

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF NURSING AND MIDWIFERY

CARDIAC PATIENT SATISFACTION WITH NURSING CARE AND
ASSOCIATED FACTORS IN GOVERNMENT HOSPITALS, ADDIS
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I have participated sufficiently in the conception and design of this work or the analysis and interpretation of the data, as well as the writing of the manuscript, to take public responsibility for it. I believe the manuscript represents valid work. Neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as may be described in an attachment to this statement.

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Abbreviations

AAU	Addis Ababa university
ADL	Activity daily living
ANA	American nurse association
CICU	Cardiac Intensive Care Unit
HCP	Health care provider
ICU	Intensive Care Unit
PTs	Patients
SPSS	Statistical Package for Social Scientist
SQ	Service quality
TASH	Tikur Anbessa Specialized hospital

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Abstract

Background: Patient satisfaction with nursing care and associated factors is considered as an important factor in explaining patients' perceptions of service levels in the health institutions. In Ethiopia, including Addis Ababa there is no study that assessed cardiac patients' satisfaction with nursing care and that was why this research was conducted to result in better conclusion and recommendation for further improvement of the service factors.

Objectives: The aim of this study was to assess cardiac patient satisfaction with nursing care and associated factors among admitted patients to cardiac care Units hospitals in Addis Ababa, Ethiopia.

Methodology: The research applied a quantitative, cross-sectional design by taking consecutive sampling technique and interview was conducted on 234 respondents by trained BSc nurse data collectors at Black Lion, St. Paul, Yekatit-12 and St. Petre Hospital cardiac units. The rate of respondents was 100% due to frequent traveling and interviewing of admitted patients. The data collected was checked for quality, cleaned, entered and analyzed by using SPSS version-23. Data collection was conducted from February-April and analysis and thesis writing in May, 2021.

Result: A total of 234 inpatients from the four hospital cardiac units were approached and 100% of them participated in the study. Most of the patients rated nursing care as not fully satisfied (52.8%) while those who are fully satisfied are only (47.2%). The nurses assurance levels was the lowest from all nursing care factors on which patients are disappointed by their response to their enquires followed by their responsiveness dimension and the third lowest level was nurses reliability dimension. Confidentiality dimension of nurses was rated in a better position where fully satisfaction level was (70%). The tangibility factor, hospital facilities, was also rated as the lowest (49%) satisfactory mainly access to bedpans, urinals and screens was the lowest value in staffing the patients. Discharge teachings and informing about what to do on the problems that will arise are the less satisfactory rated as 18.8 and 17.9% respectively.

Conclusion and recommendation: Most patients' satisfaction was highly negatively influenced by how nurses were responding in reliability dimension towards patients and level of teaching of nurses. The need to improve on nurses' communication, teaching levels and behaving towards patients mainly to assure their patients condition has been recommended.

Key Words: Nursing care, cardiac patient, satisfaction,

CHAPTER ONE: INTRODUCTION

1.1. Background

Satisfaction with nursing care in the hospitals and institutions is considered as an important factor in explaining patients' perceptions of service levels against their expectations. Patient's satisfaction is one of the two main components of quality care which includes respect for the patient and understanding the needs and providing services accordingly. Patient satisfaction is the major indicator of the level of services provided by the hospital and the nurses in accordance with the patient's expectation. Thus the level of services provide by the health institutions can be assessed by mapping patient satisfaction with nursing care (Nazim, 2002 and Brain, 2002).

The reviewed literature agreed on the fact that there is an impact of measuring patient satisfaction on quality improvement of care. Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions(Tzengetal, 2002 and SamaniEtal, 2015)

Review of literatures shows that even if there are many assessment and evaluations of patients' satisfaction level in many hospitals against hospital tangibility criteria and levels of nursing care, there is no particular specific studies in Cardiac Units where cardiac patients are treated and managed in Addis Ababa government hospitals. Most of the cardiac patients are complaining informally by their own criteria in the cardiac unit service provisions which needs scientific investigation whether the grievance is right or not and to design grievance redress mechanisms and finally to improve the overall service levels of cardiac units in the government hospitals of Addis Ababa. The cardiac unit also cans opportunities for accessing reliable data and information to take actions to improve the service levels in their respective unit.

The main objective of the study to investigate Cardiac Patients Satisfaction with Nursing Care and associated factors in Addis Ababa selected Governmental Hospitals, while its specific objectives are to assess cardiac patients' satisfaction with nursing care and to identify factors associated with cardiac patients' satisfaction with nursing care.

In addition, due to the tendency of healthcare industries to concentrate on patient-centered care; patient satisfaction reflects patients' involvement in decision making and their role as partners in improving the quality of healthcare services. Mohan et al. (2001) also deemed the significant correlation between measuring patient satisfaction and continuity of care where the satisfied patients tend to comply with the treatment and adhere to the same healthcare providers. Patient satisfaction represents a key marker of communication and health-related behavior.

1.2. Statement of the problem

The objective of this study is to assess Cardiac Patients Satisfaction with Nursing Care and associated factors in Addis Ababa selected Governmental Hospitals that can support knowledge based improvement and can lead Cardiac unit of TASH and **other hospitals** to understand and identify the level of patient satisfaction with nursing care and associated factors. According to a systematic review of (Mulugta et al, 2019) about one in two patients were not satisfied with the nursing care provided in Ethiopia and may be attributed to several factors but mainly with nursing care. According to a review of 15 articles by Mulugeta, the 61.84% patients in Addis Ababa Hospitals responded that they are total dissatisfied with a response magnitude of liker scale one (1) and they are disappointed by the service levels. According to the study, this level of dissatisfaction negatively influences their recovery from their illness.

Even if many researches with regard to hospitals services and nursing care have been conducted in Ethiopia, there is limitation of undertaking specific studies in Cardiac Units of Addis Ababa hospitals while cardiac units are very critical units where high level care and service is required to satisfy the patient's expectations and to bring better outcomes. Most of the cardiac patients are complaining informally by their own criteria in the cardiac unit service provisions which needs scientific investigation whether the grievance is right or not and to design grievance redress mechanisms and finally to improve the overall service levels of cardiac units. The cardiac unit also needs reliable data and information to take actions to improve its service levels in the unit. That is why this research is initiated to investigate the level of patient satisfaction in the cardiac units. Because patients are the best sources of information about a hospital system's communication, education, and pain-management processes whether they were treated with dignity and respect with regard to their perception. Their experiences often reveal how well a hospital system is operating with nursing care and can stimulate important insights into the kinds of changes that are

needed to close the gap between the cares provided and the care that should be provided (Nahed, et al, 2013).

Generally, measuring patients' satisfaction and their expectations of care are valid indicators of quality nursing care. Measuring the level of satisfaction of patients' of the cardiac unit to remain viable in today's competitive environment is critical to retain a competitive status or even to survive in the industry in today's dynamic system. Hence, this study is helpful to identify voice of patients that can be used as a tool for improving the health care delivery in the study area and similar settings

As nurses are frontline service providers, patients expect more from them to fulfill the expectation of patients. Hence, assessing the satisfaction of patients with regard to nursing care is crucial to identify areas of dissatisfaction and to act on them for further improvement in the Addis Ababa government hospitals where there is a cardiac admission. Because a hospital may be better organized, beautifully situated and well equipped, but if the health care lacks quality, the hospital will fail in its responsibility of providing care which is shouldered by nurses. Therefore, patient satisfaction and level of expected care should be assessed continuously at each and every health care institution to balance expectations and actual service quality.

1.3. SIGNIFICANCE OF THE STUDY

This study on patients' satisfaction with nursing care in selected government hospitals of Addis Ababa would be of great benefit for different groups including but not limited to:

Nursing profession and other health-related professions: The findings of the study can give insights and awareness about the quality of care given to cardiac patients as basis for care plans, training and seminars geared towards improving the quality of care and tool for assessment in quality control. The research can give first hand findings from cardiac patients by considering all the genuine feelings of the cardiac patients.

Cardiac Patients and their Families: Through this study, respondents will enrich their awareness about the tools for assessing the quality of care given to them by the healthcare service of the institution and helpful insights, knowing that the institution to which they are admitted is making

a step towards improving quality of care given and can give them a confidence that their voice is heard and valuable for the general status and improvement of nursing care.

Addis Ababa Government Hospitals Where Cardiac Units are found: This research will serve as a basis for the institutions quality improvements with regards to care rendered to cardiac patients in the factors, tangibility, and other factors considered in the research. A better understanding of patient satisfaction with nursing care could result in better patient experiences in hospitals, greater satisfaction and improved outcomes.

Future Researchers: This research will serve as a reference for future researches that will choose to have similar topics. They will be able to enhance specific points of the study as well as identify variables that can strengthen the implementation of the study.

Generally, this research can enable to know the level of satisfaction and design better services provision based on clients' comment and suggestions towards the unit services in general and the nurses' care in particular. This can also enable the services providers, nurses to know their level of services provision and satisfaction of the services while the hospital can also learn how well a hospital system is operating and can stimulate important insights in to the kinds of changes that are needed to close the chasm between the care provided and the care that should be provided.

CHAPTER TWO: LITERATURE REVIEW

2.1. Measurement of Patient Satisfaction

Patient satisfaction is one of the established standards to evaluate achievement of the services being provided in the hospitals. Nurses form a very important group, which is largest single technical group of personnel engaged in hospital care next to doctors. A hospital maybe soundly organized, beautifully situated and well equipped, but if the nursing care is not of high quality, the hospital will fail in its responsibility of providing care (Mufti et al, 2008). The level of service provided by nurses and hospitals should be measured in order to know the level of services and satisfactions of patients to their level of expectations. Unless the level of patient satisfaction is measured, all the services levels and planning for improvement will be on adhoc bases rather than real evaluations of the service receivers.

Patients are the best source of knowledge about contact with a health care system, education and mechanism of pain control, and they are the only source of information if they have been treated with respect and integrity their encounters also demonstrate how strong a health care system is running and can provide significant insights into the kinds of changes. This is important to close the gap between the care given and the care that should be provided for patients (Michael, 2004). Many researchers have been conducted in Addis Ababa hospitals, but their concern is on the hospital levels and come up with general recommendations rather than for specific units like cardiac units.

The perception of service levels of hospitals and health institutions provided to the patient and the evaluation result of the patient towards this service can show the level of satisfaction of the patient. The psychological state arising from the agreement or discrimination of beliefs with reality is satisfaction (Michael et al, 1997). Stimson and Webb have indicated that satisfaction is connected to the understanding of the outcome of treatment and the degree to which patient expectations are met (Ottosson, et al 1997). Pascoae (1998) described satisfaction of patients as the response of health care recipients to important aspects of the context, process and outcomes of their service experience. As a consequence, unhappy patient is not considered mentally or socially healthy and thus the purpose of nursing care has not been accomplished (Ottosson, et al, 1997, and Dufree,

2000). For nurses, it is important to let patients express their opinions on treatment and integrate these views into the care given when the patients are in the health institutions mainly when it becomes on specific and detail bases for each unit to align their services with research results and recommendations.

Patient satisfaction is characterized as the subjective assessment of their cognitive and emotional reaction by patients as a result of the interaction between their ideal care expectation and their perception of actual care (Chatter et al, 2009). It is also defined as the reaction of the health care recipient to several aspects of their experience of services from the health institutions. It is used as an important of patient treatment in many health care facilities and is also included in the health care planning and evaluation system. Patient satisfaction with nursing care is a significant element in explaining the expectations of patient reading the services quality (Taylor, 2009). Measuring patient satisfaction in patient care is highly important because patient-nursing staff contact is high in the ward atmosphere and the disease itself affects nurses' attention during service provision (Samarah, 2013).

In health care organizations, patient satisfaction is also a significant indicator of service quality (SQ). The satisfaction of patients and their treatment preferences are valid indicators of service quality nursing care. Patient satisfaction assessment is essential for any health care institutions to remain sustainable in today's competitive world in order to sustain a competitive status or even succeed in the industry (Ozge, 2001).

2.2. Quality Nursing Care Associated with Nursing Responsibilities

2.2.1. Quality nursing care

Patient satisfaction within a health care institutions or hospitals can be assessed by measuring the quality of nursing care and associated factors. The needs of the patients and the priorities of their health care provider are included in the patient satisfaction. Patient satisfaction incorporates the needs of the patients and the goals of their healthcare provider. Nursing and patient's perception of its care should include anticipatory guidance, patient involvement and mutual agreement of what the final medical goal should be. A better understanding of cardiac healthcare needs for patients by the nurse will lead to swifter cardiac patient recovery and functioning. Communication

and the development of common goals between the patient and health care provider, which includes the opportunity for pain relief, will lead to greater patient satisfaction and compliance with the health care process and its procedures (Tsegaw, 2017).

The understanding of treatment by nurses and patients should provide anticipatory guidance, patient engagement and shared consensus on what should be the final medical target. A greater understanding by nurses of cardiac healthcare needs can lead to quicker healing and functioning of the cardiac patient. Communication and the establishment of shared interests between the patient and the health care provider, including the potential for pain relief, can contribute to greater patient satisfaction and compliance with the health care process and its processes (Tsegaw, 2017).

