	1.720(.464-6.377)	
Primary(1-8th grade)	29(65.9)	15(34.1)	.555(.262-1.176)	6.767(1.634 -28.028)**	.008
Secondary(9-12 th grade)	51(60.7)	33(39.3)	.957(.313-2.932)	2.200(.732-6.615)	
diploma	16(72.7)	6(27.3)	.604(.269-1.353)	3.128(.676-14.469)	
Degree and above	37(62.7)	22(37.3)	1	1	
Type of anaesthesia					
Regional	55(83.3)	11(16.7)	3.262(1.662-6.561)*	4.753(1.885-11.984)**	.001
General	141(60.5)	92(39.5)	1	1	
Postoperative pain					
Extremely	34(66.7)	17(33.3)	1	1	
Quite a bit	37(64.9)	20(35.1)	1.655(.748-3.664)	2.559(.774-8.466)	
Moderately	63(68.5)	29(31.5)	1.531(.711-3.297)	3.009(.923-9.806)	
A little bit	33(71.7)	13(28.3)	1.798(.895-3.610)	2.995(1.060-8.239)**	.038
Not all	29(54.7)	24(45.3)	2.101(.908-4.863)	3.619(1.049-12.487)**	.042
Operated on the agreed date and time					
Too short	5(71.4)	2(28.6)	2.722(.503-14.739)	4.379(.379-50.572)	
Just right	112(76.2)	35(23.8)	3.484(2.001-6.069)*	5.370(2.201-13.102)**	.000
No long	34(66.7)	17(33.3)	2.178(1.072-4.425)*	2.907(1.085-7.791)**	.034
Yes too long	45(47.9)	49(52.1)	1	1	

1= Constant Variable

COR=crude odd ratio, AOR=adjusted odd ratio

BLR= Binary Logistic Regression

MLR= Multiple Logistic Regression

*Statistically significant in bivariate

**Statistically significant in multivariate

6. DISCUSSION

Patient satisfaction with nursing care has been a primary predictor in determining the quality of hospital care. Patients' outcomes are widely used by health institutes to determine the quality of health care services offered to patients (3).

This organization-based cross-sectional research is being conducted to determine surgical patient satisfaction with perioperative nursing care and factors affecting their satisfaction with nursing care, in public teaching hospitals, Addis Ababa, Ethiopia.

The overall magnitude of satisfied adult surgical patients with nursing care was found in this report (65.6 %). This result was consistent with studies conducted at Debra Tabor General Hospital (20) and Jimma University Specialized Hospital (1), which found 66 % and 67.2 %, respectively. This study's findings were lower than those of Menelik II Referral Hospital (66), which reported (72.3 %) and Debre Birhan Referral Hospital (67), which reported (86.5%) This difference could be due to the fact that the above-mentioned hospitals have a lower staff turnover and work load, resulting in a higher prevalence of adult surgical patient satisfaction with nursing care, or it could be due to a lower patient intake.

Our results were also higher than those of a study conducted in Amhara's public hospitals, Mizan-Tepi University Teaching Hospital, Haramaya University Hospital, and Dessie Referral Hospital, which found that 40.7 %, 38.7 %, 52.7 %, and 58.8%, of adult patients, respectively, were satisfied with nursing care (13,30,44,45,68). The disparity could be due to our study's emphasis on adult surgical patients, or it could be due to better technical experience and sufficient technology to implement nursing care, which leads to better nursing care practices and therefore better patient satisfaction. The findings of this study also vary from those of studies conducted in other parts of the world. According to a survey conducted in Malaysia, 82.7 % (42), Qatar 62 % (41), Iran 82.8 %, Turkey (47.93 ± 18.51) (69), Ghana 80 % (43), Rwanda 67.43 % (25) and Kenya 80.2 % (69) of patients were satisfied with the nursing care they got. This disparity may be due to differences in management systems among hospitals. The current findings revealed that gender, marital status, residence, professional status, experience of hospitalization, length of hospital stay, and history of chronic disease were not found to be significantly correlated with patient satisfaction. Similarly, study conducted in Rwanda revealed that gender, marital status, residence, professional status, hospitalization experience, length of hospital stay, and history of chronic disease had no effect on patient satisfaction (25).

Inconsistent , Study conducted in Debra Tabor General Hospital show that, gender and marital status were found to be significantly correlated with patient satisfaction (34).

Patients from urban areas were more satisfied than those from rural areas, according to a study reported in Eritrea (70.36 % vs 68.28 %, $p = 0.033$) (48).

The current study discovered that residency did not have a substantial impact on patient satisfaction. The current findings indicate that the length of stay in the hospital has no statistically important relationship with patient satisfaction. However, according to a study conducted in India, there was a substantial difference in patient satisfaction with respect to nursing care when comparing patients with prior hospitalizations history; the satisfaction of participants with hospitalization history was higher (47). Another study found that the duration of hospital stay had a significant relationship with patient satisfaction with nursing care (34). In our result show that the duration of hospital stay had no significant relationship with patient satisfaction with nursing care. In our findings show that, the respondent's age, educational status, type of anesthesia, postoperative pain, and operated on agreed date and time were all found to be significant factors in patient satisfaction level.

In the subsisting study subjects in the age group of 28–37 years were 8.058 (AOR: 8.058) times more likely to be gratified with nursing care than patients aged 68 and up. This may be that when people get older, they have a higher expectation of the treatment they will receive. Also, older patients will need nursing care for their activities of daily life, and if their needs are not fulfilled, they may be less satisfied.

This finding was supported by research conducted at the Dessie referral hospital (70) and public hospitals in the Amhara region (44). This may be because the patients are older, have more chronic conditions, surgical hospitalization complications, multiple medication therapies, and care needs, and therefore have higher healthcare expectations than younger patients.

In the current findings, those in primary school (1–8th grade) were 6.7 times (AOR = 6.767) more likely to be satisfied than those with a bachelor's degree or higher, and those who were illiterate were 5.9 times (AOR = 5.936) more likely to be gratified than those with a master's degree or higher. This may be attributed to highly educated people having high expectations of care, based on a growing understanding of disease and treatment practices as one's educational level rises, making them difficult to satisfy.

The current result was in line with a study conducted at Mekelle Comprehensive Specialized Hospital, which showed that as participants' educational levels increased, their satisfaction levels decreased (38). Similar studies done in Debre Birhan Referral Hospital show that higher educational status were less likely to be satisfied than patients with a lower educational status (67). Another research in Jimma found that patients with a low level of formal education were happier than their peers (1).

In this study, patients who were given regional anesthesia were 4.7 (AOR= 4.753) times more likely to be satisfied compare to their counterparts. The possible scientific explanation might be due to regional anesthesia decrease postoperative pain, nausea and vomiting, sore throat and shivering that attributed increasing patient's satisfaction with nursing care. Our result consistent with a study conducted by Hawassa University Comprehensive Specialized Hospital (37) that found that participants who underwent regional anesthesia were more satisfied than those who underwent general anesthesia.

Another study conducted at University of Gondar Hospital (71) show that participants who were operated under regional anesthesia were happier than those who were operated under general anesthesia. Those who did not have severe postoperative pain were 3.6 times (AOR = 3.619) and those who have a little bit postoperative pain were 3 times (AOR) more likely to be satisfied than extremely postoperative pain. This may be attributed to the patient experiencing less discomfort, less sleep disturbances, and increased physical activity, which contribute to a higher degree of patient satisfaction.

This result is in line with a study conducted in Hawassa (37) that found that participants who experienced postoperative pain were less likely to be satisfied than those who did not experience postoperative pain. Finally, those respondents who operated on the agreed date and time just right were 5.3 (AOR=5.370) times more likely to be satisfied than those who operated on the agreed date and time too long. This may be because patients who have been waiting for an operation for a long time are impatient and restless, and there is a negative correlation between waiting long operating date and time and patient satisfaction.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

The present study used a valid and standardized instrument (Patient Satisfaction with perioperative Nursing Care). The Leiden Preoperative Patient Satisfaction Questionnaire was a reliable instrument for evaluating surgical patient satisfaction with perioperative nursing care and providing useful data about areas where care could be improved.

7.2. Limitation of the Study

Patients were interviewed in the surgical ward before being discharged; however, since they are still in the surgical ward, these admitted patients may be unable to transfer their moods about the nursing care because they are concerned that their comments will affect their subsequent nursing care. As a result, when compared to real patient insights, the study's findings could be exaggerated. Since the patients were interviewed in a hospital setting, the results could be subject to social desirability bias. Study design was cross sectional quantitative, some bias may arise.

8. CONCLUSION AND RECOMMENDATION

8.1 Conclusion

According to the results of this descriptive cross-sectional study, the overall proportion of patients satisfied with perioperative nursing care was good as compared to other research conducted in homeland and out of the country. Surgical adult patient satisfaction with perioperative nursing care was significantly influenced by age, educational status, type of anesthesia, postoperative pain, and operating on an agreed date and time.

8.2. Recommendations

Patient satisfaction level should be determined frequently and all bodies should work to reduce the factors which decrease the satisfaction level. Certain areas need to be improved patient satisfaction include, more emphasize should take in order to increase regional anesthesia, if the patient fitted for regional anesthesia, pain management during postoperative period and Should be operated on agreed date and times. It is also suggested that future studies be conducted with a departure interview after the patient discharge

9. REFERENCE

1. Woldeyohanes TR, Woldehaimanot TE, Kerie MW. Perceived patient satisfaction with inpatient services at Jimma University Specialized Hospital , Southwest Ethiopia. *BMC Res Notes*. 2015;1–8.
2. Farahani MF, Shamsikhani S HM. Patient satisfaction with nursing and medical care in hospitals affiliated to arak university of medical sciences in 2009. *Nurs midwifery Stud*. 2014;3(3).
3. Salmani N, Abbaszadeh A, Rasouli M, Hasanvand S. The process of satisfaction with nursing care in parents of hospitalized children: A grounded theory study. *Int J Pediatr*. 2015;3(6):1021–32.
4. Al-tawil NG, Mustafa IH, Ismahil ZA. Inpatients ' satisfaction toward nursing services in the medical and surgical wards of Rizgary Teaching Hospital , Erbil , Iraq. 2016;20(2).
5. Tang WM, Soong C-Y LW. Patient satisfaction with nursing care: a descriptive study using interaction model of client health behavior. *Int J Nurs Sci*. 2013;3(2):51–6.
6. Addisu Z, Solomon B. Patients' Preoperative Expectation and Outcome of Cataract Surgery at Jimma University Specialized Hospital-Department of Ophthalmology. *Ethiop J Health Sci*. 2011;21(1).
7. Caljouw MAA, Beuzekom M Van, Boer F. Patient ' s satisfaction with perioperative care : development , validation , and application of a questionnaire. *Br J Anaesth* [Internet]. 2008;100(5):637–44. Available from: <http://dx.doi.org/10.1093/bja/aen034>
8. Berkowitz B. The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic. *Online J Issues Nurs*. 2016 Jan;21(1):1.
9. Ghosh S. An analytical study on patients satisfaction and medical facilities provided by public hospital: with special reference to Dhubri civil hospital, Jhagarpar. *Int J Healthc Sci*. 2014;2(1):107–15.
10. Tsegaw MG. in- Patients ' Satisfaction Level Towards Nursing Care Services and Associated Factors At Public Hospitals in- Patients ' Satisfaction Level Towards Nursing Care Services and Associated Factors At Public Hospitals. *J Heal Med Nurs*. 2017;1(1):1–17.
11. Ibigbami OI, Olowookere SA. Patients Satisfaction with Nursing Care in a Maternity Unit in South-Western Nigeria : Relationship with Self Esteem Adekunle B . Eegunranti Adesanmi Akinsulore Adebukola Ibigbami. 2015;23(1):176–83.