The definition of care is so basic and important in nursing, as mentioned above which affects the delivery of nursing care and inevitably challenges expectations of care. The health care climate is currently unpredictable and in many sectors, including nurses, are trying to foresee the necessary improvements specifically to be competent in the future competition for private and government health related facilities and services (Tsegaw, 2017).

From time to time, nursing care greatly alters the associated improved quality of life of individuals. Future growth would rely on the ability of health experts to address the demands of the modern health care model, according to many reports and expectations, without compromising the quality of new care. Both from theoretical and practical perspectives, the notion of care has been established. The theoretical perspective, caring has been described as a fundamental value that directs the nurses and provides a basis for nursing behavior in ethical decision making (J. Watson, 1995). Some studies established Virtue ethics as a personal trait and a therapeutic method for nurse-client interaction (Griffi, 1983).

From the practical point of view, it can make easier to research and contribute to better care delivery by transforming theoretical notions about caring into defined and observable behaviors. In other words, recognizing nurse care behavior used in the process will help nurses to develop strong ethical decision making skills if care guides the nurses in ethical decision making (Griffi, 2083).

2.2.2. Core nursing Care to address patients satisfaction

Nurses have high level-roles and responsibilities in the treatment of cardiac patients before and after treatments in the health institutions or hospitals. One of the major responsibilities of nurses is caring the patients' in a good manner, knowledge and skills. It is the responsibilities of nurses to help patients including monitoring personal hygiene, assist with diet, environmental hygiene, evaluation, body temperature maintenance, protection and comfort provision, adaptability assistance, and health education provision, visiting patients at reasonable times for vital signs and medicines, promoting the use of proper breathing, coughing and positing procedures, improper time medication and other patient services.

The assessment of patient satisfaction includes the above states activities and others for the achievement of successful health service provision in the hospitals. Unless the patient is genuinely assessed in nursing care, it is difficult to speak more about the quality of nursing care without examining the level of patient's satisfaction (Suresh et al 2013).

The study conducted on the level of patient satisfaction with nursing in Istanbul, Turkey, patients were more pleased with the "concern and caring nurse" and less satisfied with the detail information provided to them about their health. Based on this study around (63.9%) patients defined nursing care rendered during their hospitalization as outstanding (Zehra, et al, 2018).

Nurses perform both observable and unforeseen jobs related with their task (Star and Strauss, 1999). The observable activities are those physical acts that can be witnessed and frequently depicted in the media by patients and others such as supporting a patient walk, administering drugs and processes, educating patients about their health status and treatments are observable tasks. Invisible or cognitive works include knowledge learnt from normal education and subsequently acquired knowledge including procedures such as determining the health condition of a patient, tracking and identifying when a change in treatment is need and combining the health care needs of an individual patient with the interventions of a number of different health care professionals to formulate a care plan tailored to the specific patient. While some measures of evaluation, supervision and care provisions may be noticeable such as a nurse watching a heart monitor or listening to the chest of a patient, these activities are viable. Sometimes when a nurse appears to perform a noticeable operation such as bathing, he or she performs several invisible activities such

as examining the skin tone of the patient for evidence of inadequate oxygenation, assessing skin integrity for signs of skin breakdown, engaging patient in conversation to determine mental status or educating the patient about his or her condition are other unforeseen activities of nurses.

These visible and indivisible nursing procedures are carried out by all nurses in all care institutions or hospitals. The particular tasks conducted by a specific nurse rely on patient needs, the education and expertise of the nurse, the setting of care in which the nurses practices are structured and delivered within that setting of care, and the status and scope approved for the nurse. The available evidence is ambiguous as to whether repetitive activities are allocated to lower professional nursing staff improve patient safety by encouraging nurses to focus on tasks that require more expertise or isolate the nurse from the patient while routine task are performed, resulting in greater opportunities for important patient condition changes to go unnoticed, unreported, or less effectively handled which needs more work to do on the level of patient satisfaction (Star, 1999).

2.2.2.1. Monitoring of patient status (surveillance)

Patient status monitoring (also known as patient surveillance) involves the first four of the six components of nursing processes: evaluation of patient's health condition, diagnosis of patient's need, identification of desired outcomes and preparation for appropriate remedial or improvement of therapeutic measures. Surveillance differs from the evaluation in that an evaluation is normally conducted at a particular point of time; for instance, an initial health assessment is also carried out during admission to the hospital or at the point of first contact with the doctor. Surveillance, on the other hand, is described as the objective and ongoing collection, analysis and synthesis of patient data for clinical decision-making (McCloskey and Bulechek, 2000).

Critical care nurses in the ICU critical nursing personnel spend several hours per patient per shift gathering and integrating data and integrating it into practical patient care for the majority of patient diagnosis evaluation, and care. Nurses strengthen the ICU interaction for both patients and their families through their compassionate activities and through their critical thinking capacity, seasoned nurse readily understand therapeutic improvements to avoid further worsening of these patients (Brilli et al, 2001:2011).

2.2.2.2. Physiologic therapy

In order to treat the physiological symptoms and mitigate the health risks associated with diseases, nurses conduct a broad variety of procedures on patients. The very wide range of such treatments involves measures such as the control of artificial patency and working. Changing dressing at serious wounds or surgical incision sites; providing support for women during children birth, providing surgical assistance; engaging in heart or respiratory failure resuscitation activities; inserting intravenous, urinary, gastric, or other body catheters; or tubes; providing bodily care to comatose patients, such as mouth care and range of-motion exercise to prevent the formation of contractures; peritoneal dialysis; mechanical ventilation and weaning; and administration of medications and blood products (McCloskey and Bulechek, 2000).

2.2.2.3. Helping patients compensate for loss of functioning

Loss of function and consequent dependence can range from mild transient weakness and flu-related malaise to temporary acute loss of strength and ability to perform daily living activities (ADLs) (i.e. bathing, dressing, eating, or other personal care activities). After major and minor heart surgery; to temporary failure to perform basic life functions as a result of more serious illnesses or accidents, such as breathing, feeding, to moving; to lifelong disabilities such as limb paralysis.

Most of the long term care organization programs offered by nursing personnel (both institutional and home and community based) are intended to reduce, rehabilitate or compensate for the loss of independent physical or mental functioning and provide assistance with specific ADLs (Stone and Wienere, 2001). Most of the time nurses do the following activities in this regard (1) getting patients in and out of bed; (2) providing food services, especially feeding; (3) checking patients for incontinence and making and cleaning beds; (4) shaving patients; walking to and from the linen closet; (5) helping patients shower, and (7) performing miscellaneous tasks, such as rinsing dirty Linen and sink fixations. These types of interventions are often conducted by nurses, as well as activities aimed at avoiding more determination, such as fall prevention, normally while they provide treatment to a hospitalized patient with more urgent health care needs.

2.2.2.4. Providing emotional support

Nursing staff and patients accept the provision of emotional support as an integral part of nursing practice quality hospital nursing care has been described by patients as accepting, empathetic, compassionate and respectful, as well as technically competent. Rather than just a vague one, intangible attitude, caring is known as requiring acts that enforce their own time requirements, displaying compassion, maintaining integrity, explaining with empathy and being patient (Miller, 1995).

Emotional support is a central feature of health care in a number of long-term care environments (Stone and Wiener, 2001). Providing such help includes establishing, cultivating and maintaining relationships with residents, and responding to and managing them effectively in disruptive, hostile, or uncooperative resident behavior. Threats of physical damage, swearing, racial slurs, and demeaning comments, shouting, yelling, and verbal attack are some examples that the nurses should avoid in the health institutions.

2.2.2.5. Educating patients and families

Patients and family education is another primary obligation for nurses to provide adequate information to patients and families so that they can make educated choices about their health care and treatments and to establish the awareness skills and abilities required to carry out self-care (ANA, 2001). Patient education covers medicines, self-care practices, and other patient areas of concern; and the avoidance of gaps in the delivery of care and its implications.

2.3. Patient satisfaction with nursing care

Patient satisfaction is affected by the preferences of patients, their medical condition and health status, psychological factors, and treatment characteristics (Alemu et al, 2014). Patients are the best and only source of knowledge on the contact systems of nurses, health education and pain control, and on integrity and consideration during care (Shewasinad, 2018). The research conducted at Debire-Birhan referral Hospital found that important factors affecting measurement of patients' satisfaction with nursing care were educational status and admission history. Patients with a higher educational status were 80 percent less satisfied compared to those with no formal education. In addition, patients who had a history of admission were 2.2 times more satisfied compared to those who have had no history of admission (Nigusie et al, 2018).

Nursing care is a very important aspect on which patient satisfaction depends because nurses are frontline workers and involved in almost every aspect of hospital customer care and interact more often with patients than any other hospital care personnel. They also spend long time with the hospital patients and they have unique roles to influence and promote effective relationships any than other healthcare professionals towards clients (Tarus, et al, 2014).

Tangibility criteria are also major factors of patient satisfaction in ensuring care (hospital and its management) while dimensions of empathy, responsiveness, and dimension of assurance and confidentiality of the unit's nurses are nurses activities while serving the client. In relation to their services in their stay in the hospital, the patients will evaluate the nurses and the tangibility dimensions. In addition, these variables will be aligned with demographic features of the patients', age, sex, level of education, occupation, religion and marital status of the patients.

According to the American Organization of Nurse Executives (2010)nurses act according to the nursing code of ethics and use cultural competence and leadership skills to support a style of care in which the patient is at the center of each care conversation. Nurses have to have intentionally empowered patients to actively plan and manage their own care, including prevention of illness, promotion of wellness and health and management of chronic disease. In a consultative role, nurses strategize and guide care according to patients' preferences which are task of the nurses to rate their level of service for their patients.

General previous studies conducted in Serbia found out patient satisfaction with nursing care (51.7%) [Milutinović. et al, 2012], in Philippines (57.8%) [Villarruz-Sulit MVC et al, 2009], Iran (69%) [Farahani MF, et al, 2009], Kenya (67%) [Ndambuki, 2013]. On the other hand, the level of patient satisfaction with nursing care in in Ghana (33%) [Dzomeku, et al, 2013] which is the lowest result obtained with nursing care findings which seems that it is development related.

2.4. Conceptual Frame Work of the Research

Even if cardiac nursing care is prominent factor for patient satisfaction, its depends on many factors including the hospital condition i.e. tangible domain, patients experience to similar

conditions for comparison, demographic condition of the patient himself/herself, and other factors are major contributors for patient satisfaction. The general framework of the research has been presented below which was adopted from the research conducted (Bekele, 2005) in Addis Ababa Referral Hospitals with appropriate modifications

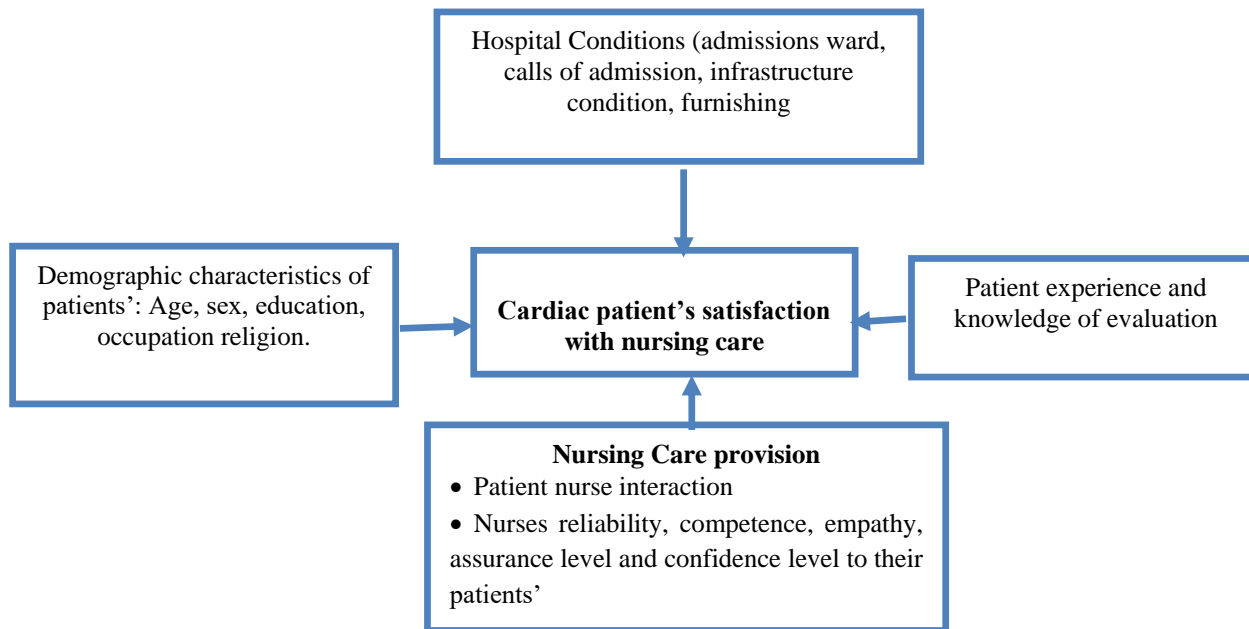


Figure1: Conceptual framework of the research
Source: Adopted from (Bekele, 2005)

Quality of infrastructure/Tangibility Domain: This dimension of service quality going to measure the essential and basic resources that are needed to perform the health care services. Researchers found that technology infrastructure can play a vital role in patient satisfaction and it has become a revolutionary key factor practicing in health care organization. Hence, tangibility criteria such as cleanness of the room, adequacy of light, adequacy of ventilation, access of bedpan, urinals, screens, comfortable beds, spaces between beds and availability of chairs' and tables were evaluated by the admitted cardiac patients in ach respective hospital.

Nurses' care provision: Communication/interaction among nurses and patients such as percentage of patients who are informed when to return for a check-up, amount of time spent by nurses to understand the patient's needs, etc.), and social exchange, etc. Perceived quality of interaction and communication reflects a patient's level of overall satisfaction. Patient nurse interaction nurses' reliability, competence, empathy, assurance and confidence level to their patients' were part of the interview question and data was collected in this regard. Quality of the

internal competence and skills, know-how, experience, motivation, attitudes, internal relationships, internal activities and how these activities are managed, cooperated and coordinated were evaluated. Moreover, sympathetic and supportive reaction of nurses for their patients evaluated and data obtained from this interview analyzed in the result part of this particular research.

Demographic characteristics of target patients: These characteristics have also impact on patient satisfaction rating and the researcher considered in the research question for correlation and relations with other factors. Almost all the demographic factors including target age, sex, marital status, educational level, language/ethnicity religion and occupation were considered in the data collection process and analyzed results obtained under demographic characteristics

2.5. Justification of the Study

Even if there are several researches in areas of patient satisfaction by hospital and nurses service delivery, most of the researches are general and not specific for cardiac units and for nurses' care levels. Most researches reviewed are in general evaluation of hospital services at all types of services and hospital staff and hospital condition rather than for specific units and specific for nurses' services levels. In order to know the services levels of hospitals and nurses, frequent and specific evaluation is highly important to make the service levels dynamic and competent. To do so, patients for whom the services are rendered should be the most important evaluators to the services provided to them during their stay in the hospital. Nurses are also the frontline service providers to their patients with high level contact and longtime stay with their patients which need needs frequent evaluation to maintain the dynamic services rendering of the hospitals and specific units which needs highly level services for their customer such as cardiac units. The patients expect more from nurses and in turn nurses are expected to fulfill their patients' needs with competence and a compassionate approach. If the patient is denied for appropriate care, the healing process is obviously compromised. The research conducted on Evaluation of patients satisfaction with cardiology services recommended that patient satisfaction study, as one of the important quality indicators, should be developed throughout the country. Because it will promote the development of healthy competitive environment among medical organizations and it will also improve the quality of medical services by nurses (Tengiz, Revaz Bake e.t 2018).

Hence, assessing the satisfaction of patients in Cardiac units in areas of nursing care and associated factors is crucial in order to identify the area of dissatisfaction and at the same time to improve the nursing and hospital services. The emerging health care literatures suggested that patient satisfaction is a dominant concern that is intertwined with strategic decisions in the health service provision. Donabedian(1980) suggested that patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems. Unless quality improvement becomes a priority, the consequences are grim. In addition to preventing patients from quick recovery, thereby increasing their costs, poor quality also elevates the psychological barriers of using the system (Andaleeb, 2001). As patient satisfaction with nursing care was not assessed adequately or not at all conducted in these units, Cardiac units this study would be the reference point on this direction and also helpful for improving the nursing services in target units and similar settings in Ethiopia.

Moreover, some informal dissatisfaction levels by admitted patients are heard here and there by individuals but which is informal and not used for further improvement of the hospital facilities and nurses 'service levels. Hence, to make the informal information and data of patient narratives, this research will, formalize their ideas and views towards the hospital tangibility status and nurses services levels that can come out scientific conclusions and recommendations and to be applied for improvement of these services. Because there is no specific and recent study on the issue of patient satisfaction in these units and hence this study is useful for improvement of nursing service provision for patients and improving the hospital tangibility domain in the years to come.

CHAPTER THREE: OBJECTIVE OF THE STUDY

3.1. General Objectives

The objective of this study is to assess Cardiac Patients Satisfaction with Nursing Care and associated factors in TASH, St.Peter Special Hospital, St. Paul Special Hospital, Yekatit-12 referral Hospital, during February-June, 2021.

3.2. Specific Objectives

- To assess cardiac patients' satisfaction with nursing care provisions among cardiac patients
- To identify factors associated with cardiac patients' satisfaction with nursing care that dissatisfy the patients

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Settings of the Study Area

Addis Ababa is the capital city of Ethiopia and the capital of African Union and more than 100 International embassies. According to the Central Statistics Census data of (2007), the total population of Addis Ababa is 3.5 million with annual growth rate of 2.7 percent. The total area of Addis Ababa is 530 km² located in an altitude range of 2200-3000 meters above sea level. Related with location of most of the hospitals, patients from all over the country are traveling to Addis Ababa to get medical services. Most of the cardiac units are said to be found in Addis Ababa and the cardiac patients are enforced to travel to Addis Ababa to get the services.

Addis Ababa has 41 hospitals (13 public, 28 NGO & private), 29 health centers, 122 health stations, 37 health post, and 382 moderate private clinics. From health institutions, this study will be conducted in Addis Ababa city administration hospitals where cardiac patient admission and services is provided for cardiac patients. These hospitals are TASH, St.Petros Hospital, St. Paul, and Yekatit12 Hospital. Number of sample population data will be distributed based on their admission proportion to make it proportionate sampling methodology.

The selected hospitals are found at different locations and different sub-cities. Tikur Anbesa Specialized Hospital is located in Addis Ababa, Arada sub-city. St.Paul is found in Addis Ababa city, Gulele sub-city while Yekatit12 and St. Petre hospitals are located in Arada Sub-city and Gulele Sub-city respectively(Own information).

The four selected government hospitals are providing all basic services; pediatric & adult, including medical, surgical and gynecological services. Tikur Anbessa hospital is a specialized referral teaching hospital providing cardiac services in its cardiac unity with 45beds in its ICU and medical wards with an average stay of a patient for 10 days. Saint Paul hospital is also a referral teaching hospital which is managed by the Federal Ministry of Health (FMOH) having cardiac units where the cardiac unit has 40 beds serving cardiac patients which is the target of this study. Yekatit12 specialized referral hospital cardiac unit has37 beds where cardiac patients are treated throughout the year while St. Peter Specialized hospital cardiac unit has 38 beds. These hospitals have a total of 160 cardiac beds which can serve on average 480 patients with a ten day interval of

admission. The sample data had been collected from these patients for this particular research (respective hospitals, 2021).

4.2. Research Design

This study applied a quantitative, cross-sectional design.

4.3. Sources of Population

Cardiac patients aged greater than 18 admitted to the selected hospitals having cardiac wards/units were source of population of this particular research.

4.4. Sample Population

Cardiac patients who were admitted during the study period were selected on consecutive sampling techniques in the selected hospitals on proportional sampling methods. A total of 234 sample respondents participated in the interview process and provided their genuine and reliable information for trained data collectors with frequent supervision of supervisors and researcher of this research.

4.5. Eligibility Criteria

4.5.1. Inclusion criteria

All adult cardiac patients aged 18 and above years who have stayed in the ward for more than 48 hours and willing to participate in the study were selected for interview.

4.5.2. Exclusion criteria

Patients who are seriously ill and unable to communicate were excluded from this research.

4.6. Sampling Method

Sampling technique: First and foremost, the target hospitals were selected by purposive sampling technique since most of the cardiac services are provided in these government hospitals and sufficient numbers of cardiac patients are found for this particular research. Moreover, the hospitals are found at different sub-cities that enabled to get different population groups from different sub-cities.

The precision to an acceptable approximation of the population was taken to be 95% with a difference of no more than 5% from the actual figures in the source population. Sample size was determined by using two stage population proportion formulas and considering 50% of overall satisfaction rate from a cross-sectional study review results and adding 10% possible nonresponsive rate during the actual data collection the final sample size was 234.

The selection of the sample population as calculated below from the source population (admitted cardiac patients) of the four target hospitals was 234. In order to avoid biasness the sample population was selected by proportionate sampling technique from each hospital. After the total sample size obtained, consecutive sampling technique was used to conduct the interview. The inpatients of the units interviewed until the sample determined size of patients reached in consecutive days in one month time from End of February to April. However, there was no any imposition on those patients who were not voluntary and couldn't respond to the interview rather another voluntary and capable respondents were interviewed.

Study Period: The data collection period was form February-May15, 2021 and data analysis, thesis writing and final submission conducted then after.

Sample size determination: Sample size was determined by applying the formula as follows:

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

Where

n= sample size determined by taking scientific formal and considering 50%

$\alpha = 0.05$ or $Z^2_{\alpha/2} = 1.96$

P (taken as 50%) = 0.5, since the level of patient satisfaction with nursing care is not known,

d = Margin error 0.05

Since the total population size is (160 cardiac beds in all hospitals x 3 cardiac patients/month on each bed in 10 days interval=480 cardiac patients were admitted in one month) in all selected hospitals cardiac units which was less than 10,000 admitted at the four hospitals in a month, the final sample size was determined by using the correction formula by considering 50% satisfaction levels form previous studies as follows:

$$nf = \frac{n}{\frac{n}{N} + 1}$$

Where

nf= Total sample size

N= Total patients that admitted for 48 hours in all hospitals which was 480.

Hence, $nf=384/(384/480 + 1) = nf= 213$ but by adding (10%) non-response rate the total sample size was:

$nf=213+ (213*10\%) = 234$ sample respondents from the total study area hospitals.

This sample size (234) was allocated by proportionate random sampling methods for each hospital based on their admission size. A standardized structured questionnaire was developed by reviewing similar literatures to assess the level of cardiac patient satisfaction and used for interview of the patients.

Population to size allocation for each hospital (by proportionate sampling method): The total sample size of 234 was proportionally allocated for selected hospitals as follows.

Proportion to size allocation formula = $n_i \cdot nf / N$

Where

n_i =number of cardiac patients in hospitals

nf= sample of the study

N=total number of cardiac patients in selected hospitals was calculated based on the above formula and the results were determined as follows:

- TASH= $135 \cdot 234 / 480 = 66$
- St. Paul = $120 \cdot 234 / 480 = 58$
- Yekatit12= $111 \cdot 234 / 480 = 54$
- St. Petre = $114 \cdot 234 / 480 = 56$

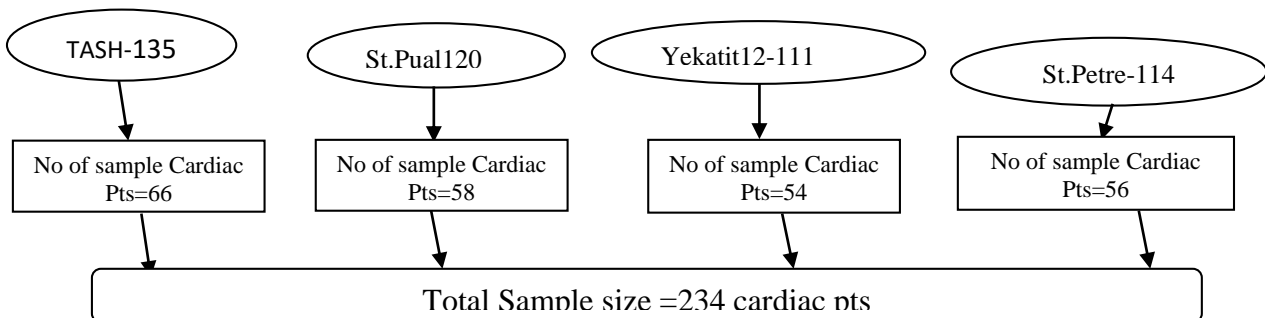


Figure2: Proportionate random sampling for each Hospital

4.7. Operational Definitions

Patient satisfaction: Patient satisfaction is the extent to which patients are happy with their healthcare. A measure of care quality, patient satisfaction gives providers insights into various aspects of the health care system the effectiveness of their care and their level of empathy.

Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions.

Patient satisfaction with nursing care- is defined as the patients' opinion of the care received from nursing staff and is acknowledged as an outcome indicator of the quality of nursing care.

Perception of health care: is a belief about the actual health care outcomes or experience, the actions, and behaviors of caregivers. Perception is a process of human transactions with the environment that gives meaning to experience, represents an image of reality, and influences behavior to the extent that it is each person's representation of reality, or one's subjective world of experience (King, 1981).

Likert scale: it is the scale that measures level of satisfaction and dissatisfaction. care criteria were rated using a five-point likert-type scale ranging from "1" (not at all satisfied), "2" (barely satisfied), "3" (quite satisfied), "4" (satisfied), and "5" (highly satisfied).