12. Riley JL, Gordan V V., Hudak-Boss SE, Fellows JL, Rindal DB, Gilbert GH. Concordance between patient satisfaction and the dentist's view : Findings from the National Dental Practice Based Research Network. *J Am Dent Assoc* [Internet]. 2014;145(4):355–62. Available from: <http://dx.doi.org/10.14219/jada.2013.32>
13. Ahmed T, Assefa N, Demisie A, Kenay A, Ahmed T. Levels of Adult Patients ' Satisfaction with Nursing Care in Selected Public Hospitals in Ethiopia. 2014;8(4).
14. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: An observational study. *BMJ Open*. 2018;8(1):1–8.
15. Glenn E, Meghan L PG. Patient satisfaction and experience with anesthesia. In: Elsevier. 2014;
16. Chanthong P, Abrishami A, Wong J, Herrera F, Chung F. Systematic review of questionnaires measuring patient satisfaction in ambulatory anesthesia. *Anesthesiology*. 2009;110(5):1061–7.
17. Getachew G, Berhe D. Why patients are dissatisfied on nursing care services at menelik hospital, addis ababa . *J Innov Assoc*. 2016;5(6):850–60.
18. Nurses T, Behaviour C. NURSES ' CARING BEHAVIORS IN THE IMPLEMENTATION OF PERIOPERATIVE NURSING CARE IN PUBLIC HOSPITALS OF BAHTERAMAS KENDARI (Perilaku Caring Perawat dalam Pelaksanaan Asuhan Keperawatan Perioperatif di BLUD RSUD Bahteramas Kendari). 2013;(2008).
19. J R. The nurse-patient relationship in the post-anaesthetic care unit. *Nursing Standard*. *Nurs Stand*. 2009;16(24).
20. Wetsch WA, Pircher I, Lederer W, Kinzl JF, Traweger C, Heinz-Erian P, et al. Preoperative stress and anxiety in day-care patients and inpatients undergoing fast-track surgery. *Br J Anaesth*. 2009;103(2):199–205.
21. El-nasser GABD, Sc DN, Mohamed N, Sc DN. Patient Satisfaction with Preoperative Care and Its Relationship with Patient Characteristics. 2013;81(2):1–10.
22. Leinonen T, Leino-Kilpi H, Ståhlberg MR, Lertola K. The quality of perioperative care: Development of a tool for the perceptions of patients. *J Adv Nurs*. 2001;35(2):294–306.
23. Jlala HA, Caljouw MA, Bedfordth NM, Hardman JG. Patient satisfaction with perioperative care among patients having orthopedic surgery in a university hospital. *Local Reg Anesth*. 2010;3(1):49–55.

24. Ortiz J, Wang S, Elayda MA, Tolpin DA. Preoperative patient education : can we improve satisfaction and reduce anxiety ? *Brazilian J Anesthesiol (English Ed [Internet]*. 2015;65(1):7-13. Available from: <http://dx.doi.org/10.1016/j.bjane.2013.07.009>
25. Nursing MS, Sciences H. DISSERTATION PATIENTS SATISFACTION WITH PERIOPERATIVE CARE AT OSHEN FING FAISAL HOSPITAL BY. 2017;(June).
26. Heidegger T, Saal D, Nübling M. Patient satisfaction with anaesthesia - Part 1: Satisfaction as part of outcome - And what satisfies patients. *Anaesthesia*. 2013;68(11):1165–72.
27. Mitchell M. Home recovery following day surgery: A patient perspective. *J Clin Nurs*. 2015;24(3–4):415–27.
28. Sack C, Scherag A, Lütkes P, Günther W, Jöckel KH, Holtmann G. Is there an association between hospital accreditation and patient satisfaction with hospital care? A survey of 37 000 patients treated by 73 hospitals. *Int J Qual Heal Care*. 2011;23(3):278–83.
29. Zarei E, Arab M, Tabatabaei SG, Rashidian A, Forushani AR, Khabiri R. Understanding patients' behavioral intentions: Evidence from Iran's private hospitals industry. *J Heal Organ Manag*. 2014;28(6):795–810.
30. Sahile A, Getahun S BS. Level of satisfaction among patients on nursing care at yekatit 12 hospital medical college, Addis ababa, Ethiopia, 2018. *MOJ Public Heal*. 2019;8(5):207–11.
31. Schoenfelder T, Klewer J, Kugler J. Factors associated with patient satisfaction in surgery: The role of patients' perceptions of received care, visit characteristics, and demographic variables. *J Surg Res [Internet]*. 2010;164(1):e53–9. Available from: <http://dx.doi.org/10.1016/j.jss.2010.08.001>
32. Bankauskaite V& S. Why are people dissatisfied with medical care services in Lithuania? A qualitative study using responses to open-ended questions. *Int J Qual Heal Care*. 2003;15(1):23–29.
33. Fregene T, Wintle S, Raman VV, Edmond H. Making the experience of elective surgery better. 2017;1–6.
34. Adane MD. *iMedPub Journals Patient ' s Expectations and Satisfaction with Nursing Care among Admitted Patients in Debra Tabor General Hospital , Northern Ethiopia : A Cross Sectional Study*. 2020;(February).