Nursing staff- refers to Nurses, and Junior Nurses who worked in hospitals under study

Fully satisfied- refers to participants who respond as satisfied and highly satisfied for factors of satisfaction in the interview questions.

Not fully satisfied- refers to participants who respond as not at all / barely /quiet satisfied for satisfaction items.

4.8. Study Variables

4.8.1. Dependent variable

Cardiac patients' satisfaction with nursing care

4.8.2. Independent variable

Socio-demographic variables: Age, sex, marital status, educational status, duration of admission, residence, occupation, language, Religion,

Institutional variables/Tangible variables: Availability of materials, cleanliness of cardiac unit, adequate light and ventilation, beds cleanness, chairs and tables, access to other services such as screens, bedpan,

Health Care Provider (HCP): Respect, politeness, friendliness, support, attitude, confidentiality, patient centeredness, and timeliness: efficient services, coordination (harmonization and alignment).

4.9. Data Collection Tools and Techniques

Data collection tools: The interview guide was defined to be in three parts; the first about socio-demographic characteristics of the participants (10-questions), the second tangibility criteria having (6 questions) and the third satisfactions with nursing care having 38 questions. The questionnaire has a total of 54 items including socio-economic questions. Items of the socio-demography interview questions were continuous and discrete type where the patients responded while the major interview questions of patient satisfaction with regard to tangibility and nursing care criteria were rated using a five-point likert-type scale ranging from “1” (not at all satisfied), “2” (barely satisfied), “3” (quite satisfied), “4” (satisfied), and “5” (highly satisfied).

Since the research focus of attention was to assess the level of satisfaction of patients with regard to nursing care, this part has 38 items evaluated by the admitted patients including:

Factors contributing to Patient Satisfaction in reliability Dimension/Domain (9-items): This part of the questionnaire contains 10 items where the patients evaluated the nurses’ skills, timely services, problem solving nature, information provision, informing level of procedural issues and teachings to their patients.

Factors contributing to Patient Satisfaction in Responsiveness Dimension (4-items): This part of the question containing 4-interview questions was designed to address the level of response to the patients’ question, level of visit, and overall attention of nurses to their patients.

Factors contributing to Patient Satisfaction in Assurance Dimension: This part of the question was designed to address the level of effort the nurses is doing to reduce/avoid the level of concern of patients towards their health.

Factors contributing to Patient Satisfaction in Empathy Dimension (12-items): This part of the question contains 12 items that to evaluate the nurses with regard to their way of communication/language use; keeping patients' dignity, expression of nurse feelings and overall requirement of the patient. Since this part of the question is critical to keep the patients healthy feelings, it was decided to contain detail questions.

Factors contributing to Patient Satisfaction in Confidentiality Dimension (3): This part of the nursing care interview contains 3-questions to addresses all criteria of the nurse with regard to confidentiality in keeping privacy issues of the patient.

Approaches, Techniques and Pretest: The data collectors mainly who have BSc in nursing and better experience in data collection were given trainings with regard to the approaches and data collection methods. The training was given for a day with regard to approaches of the patients, interview administration, and language use/plain language, clarity of technical terms by supplying the already designed interview questions. During the training the trainees were given to read the interview question and ask questions for clarity and the training was effective enough.

After the training the data collectors were sent to the respective hospitals for a pre-test data collection before two weeks of the actual data collection. The pre-test data collected was evaluated by the principal investigator whether the data collectors did their assignment or not. As a matter of chance the trained data collectors collected the sample data perfectly and there was no any gap of collecting the pre-test data but the collected pre-test data is not part of this research.

During the actual data collection, the data collectors approached the patients with high level of ethics based on the trainings provided consent form developed and annexed with this proposal. In their first entry to the patient's room, data collectors provided their warm greetings to the patients, discussed few minutes' informal discussion about their health progress, and then informed the patients about their next jobs by explaining the research objective. After their explanation, the data collectors asked the patients' to respond the designed questions by telling them the time that data collectors going to ask them. As a matter of chance almost all patients were ok to respond.

The data collection tool (interview guideline) was preferred with mainly in our country where most of the patients are less educated and level of concern of patients towards completing questionnaire

in the absence of data collectors is low. Hence, an interview was conducted by well trained professionals for better data collection where data collectors were probing, rephrasing the questions and clarifying the issues for the respondents. Accordingly quality data was collected from each hospital which reduced the period of data cleaning and analysis.

4.10. Data Quality Control

Careful modification of the data collection tool according to Ethiopian situation, pre-test of data collection tool, training of data collectors frequent checking of data collection procedures by principal investigator for coding and data cleaning and then cross tabulation can qualify the data. To do so all the above stated activities had been conducted during the data collection.

Pilot test: Pre-test conducted by data collectors on 5 patients' in hospitals before final data collection to assure clarity of the interview questions for respondents, after which correction of items and statements made based on the respondents and data collection comments.

Trained data collectors: Data was collected by trained professional data collectors with regular supervision, immediate feedback, spot checking and reviewing each of completed questionnaires in each day of data collection and resulted in quality data from each hospital.

Consistency of Interview tools: Consistency of items will be tested and verified. Moreover, interview questions will be prepared in English and translated into Amharic language and then back to English to keep its consistency and avoid language barrier of the data collectors and respondents. The data collectors will use Amharic to ask the interviewee for ease of communication but if the patient cannot speak Amharic, translators for the patients' language will be assigned.

Supervision and quality check: During the actual data collection, the principal investigator will supervise the data collectors to support and undertake random check if there is clarity questions from the data collectors. In each day of data collection, the principal investigator will undertake checkup of the data collection interview forms whether the interview are completed perfectly or not. If there is data collection error, discussion will be held with data collectors and they will be advised to undertake complete data collection in the next day.

Last but not least, variance tests and standard error of the mean and skewness of the results will be calculated based on the overall data collected to know the reliability and validity of data. Expected

correlations between measures or expected differences in scores will be analyzed. Internal consistency will be calculated, whether the consistency is in an acceptable range or not.

4.11. Data Analysis Procedure

As soon as data collection was accomplished, the completed interview questionnaires checked for consistency, cleaned, edited, coded and entered and analyzed using Excel sheet and Statistical Package for Social Science (SPSS).

Data Management: After post collection data was entered to the excel sheet and data exported to SPSS-23 and data analyzed using this software. Raw data has been cleaned on a daily basis as soon as the data collectors completed their daily assignment. Data management was conducted including reviewing and organizing raw data, creating derived variables (inclusive of calculating indices and other derivations, aggregating and disaggregating raw variables) checking variable names, checking labels, generation of a codebook. Derivations and calculations conducted after raw data checked for consistency. Following the generation of all required derived variables; another round of data cleaning conducted and all variables frequencies and percentages calculated using SPSS version 23 which is the current latest version.

The processed data results were summarized using descriptive statistics of median, standard deviation and percentage and presented in tables and charts. Cross tabulation used to assess the proportion of dependent variable in specific variables, linear regression analysis used to identify associated factors of patient satisfaction using odd ratio and level of significance at 95%. Statistically significant relationship of dependent variables with an outcome variable tested including a t-test/ Chi-square test and cross tabs analysis between male and female respondent and other variables conducted.

4.12. Ethical Considerations

Ethical approval and clearance has been obtained from ethical review committee of University of Addis Ababa, College of Health Sciences, School of Nursing and Midwifery. Supportive letter

was also obtained from Department of Nursing to Black lion Hospital to obtain permission to collect the data and a cooperation letter for other hospitals. Permission to conduct the study requested from Black lion and other respective hospitals based on the letter. Informed consent was forwarded to the study participants by explaining the objective of the study and data was collected after willingness was given from participants. Moreover, letter of ethical clearance obtained from Addis Ababa Public Health Research and Emergency Directorate.

CHAPTER FIVE: RESULTS AND DISCUSSION

5.1. Response rate and description of participants characteristics

Targeted respondents during project proposal were participants in the study with a response rate of 100 percent. Based on the data obtained from respective hospitals, sample size was determined to be 234 from all four targeted government hospitals and allocated in a proportionate sampling method. Due to our exhaustive accomplishments, all the target sample respondents have participated in completing the interview questions that increased the reliability of the data and information to infer for the total population.

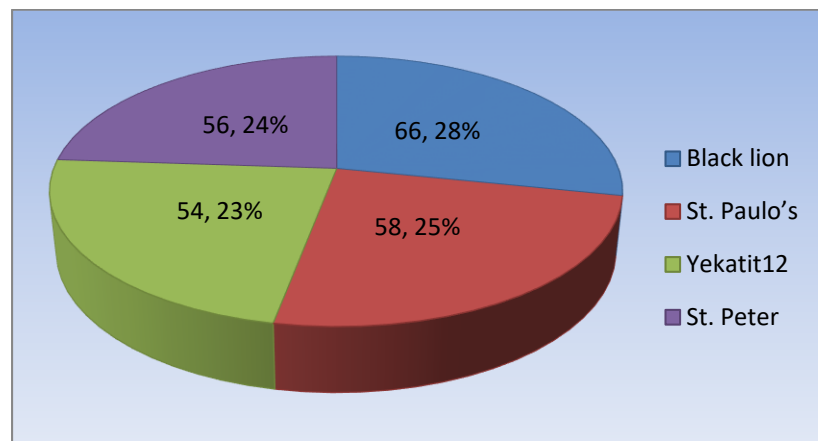


Figure3: Number of respondents form each hospital
Source: Own survey and analysis (2021)

The above sample data is the result of proportionate sampling of the admitted patients of each hospital during the data collection. All the sample respondents have completed the research questions 100%.

Gender: Regarding gender 43.6 percent (N=102) and 56.4percent (N=132) are women and men respectively with a difference 30 in between which is not significant in statistical terms. This is the result of consecutive sampling methodology who was admitted during the data collection.

Age Group: The total respondents represent all age group including youth, adult, and very old people ranging. The age range goes from 18 years to 102 years with a mean age of 51.4 years, standard error of the mean 1.2 and standard deviation is 18.4. The graph below shows that the number of cardiac patients admitted during the data collection was high for age group of above sixteen years.

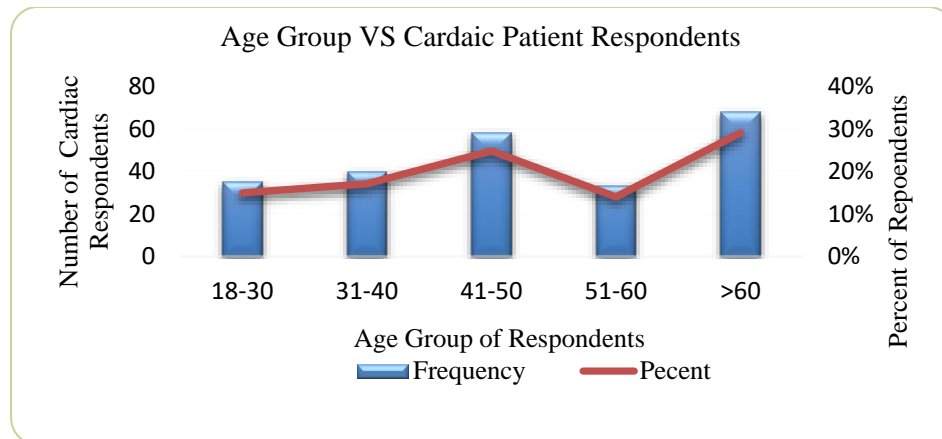


Figure4: Age group and respective cardiac patient respondent
Source: Own data collection and analysis (2021)

Ethnic Group: According to the analysis results majority (73.1%) of the cardiac patient respondents admitted during the data collection were Amhara and Oromo ethnic Group 37.2percent (N=87) and 35.9 percent (N=84) in that order. Other ethnic groups represent 26.9% of the cardiac patients.

Residence of respondents: During the data collection of this particular research 73percent (N=171) were from urban areas while only 27 percent (N=63) are from rural areas.

Religion: According to the data presented more than half of the respondents were Ethiopian orthodox religion followers followed by Muslims and then protestant and others represent 0.8(N=2).

Marital Status: From the total cardiac patient respondents married women and men represent the largest number followed by unmarried ones. Widowed followed by divorced represents the third and the fourth status from the respondent group.

Education and occupation: according to the analysis result of the respondents those who cannot read and write represent the largest number followed by those who attained primary school. The others who attained secondary school, higher education, can read & write represent in that order.

Regarding occupation, housewives represent the highest number 53(22.6%), private employees 37(15.8%), government worker and student 35 (15%) each, Merchants 30(12.8%), farmers 28(12%), NGO employees 8(3.4%), daily laborers 5(2.1%) and those who have no job at all represent 3(1.3%).

Table 1: Summary of socio-demographic characteristics of patients' in the target hospitals (N=234).

Time	Category	Frequency	Percent	Sig.
Sex	Female	102	43.6	.593
	Male	132	56.4	
Age group	18-30 years	35	15	.522
	31-40	40	17.1	
	41-50	58	24.8	
	51-60	33	14.1	
	>60	68	29.1	
Ethnicity	Amhara	87	37.2	.629
	Oromo	84	35.9	
	Tigre	21	9.0	
	Somali	1	.4	
	Afar	3	1.3	
	Others	38	16.2	
Religion	Orthodox	142	60.7	0.548
	Muslim	57	24.4	
	Protestant	33	14.1	
	Catholic	1	.4	
	Others	1	.4	
Marital Status	Unmarried	47	20.1	.167
	Married	153	65.4	
	Divorced	15	6.4	
	Widowed	19	8.1	
Residence	Rural	63	26.9	.194
	Urban	171	73.1	
Education	Can't read and write	56	23.9	.628
	Can read and write	41	17.5	
	Primary	49	20.9	
	Secondary	45	19.2	
	Higher Education	43	18.4	
Occupation	Governmental worker	35	15.0	0.019*
	Private employee	37	15.8	
	NGO	8	3.4	
	Merchant	30	12.8	
	Farmer	28	12.0	
	Housewives	53	22.6	
	Daily Laborer	5	2.1	
	No Job	3	1.3	
Student	35	15.0		

Source: Own survey and analysis (2021)

Significant difference (sig. =0.019) between different occupation and nursing care satisfaction has been observed between different Occupants of the study while other demographic groups have no significant different responses with nursing care.

5.2. Patient Satisfaction in Tangibility Dimension

Patient satisfaction in tangibility dimension focuses on the facilities and materials of the hospitals that can be used by the patients and their care takers. According to the views and evaluations of cardiac patients admitted during the data collection towards room cleanness, only 54 from the total 234 respondents are highly satisfied while 100 (42.7%) are in a range of satisfaction. The analysis shows that was no respondent who is not satisfied at all during this study even if there are respondents who are barely satisfied and quite satisfied. This implies most of the bed cleanness is not that much bad and the patients are not complaining in this regard.

According to the evaluation results of admitted patients on adequacy of light and ventilation to the bed rooms, most of the respondents (64.5%) replied that they are highly satisfied while 23.9% replied that they are satisfied by light and ventilation in the rooms. Only three percent (N=7) are not satisfied and barely satisfied and 8.5 percent (N=20) are quite satisfied. The result shows that the bed rooms have enough light and ventilation and can be more comfortable with minimum effort in the years to come to highly satisfy all the admitted patients.

Regarding to adequate light and ventilation the admitted patients are highly complaining due to lack of access of bedpan, urinals and screen. They are also complaining on the common toilets and lack of water for toilets. Due to this scarcities and inaccessibility, around 47 percent (N=110) are not at all satisfied only 6.8 percent (16 out of 234) are highly satisfied. This implies that a lot of effort is required in this regard.

The observation during the data collection also shows that some of the bed sheets and blankets are old and ragged. The (figure) below shows that around 59 percent (N=138) patients are below satisfaction level while 34.2 percent and 6.8 percent are satisfied and highly satisfied which is less than fifty percent. The patients were complaining with the shortage of blankets and bed sheets and some of them were using their blankets and bed sheets. This implies that a lot of work is required

to attain the satisfaction of the cardiac patients' with comfortable bed, blanket and bed sheet requirement.

The spaces between beds and availability of chairs have been evaluated by the cardiac patients positively as stated in the table. The space between beds was somewhat complained by the respondents related with COVID-19 which is in some places less than two meter. Moreover, more than ten patients were treated in one room in some classes having less than two meters space in between. Chairs and tools are available and more than 60.7 percent (N=142) are highly satisfied and satisfied.

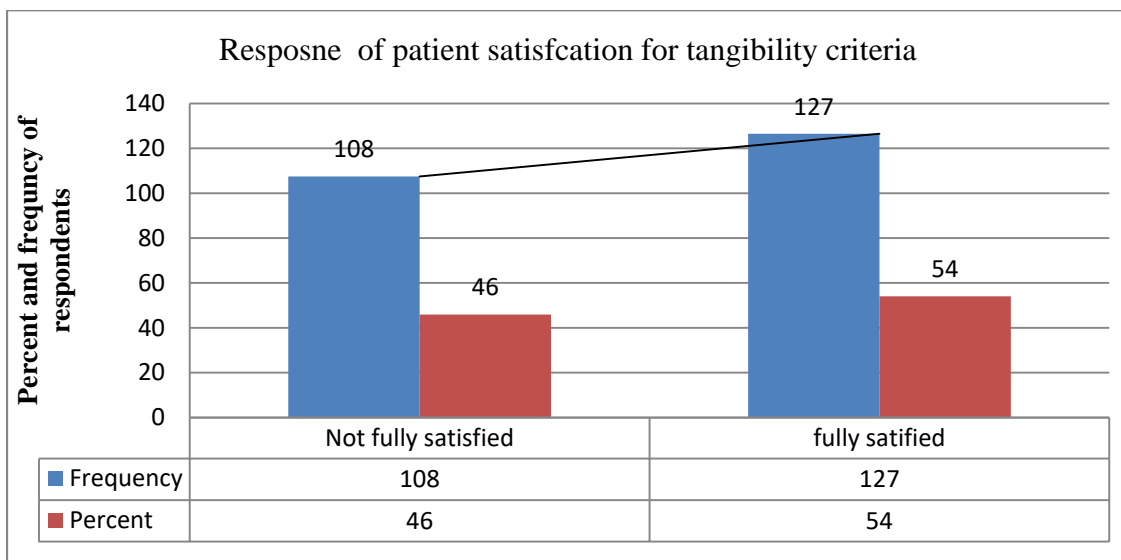


Figure 5: Summary figure of respondent's satisfaction with tangibility dimension' Source: Own data collection and analysis (2021)

The above summary figure average result shows that patients around 126 (54%) were satisfied and highly satisfied with the tangibility dimension of the hospital while 108 (46.1%) responded with in a range of not satisfied, barely satisfied and quite satisfied.

Table 2: The statistical analysis of cross-tabulation of tangibility dimensions has been stated below

Statistics						
	Room Cleanness	Adequate light and ventilation	Access of bedpan, urinals and screen	Comfortable bed, blanket and bed sheet	Space between beds	Availability of chairs and tools
Mean	1.6752	1.8932	1.1923	1.4060	1.4701	1.6068
Std. Error of Mean	.03068	.02024	.02582	.03217	.03270	.03200
Std. Deviation	.47	.31	.39	.49	.50	.49

Source: Own Data and Analysis (2021)

The above table shows that the ranking value of the access of bedpan, urinals and screens respondents is the lowest value even below the mean value and ranked as 2.1 while adequate light and ventilation is ranked 4.5 which is above the mean value.

5.3. Patient Satisfaction with Regard to Nursing Care

To measure the level of satisfaction of cardiac patients admitted in the selected hospitals, measures of the following factors were taken and the following results have been obtained.

5.3.1. Patient Satisfaction in Reliability Dimension/Domain

Reliability factors for satisfaction considered in the study were skill of nurses for nursing procedures, timely service provision for their patients, solving of patients' problems with passion, level of timely schedule not to disturb their patients, provision of adequate information, pre-informing of their patients before any procedure, level of trust of patients on nurses information, level of explanation of for patients when something goes wrong, teachings of nurses during discharging the patient and level of informing the patients what to do on the problem arises after discharged.

Based on the data collected from the respective cardiac patients, the analysis of the above factors conducted and the result has been stated in the below table. According to the respondents on the skillfulness of the nurses on the procedural activities, more than half (59.8%) are satisfied, 16.2% (N=38) are highly satisfied which totals the satisfaction level 76%. As observed in the table, there are also an undermined number of cardiac patients who are not at all satisfied and not satisfied with the nurses' skills in doing the procedures. The patients said that there are some nurses who are doing their jobs without any procedure and skills in their stay of admission.

Timely service provision of the nurses is evaluated positively where 164 (74.3%) of the respondents ranked the service as satisfactory and highly satisfied while the remaining 70 (25.7%) ranked the timely service of the nurses as not at all satisfied, barely satisfied and quite satisfied. Related to solving patients' problems with an interest, the respondents give high value for quite satisfied followed by satisfied and in the third place highly satisfied. There are also 37 patients in number who responded that the nurses are not interested to provide the services with desire for what they asked to solve their problems. More than half of the patients (55.1%) have been satisfied

with nurses' adjusted time plan to do their job while (12.8%) were highly satisfied for not being disturbed by the nurses on their sleeping time. However, 75(33%) of the respondents were unhappy/unsatisfied, barely satisfied and quite satisfied with the nurses' time adjustment to sleep or to take rest.

Regarding to provision of adequate information about patient's condition only 93(39.7%) responded that they were satisfied and highly satisfied while the remaining patients 141 (60.3%) responded not at all satisfied, barely satisfied and quite satisfied. An undermined number of respondents 75(32.1%) replied that they are not at all satisfied by this service that needs great effort to reverse this condition. The other parameter of the reliability dimension was explanation of the procedure before the nurses act upon it and higher number of cardiac patients 191 (81.6%) are in a range of not at all satisfied, barely satisfied and quite satisfied which shows nurses are not explaining the procedures what they did for patients treatment while it is the patients right to know what is going on. Only 43(18.4%) are satisfied and highly satisfied by the explanation of the nurses about the procedures.

Most respondents appreciated the services they received with regarding nurses information reliability where 145(62.0%) were satisfied and highly satisfied indicating that nurses are experienced in providing genuine information regarding explanation of their condition. However, others 89 (38%) responded negatively since they claimed the information of nurses is not that much trusted and satisfactory. Large number of cardiac patients 151(64.5%) are not satisfied with provision of information when their health status goes wrong while it is the patients right. Evaluation result of teachings of the nurses for cardiac patients on discharge and what to do after discharge result has been presented in the below table shows that 190(81.2%) teaching is not satisfactory at all, barely satisfactory and quite satisfied while only 44(18.8%) replied that the nurses teaching during patient discharge is satisfactory and highly satisfactory for them.

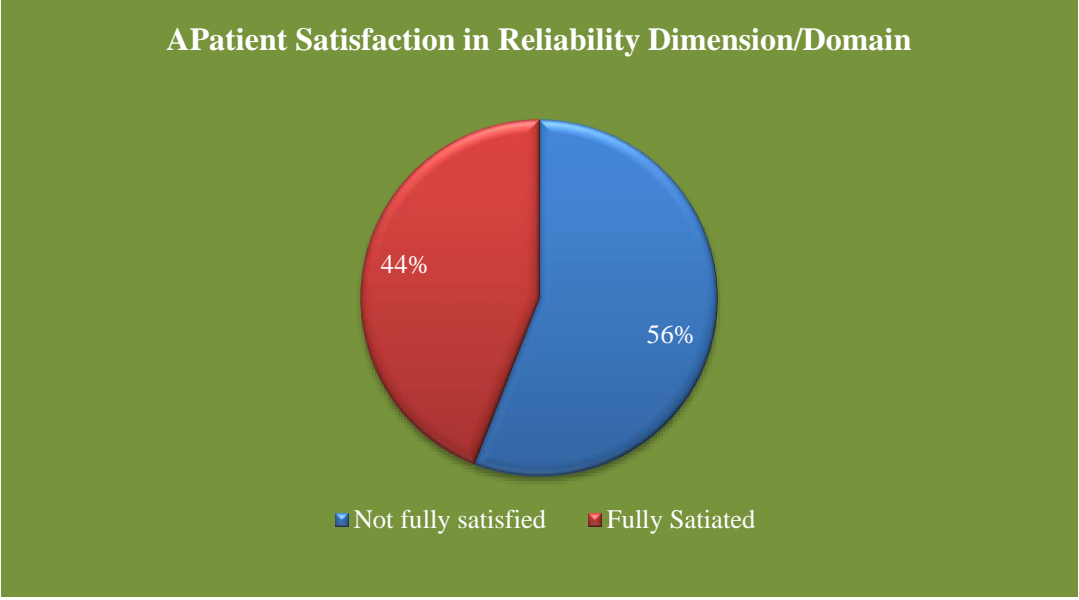


Figure 6: Summary result of reliability dimension

Source: Own data collection and analysis (2021)

The summary table above shows that the average result shows that only 103(44.1%) are satisfied and highly satisfied by the nurses reliability to their services. The large number of respondents 131(55.9%) evaluated the nurses’ reliability dimension as not satisfactory, barely and quite satisfactory among whom 53(22.7%) are totally unsatisfied at all.

5.3.2. Patient Satisfaction in Responsiveness Dimension

The patients have the right to have a genuine and disciplined response to their questions and what they need related to their health treatment professionally. In this regard only 74(31.6%) have been satisfied on the answers of the nurses on what they asked while great number of cardiac patients 160(68.4%) evaluated the nurses’ were not answering their queries among which 21(9%) were not at all satisfied, 27(11.5%) were barely satisfied and 112(47.9%) were quite satisfied. This shows that the nurses’ are not responding for the majority of questions of their patients and they were ignorant of their patients.