35. Tsegaw MG. IN. -PATIENTS' SATISFACTION LEVEL TOWARDS NURSING CARE SERVICES AND ASSOCIATED FACTORS AT PUBLIC HOSPITALS OF ADDIS ABABA, ETHIOPIA. *J Heal Med Nurs.* 2017;1(1):1–17.
36. Sayin Y, Cengiz HO, Ayoglu T. Nursing Care Satisfaction of Surgery Patients. 2016;(November 2013).
37. Siraneh AG, Welda GD, Chanko KP. Factors associated with patient satisfaction with perioperative anesthesia care at Hawassa university comprehensive specialized hospital, Ethiopia: Cross-sectional study design. 2020;1–17.
38. Benwu KM, Gebremedhin HG. A prospective study on elective surgical inpatient satisfaction with perioperative anaesthesia service at Ayder comprehensive specialized hospital ., 2019;8:1–9.
39. Al-Doghaither AH SA. Consumers' satisfaction with primary health services in the city of Jeddah, Saudi Arabia. *Saudi Med journal.* 200AD;21(5):447–54.
40. Hamilton DF, Lane J V, Gaston P, Patton JT, Macdonald D, Simpson AHRW, et al. What determines patient satisfaction with surgery ? A prospective cohort study of 4709 patients following total joint replacement. 2013;1–7.
41. Hepner DL, Bader AM, Hurwitz S, Gustafson M, Tsen LC. Patient Satisfaction with Preoperative Assessment in a. 2004;
42. Shirley Teng K, Norazlia S. Surgical Patients' satisfaction of nursing care at the Orthopedic Wards in Hospital Universiti Sains Malaysia (HUSM). *Heal Environ J.* 2012;3(1):36–43.
43. Anaba P. Patient satisfaction with perioperative nursing care in a tertiary hospital in Ghana. 2020;(September).
44. Kasa AS. Predictors of adult patient satisfaction with nursing care in public hospitals of Amhara region , Northwest Ethiopia. 2019;3:1–9.
45. Yehualashet SS, Belay AS, Teferi M. Assessment of Adult Patient Satisfaction and Associated Factors with Nursing Care Among Admitted Patient in Medical , Surgical , Obstetrics and Gynecology Ward in Mizan-Aman General Hospital , Bonga and Tepi Hospitals , Southwest Ethiopia 2016. 2018;(January).
46. Ashrafun L, Uddin MJ. Factors determining inpatient satisfaction with hospital care in Bangladesh. *Asian Soc Sci.* 2011;7(6):15–24.

47. Goktas SB, Yildiz T, Nargiz SK. The Evaluation of Nursing Care Satisfaction and Patient Learning Needs in day Case Surgery. 2015;77(December):1172–9.
48. Andemeskel YM, Elsholz T, Gebreyohannes G, Tesfamariam EH. Patient satisfaction with peri-operative anesthesia care and associated factors at two National Referral Hospitals : a cross sectional study in Eritrea. 2019;1–8.
49. Quintana JM, González N, Bilbao A et al. Predictors of patient satisfaction with hospital health care. BMC Heal Serv Res. 2006;(6):1–9.
50. Blanco-Abril S, Sánchez-Vicario F, Chinchilla-Nevado MA, Cobrero-Jimenez EM, Mediavilla-Durango M, Rodríguez-Gonzalo A C-BA. Satisfacción de los pacientes de urgencias con los cuidados enfermeros. Enfermería Clínica. 2010;20(1):23–31.
51. Capuzzo M, Gilli G, Paparella L, Gritti G. Factors Predictive of Patient Satisfaction with Anesthesia. 2007;105(2):435–42.
52. Sciences H. IN-PATIENT SATISFACTION WITH NURSING CARE : A CASE STUDY AT KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY. 2013;2(1):19–24.
53. Alzolibani AA. Patient satisfaction and expectations of the quality of service of University affiliated dermatology clinics. 2011;3(February):61–7.
54. Özsoy SA, Özgür G, Akyol AD. Patient expectation and satisfaction with nursing care in Turkey : a literature review. 2007;(2006):249–55.
55. Kahn SA, Iannuzzi JC, Stassen NA, Bankey PE GM. .Measuring satisfaction: factors that drive hospital consumer assessment of healthcare providers and systems survey responses in a trauma and acute care surgery population. Am Surg. 2015;81(5):537–43.
56. Jaensson M, Dahlberg K, Nilsson U. Factors influencing day surgery patients ' quality of postoperative recovery and satisfaction with recovery : a narrative review. 2019;1–7.
57. Farooqi JH. Patient expectation of general practitioner care, focus group discussion and questionnaire survey in an urban primary health centre, Abu Dhabi-UAE (A Pilot Study). Middle East J Fam Med. 2005;3:6–9.
58. Akin S. The Turkish version of the Newcastle Satisfaction with Nursing Care Scale used on medical and surgical patients. 2007;
59. Baydas A. Customer satisfaction in private health organizations : an empirical study. 2014;8(2):43–56.

60. Messina G, Vencia F, Mecheroni S, Dionisi S, Baragatti L, Nante N. Factors Affecting Patient Satisfaction With Emergency Department Care : An Italian Rural Hospital. 2015;7(4):30–9.
61. Njong AM, Pascale R, Tchouapi M. Assessing User Satisfaction with the Quality of Healthcare Services in Cameroon. 2020;
62. Peprah AA, Atarah BA. Assessing Patient ' s Satisfaction Using SERVQUAL Model : A Case of Sunyani Regional. 2014;(February):133–43.
63. Mathews, S. K., Secrest, J. and Muirhead L. The interaction model of client health behavior: A model for advanced practice nurses. *J Am Acad Nurse Pract.* 2008;20(8):415–22.
64. No Title. <http://www.addisababa.gov.et/iw/web/guest/city-map>.
65. Addis Ababa Urban Area Population History. Reviwed urban popoulation. <https://populationstat.com/ethiopia/addis-ababa>.
66. Ababa A. Assessment of Patient Satisfaction with Preoperative Anesthetic Evaluation and Assosated Factors at Menelik II Referral Hospital. 2017;35:9–18.
67. Assessment of Admitted Patients' Satisfaction and Related Factors with the Nursing Care Services Given in Debre Birhan Referral Hospital Hailegiorgis Teklegiorgis and Hilina Ketema Debre Birhan University. :185–200.
68. Edmealem A, Asfaw Y, Ademe S. Patients ' satisfaction and associated factors towards nursing care in Dessie Referral Hospital , Northeast Ethiopia. 2019;53–8.
69. Tarus TK, Mangeni JN, Nyariki JC, Simiyu KN, Obel MC, Gitonga MM, et al. Assessment of Patient Satisfaction with Nursing Care at a Large Public Referral Hospital in Kenya. 2014;4(26):156–61.
70. Eyasu KH, Adane AA, Amdie FZ, Getahun TB, Biwota MA. Adult Patients ' Satisfaction with Inpatient Nursing Care and Associated Factors in an Ethiopian Referral Hospital , Northeast , Ethiopia. 2016;2016.
71. Hospital T. Patient satisfaction with the perioperative surgical services and associated factors at a University Referral and Teaching Hospital, 2014: a cross-sectional study. 2017;8688:1–14.