Quite large number of respondents 97(41.5) replied that they are quite satisfied, 72(30.8%) satisfied and only 25(10.7%) are highly satisfied with the help of nurses all the times when they need the help of their nurses. However, 40(17.1%) are not satisfied at all and barley satisfied with the knurs’ willingness to support when they needed.

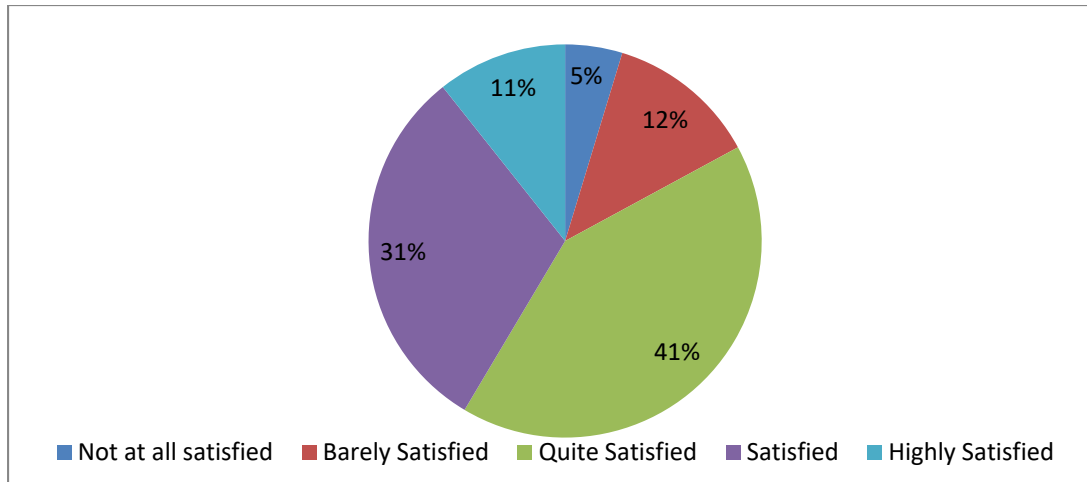


Figure7: Nurses willingness to help their patients all the time if needed
 Source: Own data collection and analysis (2021)

The major task of nurses is visiting and undertaking vital signs and medications of their patients at appropriate times. However, below fifty percent of the respondents 103(43%) replied that they are satisfied and highly satisfied with this service while 87(37.2%) are quite satisfied, 31(13.2%) are barely satisfied and 13(5.6%) are not at all satisfied with this service. This shows that a lot of effort is required to satisfy the patients by addressing the service and patients interests.

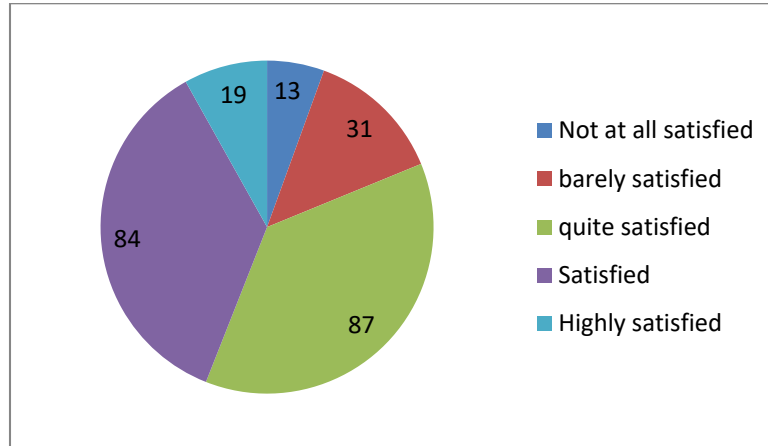


Figure 8Nurses visit patients at appropriate time for vital signs and medications
 Source: Own data and analysis (2021)

The level of urgency and proactive nature of nurses is required to respond to their patients upon their query to minimize the level of risk that the patients should face. According to the response of the cardiac patients of this particular study, the level of urgency is of nurses is below average where only 82 (35%) cardiac patients are satisfied and highly satisfied while the others, 152 (65%) responded that they are not satisfied, barley satisfied and quite satisfied. According to the cardiac

patients, most of the nurses are not willing to hear what the patients are asking except their scheduled tasks and some of them externalize to the physicians.

The above summary table shows that the respondents evaluated the nurses' reliability dimension as 67(28.7%) satisfactory and 22(9.3%) highly satisfactory while 145(62%) evaluated the responsiveness dimension of the nurses in the range of not at all satisfactory and quite satisfactory.

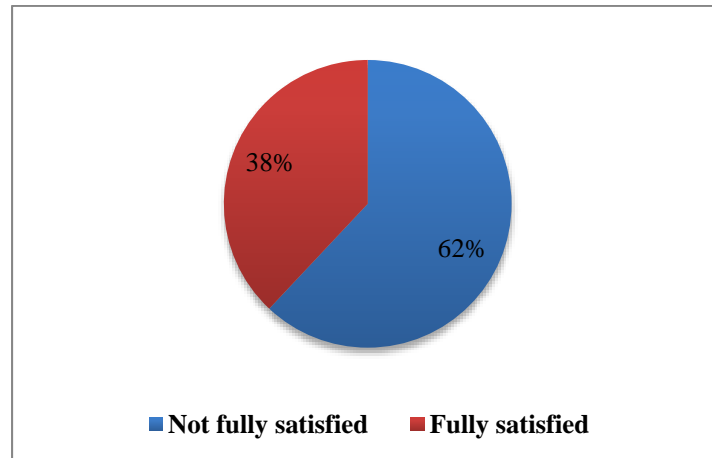


Figure 9: Summary result of patient satisfaction against responsive dimension factors

Source: Own data Collection and Analysis

5.3.3. Patient Satisfaction in Assurance Dimension

Any patient would like to be guaranteed with the treatment levels of the nurses and physicians to reduce their fears and also need psychological treatment. To know the level of assurance of cardiac patients from selected hospitals, the questions have been forwarded to the admitted patients and the following response levels have been obtained by analyzing the responses. The admitted patients evaluated the level of nurses' treatment to alleviate their fears that the treatment was not satisfactory where 167(71.4%) responded in a range of not satisfied to quite satisfied while only 67(28.6%) are satisfied and highly satisfied.

Generally, the average assurance dimension result of shows that below fifty percent of the respondents 59(25%) in a range of satisfied and highly values while the largest number of respondents, 175(75%) responded that they are not satisfied at all, barely satisfied and quite satisfied. This entails the respective hospital nurses are lagging behind the assurance dimension tasks while this is a great factor for patient satisfaction and related to psychological treatment.

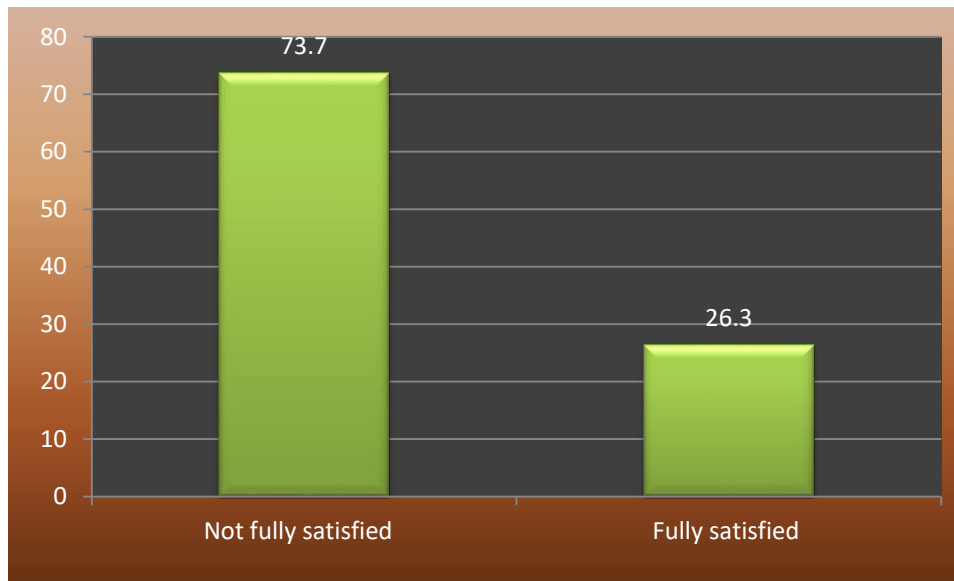


Figure 10: Summary of results of patient satisfaction for assurance dimension

5.3.4. Patient Satisfaction in Empathy Dimension

The results of the analysis indicates the factors of empathy dimension is in a better condition for patient satisfaction measured by such unique factors of empathy including communicating in a local language, talking with pleasant tones of voice, emotional support, giving full attention, provision of quiet environment, confidentiality of patients' privacy, friendliness by calling by their names, showing respect, dignity, humanity, helping in personal hygiene and provision of personal attention. In this regard the average result of the analysis shows that 135(57%) of the respondents are satisfied and highly satisfied with empathy dimensions among which 46.8% satisfied and 10.9% are highly satisfied. Around 99(43%) responded in a range of not satisfied, barely satisfied and quite satisfied. The lowest ranges i.e. not satisfied and barely satisfied respondents are to some extent low in percent share (17%) while quite satisfied covers 24.2% which shows the nurses are doing their best in this regard.

The figure below also shows the highest value was obtained for satisfaction level followed by quite satisfied.

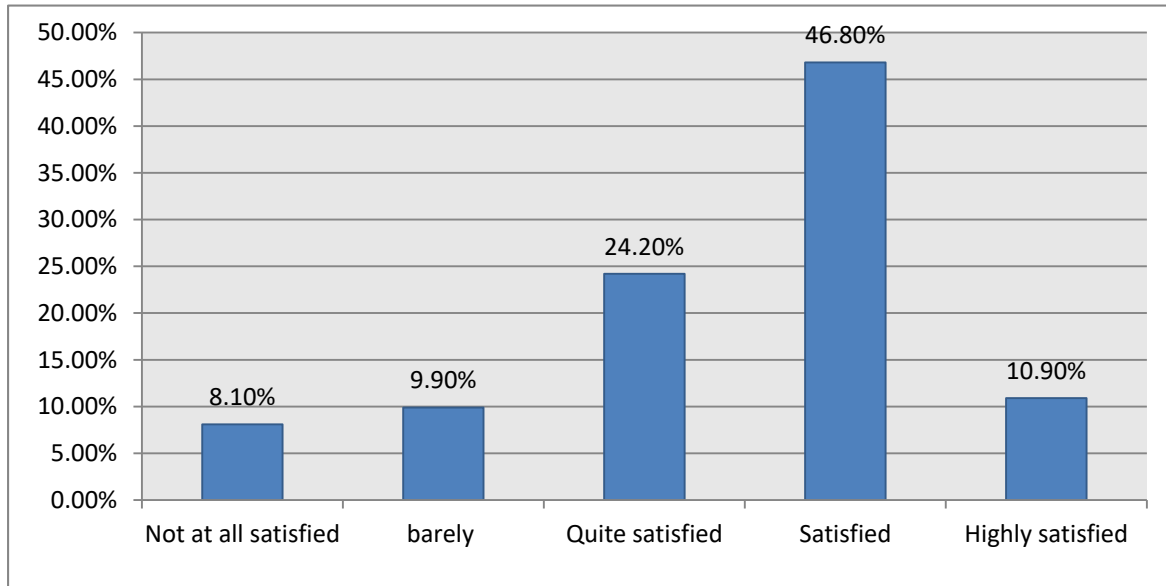


Figure 11: Level of satisfaction for empathy dimension
Source: Own data collection and analysis (2021)

5.3.5. Patient Satisfaction in Confidentiality Dimension

Confidentiality is another nursing ethics and highly important to keep the comforts of the patients and to enable them to communicate and to make them at ease whatever they feel and need to show their body parts without any shame. According to the analysis result above average 164(70%) respondents are confidential and highly confidential towards the nurses. However, an undermined number of cardiac patients, 70(30%) responded in the range of not confidential to quite confidential level towards the nurses in keeping their personal issues.