10. ANNEXS

Annexes I: Information Sheet and Consent Form English and Amharic version

Information Sheet

Title of the Research Project: Surgical Patient Satisfaction with the Perioperative Nursing Care and Associated Factors at Selected Public Teaching Hospitals, Addis Ababa Ethiopia.

Name of Principal Investigator: Fedlu Shamil

Name of the Organization: Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery.

Purpose of the research: -

To assess the level of Surgical Patient Satisfaction with Perioperative Nursing Care and Associated Factors at Public Teaching Hospitals.

Autonomy: Autonomy of the patients will be respected and granted with right of withdraw in the study at any time.

Anonymity: All identification of the participants will be kept anonymous; your name will not be written in this format or any other relevant information which will be mentioned on the data collection forms

Risk and /or Discomfort: There is no social or physical harm when you are participating in this research project except wasting of your time about 10-15 minutes.

Benefits: When you are participating in this research, there may not be a direct benefit to you rather than identifying the gap of satisfaction and improves services delivered in perioperative care.

Confidentiality: All collected data will be kept in a secure place to which only the researcher will be having access. It will be stored in a file using codes.

Whom to contact:

This research project will from institutional ethical review board of College of Health Sciences, School of Nursing and Midwifery, Addis Ababa University. If you want to know more information, you can contact the following individuals and you may ask any time you want.

Mr. Fedlu Shamil (BSC)

Mobile: +251912002719

Email: fedlushamil2020@gmail.com

fedlushamil@yahoo.com

Mr. Yosef Tsige

Email: josephtsige@yahoo.com,

Mobile: +251911305824

Mr. Mekonen Adimasu

Email: mekonenad2016@gmail.com

Mobile: +0917724019

Consent: - Are you willing to participate in the study? Make on a sign your choice

Yes

No

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

Questionnaire Prepared to Identify Associated Factors of Surgical Patient Satisfaction with The Perioperative Nursing Care.

Good morning/good afternoon. My name is _____. I came from Addis Ababa University College of Health Sciences, School of Nursing and Midwives. I am working for an investigator doing this thesis for the partial fulfillment of master's degree in perioperative cardiothoracic scrub nurse. You have full right to refuse, withdraw or completely reject part or all of your participation in the study. But I encourage your full participation as the answers you give on this form and your participation are very important to this study and to plan ways to help other people who need perioperative nursing care. I would like to assure you that all of your responses to our questions will be kept confidential throughout the study process. Any of your information you provide will be used only by the research team and will, by no means, be revealed to a third party. I will ask you questions in a place where other people or conditions couldn't interfere. I would like to assure you that your participation on this research will not affect any of your treatment and other benefit that you get from any organization. The questions will take 10-15 minutes. May I get your permission to continue my interview?

Do you agree to participate in the study?

1. Yes, thank you conducts the interview.
2. If no, escape to the next participant.

You may ask questions now and, in the future, if you do not understand something that is being done. Here are addresses of individuals whom you can contact:

Mr. Fedlu Shamil, Phone No +251-912-002-719, Email: fedlushamil2020@gmail.com

1 – If yes, proceed to the interview. 2 – If no, skip to the other participant

If yes, Study participant's Unique ID No. _____ Signature _____ Date _____

collector's Name _____ signature _____ Date _____

Supervisor's Name _____ signature _____ Date _____

Informed consent Certified by:

Signature/finger print of the participant

Signature/finger print _____ date _____

(Proceed with the interview)

No (Terminate the interview)

Interviewer

Name _____ Signature _____ date _____

Supervisors

Name _____ Signature _____ date _____

Address of the principal investigator: Cell phone: 0912002719

Annexes II. Questionnaire in English and Amharic version

Identification Number _____

Part I. Socio Demographic Characteristics of Patients

code	Questions	Choices
101	How old are you?	-----
102	Gender?	1. Male 2. Female
103	Professional status?	1. Employed 2. Unemployed 3. Student 4. Retired
104	Marital Status?	1. Single 2. Married 3. Divorced 4. Widowed
105	Your family Monthly income in birr?	-----birr
106	Educational Status	1. Illiterate 2. Read and write 3. Primary (1-8 th grade) 4. Secondary(9-10 th grade) 5. Preparatory (11-12 th grade) 6. Diploma 7. Degree and above
107	Residence	1. Urban 2. Rural

Part II: Clinical Characteristic of Patients

201	Experience with hospitalization?	1. First visit 2. Second visit 3. More than two visits
202	Do you have co morbid diseases?	1. Yes 2. No
203	If your response to question No202 is yes circle what you have if you say no jump to questioner 204	1. Asthma 2. Hypertension 3. Diabetes Mellitus 4. Psychiatric 5. Renal failure 6.Others (Specify) -----
204	Type of anaesthesia?	1. Regional 2. General
205	Types of operation?	1. General surgery 2.Orthopedics surgery 3. Neurosurgery. 4.Urology.surgery 5.Cardiothoracic surgery 6. genecology surgery 7. ENT surgery
206	Have you developed Complications?	1. Yes 2. No
207	If your response to question No206 is yes circle what you have if you say no jump to questioner 208	1.Pain 2.Bleeding 3. Wound infection 4.Others -----
208	Length of hospital stay in a day?	-----