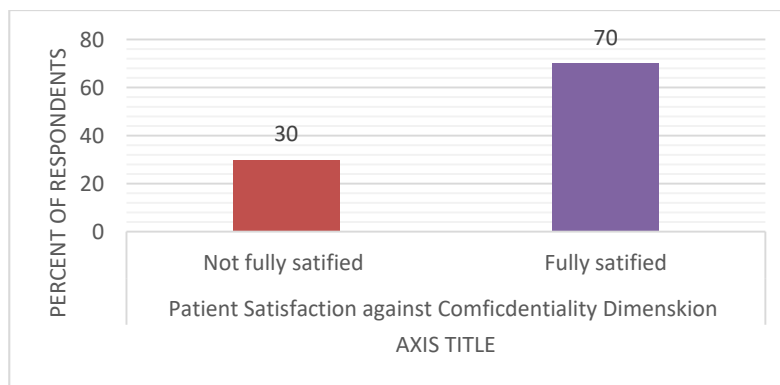


Figure 12: Summary of patient satisfaction for confidentiality dimension

5.3.6. Overall summary result of the study

The overall summary result of the study shows that around 48.4% of the patients were fully satisfied with nursing care and associated factors of the hospital. The result is really similar with the findings of (Kokeb, Et al, 2016) which are 52.8% but lower than the findings of Bekele (2005) which is 67%. This lower result of this particular study is emanated from its specific study on cardiac patients who need high level care and communication unlike others who conducted on the general hospital ward patients

Table 3: Summary result of patient satisfaction factors

Factors of Patient satisfaction	Not fully Satisfied (%)	Fully Satiated (%)
Patient Satisfaction for tangibility factors	46	54
Patient Satisfaction in Reliability Dimension/Domain	55.9	44.1
Factors of responsiveness Dimensions	62	38
Patient satisfaction against assurance dimension	73.7	26.3
Patient Satisfaction in Empathy Dimension	42	58
Patient satisfaction with confidentiality dimension factors	30	70
Overall average result	51.6	48.4

Source: Own analysis (2021)

Table 4: Correlation Results of Nursing care with patents characteristics

	age		sex		education		Occupation	
	Correlation	Sig	Correlation	Sig	Correlation	Sig	Correlation	Sig
Nurses are skillful with the procedures	-.034	.600	-.089	.174	-.023	.728	.210	.00**
Nurses provide services within time frame	.042	.520	-.121	.064	-.148	.024	.234	.00**
Nurses show interest in solving patient's problems	-.148	.024*	-.008	.898	.133	.042	-.156	.02**
Nurses time their work to avoid disrupting	.032	.629	.024	.713	.038	.563	.196	.00**
Nurses give adequate information	-.069	.295	-.030	.649	.057	.384	.002	.97
Nurses explain about every procedure	.001	.985	-.006	.931	-.038	.561	-.006	.93
Patient can rely on nurses for their information	.003	.967	.004	.956	-.021	.753	.090	.17
Nurses explain when something goes wrong	-.056	.392	-.033	.618	.105	.110	-.068	.30
Nurses provide discharge teaching	-.147	.024*	.004	.952	.116	.078	-.042	.52
Nurses tell patients what to do if problems arise after discharge	-.209	.001**	.074	.258	.085	.194	-.102	.12
Nurses are always willing to answer patient's queries	-.134	.041*	.023	.723	.038	.561	.204	.00**
Nurses are willing to help patient all the times	-.217	.001**	.057	.382	.104	.114	.047	.47
Nurses visit patients at appropriate time for vital signs and medications	-.115	.079	-.123	.060	.022	.736	.163	.01*
Nurses respond patients immediately upon their query	-.017	.797	.031	.632	.011	.871	.195	.00**
Nurses alleviate any fears related to patient's condition	-.133	.043	-.034	.603	.035	.594	-.013	.84
Nurses encourage to use proper technique of breathing, coughing and positioning	-.116	.078	.091	.168	.050	.450	.030	.64
Nurses check regularly to her patients	-.110	.092	-.016	.807	.090	.169	.041	.53
Nurses watch over & closely monitor patient regularly	-.188	.004**	.090	.170	.175	.007	-.026	.70
Nurses encourage her patients to ask questions regarding their condition	.074	.259	-.037	.574	-.001	.982	.106	.11

	age		sex		education		Occupation	
	Correlation	Sig	Correlation	Sig	Correlation	Sig	Correlation	Sig
Nurses respond her patients cheerfully	-.035	.597	.084	.202	-.037	.578	.063	.34
Nurses make her patients to feel in good hands	-.067	.309	.027	.686	.100	.129	.069	.29
Nurses always provide a clear explanation before performing any procedure	-.052	.426	-.115	.079	.020	.758	-.048	.47
Nurses make patient feel safe and confident when providing services	-.190	.003**	.037	.577	.248	.000**	-.113	.08
Nurses always provide a clear explanation in health promotion activities	-.059	.368	-.103	.116	.011	.862	.101	.12
Nurses always communicate in understandable local language without using medical terms	-.026	.695	-.175	.007*	-.145	.026*	.274	.00**
Nurses have a pleasant tone of voice	.003	.968	.106	.105	-.073	.266	.078	.23
Nurses show sympathy & understanding with what patient is going through	.109	.095	-.001	.989	-.031	.637	.093	.16
Nurses give full attention during delivery of patient care	.056	.394	.064	.333	.019	.768	.083	.20
Nurses provide quiet environment for rest	.006	.923	-.137	.036*	.032	.626	.113	.08
Nurses always maintain patient's privacy and confidentiality	.124	.058	.028	.674	-.143	.029*	.281	.00**
Nurses address patient by their name or respective words	.022	.737	-.129	.048*	-.198	.002**	.195	.00**
Nurses show respect when providing care to patients	.077	.241	-.105	.109	-.045	.492	.055	.40
Nurses assist patients in personal hygiene	-.003	.968	.013	.838	.108	.100	-.069	.29
Nurses make patients feel that they enjoy caring of them	-.050	.442	-.047	.477	.135	.039**	.072	.27
Nurses show empathetic facial expression	.083	.204	-.025	.699	-.046	.487	.000	1.0
Nurses give their patients personal attention	.099	.133	.004	.957	.126	.055	.170	.00**
Nurses are confidential to tell any personal issues and will keep it for themselves	.003	.968	.045	.496	.081	.217	.115	.08
Privacy levels the nurses are giving to you	.039	.556	.038	.558	.054	.411	.083	.21
Comfortable level by the nurses during treatment to their body parts without any shame because	.020	.765	-.048	.467	-.080	.222	.093	.16

Note: Pearson Correlation: -1=perfect negative correlation, +1=perfect positive linear correlation, 0= no correlation, <0.5=weak correlation and >0.5 strong correlation, significant at p<0.05.*categories column do differ significantly from each other at the level of 0.05.

CHAPTER 6: DISCUSSION

Nursing care is one of the major components of healthcare services to satisfy the patients with the nursing care factors. Because patients have the right to get quality of nursing care where nursing staff are the most numerous professional group and have the greatest contact with patients in comparison with physicians and other healthcare professionals. Nurseries therefore, have significant chance to understand patients' attitudes and behaviors' in relation to their treatment, rehabilitation, and recovery process not only during their patients stay in hospitals but also after discharged to their home.

In this study inpatients in the cardiac units of Black Lion, St.Pual, Yekatit12 and St.Petre were evaluated according to patients' understanding of nursing care provided and hospital facilities in

their own perspective. Although many studies have been conducted with nursing care specific studies on the stated hospitals and cardiac patients' is limited. This research is conducted to contribute in the improvement of service provision based on the scientific research results rather than speculating the service levels and facilities. This study is the first of its kind in these four hospitals to assess quality of nursing care and associated factors through interviewing of 234 adult inpatients in cardiac units. The overall average result shows that 48.4% of the patients were fully satisfied with nursing care and associated hospital factors.

This finding was similar to previous studies conducted in Serbia (51.7%) [Milutinović. et al, 2012]. However, the estimate of patient satisfaction with nursing care of this particular study is lower than other similar studies report in, Philippines (57.8%) [Villarruz-Sulit MVC et al, 2009], Iran (69%) [Farahani MF, et al, 2009], Kenya (67%) [Ndambuki, 2013]. This could be due to low standard of health care service and inadequate experience of nurses in Ethiopia compared with these countries. On the other hand, the level of patient satisfaction with nursing care in this study is higher than study reports in Ghana (33%) [Dzomeku, et al, 2013].

6.1. Patients' Satisfaction with Tangibility Dimension

This dimension of service quality was measured by evaluating the essential and basic resources that are needed by admitted patients in each hospital. Because many researchers found tangibility dimension can play a vital role in patient satisfaction and it has become a revolutionary key factor practicing in health care organizations. Hence, tangibility criteria such as cleanness of the room, adequacy of light, adequacy of ventilation, access of bedpan, urinals, screens, comfortable beds, spaces between beds and availability of chairs' and tables were evaluated by 234 admitted cardiac patients in each respective hospital and the following results have been obtained.

The study found that about 126 (54%) evaluated the hospitals tangibility criteria as fully satisfactory while 108(46%) as not fully satisfactory (not at all, barely and quite satisfactory). However, the mean value of level of satisfaction is ranked 3.44 out of five (5) which is 68.8%. From the six parameters for hospital tangibility dimension, access to bedpans, urinals and screen was evaluated as at its lowest level where only 45(19.2%) of the respondents evaluated as fully satisfactory while the largest respondents, 189(80.8%), evaluated as not fully satisfied. Around 207(88.4%) of the cardiac patients were fully satisfied with adequate light and ventilation where

the hospitals are improving the light facilities in the bed rooms. Regarding access to bedpans, urinals, and screens high level effort is required to improve their availability and to fully satisfy the admitted cardiac patients.

6.2. Patients Satisfaction with Nursing Care

The study revealed that the overall fully satisfaction result of nursing care is 47.2%. This finding is lower than other general level patient satisfaction with nursing care found out at Addis Ababa hospitals which is 67% (Bekele, 2005), 52.8% (Kokeb, et al, 2016), and 61.4% in Malaysia (Shirley, et al, 2012). This lower value is emanated from this particular study which is specific to cardiac units where patients need high level care and high level communication. The lowest satisfaction is recorded in assurance dimension (26.3%) and responsiveness dimension (38%) while confidentiality dimension was found in a better status (70%) fully satisfaction. According to the inpatients narrations and interviews, nurses didn't give more emphasis for assuring their patients that they are in good hands.

Regarding the nurses service provision the inpatients evaluated the nurses 'follow of the procedures as (76), time frame service provision (74.3%), interest solving of patients' problem as (46.6%), scheduled working time to avoid disturbance(67.9), provision of adequate information (23.1%), explanation of procedures before the action (18.4%) , reliability on nurses' information (62%), explanation of something wrong with patients (35.5%) provision of discharging teaching (18.8%), briefing what to do if the problem arises at home (17.9%) and the overall average of reliability factor is (44.1%) evaluated as fully satisfactory.

According to the respondents the lowest value of 17.9% and as fully satisfied for briefing patients what to do after discharge is emanated that the physicians are briefing what to do after discharge on issues like when to come back and how to manage something goes at home. Mostly the nurses manage the removal of IV-canola. Moreover, the lowest value of 23.1% and 18.4% are raised from the weaknesses of the respective nurses to do their assignment and entails a lot of effort is required. Generally, the reliability factor of patient satisfaction is below average (44.1%) which should be improved in the years.

The other factor for patient satisfaction is responsiveness dimension. The patients evaluated the nurses' service level of each detail including level of answer of their inquiry (31.6%), willingness to help patients all the time (41%), frequency of visit and taking vital signs (44%) and level of urgency of response upon query (35%) as fully satisfactory making the average value of responsiveness as (38%).

The above mean value is lower than 50% which entails high level effort is required to satisfy the patients at all levels. The responsive results are lower than the results obtained by (Bekele, 2005) who conducted at Black Lion, St.Pual, Yekatit12 and Zewuditu Hospitals but with general patients. Nurses should give attention to the exchange of information in order to elevate patient satisfaction since it is a major cause for dissatisfaction.

Even if fully satisfaction result is at its lowest level, most of the respondents were commonly replying quite satisfactory and this value is categorized under not fully satisfied and lowering the fully satisfaction, However, this categorization is a common practice by other researchers.

Assurance dimension has been also evaluated in five scales and categorized into two groups as fully satisfied and not fully satisfied. The evaluation result shows that the patients ranked the nurses services including fear alleviation of patients (28.6%), encouraging to use proper technique of breathing (36.3%), regular checkup of patients (32.5%), encouraging their patients to ask what they feel (21.7%), cheerfully responding (33%), provision of clear explanation to do procedures (15.8%), confidence building of their patients (27.3%) and explanation of health promotion activities (15.4%) as fully satisfactory. The average fully satisfaction rating of the patients in assurance dimension is (26.3%) while not fully satisfied represents (73.7%) showing the level of service needs a lot of effort to fully satisfy the patients in their stay in the cardiac centers and when they are discharged.

Unlike other factors of patient satisfaction with nursing care empathy dimension has a better fully satisfaction rate of (58%) which is above average. This figure is even lowered for few factors including lack of nurses in assisting in personal hygiene (19%), lack creating a feeling as if they are happy in taking care of their patient (34%) and provision of their patients' personal attention (45%). Other factors of empathy dimension have highest value of fully satisfaction including use of local language to communicate (80%), use of pleasant tone (74%), keeping patients' privacy

(78%), and addressing patients by their names (76%) and respecting their patients (68%). Generally, the empathy dimensions have almost similar results with a research conducted by Bekele (2005) in Addis Ababa hospitals.

Last but not least is the issue of confidentiality which is highly important for patient satisfaction and to have a trust on their nurses to speak out what they feel. The evaluation result of this parameter has an average fully satisfaction rating of (70%) while (30%) rated as not fully satisfactory or confidential to speak their personal issues including to show their body parts.