Part III: The Leiden Perioperative Care Patient Satisfaction Questionnaire (LPPSq)

1. Information.

Code	Questions	Choices
101	Explanation about operation	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
202	Amount of information about operation	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
303	Explanation about stay in operating room	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
404	Amount of information about stay in operating room	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied

2. Discomfort and needs

Code	Questions	Choices
201	Postoperative pain	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
202	A sore throat	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
203	Back pain	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
204	Vomiting	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
205	Cold	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely

3. Fear and Concern

Code	Questions	Choices
301	Not awaking after operation	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
302	Awaking during operation	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
303	Seeing the operating room	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
304	Pain due to surgery	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely
305	Pain due to anaesthetics	5. Not all 4. A little bit 3. Moderately 2. Quite a bit 1. Extremely

4. Staff-patient relationship

Code	Questions	Choices
401	Did the staff of the operating theatre center take into account your privacy?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
402	Did you have confidence in staff of the operating theatre center	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
403	Had the staff of the operating theatre center an open attitude	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
404	Were staffs of the operating theatre center respectful?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
405	Did staff of the operating theatre centre show understand for your situation?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
406	Were staffs of the operating theatre center polite?	5. Completely satisfied 4. Satisfied 3. Not satisfied

		2. Dissatisfied 1. Completely dissatisfied
407	Did you find the staff of the operating theatre center professional?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
408	Did staff of the operating theatre center pay attention to your questions?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
409	Did staff of the operating theatre center pay attention to complaints like pain and nausea?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
410	Did staff of the operating theatre center take into account personal preferences?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
411	Did staff of the operating theatre center take into account your cultural background?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
412	Did staff of the operating theatre center Knowledgeable?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied

		1. Completely dissatisfied
413	Did staff of the operating theatre center pay attention to you as an individual?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied
414	Were you treated kindly by the staff of the operating theatre center?	5. Completely satisfied 4. Satisfied 3. Not satisfied 2. Dissatisfied 1. Completely dissatisfied

5. Satisfaction with service

Code	Questions	Choices
501	Were you operated on the agreed date and time?	4. Too short 3. Just right 2. No long 1. Yes too long
502	How did you experience the waiting time between your arrival at the operating theatre center and the operation?	4. Too short 3. Just right 2. No long 1. Yes too long
503	How did you experience the waiting time between your leaving of the operating theatre center and your time spent in the recovery room?	4. Too short 3. Just right 2. No long 1. Yes too long

አባሪ 1: - የመረጃ እና የፍቃድ ቅፅ የአማርኛ ቅጅ

የስምምነት ቅጽ

የምርምር/የጥናቱ ርዕስ

በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የቀዶ ጥገና ህሙማን የቅድመ ቀዶ ጥገና እርካታ እና ተያያዥ ተጓዳኝ ምክንያቶች፤ አዲስ አበባ ኢትዮጵያ።

የዋና ተመራማሪ ስም:- ፈድሉ ሸሚል

የድርጅቱ ስም:- አዲስ አበባ ዩኒቨርሲቲ ፣ የጤና ሳይንስ ኮሌጅ ፣ የነርቦች እና አዋላጅ ትምህርት ክፍል።

የምርምር ፕሮጀክቱ ዓላማ -

በአዲስ አበባ ዩኒቨርሲቲ በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የቀዶ ጥገና ህሙማን የቅድመ ቀዶ ጥገና እርካታ እና ተያያዥ ጉዳዮችን ለመገምገም ነው።

ራስን በራስ መወሰን:- ታካሚዎች በማንኛውም ጊዜ ጥናቱን የመተው መብት የተከበረ ነው።

ስም-አልባነት: - የጥናቱ ተሳታፊዎችን ማንነት የሚያሳዩ መረጃዎች ሁሉ በዚህ ጥናት ውስጥ እንዳይታወቅ ይደረጋል ፣ ስምዎ በዚህ መጠይቅ ወይም በመረጃ አሰባሰብ ቅጾች ላይ አይካተትም/አይጻፍም ።

አደጋ እና / ወይም አለመመቻቸት:- በዚህ የምርምር/የጥናት ፕሮጀክት ውስጥ ሲሳተፉ ጊዜዎን ከ15-20 ደቂቃዎች ያህል ከማባከን በስተቀር ምንም ዓይነት ማህበራዊም ሆነ አካላዊ ጉዳት የለም።

ጥቅሞች:- በዚህ ጥናት ውስጥ በሚሳተፉበት ጊዜ የህክምና እርካታ ክፍተቱን ከመለየት እና እንክብካቤ የሚሰጠውን አገልግሎት ከማሻሻል ይልቅ ለእርስዎ ቀጥተኛ ጥቅም ላይኖር ይችላል።

ሚስጥራዊነት

ሁሉም የተሰበሰቡ መረጃዎች ደህንነቱ በተጠበቀ ቦታ ይቀመጣል በተመራማሪው ሲፈለጉ ብቻ አገልግሎት ላይ ይውላሉ ። ተመራማሪው ከድን በመጠቀም ያስቀምጣል።

ማንን ማነጋገር ይፈልጋሉ

ይህ የምርመራ ፕሮጀክት በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የነርቶች እና አዋላጅ ነርስ ትምህርት ክፍል ተቋማዊ የሥነ ምግባር ግምገማ በርድ የተገመገመ ነው። ተጨማሪ መረጃ ማወቅ ከፈለጉ የሚከተሉትን ግለሰቦች በፈለጉት ሰዓት ማነጋገር ይችላሉ።