CHPATER7: STRENGTH AND LIMITATION OF THE STUDY

7.1. Strength of the study

- Data collection was conducted with high level supervision of the researcher and the trained supervisors and data collectors which result in trusted data and information
- The data collection has no non-response rate related with critical follow-up
- The research is specific to cardiac patients unlike other research where most of the researches are conducted by overall hospital patients who are getting health service
- Since the interview was conducted on the cardiac patients themselves in the hospitals they were free to seriously to respond for interview questions
- Since this research is specific to cardiac patients, it can be used as a reference

7.2. Limitation of the study

- Patient who are less than 18 years of age and who are not fully conscious were in the hospital during the data collection but excluded from the research
- Lack of previous specific studies on cardiac patient satisfaction in Ethiopia which limits to discuss with previous results
- Since the research was conducted in line with common routine activities, time was a challenge
- The interview was held with admitted patients while interview of outpatients was equally important

8. CHAPTER7: CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusion

The study found out that the satisfaction levels of inpatients in the cardiac centers of Addis Ababa hospital cardiac units is said to be the lowest. Better satisfaction is recorded in confidentiality dimension where patients are confident enough that the nurses can keep any personal issues, the level of privacy the nurses give for them and they are also confident enough to show their body parts to their nurses without any shame. There is a major gap in areas of assurance dimension of nurses to their patients that the nurses are ignorant to alleviate patients fears related to their health, didn't have much care about their breathing condition, low level of encouraging to ask questions, lacks cheerful response, less explanation about any procedure that they take while it is patients' rights to know what is going on them, and other communications. Generally, the satisfaction level finding is lower than the previous results showing the lower level of effort to satisfy their patients.

8.2. Recommendation

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

- Nurses should know and realize that the patients have the right to know what is going on regarding their treatment procedures and health situation.
- The hospitals should work mainly in areas of assurance dimension followed by responsiveness where the lowest results recorded and the patients were totally dissatisfied with these factors;
- Clear roles and responsibilities should be there since in most of the cases nurses are externalizing some activities such as clear explanation before performing any procedure and discharging teachings as the nurses consider these jobs for physicians,
- The reliability dimension mainly provision of adequate information related with patients condition should be considered for pragmatic improvement.
- High level effort is required from hospitals administration and the nurses to improve this level of lowest satisfaction of patients with nursing care and tangibility factors of the hospital in those particular cardiac units
- Given the multi-factorial nature of factors influencing patient satisfaction with nursing care, further research is needed to identify additional factors and to explore more strategies in order to increase the quality of nursing care, benefits of change in nursing practice and associated factors of hospitals.

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Appendix

Annex-I: ANOVA Table

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Nurses are skillful with the procedures	Between Groups	1.352	1	1.352	2.183	.141
	Within Groups	143.708	232	.619		
	Total	145.060	233			
Nurses provide services within time frame	Between Groups	1.290	1	1.290	1.835	.177
	Within Groups	163.056	232	.703		
	Total	164.346	233			
Nurses show interest in solving patient's problems	Between Groups	.902	1	.902	.792	.374
	Within Groups	264.247	232	1.139		
	Total	265.150	233			
Nurses time their work to avoid disrupting patient's sleep	Between Groups	.354	1	.354	.367	.545
	Within Groups	224.039	232	.966		
	Total	224.393	233			
Nurses give adequate information about patient's condition	Between Groups	.021	1	.021	.014	.906
	Within Groups	353.808	232	1.525		
	Total	353.829	233			
Nurses explain about every procedure before doing	Between Groups	.187	1	.187	.132	.716
	Within Groups	327.937	232	1.414		
	Total	328.124	233			
Patient can rely on nurses for their information	Between Groups	1.177	1	1.177	.928	.336
	Within Groups	294.207	232	1.268		
	Total	295.385	233			
Nurses explain when something goes wrong with patient	Between Groups	.697	1	.697	.349	.555
	Within Groups	463.081	232	1.996		
	Total	463.778	233			
Nurses provide discharge teaching	Between Groups	.766	1	.766	.465	.496
	Within Groups	382.639	232	1.649		
	Total	383.406	233			
Nurses tell patients what to do if problems arise after discharge	Between Groups	2.611	1	2.611	1.606	.206
	Within Groups	377.154	232	1.626		
	Total	379.765	233			
Nurses are always willing to answer patient's queries	Between Groups	.494	1	.494	.469	.494
	Within Groups	244.617	232	1.054		
	Total	245.111	233			
Nurses are willing to help patient all the times if needed	Between Groups	1.098	1	1.098	1.146	.286

	Within Groups	222.359	232	.958		
	Total	223.457	233			
Nurses visit patients at appropriate time for vital signs and medications	Between Groups	.234	1	.234	.241	.624
	Within Groups	224.711	232	.969		
	Total	224.944	233			
Nurses respond patients immediately upon their query	Between Groups	1.384	1	1.384	1.102	.295
	Within Groups	291.270	232	1.255		
	Total	292.654	233			
Nurses alleviate any fears related to patient's condition	Between Groups	.218	1	.218	.180	.671
	Within Groups	279.821	232	1.206		
	Total	280.038	233			
Nurses encourage to use proper technique of breathing, coughing and positioning	Between Groups	2.253	1	2.253	1.053	.306
	Within Groups	496.094	232	2.138		
	Total	498.346	233			
Nurses check regularly to her patients if they are all right	Between Groups	.244	1	.244	.234	.629
	Within Groups	241.688	232	1.042		
	Total	241.932	233			
Nurses watch over and closely monitor her patient regularly	Between Groups	.128	1	.128	.135	.714
	Within Groups	221.329	232	.954		
	Total	221.457	233			
Nurses encourage her patients to ask questions regarding their condition	Between Groups	.051	1	.051	.037	.848
	Within Groups	322.906	232	1.392		
	Total	322.957	233			
Nurses respond her patients cheerfully	Between Groups	1.352	1	1.352	1.671	.197
	Within Groups	187.708	232	.809		
	Total	189.060	233			
Nurses make her patients feel that they are in good hands	Between Groups	2.182	1	2.182	2.123	.146
	Within Groups	238.467	232	1.028		
	Total	240.650	233			
Nurses always provide a clear explanation before performing any procedure	Between Groups	.421	1	.421	.311	.578
	Within Groups	314.233	232	1.354		
	Total	314.654	233			
Nurses make patient feel safe and confident when providing services	Between Groups	7.113	1	7.113	6.280	.013
	Within Groups	262.771	232	1.133		
	Total	269.885	233			
Nurses always provide a clear explanation in health promotion activities	Between Groups	.244	1	.244	.163	.687
	Within Groups	346.855	232	1.495		
	Total	347.098	233			
	Between Groups	.504	1	.504	.522	.471

Nurses always communicate in understandable local language without using medical terms	Within Groups	223.842	232	.965		
	Total	224.346	233			
Nurses have a pleasant tone of voice	Between Groups	.170	1	.170	.167	.683
	Within Groups	235.646	232	1.016		
	Total	235.816	233			
Nurses show sympathy & understanding with what patient is going through	Between Groups	.001	1	.001	.002	.964
	Within Groups	158.789	232	.684		
	Total	158.791	233			
Nurses give full attention during delivery of patient care	Between Groups	2.995	1	2.995	3.787	.053
	Within Groups	183.488	232	.791		
	Total	186.483	233			
Nurses provide quiet environment for rest	Between Groups	6.687	1	6.687	4.831	.029
	Within Groups	321.159	232	1.384		
	Total	327.846	233			
Nurses always maintain patient's privacy and confidentiality	Between Groups	.081	1	.081	.121	.728
	Within Groups	154.535	232	.666		
	Total	154.615	233			
Nurses address patient by their name or respective words	Between Groups	1.590	1	1.590	1.754	.187
	Within Groups	210.239	232	.906		
	Total	211.829	233			
Nurses show respect when talking or providing care to patients	Between Groups	2.397	1	2.397	2.944	.088
	Within Groups	188.868	232	.814		
	Total	191.265	233			
Nurses assist patients in personal hygiene	Between Groups	2.242	1	2.242	1.537	.216
	Within Groups	338.497	232	1.459		
	Total	340.739	233			
Nurses make patients feel that they enjoy taking care of them	Between Groups	1.440	1	1.440	1.422	.234
	Within Groups	234.889	232	1.012		
	Total	236.329	233			
Nurses show empathetic facial expression	Between Groups	.434	1	.434	.560	.455
	Within Groups	180.066	232	.776		
	Total	180.500	233			
Nurses give their patients personal attention	Between Groups	1.163	1	1.163	1.412	.236
	Within Groups	191.064	232	.824		
	Total	192.226	233			
Do you think that nurses are confidential to tell any personal issues and will keep it for themselves	Between Groups	.008	1	.008	.010	.919
	Within Groups	171.603	232	.740		
	Total	171.611	233			
Privacy levels the nurses are giving to you	Between Groups	.019	1	.019	.027	.868

	Within Groups	162.105	232	.699		
	Total	162.124	233			
Are you comfortable by the nurses during treatment to show your body parts without any shame because they are confidential?	Between Groups	.006	1	.006	.004	.947
	Within Groups	312.592	232	1.347		
	Total	312.598	233			

Annex-II: Questionnaires regarding demography of the patient

Questionnaire and filter	Coding categories	code
How old are you?	Age in year (-----)	
Sex	1. Male 2.Female	
What is your maternal status now?	1) Single 2) Married 3) Divorced 4) Widowed	
What is your ethnicity	1. Amhara 2.Oromia 3.Tigre 4. Somalia 5.Afar 6.Others (specify)-----	
What is your current place of residence?	1.Rural 2.Urban	
What is your educational status?	1.Can't read and write 2.Can read and write 3.Primary 4.Secondary 5.Higher education	
What is your occupation?	1.Governmental worker 2.Private employee 3.NGO 4.Merchant 5.Farmer 6.Housewives 7.Dailylaborers 8.Nojob	
How much your income in month?	-----	

Annex-III: Factors contributing to Patient satisfaction in tangibility dimension

NB: Not at all satisfied (1), barely satisfied (2), quite satisfied (4), Satisfied (5), highly satisfied (5)

Factors contributing to Patient Satisfaction	1	2	3	4	5	Remark
Cleanliness of room						
Adequate light and ventilation						
Access of bedpan, urinals and screen						
Comfortable bed, blanket and bed sheet						
Space between bed						
Availability of chairs and tools						

Annex-IV: Factors contributing to Patient Satisfaction with regard to nursing care

These factors include technical, confidence, education, reliability, empathy domain/ dimension in a rate of (1-5)

Questions		1	2	3	4	5	Remark
Factors contributing to Patient Satisfaction in reliability							
Dimension/Domain							
1	Nurses are skillful with the procedures						
2	Nurses provide services within time frame						
3	Nurses show interest in solving patient's problems						
4	Nurses time their work to avoid disrupting patient's sleep						
5	Nurses give adequate information about patient's condition						
6	Nurses explain about every procedure before doing						
7	Patient can rely on nurses for their information						
8	Nurses explain when something goes wrong with patient						
9	Nurses provide discharge teaching						
10	Nurses tell patients what to do if problems arise after discharge						
Factors contributing to Patient Satisfaction in <u>Responsiveness</u>							
Dimension							
1	Nurses are always willing to answer patient's queries						
2	Nurses are willing to help patient all the times if needed						
3	Nurses visit patients at appropriate time for vital signs and medications						
4	Nurses respond patients immediately upon their query						
Factors contributing to Patient Satisfaction in Assurance Dimension							
1	Nurses alleviate any fears related to patient's condition						
2	Nurses encourage to use proper technique of breathing, coughing and positioning						
3	Nurses check regularly to her patients if they are all right						
4	Nurses watch over and closely monitor her patient regularly						
5	Nurses encourage her patients to ask questions regarding their condition						
6	Nurses respond her patients cheerfully						
7	Nurses make her patients feel that they are in good hands						
8	Nurses always provide a clear explanation before performing any procedure						
9	Nurses make patient feel safe and confident when providing services						
10	Nurses always provide a clear explanation in health promotion activities						

Factors contributing to Patient Satisfaction in Empathy Dimension							
1	Nurses always communicate in understandable local language without using medical terms						
2	Nurses have a pleasant tone of voice						
3	Nurses show sympathy & understanding with what patient is going through						
4	Nurses give full attention during delivery of patient care						
5	Nurses provide quiet environment for rest						
6	Nurses always maintain patient's privacy and confidentiality						
7	Nurses address patient by their name or respective words						
8	Nurses show respect when talking or providing care to patients						
9	Nurses assist patients in personal hygiene						
10	Nurses make patients feel that they enjoy taking care of them						
11	Nurses show empathetic facial expression						
12	Nurses give their patients personal attention						
Factors contributing to Patient Satisfaction in Confidentiality Dimension							
1	Do you think that nurses are confidential to tell any personal issues and will keep it for themselves						
2	Privacy levels the nurses are giving to you						
3	Are you comfortable by the nurses during treatment to show your body parts without any shame because they are confidential?						