አቶ ፈድሎ ሻሚል

ስልክ ቁጥር: +251912002719

ኢሜል: fedlushamil2020@gmail.com

fedlushamil@yahoo.com

አቶ ዮሴፍ ፅጌ

ስልክ ቁጥር: +251911305824

ኢሜል: josephsige@yahoo.com

አቶ መኮነን አድማሱ

ስልክ ቁጥር: +251917724019

ስልክ ቁጥር: mekonenad2016@gmail.com

ስምዎን፡- በዚህ ጥናት ለመሳተፍ ፍቃደኛ ነዎት? ምርጫዎት ላይ ምልክት ያድርጉ

አዎ

አይደለሁም

አዲስ አበባ ዩኒቨርሲቲ የህክምና ሳይንስ ኮሌጅ

የነርቪንግና አዋላጅ ነርስ ትምህርት ክፍል

የቀዶ ጥገና ታካሚዎች ከቀዶ ጥገና በፊት የነርቶች እንክብካቤ እና ተጓዳኝ ሁኔታዎችን ለመለየት የሚረዳ መጠይቅ።

እንደምን አደሩ/እንደምን ዋሉ። ስሜ _____ ነው የመጣሁት ከአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ ፣ ከነርቪንግና አዋላጅ ነርስ ትምህርት ክፍል ነው። የመጣሁትም በልብና ሳንባ ቅድመ ቀዶ ጥገና ሁለተኛ ዲግሪ ትምህርቱን ለማጠናቀቅ ለሚሰራው ተመርማሪ መረጃ ለመሰብሰብ ነው። ይህንን ጥናት በከፊልም ይሁን ሙሉ በሙሉ ተሳትፎዎን የማቀዋረጥ ሙሉ መብት አለዎት። ነገር ግን እርስዎ የሚሰጧቸው ምላሾች ለዚህ ጥናት በጣም አስፈላጊ በመሆናቸው እና የቅድመ ቀዶ ጥገና እንክብካቤ የሚፈልጉ ሌሎች ሰዎችን ለመርዳት መንገዶችን ለማቀድ አስፈላጊ ስለሆኑ ሙሉ ተሳትፎ እንዲኖርዎ እንፈልጋለን። ለጥያቄዎቻችን የሚሰጡን ምላሾች በሙሉ በጥናቱ ሂደት ሁሉ በሚስጥር እንደሚጠበቁ ላረጋግጥላችሁ እወዳለሁ ። የሚያቀርቡት ማንኛውም መረጃ በጥናት ቡድኑ ብቻ የሚጠቀም ሲሆን በምንም መልኩ ለሶስተኛ ወገን አይገለፅም። ስለዚህ ሌሎች ሰዎች ወይም ሁኔታዎች ጣልቃ በማይገቡበት በታ ላይ ጥያቄዎችን እጠይቅሃለሁ ። በዚህ ምርመር ላይ ያለዎት ተሳትፎ በማንኛውም ህክምናዎ እና ከማንኛውም ድርጅት በሚያገኙት ሌላ ጥቅም ላይ ተጽዕኖ እንደማይኖረው ላረጋግጥላችሁ እወዳለሁ ። ጥያቄዎቹ ከ10-15 ደቂቃዎችን ይወስዳሉ ። ቃለመጠይቁን ለመቀጠል የእርስዎን ፈቃድ ማግኘት እችል ይሆን?

በጥናቱ ለመሳተፍ ተስማምተዋል?

1. አዎ ፣ አመሰግናለሁ ቃለመጠይቁን ያካሂዳሉ።
2. አይ ፣ ወደ ቀጣዩ ተሳታፊ ይሂዱ።

የስምምነት መረጃውን የሰጠው

የጥናቱ ተሳታፊ ፊርማ/አሻራ

የጥናቱ ተሳታፊ ፊርማ/አሻራ _____ ቀን _____

ቃለ መጠይቁን የሚሞላው

ስም _____ ፊርማ _____ ቀን _____

የመረጃ ሰብሰቢ ተቆጣጣሪ

ስም _____ ፊርማ _____ ቀን _____

መለያ ቁጥር: _____

ክፍል 1: የታማሚው የግል መጠይቅ

ኮድ	ጥያቄ	አማራጭ
101	እድሜ	_____ ዓመት
102	ጾታ	1. ወንድ 2. ሴት
103	የስራ ሁኔታ	1. ሰራተኛ 2. ስራ የሌለው/ላት 3. ተማሪ 4. ጡረተኛ
104	የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የተፋታ/ች 4. ባል/ሚስት የሞተ
106	የትምህርት ደረጃ	1. ማንበብ ና መጻፍ የማይችሉ 2. ማንበብ ና መጻፍ የሚችሉ 3. የመጀመሪያ ደረጃ (1-8 th) 4. ሁለተኛ ደረጃ (9-10 th) 5. መሰናዶ ደረጃ (11- 12 th) 6. ዲፕሎማ 7. ድግሪና ክዚያ በላይ
107	የመኖሪያ ቦታ	1. ከተማ 2. ገጠር

ክፍል 2: የታማሚው የህመም ሁኔታ

ኮድ	ጥያቄ	አማራጭ
201	እዚህ ሆስፒታል ሲመጡ ስንተኛ ጊዜዎት ነው?	1. የመጀመሪያ 2. ሁለተኛ 3. ከሁለተኛ ጊዜ በላይ
202	ተጓዳኝ ህመም አለብዎት	1. አዎ 2. የለብኝም
203	ለጥያቄ ቁጥር 202 መልስዎ አዎ ከሆነ የትኛው ነው?	1. አስም 2. የደም ግፊት 3. የስኳር በሽታ 4. የአዕምሮ ህመም 5. የኩላሊት ህመም 6. ሌላ _____
204	የተሰጡዎት የሰመመን መድሃኒት አይነት	1. በታው ላይ መሰረት ያደረገ 2. ሙሉ ሰመመን
205	የተሰራፈዎ የቀዶ ጥገና አይነት	1. የውስጥ ደዌ 2. የአጥንት 3. የነርቭ/የጭንቅላት 4. የኩላሊትና ተያያዥ ጉዳዮች 5. የልብና ደረት 6. የማህፀን 7. ከአንገት በላይ
206	ከቀዶ ጥገናው ጋር የተያያዘ ተጓዳኝ ችግሮች አጋጥመዎታል	1. አዎ 2. የለም
207	ለጥያቄ ቁጥር 206 መልስዎ አዎ ከሆነ፤ ተጓዳኝ ችግሮች ምን ወንድ ናቸው	1. ህመም 2. መድማት 3. የቁስል አለመዳን/ኢንፌክሽን 4. ሌላ _____
208	በዚህ ሆስፒታል ምን ያህል ጊዜ ቆዩ	ሌሊቶች _____

ክፍል 3 : ከቀዶ ጥገና በፊት የሚደረግ እንክብካቤ፤ የሌድያን የአገልግሎት እርካታ መጠይቅ

1. መረጃን በተመለከተ

ኮድ	ጥያቄ	አማራጭ
301	በተሰራጨዎ የቀዶ ጥገና ጉዳይ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
302	ስለ ቀዶ ጥገናው በተሰጥዎ መረጃ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
303	ስለ ቀዶ ጥገናው በተደረገልዎ ገለጻ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
304	በቀዶ ጥገናው በምትቆይበት ሰዓት ዙሪያ በተሰጥዎ መረጃ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም

2. ምቹት እና ፍለጎቶች

ኮድ	ጥያቄ	አማራጭ
401	የድህረ ቀዶ ጥገና ህመም	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
402	የጉሮሮ መዘጋት ወይም መቁሰል	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
403	የጀርባ ህመም	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
404	ትውከት/ማስመለስ	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
405	ብርድ ቀዶ ማለት	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም

3. ፍርሃትና አሰራር

ኮድ	ጥያቄ	አማራጭ
501	ከቀዶ ጥገና በኋላ አለመንቃት	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
502	በቀዶ ጥገና ላይ መንቃት	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
503	የቀዶ ጥገናውን ክፍል ማየት	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
504	ከቀዶ ጥገና ጋር በተያያዘ ህመም	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም
505	ከሰመመን መድሃኒት ጋር በተያያዘ መታመም	5. ሁሉም አይደሉም 4. ትንሽ 3. በመጠኑ 2. በጣም 1. እጅግ በጣም

4. በተሰጠዎት አገልግሎት ያለዎት እርካታ

ኮድ	ጥያቄ	አማራጭ
501	የቀዶ ጥገና ማዕከል ሰራተኞች ግላዊነትዎን ከግምት ውስጥ ከማስገባት አኳያ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
502	በቀዶ ጥገና ማእከል ሰራተኞች ላይ ከነበረዎት እምነት አኳያ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
503	የቀዶ ጥገና ማዕከል ሠራተኞች ያላቸው መልካም አመለካከት በተመለከተ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
504	የቀዶ ጥገና ማዕከል ሠራተኞች ከሰው አክባሪነት ጋር በተያያዘ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
505	የቀዶ ጥገና ማዕከል ሠራተኞች የእርስዎን ሁኔታ በመረዳትን ደረጃ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም

506	የቀዶ ጥገና ማዕከል ሠራተኞች በጨዋነት ደረጃ	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
507	የቀዶ ጥገና ማዕከል ሠራተኞች ካላቸው ሙያ ደረጃ አንፃር	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
508	የቀዶ ጥገና ማዕከል ሠራተኞች ለእርስዎ ጥያቄን ለመመለስ ካላቸው ሁኔታ አንፃር	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
509	የቀዶ ጥገና ማዕከል ሠራተኞች እንደ ህመም እና ማቅለሽለሽ/ማስመለስ ጋር ያሉ ቅሬታዎች ትኩረት ከመስጠት አንፃር	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
510	የቀዶ ጥገና ማዕከል ሠራተኞች የእርስዎን የግል ምርጫ ከግምት ውስጥ ከማስገባት አንፃር	5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም

511	የቀዶ ጥገና ማዕከል ሠራተኞች የእርስዎን ባህላዊ ዳራ ከግምት ውስጥ ከማስገባት አኳኛ	
512	የቀዶ ጥገና ማዕከል ሠራተኞች ባላቸው እውቀት	<ol style="list-style-type: none"> 5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
513	የቀዶ ጥገና ማዕከል ሠራተኞች እርስዎን ልክ እንደ ሌላው ሰው እኩል ከማየት አንፃር	<ol style="list-style-type: none"> 5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም
514	በቀዶ ጥገና ማዕከል ሠራተኞች በደግነት ከመስተናገድ አንፃር	<ol style="list-style-type: none"> 5. ሙሉ በሙሉ እረክቻለሁ 4. በከፊል እረክቻለሁ 3. ገለልተኛ 2. አልረካሁም 1. በጣም አልረካሁም

5. በተሰጠው አገልግሎት ከመርካት አንጻር

ኮድ	ጥያቄ	አማራጭ
601	በተስማሙበት ቀን እና ሰዓት ቀዶ ጥገና ተደርጎልዎታል?	4. ከተሰማማነው ከድሞ 3. ልክ በጊዜው 2. ብዙም አልረዘመም 1. በጣም እረዝሟል
602	ወደ ቀዶ ጥገና ማእከሉ በደረሱበት እና በቀዶ ጥገናው መካከል ያለውን የጥበቃ ጊዜ እንዴት ተመለከቱ?	4. ከተሰማማነው ከድሞ 3. ልክ በጊዜው 2. ብዙም አልረዘመም 1. በጣም እረዝሟል
503	ከቀዶ ጥገና ማእከሉ ከወጡበት ጊዜና እና በማገገሚያ ክፍሉ ውስጥ በሰላፊነት ጊዜ መካከል የጥበቃ ጊዜዎን እንዴት አገኙ?	4. ከተሰማማነው ከድሞ 3. ልክ በጊዜው 2. ብዙም አልረዘመም 1. በጣም እረዝሟል